Non-Medical Use of XTAMPZA ER: Motivation, Methods, and **Perceptions of Tampering**

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INTRODUCTION

Opioid abuse-deterrent formulations (ADF) were developed to impede manipulation with the intention of reducing the improper use of opioids. XTAMPZA ER[®] is an extended-release (ER), abusedeterrent formulation oxycodone product that uses DETERx[®] technology designed to reduce manipulation. The effectiveness of XTAMPZA ER at reducing improper use has been studied in preclinical and clinical settings, and results from real world contexts are growing. Among poison center calls, XTAMPZA ER intentional drug exposures rates were shown to be lower than other ADF products and immediate release (IR) oxycodone. In addition, the odds of past-month abuse of **XTAMPZA ER among entrants to opioid treatment facilities were lower** than for other ADF products. Relatively little is known about why drug users choose to non-medically use ADF products, how effective ADF products are in preventing tampering in the real world, and perceived risks of using ADF products.

Objective: To assess the motivations, methods, and perceptions of tampering with XTAMPZA ER with the intention of non-medically using the tampered product.

METHODS

The Survey of Non-Medical Use of Prescription Drugs (NMURx) Program is an online general population survey from the Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS®) System. A repeated cross-sectional survey about drug use was administered in two survey waves in 3rd quarter 2021 and 1st quarter 2022 to a commercial online panel, which is a convenience sample of the national adult population. Participants who reported non-medical use (NMU) of XTAMPZA ER, other extended-release abuse-deterrent opioids (other ER-ADF opioids); and immediate release, single entity oxycodone (IR-SE oxycodone) were included in the analysis. The ER-ADF opioids included were OxyContin[®], Hysingla[®], and generic forms of ER oxycodone or hydrocodone. NMU of a drug was defined as "used <drug> in a way not directed by your healthcare provider" in the last 12 months.

Participants who met these criteria were given a follow-up survey with detailed questions about whether they tampered with the pills. Participants were asked if they tampered in the following ways: break apart, chew, crush, heat or melt, dissolve in mouth, dissolve in liquid, or combine with another drug. For each, they were asked whether the tampering was successful. Success percentages are reported as total success across all reasons per person, and respondents can indicate more than one reason for tampering.

