

Table 1. Prevalence of misuse and reasons for non-medical use of prescription opioids.

Opioids	Prevalence of non-medical use per 100,000 population	Percent of respondents reporting non-medical use (%)	Number (%) reporting reason for misuse					
			For enjoyment/to get high	To come down	Makes me feel good	I feel unwell if I don't take it	Out of curiosity	Other reason
Buprenorphine (n = 72)	0.11	3	33 (45.8)	36 (50.0)	40 (55.6)	33 (45.8)	26 (36.1)	11 (15.3)
Dihydrocodeine/Codeine (n = 535)	0.83	21	20 (3.7)	28 (5.2)	63 (11.8)	72 (13.5)	21 (3.9)	390 (72.9)
Fentanyl (n = 124)	0.19	5	53 (42.7)	59 (47.6)	77 (62.1)	50 (40.3)	49 (39.5)	16 (12.9)
Methadone (n = 41)	0.06	2	22 (53.7)	19 (46.3)	13 (31.7)	13 (31.7)	10 (24.4)	1 (2.4)
Morphine (n = 45)	0.07	2	17 (37.8)	18 (40.0)	17 (37.8)	13 (28.9)	17 (37.8)	14 (31.1)
Oxycodone (n = 22)	0.03	1	12 (54.5)	11 (50.0)	11 (50.0)	11 (50.0)	9 (40.9)	7 (31.8)
Tapentadol (n = 13)	0.02	1	4 (30.8)	9 (69.2)	6 (46.2)	8 (61.5)	7 (53.8)	3 (23.1)
Tramadol (n = 65)	0.10	3	17 (26.6)	14 (21.9)	21 (32.8)	15 (23.4)	28 (43.8)	33 (51.6)
Other/not-specified opioid (n = 26)	0.04	1	12 (46.2)	10 (38.5)	8 (30.8)	10 (38.5)	7 (26.9)	8 (30.8)

Results: In total 2,499 respondents completed the survey; the mean \pm SD age was 48.0 ± 15.6 years, 49.9% were male. The reported use of any illicit drug in the past year (8.6%) was similar to the 2013/14 Crime Survey for England and Wales (8.8%).¹ In total 968 (38.7%) respondents reported non-medical use of at least one prescription opioid. The reported prevalence of non-medical use was highest for dihydrocodeine followed by fentanyl (Table 1). At least one reason for misuse was specified by 685 (70.8%) respondents; 26.8% reported more than one reason for misuse. Amongst those reporting misuse of methadone, oxycodone, and other/not-specified opioid, "for enjoyment/to get high" was the most commonly reported reason. "To come down" was the most commonly reported reason amongst those that reported morphine and tapentadol misuse. "Makes me feel good" was the most common reason for misuse amongst those reporting buprenorphine and fentanyl misuse.

Conclusion: This survey suggests significant misuse of prescription opioids in the UK, and the reasons for misuse appear multi-factorial. Given the limited data available on prescription opioid misuse in Europe understanding the motivation for misuse is important to inform the design of appropriate interventions to tackle this issue.

Reference

1. Extent and trends in illicit drug use among adults: Drug misuse 2013–2014. Available at: <https://www.gov.uk/government/statistics/tables-for-drug-misuse-findings-from-the-2013-to-2014-csew> [accessed 11 Nov 2014].

310. Pregabalin, gabapentin and baclofen: Sources of drug acquisition for non-medical use in an online national survey in the UK

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Objective: To describe the source(s) of pregabalin, gabapentin and baclofen in individuals reporting non-medical use of these drugs in an online national survey in the UK.

Methods: The survey was undertaken in July 2014 using an online market research company. The data analysed for this study was non-medical use of pregabalin, gabapentin and baclofen and source of drug acquisition (using pre-specified criteria); multiple drug sources could be indicated. Prevalence of misuse per 100,000 was calculated using the latest UK Office of National Statistics population estimate.

Results: In total 2,499 respondents completed the survey; the mean \pm SD age was 48.0 ± 5.6 years and 49.9% were male. The reported use of any illicit drug in the past year (8.6%) was similar to the 2013/14 Crime Survey for England and Wales (8.8%).¹ Whilst the reported prevalence of non-medical use was low, the highest prevalence was for gabapentin, followed by baclofen and pregabalin (Table 1). Respondents reported acquiring these drugs from a variety of sources; 71.4% reported using more than one source. The most common source for all three drugs was a prescription from a medical practitioner (79.2% overall). Sourcing of the drugs from illicit channels (29.2% reported buying from a dealer) and the Internet (16.7%) was less common; interestingly, 33.3% reported

Table 1. Prevalence of misuse sources of drug acquisition for pregabalin, gabapentin and baclofen.

