Retrospective accounts of subjective effects of initial opioid use differ between those with opioid use disorder (OUD) and opioid misusers who never progressed to OUD

A. Benjamin Srivastava, MD, a Arpana Agrawal, PhD, a Vivia V. McCutcheon, PhD, a Michael T. Lynskey, PhD, b Andrew C. Heath, DPhil, a Elliot C. Nelson, MD a

aWashington University School of Medicine, St. Louis, MO; bKing’s College, London, UK

Background: Attempts to identify opioid users with increased risk of escalating to opioid use disorder (OUD) have had limited success to date. Methods: Retrospectively assessed subjective effects of initial opioid use were compared in opioid misusers (nonmedical use ≤60 times lifetime) who had never met criteria for OUD (N=14) and heroin-addicted individuals in treatment for OUD (N=15). Results: Relative to opioid misusers without a lifetime OUD diagnosis, individuals with OUD reported greater euphoria and other positive emotions, activation, pruritus, and internalizing symptoms; some effects were of surprising magnitude (e.g., OR=182.0 for pruritus). A comparison of responses of heroin-addicted OUD individuals (N=15) to prescription drug-addicted individuals with DSM-IV opioid dependence [N=20 from a prior study (Bieber et al., 2008)] found minimal differences. In contrast, the comparison of non-OUD groups of opioid misusers (N=14) to non-dependent prescribed users of opioids (N=20) from (Bieber, et al., 2008) found substantially more items whose endorsement differed significantly including items suggestive of sedation and weakness. Conclusions: Our findings are consistent with prior reports and provide further evidence that retrospectively-assessed subjective responses to initial opioid exposure differ significantly between opioid users who do and do not progress to OUD. We extend these findings to non-OUD opioid misusers and provide preliminary evidence that subjective responses reported by such individuals differ significantly from those of prescribed users of opioids. A prospective examination would be necessary to determine whether assessment of subjective effects after initial use has predictive utility in identification of individuals more likely to progress to OUD.