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RESULTS

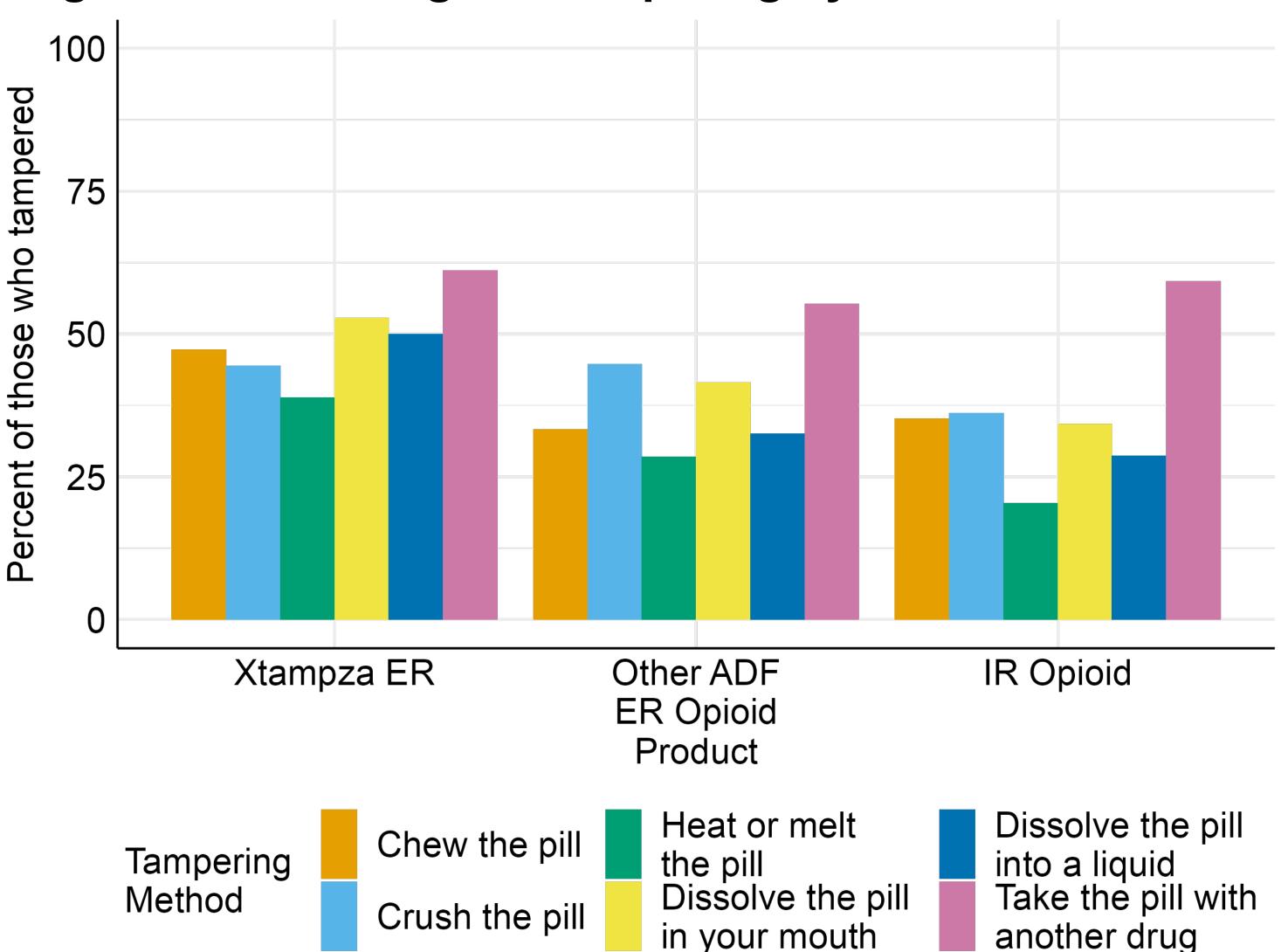
Table 1: Frequency of Tampering Among Adults who NMU by Drug Group

XTAMPZA	FR

Other ADF ER Opioid

Any IR Oxycodone

Figure 1: Percentage of Tampering by Method



Respondents who tampered with XTAMPZA ER reported a variety of reasons. The most frequently reported reasons were to feel the effects of the pill more quickly (n=30/36, 83.3%), to improve pain relieve (n=27/36, 75.0%), or to increase the high feeling (n=26/36, 72.2%).

Non-Medical Use of Xtampza ER was less frequent than other ER abuse-deterrent formulated opioids and IR oxycodone. However, among those who non-medically used each drug, tampering of XTAMPZA ER was as common as comparators.



Past year NMU; N (%)	Tampering among past year NMU; N (%)
67 (9.8)	36 (53.7)
289 (42.3)	123 (42.6)
247 (36.2)	108 (43.7)

Table 2: Reported Success of Tampering

	Successful in	Unsuccessful in	
	Achieving Reason of	Achieving Reason of	
	Tampering	Tampering	
	N (%)	N (%)	
XTAMPZA	89 (84.0)	17 (16.0)	
ER	07 (04.0)	17 (10.0)	
Other ADF	262 (00 7)	27 (9.3)	
ER Opioid	263 (90.7)		
Any IR	205 (00 7)	26 (11 2)	
Oxycodone	205 (88.7)	26 (11.3)	

CONCLUSIONS

Despite increasing availability, NMU of XTAMPZA ER is relatively infrequent. However, those who do tamper with XTAMPZA ER appear to accomplish the effect they are seeking. These individuals who NMU could be those experienced with tampering, and therefore have higher rates of accomplishing the effect they seeking.

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