

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Buprenorphine Availability, Diversion, and Misuse: A Summary of the CESAR FAX Series

While research indicates that buprenorphine is an effective drug for treating opioid dependence, the potential for its nonmedical use and related unintended consequences may be going unnoticed. Our recent series of publications on buprenorphine were designed to highlight several indicators of the increased availability, diversion, and misuse of buprenorphine. Following is a summary of the key points of the recent *CESAR FAX* series on buprenorphine, followed by suggested policy changes that may decrease buprenorphine diversion and misuse.

Buprenorphine is an effective treatment for opioid dependence.

In addition to being an effective treatment for opioid dependence in general, recent studies have also found that buprenorphine/naloxone treatment provided in HIV treatment settings to persons with coexisting opioid dependence and HIV-infection—a population often difficult to treat—can reduce opioid use as well as improve the quality of HIV care received. (*Source: CESAR FAX, Vol. 20, Iss. 31 & 32*)

The amount of buprenorphine legally available for distribution and sale has increased.

Distribution of buprenorphine to retail and dispensing institutions (such as pharmacies, hospitals, practitioners, teaching institutions, researchers, analytical labs, and narcotic treatment programs) has increased from 13,475 in 2003 to 1,451,503 in 2010. The number of patients receiving a prescription for Subutex® or Suboxone® from U.S. outpatient retail pharmacies increased from slightly less than 20,000 in 2003 to more than 600,000 in 2009. (*Source: CESAR FAX, Vol. 20, Iss. 22 & 23*)

Buprenorphine diversion and nonmedical use appear to be increasing.

The number of buprenorphine drug items secured in law enforcement operations and analyzed by state and local forensic laboratories has increased from 21 in 2003 to 8,172 in 2009. Buprenorphine has been smuggled into state prisons, including those in Maine, Massachusetts, New Jersey, New Mexico, Pennsylvania, and Vermont. More than one-half of buprenorphine-related emergency department (ED) visits are for the nonmedical use of the drug. The estimated number of ED visits related to the nonmedical use of buprenorphine has more than tripled, from 4,440 in 2006 to 14,266 in 2009. A recent study found that injecting drug users (IDUs) in Rhode Island were more likely to use diverted buprenorphine/naloxone to self-medicate while non-IDUs were more likely to use the diverted drug to get high. Regardless of whether diverted buprenorphine is being used nonmedically to self-treat opiate addiction or to get high, unmonitored use of diverted buprenorphine places users at serious risk for potential adverse health effects, especially when taken in combination with other opioids or with depressants such as sedatives, tranquilizers, or alcohol. (*Source: CESAR FAX, Vol. 20, Iss. 22, 24, 25, 26, 30, & 33*)

Policy changes that may decrease buprenorphine diversion and misuse

The apparent increase in buprenorphine availability, diversion, and nonmedical use suggest the need for buprenorphine policy changes. First, current testing protocols, including those of medical examiners and drug testing programs, should include routine testing for buprenorphine to estimate the full magnitude of and to monitor buprenorphine diversion and misuse. Second, physician education programs for prescribing buprenorphine, especially strategies to detect and deter diversion and misuse, need to be strengthened. A recent study found that waived physicians had limited knowledge of buprenorphine pharmacology and legislative issues, suggesting that the mandatory 8-hour training required to obtain a waiver to prescribe buprenorphine may be inadequate (*See CESAR FAX, Volume 20, Issue 29*). CESAR will continue to monitor the diversion and abuse of buprenorphine and report on developments as they arise.