

A Preliminary Classification Scheme for Prescription Opioid Abuse

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Introduction

- The descriptions of these abuser types have not been empirically derived
- These abuser types represent the what is seen clinically by a number of experienced clinicians and researcher
- Understanding the issues associated with each abuser type can inform RiskMAP development
- Further research is needed to empirically validate or refute these descriptions

Healthcare Professional

■ Characteristics

- Takes drug in different forms depending on availability
 - Prefers high potency, short-acting drugs
- Tries to avoid detection
- Often has high tolerance
- Uses what is most available
- Will take or replace patient's drugs
- Trades drugs for sex or money

Healthcare Professional

- **Surveillance approach**
 - Healthcare professional/wellness programs
 - State licensing boards
 - Prescription monitoring programs
 - Law enforcement
- **Interventions**
 - Improved professional wellness programs
 - Report to state licensing boards
 - Report to law enforcement (last resort)

Hard Core Illicit Opioid Addict

■ Characteristics

- Primarily IV abuser
- May snort or smoke
- Wants intense heroin like high
- Often has high tolerance
 - Attracted to areas where overdoses occur
- Urban dweller
- Only uses Rx drugs when good cheap illicit drugs are not available

Hard Core Illicit Opioid Addict

■ Surveillance Approaches

- Federal databases (e.g. DAWN, NSDUH)
- Treatment program admissions
- Key informant networks (ethnographers)
- News media
- Law enforcement diversion data

■ Interventions

- Increase primary prevention
- Increase treatment availability
- Reduce diversion to the street
- Improved law enforcement

Hard Core Prescription Opioid Addict

■ Characteristics

- Primarily oral or intranasal abuser will inject if active ingredient can be isolated into solution
- Tries to convert CR formulation to IR
- Wants intense high
 - Will use heroin when and if available at cheaper price
- Often has high tolerance
- Suburban or rural dweller
- Will use lots of IR drugs if that is all that is available

Hard Core Prescription Opioid Addict

- Surveillance approaches
 - pharmacovigilance
 - Federal databases (e.g. DAWN, NSDUH)
 - Treatment program admissions
 - Key informant networks (ethnographers)
 - News media
 - Internet
 - Poison control centers
 - Law enforcement diversion data

Hard Core Prescription Opioid Addict

■ Interventions

- Increase primary prevention
- Increase treatment availability
- Reduce diversion to the street
- Improved law enforcement
- Healthcare provider education
- Tamper resistant formulations

Polydrug Abuser

- **Characteristics**
 - **Will smoke, snort and swallow**
 - **IV use rare**
 - **Takes any type of drug available**
 - **Likes to mix multiple drugs together including alcohol and illicit drugs**
 - **Often has high tolerance to multiple drugs and alcohol**
 - **Lives everywhere**
 - **Likes all types of Rx drugs**
 - **Will empty your medicine cabinet**

Polydrug Abuser

- **Surveillance approaches**
 - **Pharmacovigilance**
 - **Federal databases (e.g. DAWN, NSDUH)**
 - **Treatment program admissions**
 - **Key informant networks (ethnographers)**
 - **News media**
 - **Internet**
 - **Poison control centers**
 - **Law enforcement diversion data**
 - **College surveys (prescription stimulant abuse)**

Polydrug Abuser

■ Interventions

- Increase primary and secondary prevention
- Increase treatment availability
- Reduce diversion to the street
- Improved law enforcement
- Healthcare provider education
- Tamper resistant formulations
- Public education to safeguard medications

Rave Abuser

- **Characteristics**
 - Will smoke, snort and swallow
 - Takes any type of drug available
 - Likes to mix multiple drugs together including alcohol and illicit drugs
 - May have high tolerance to multiple drugs
 - May have no tolerance
 - Lives everywhere but urban areas predominate
 - Likes all types of Rx drugs
 - Will empty your medicine cabinet
 - Prefers long acting drugs that will last 'til dawn

Rave Abuser

- **Surveillance approaches**
 - **Pharmacovigilance**
 - **Federal databases (e.g. DAWN, NSDUH, MTF)**
 - **Key informant networks (ethnographers)**
 - **News media**
 - **Internet**
 - **Poison control centers**
 - **Law enforcement diversion data**

Rave Abuser

- **Interventions**
 - **Increase primary and secondary prevention**
 - **Reduce diversion to the street**
 - **Public education to safeguard medications**
 - **Healthcare professional education**

Inexperienced/Casual Abuser (The Poster Child)

- **Characteristics**
 - May have no drug experience
 - May have experience with alcohol and marijuana
 - Will abuse prescription drugs if available
 - Will mix with alcohol and marijuana
 - Has no tolerance
 - High risk of overdose
 - Middle school, high school or college student
 - Pharming

