

Introduction

In recent years, there has been a significant increase in the number of opioid-related deaths. In 2016, over 42,000 people died of opioid overdose in the United States, up 28% from 2015. These drugs impair daily functioning and can lead to blood-borne illnesses, including HIV and hepatitis. Previous research involving individuals with substance use disorders (SUDs) has suggested that a number of biopsychosocial and socioeconomic factors may increase vulnerability to developing this condition, but few have found risk factors unique to opioid use disorder (OUD). We hypothesized that patients completing residential treatment for OUD would report higher pain intensity, increased history of emotional abuse, and higher rates of PTSD symptoms compared to those with other SUDs. Secondary analyses examined difference in predictors of treatment progress between the two groups.

Methods

- Patients at a residential SUD treatment facility (n = 308, 61% male) completed a comprehensive assessment at intake and again after 28 days.
- Measures assessed: pain intensity/interference (PROMIS), Craving (PACS), abstinence self-efficacy (AASE/DASE), PTSD symptoms (PCL-5), adverse childhood experiences (ACE), and quality of life (WHO-QOL-BREF).
- Consent to participate in the research study was obtained in a separate appointment, with 87% of patients providing consent.
- Medical records were used to determine whether the participants had an opioid use disorder diagnosis with or without a co-occurring substance use disorder (OUD group; n = 69) or were diagnosed only with another substance use disorder (non-OUD group, n = 239).



| Comparison of Results in OUD and Non-OUD Groups at Baseline and Day 28 of Treatment | | |
|---|--|--|
| Measure | Difference at Baseline | Difference at Day 28 |
| Pain Intensity | OUD patients significantly higher | No significant differences |
| Craving | No significant differences | OUD patients tended to be higher |
| DASE (Drug Abstinence Self-Efficacy) <i>*lower scores indicate less abstinence self-efficacy</i> | OUD patients significantly lower scores on Negative Affect, Physical Concerns, and Withdrawal and Urges subscales No significant differences for Social/Positive Subscale | No significant differences for Negative Affect OUD group significantly lower on Withdrawal and Urges subscale; and trend toward lower on Physical Concerns subscale OUD patients tended to score lower on Social/Positive Subscale |
| AASE (Alcohol Abstinence Self-Efficacy) | OUD scored higher Withdrawal and Urges Negative Affect subscales; trend toward higher scores on Physical Concerns subscale | No significant differences for any AASE Subscale |
| Quality of Life | No significant differences | OUD patients report significantly higher score for Social/Positive Subscale |

Results

- No significant differences between OUD and non-OUD groups in gender, education, race, ethnicity, or history of tobacco use.
- Individuals in the OUD group were significantly younger than the non-OUD group (mean of 36.4 vs. 40.4 years).
- OUD and non-OUD groups did not differ regarding adverse childhood events, trauma history, or PTSD symptoms.
- Additional results listed in Table 1.

Conclusion

- Evidence for abstinence-induced resolution to hyperalgesia
- OUD patients learn the importance of abstaining from all substances during their time in treatment
- Addressing craving and withdrawal should be emphasized for OUD patients
- OUD Patients improved more in their social relationships, but also had lower self-efficacy for abstaining in social situations
- Should include a greater number of patients and look at the entirety of patients' time in treatment in future studies.
- Analysis of a sample that represents individuals of lower socioeconomic status, especially those without insurance, may provide more robust, generalizable results.

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