**OBJECTIVE**

To identify specific end points associated with ADF use on non-medical users for prescription drugs.

**METHODS**

The analysis combined measures taken from different underlying data sources to estimate the potential reductions in non-medical use of opioids and associated healthcare costs. The reductions were measured as a percentage of overall drug liking, in-the-moment drug liking, and drug high. The study used data from three sources: a national survey on non-medical drug use, a national survey on prescription drug use, and a clinical trial on the effectiveness of ADFs.

**RESULTS**

The analysis found that a 5-point reduction in an average drug's overall drug liking score is expected to reduce the NSDUH rate of lifetime NMU by 11.3%, based on a sample average rate of 2.21%. The reductions in overall drug liking were significantly associated with reduced real-world NMU and healthcare costs. Associations using drug-high and in-the-moment drug liking were directionally consistent with those using overall drug liking. The reductions in overall drug liking associated with an ADF have potential to reduce abuse and associated costs.

**CONCLUSIONS**

Reductions in overall drug liking were significantly associated with reductions in real-world NMU. The potential reductions in overall drug liking due to ADF use into reductions in associated healthcare resource utilization and costs are substantial. The results of this study provide evidence for the potential effectiveness of ADFs in reducing non-medical use of opioids and associated healthcare costs.