106. A Descriptive Study of Prescription Opioid Misusers Evaluated by Medical Toxicologists

Varney SM1, Wiegand TJ2, Ramos RG3, Brent J4, Wax PM5, On behalf of the Toxicology Investigators Consortium Prescription Opioid Misuse (TICPOM) Subregistry

1University of Texas Health Science Center San Antonio, San Antonio, TX, USA; 2University of Rochester Medical Center, Rochester, NY, USA; 3University of Texas Health Science Center San Antonio, San Antonio, TX, USA; 4Toxicology Associates, University of Colorado Health Sciences Center, Denver, CO, USA; 5University of Texas Southwestern Medical Center, Dallas, TX, USA

Background: Medical toxicologists have the unique opportunity to interact with patients who misuse prescription opioids and identify patient behaviors that can mitigate adverse outcomes.

Research Question: What are the demographics, drug use history, medication source, and other characteristics of patients presenting for emergency care after prescription opioid misuse resulting in medical toxicology consultation?

Methods: The Toxicology Investigators Consortium (ToxIC) Prescription Opioid Misuse subregistry is a prospectively collected, de-identified, national dataset of patients who required hospital admission and a medical toxicology consultation following prescription opioid misuse. Intentional self-harm patients were excluded. We descriptively analyzed medical history, drug use patterns, sources of medications, diversion factors, and other historical aspects that have been shown to increase misuse risk.

Results: Of 75 patient records reviewed, 50 % were between the ages of 30 and 50 years, 70 % were male, 59 % Caucasian, and 35 % Hispanic. Past medical and drug use history included 36% reporting a chronic pain syndrome; 43 % misused alcohol (past and present); 47 % also used sedative-hypnotics; 56 % had used parenteral drugs, and 83 % had misused other prescription drugs. Additionally, 70 % reported history of treatment for drug (45 %) or alcohol (25 %) dependency. Reported psychiatric conditions included depression (38 %), anxiety (27 %), and developmental delay (20 %). Regarding the opioid that resulted in toxicology consultation, 36 % reported using oxycodone, 35 % buprenorphine, and 15 % hydrocodone, and only 35 % of these had a prescription. For those without a prescription, 78 % reported buying the drugs. Patients who reported recognizing their misuse problem identified the “turning point” as times when they missed important engagements (70%), someone expressed concern (60%), and problems at work (50%) or with friends (50 %). Over 40 % reported co-ingestants including sedative-hypnotics (64 %), stimulants (18 %), heroin (7 %), and alcohol (3 %). The statewide prescription drug monitoring program was available and accessed in 70 and 49 % of cases, respectively.

Conclusions: In the population studied, most were either Caucasian or Hispanic males aged 30–50 years. Only one-third reported having a prescription, and co-ingestion of either
alcohol or sedatives was common. Although the use of prescription drug monitoring programs is highly encouraged, less than 50% of providers elected to do so.