

## Supplementary Online Content

Vijayaraghavan M, Penko J, Bangsberg DR, Miaskowski C, Kushel MB. Opioid analgesic misuse in a community-based cohort of HIV-infected indigent adults. Published online January 14, 2013. *JAMA Intern Med*. doi:10.1001/jamainternmed.2013.1576.

**eTable.** Self-reported motivations for opioid analgesic misuse at enrollment

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable: Self-reported motivations for opioid analgesic misuse at enrollment

	Lifetime misuse N	Motivation for misuse <sup>a, b</sup>	
		To treat pain only N (%)	To get high N (%)
Stole opioid analgesics from another person	18	1 (5.6)	14 (77.7)
Stole opioid analgesics from a pharmacy, hospital or clinic	9	1 (11.1)	4 (44.4)
Performed sex to get one of these medicines	15	1 (6.7)	12 (80.0)
Traded street drugs to get opioid analgesics	40	9 (22.5)	20 (50.0)
Attempted to forge a prescription for opioid analgesics	11	2 (18.2)	4 (36.4)
Saving prescription opioid analgesics when done using	119	51 (42.8)	40 (33.7)
Falsely reported that prescription was lost, ruined, or stolen	40	16 (40.0)	15 (37.5)
Drank alcohol or used street drugs to boost effects of opioid analgesics	93	25 (26.9)	57 (61.3)
Lied to a healthcare provider about pain symptoms to get a prescription for opioids	45	14 (31.1)	23 (51.1)
Lied to a healthcare provider about side effects or allergies to get a specific prescription opioid	24	5 (20.8)	9 (37.5)
Borrowed opioid analgesics from another person	85	49 (57.6)	29 (34.1)
Bought medicines from another person	75	30 (40.0)	40 (53.3)
Any of the above misuse behaviors	167	78 (46.7)	89 (53.3)

<sup>a</sup> Based on the number of people who reported lifetime misuse at enrollment

<sup>b</sup> Percentages are row percentages, and do not add up to the total because a few participants responded that their motivation for misuse was neither to treat pain nor to get high