Source of drug	Pregabalin N (%)	Gabapentin N (%)	Baclofen N (%)
Prevalence of non-medical use per 100,000 population	0.012	0.016	0.009
Number (%) of respondents reporting non-medical use (%)	8 (0.32)	10 (0.40)	6 (0.24)
Am prescribed it by a medical practitioner	7 (87.5)	6 (60.0)	6 (100.0)
Am given it by friends or family member	2 (25.0)	4 (40.0)	2 (33.3)
Took it from friends or family members without their knowledge	1 (12.5)	1 (10.0)	3 (50.0)
Took it from someone other than friends/family	1 (12.5)	1 (10.0)	3 (50.0)
Bought it over the counter	1 (12.5)	2 (20.0)	2 (33.3)
Bought it in a "high street" pharmacy/shop	2 (25.0)	2 (20.0)	4 (66.7)
Bought it abroad	1 (12.5)	0 (0.0)	1 (16.7)
Bought it from a dealer	2 (25.0)	3 (30.0)	2 (33.3)
Bought it on the Internet	1 (12.5)	1 (10.0)	2 (33.3)

sourcing these drugs from a pharmacy/high street shop despite these drugs being prescription-only medicines in the UK.

Conclusion: Non-medical use of pregabalin, gabapentin and baclofen was uncommon in this survey. A variety of sources were reported, the most common was a prescription from a medical practitioner. More work needs to be undertaken to understand this, to determine the most effective interventions for prescription medicine misuse.

Reference

1. Extent and trends in illicit drug use among adults: Drug misuse 2013–2014. Available at: <https://www.gov.uk/government/statistics/tables-for-drug-misuse-findings-from-the-2013-to-2014-csew> [accessed 11 Nov 2014].

311. Chronic pain and non-medical use of opioids, benzodiazepines and pregabalin in an online national survey in the UK

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Objective: To investigate the relationship between chronic pain and use of illicit drugs and non-medical use of prescription drugs in an online national survey in the UK.

Methods: The survey was undertaken in July 2014 using an online market research company. Data analysed for this study was: whether the individual had experienced chronic pain (“pain lasting for at least 3 months that either occurs constantly or flares up frequently”), prevalence of illicit drug use, and prevalence of non-medical use of prescription drugs (use without a doctor's prescription or for any reason other than recommended by a doctor).

Table 1. Relationship between reported chronic pain and the prevalence of lifetime use of illicit drugs and non-medical use of prescription drugs.

	Chronic Pain		P-value
	Yes N (%)	No N (%)	
Lifetime use of illicit drugs			
Yes	357 (31.5)	336 (24.6)	
No	775 (68.5)	1031 (75.4)	<0.0001
Lifetime misuse of any prescription drug			
Yes	511(45.1)	473(34.6)	
No	621(54.9)	894(65.4)	<0.0001
Lifetime misuse of opioids			
Yes	507 (44.8)	461 (33.7)	
No	625 (55.2)	906 (66.3)	<0.0001
Lifetime misuse of benzodiazepines			
Yes	34 (3.0)	23 (1.7)	
No	1098 (97.0)	1344 (98.3)	0.0311
Misuse of pregabalin/gabapentin			
Yes	13 (1.1)	2 (0.1)	
No	1119 (98.9)	1365 (99.9)	0.0013

Data on lifetime non-medical use of prescription drugs was studied for opioids, benzodiazepines and pregabalin/gabapentin. Fisher's exact test was used to determine statistical significance with an alpha level of ≤ 0.05 .

Results: In total 2,499 respondents completed the survey; the mean \pm SD age was 48.0 ± 15.6 years and 49.9% were male. In total 693 (30.8%) reported lifetime use of an illicit drug and 984 (39.4%) reported lifetime non-medical use of a prescription drug. Chronic pain was reported by 1,132 (45.3%) respondents. As shown in Table 1, lifetime use of illicit drugs and non-medical use of prescription drugs were more common in those with chronic pain; reported non-medical use of opioids, benzodiazepines and pregabalin/gabapentin were all more common in those with chronic pain.

Conclusion: Data from this survey suggest that use of illicit drugs and non-medical use of prescription drugs is more common in those with chronic pain in the UK. It is important that clinicians managing patients with chronic pain and those managing patients with drug misuse, including clinical toxicologists, consider this in their clinical assessment. Further work is required to understand the reasons for this association which is important given the high prevalence of chronic pain in Europe and North America.

312. Benzodiazepines and “Z drugs”: Reported reasons for non-medical use in an online national survey in the UK

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Objective: To describe reasons for non-medical use of benzodiazepines and “Z drugs” reported in an online national survey in the UK.

Methods: The survey was undertaken in July 2014 using an online market research company. Data analysed for this study was non-medical use of benzodiazepines/Z drugs and reason for this misuse (using pre-formatted criteria; individuals could select multiple reasons), together with misuse of illicit drugs in the last year. The benzodiazepines/Z drugs included in the survey are listed in Table 1. Prevalence of misuse per 100,000 was calculated using the latest UK Office of National Statistics population estimate.

Results: In total 2,499 UK respondents completed the survey; the mean \pm SD age was 48.0 ± 15.6 years, 49.9% were male. The reported use of any illicit drug in the past year (8.6%) was similar to the 2013/14 Crime Survey for England and Wales (8.8%).¹ Non-medical use of at least one benzodiazepine was reported by 57 (2.3%); the reported prevalence of non-medical use was highest for diazepam, followed by temazepam and lorazepam (Table 1). At least one reason for misuse was specified by 48 (84.2%) respondents; of these, 66.7% of individuals reported more than one reason for misuse and the median (IQR) number of reasons for misuse was 2 (1-4). The most commonly reported reason among respondents reporting diazepam, temazepam and lorazepam misuse was “makes me feel good”. Other reasons