

Presented at the ACMT Annual Scientific Meeting March 27-29, 2015 - Clearwater, FL
Published in J Med Toxicol 2015 March

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