Inexperienced/Casual Abuser (The Poster Child)

- **Surveillance approaches**
 - Pharmacovigilance
 - Federal databases (e.g. DAWN, NSDUH, MTF)
 - News media
 - Internet
 - Poison control centers
- **Interventions**
 - Increase primary and secondary prevention
 - Reduce diversion to the street
 - Public education to safeguard medications
 - Healthcare professional education

Patient Abuser/Addict

■ Characteristics

- Often has history of substance abuse or mental illness
- True iatrogenic addiction rare
- “Pseudoaddiction” must be ruled out
- Misuse should not be confused with abuse
- May be a doctor shopper
- Should not confuse physical dependence with abuse or addiction
- May have real pain syndrome
- May sell all or part of prescriptions

Patient Abuser/Addict

- **Surveillance approaches**
 - **Pharmacovigilance**
 - **Federal databases (e.g. DAWN, NSDUH, MTF)**
 - **Treatment program admissions**
 - **News media**
 - **Internet**
 - **Poison control centers**
 - **Law enforcement**

Patient Abuser/Addict

- **Interventions**
 - **Increase primary and secondary prevention**
 - **Increase treatment availability**
 - **Improved law enforcement**
 - **Healthcare provider education**
 - **Tamper resistant formulations**

Patient Diverter

- **Characteristics**
 - May be a doctor shopper
 - May have real pain syndrome
 - May sell all or part of prescriptions
 - May or may not be an abuser
- **Surveillance approaches**
 - News media
 - Law enforcement
- **Interventions**
 - Improved law enforcement
 - Healthcare provider education
 - Tamper resistant formulations

Sham Patient/Divorter

■ Characteristics

- May feign illness to obtain medication
- May pay others with known illness to doctor shop then pay them for medication
- Will visit “pill mills”
- Sells drugs on the street or to middlemen
- May or may not be an abuser

■ Surveillance approaches

- Media
- Law enforcement

■ Interventions

- Improved law enforcement
- Healthcare provider education
- Tamper resistant medications

Abuser Characteristics

Type	Route of Admin	Tolerance	Type of drug	Source of drug	Locations
HCP	IV, PO, snort	High	Opioids +	Rx, patients	All
Illicit	IV, PO, snort	High	Opioids +	Street	Urban
Rx abuser	PO, snort	High	Opioids +	Street, Rx	Rural, suburban
Polydrug	PO, snort, smoke	High	All types	Medicine cabinet, street	All
Rave	PO, snort, smoke	Variable	All types	Medicine cabinet, street	All
Casual	PO	Low	All	Medicine cabinet, street	All
Patient abuser	PO	High	All	RX	All
Patient diverter	PO	High	All	Rx	All
Sham diverter	N/A	N/A	All	Rx	All

Surveillance Approaches

Type	Federal surveys	LE	Tx	KI	College survey	Media	Internet	PV	PCC
HCP	X	X	X			X			
Illicit	X	X	X	X		X	X		X
Rx abuser	X	X	X	X		X	X	X	X
Polydrug	X	X	X	X	X	X	X	X	X
Rave	X	X		X		X	X	X	X
Casual	X					X	X	X	X
Patient abuser	X		X			X	X	X	X
Patient diverter		X				X			
Sham diverter		X				X			

Interventions

Type	LE	HCP Education	Tamper resistance	Prevention	Tx	Pub Ed	Wellness programs	Licensing boards
HCP	X				X		X	X
Illicit	X			X	X			
Rx abuser	X	X	X	X	X	X		
Polydrug	X	X	X	X	X	X		
Rave	X			X				
Casual				X		X		
Patient abuser	X	X	X	X	X			
Patient diverter	X	X	X					
Sham diverter	X	X	X					

Conclusions

- As risk management for prescription drugs becomes more prevalent, the problems generated by drugs with abuse potential present a unique and complex situation
- Since many of those who abuse prescription drugs are not patients, the usual techniques of pharmacovigilance may not be applicable
- New surveillance approaches need to be developed and validated that can identify and track the types of abuse and diversion of prescription drugs
- Not all abusers or diverters will be detected by a single surveillance system resulting in the need for multiple approaches to collect meaningful data, and then the need to integrate the data to inform the development of interventions

Conclusions

- Interventions that are developed from the data will need to be targeted to the types of abusers identified
- The problems may be different across geographic regions resulting in the need for multiple targeted interventions
- Only some of the interventions addressing risks associated with prescription drugs can be addressed by the marketers of the drugs
- Since most of the abuse of these compounds occurs among non-patients and abusers of multiple illicit and licit drugs, broader societal interventions will be necessary to address these problems