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A Much-Needed Window on Opioid Diversion

A recent report attributed increasing opioid analgesic mortality to "aggressive" pain management [1]. While there is no question that increases in adverse and tragic health consequences are associated with rising nonmedical use of prescription pain medications, we questioned the validity of asserting, absent direct evidence, that it resulted from treating pain patients [2]. We also pointed out that illicit-drug users create a powerful demand that will be satisfied by those who divert prescription drugs from the supply chain. We called for research that would tell us more about the users, their motivations, and methods of diversion, including use of targeted ethnographic studies in high-incidence areas.

In this issue, Inciardi et al. make an excellent contribution to better understanding the abuse and diversion of prescription drugs, including opioids. A useful summary of the meager literature and an extensive bibliography about sources of diversion is provided. They also report their own ethnographic studies of several populations in the Miami area who use diverted prescription opioid analgesics. This qualitative research provides a much-needed and revealing window on user populations, why they use opioid analgesics, and how the drugs are diverted. Although it is not clear whether these focus group findings would mirror those from other samples or areas in the county, this research is an important first step to understand the factors and vectors that result in abuse and diversion of opioid analgesics.

Inciardi et al. organized and conducted interviews and focus groups with numerous individuals from several ethnically diverse illicit drug-using populations in Miami: club drug users, street drug users, methadone maintenance patients, and HIV-positive individuals. This was not a study of pain patients. Polydrug use including opioids was common among the focus group participants. From their reports, it appears that the use of prescription opioids among these individuals, and the acquisition of prescription and other drugs from a variety of sources, is a way of life. The authors conclude that, while federal agencies focus on doctor shopping, physicians, pharmacists, and the Internet, there are "numerous active street markets" that constitute a for-profit—albeit disorganized—industry. This "industry" is likely to exist in other metropolitan areas like New York and Boston.

We concur with the authors that an important part of the "industry" involves numerous pharmacy and hospital thefts. Our own research documents the millions of dosages of opioid analgesics that have been stolen from the drug supply chain in recent years [3]; when these drugs are abused, it would be correct to say they were prescription opioids, but they were not *prescribed*. Inciardi et al. also call our attention to the significance of residential burglaries that target prescription drugs.

The work of Inciardi and his collaborators, although well-known in the field of chemical dependency and drug abuse, deserves discussion in the pain field. It would be valuable if these findings and conclusions could be presented at state and national conferences, so that their implications for clinical practice and patient care could be examined. There should be a forum to consider these findings and develop strategies to effectively address the factors that lead these populations to seek out and abuse the same medications that are essential for the treatment needs of patients suffering from pain.

We do not need to repeat here the importance of physicians knowing their patients. However, we agree with the authors that information about the characteristics of drug users could help pain physicians develop methods for treating their pain while securing against medication abuse and diversion. Although they present a special challenge, patients with pain who are addicted to drugs also deserve competent pain assessment and management [4]. The challenge of treating pain in a person with the disease of addiction has become an even more important policy issue recently, given the Drug Enforcement Administration's proposed rule asserting that controlled substances prescriptions should only be issued to patients where the prescriber has determined that there is no undue risk of abuse or diversion [5].

There should be more support for qualitative public health research like this. We need to know more about the characteristics of the populations who abuse prescription pain medications, including their motivations, methods of drug admi-

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nistration, and methods of diversion and redistribution. Could a similar methodology be applied to other populations of concern, such as high school and college students? Could a methodology be developed to begin the process of assessing the relative contribution of various diversion sources in a localized area? What do the "distribution systems" for diverted prescription drugs look like, how do they vary, and what are the underlying financial arrangements? Similar studies could contribute to a better understanding of how fraudulent practices occur in government-sponsored health care systems.

The value of this work would be increased if it provoked a careful examination of how already-established national drug-abuse datasets could be adjusted to collect information about the characteristics and motivations of those who report abusing drugs, or who experience opioid analgesics-related adverse health consequences and death. Studying the circumstances surrounding hospital admissions and mortality could provide information to better understand the true nature of opioid analgesic abuse, and both how and the extent that the management of pain is a contributing factor. Additional research should inquire more specifically about the extent that patients with pain are involved in the illicit-drug environment. Finally, this work underscores the importance of developing abuse-resistant medications, because these patterns of abuse appear not to be within the usual span of control of prescribers and dispensers.

Most of us in the pain field do not understand the cultures of drug abuse, even though the illicit demand for prescription pain medications affects pain management. News headlines about abuse and diversion stigmatize the medications and hinder their appropriate medical use. We are grateful to Inciardi and his collaborators for opening an empirical window onto this world.

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