DEFINING PROBLEMATIC PHARMACEUTICAL OPIOID USE AMONG PEOPLE PRESCRIBED OPIOIDS FOR CHRONIC NON-CANCER PAIN: DO DIFFERENT MEASURES IDENTIFY THE SAME PATIENTS?

G Campbell1, R Bruno2, N Lintzeris3,4, M Cohen5, S Nielson1, W Hall6,7, B Larance1, R P Mattick1, F Blyth3, M Farrell1 And L Degenhardt1,8,9,10.

1National Drug and Alcohol Research Centre, UNSW, Australia, 2School of Medicine, University of Tasmania, Australia, 3Sydney Medical School, Sydney University, Australia, 4The Langton Centre, South East Sydney Local Health District (SESLHD) Drug and Alcohol Services, Australia, 5St Vincent’s Clinical School, UNSW Medicine, UNSW Australia, 6Centre for Youth Substance Abuse Research, University of Queensland, AUSTRALIA, 7National Addiction Centre, Kings College, London ENGLAND, 8School of Population and Global Health, University of Melbourne, Australia, 9Murdoch Children’s Research Institute, AUSTRALIA, 10Department of Global Health, School of Public Health, University of Washington, USA

Introduction and Aims: The International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual (DSM) are routinely used in diagnosing illicit substance use disorders, but for people taking prescribed opioids they remain controversial. In pain medicine, the concept of “Addiction” is preferred with reduced emphasis on tolerance and withdrawal. This article examines the prevalence and characteristics of pharmaceutical opioid dependence according to ICD, DSM, and the pain medicine concept of “Addiction,” among chronic non-cancer pain (CNCP) patients prescribed opioids.

Design and Method: In the current study, we used data from a national sample of 1134 people prescribed opioids for CNCP. Past 12-month “Addiction” (based on Pain Medicine definition), DSM, and ICD dependence definitions were assessed using the Composite International Diagnostic Interview.

Results: Twenty-four percent of the cohort met the criteria for “Addiction,” 18% for DSM-5 use disorder and 19% for ICD-11 dependence. There was “substantial” concordance between “Addiction” and both DSM-5 use disorder and ICD-11 dependence (kappa 5 0.63 and 0.79, respectively). Participants meeting the criteria for “Addiction” only were older, less likely to engage in non-adherent behaviours, self-reported fewer problems or concerns with their medication, and had lower rates of psychological distress than those who also met the DSM-5 and ICD-11 criteria.

Discussions and Conclusions: The definition of “Addiction” captures a larger group of patients than other classification systems and includes people with fewer “risk” behaviours. Despite removal of tolerance and withdrawal for prescribed opioid use for DSM-5, we found that “Addiction” was more closely related to an ICD-11 diagnosis of pharmaceutical opioid dependence.

Disclosure of Interest Statement: SN, NL, RB, GC, BL, LD have all been investigators on untied investigator-driven educational grants funded by Reckitt Benckiser for post-marketing surveillance studies of buprenorphine-naloxone tablets and film, development of an opioid-related behaviour scale, and/or a study examining the uptake of opioid substitution therapy among chronic non-cancer pain patients. NL, RB, BL and LD have received an untied educational grant from Mundipharma for post-marketing surveillance studies of Reformulated OxyContin®. MC has received payments from Mundipharma Pty Limited for preparation and presentation of educational material.