The Opioid-related Higher Median Abuse through tampering, such as chewing or crushing of pills, is associated with greater healthcare use, and those who tampered were less likely to be white, to currently smoke cigarettes, be obese, report a psychiatric co-morbidity (self-report), and have a CCI of 2 or higher, compared to those who abused opioids without tampering. Healthcare resource utilization in prior 3 months, related and unrelated to opioid medication use, was higher among those who tampered relative to those who abused opioids without tampering. In the present study, we investigated the incremental cost of tampering to society [4].

Cost of Tampering in Abuse of Prescription Opioids

**STATISTICAL ANALYSIS**

- Trends were used to compare those who tampered and those who did not rectángular or continuous variables.
- Chi-square tests were used to compare the distribution of categorical variables.
- Generalized linear models (GLMs) were used to quantify direct medical costs using negative binomial distribution as the link function.
- Concomitants included tampering, age, race, sex, household income (US$), insurance to precipitation, and presence of a patient’s medical condition causing obesity and/or weight gain. BMI (Δ BMI category) among obese participants (Δ BMI ≥ 30 kg/m²), reported discrimination, exercise in prior month, possession of health insurance, use of an opioid in 2011, current employment, employment status, and CCI.

**RESULTS**

- Those who tampered were less likely to be white, to currently smoke cigarettes, be obese, report a psychiatric co-morbidity, or to be employed, and were slightly younger than those who abused without tampering. (Table 4)
- The differences in costs associated with tampering remains significant after adjusting for differences in age, gender, and differences in comorbidities. (Table 5)
- The differences in costs associated with tampering remains significant after adjusting for differences in age, gender, and differences in comorbidities. (Table 5)
- The incremental cost of tampering was $3,803 for those who tampered relative to those who abused opioids without tampering. (Table 5)

**CONCLUSIONS**

- Tampering with prescription opioid medications in order to get high is associated with significantly increased medical costs compared to those who abuse without tampering.
- The differences in costs associated with tampering remains significant after adjusting for differences in age, gender, and differences in comorbidities. (Table 5)
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- Tampering with prescription opioid medications in order to get high is associated with significantly increased medical costs compared to those who abuse without tampering.

**Table 5. Estimated costs among those who abused prescription opioids according to tampering using Truven MarketScan costs.**