

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Study Describes Illicit Use of Buprenorphine Among Nonmedical Users of Opioids in Ohio

“Our study clearly indicates that non-medical use of buprenorphine has found a niche in the streets among illicit users of pharmaceutical opioids” (p. 206).

While buprenorphine misuse has been reported in many states, most studies have focused on opioid-dependent individuals, heroin users, and/or those in treatment. For example, an Ohio study of treatment providers, law enforcement officials, and drug users recruited through treatment programs found evidence of increasing buprenorphine misuse (see *CESAR FAX*, