

THE IMPACT OF REFORMULATED OXYCONTIN[®] IN AUSTRALIA: KEY FINDINGS FROM THE NATIONAL OPIOID MEDICATIONS ABUSE DETERRENCE (NOMAD)

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Introduction and Aims: Pharmaceutical companies are investing in developing opioid formulations less prone to extra-medical use and diversion. In Australia, a potentially tamper-resistant formulation of OxyContin[®] (Reformulated OxyContin[®]) was introduced in April 2014, followed by a generic brand of (non-tamper-resistant) oxycodone (Oxycodone Sandoz[®]) later the same year. The National Opioid Medications Abuse Deterrence (NOMAD) study examined the impacts of these two opioid formulations.

Design and Methods: The NOMAD study components include (1) routine data sources (e.g., opioid sales and Needle-Syringe Program (NSP) data); (2) Illicit Drug Reporting System (IDRS) data; and (3) a prospective cohort of 600 people who regularly tamper with pharmaceutical opioids. The NOMAD cohort was recruited and interviewed just prior to the introduction of Reformulated OxyContin[®], and followed up at 3 and 12 months post-reformulation.

Results: Prior to reformulation, 80mg OxyContin[®] were most frequently diverted/injected in the NOMAD cohort. Post-reformulation, there were declines in OxyContin[®]/oxycodone use and injection in NOMAD cohort and NSP/IDRS data. Oxycodone Sandoz[®] injection was low in the NOMAD cohort (5%). There was no increase in other substance use or harms in the NOMAD cohort, consistent with available NSP data. Some tampering with Reformulated OxyContin[®] persisted at 12 months (27% past month attempts). Overall, Reformulated OxyContin[®] was viewed as less attractive for tampering/injection.

Discussion and Conclusions: These are the most detailed data on extra-medical pharmaceutical opioid use and tampering ever collected in Australia. Abuse-deterrent formulations may play a role in reducing the risks of pharmaceutical opioids, but no single intervention can address every aspect of pharmaceutical opioid use and harm.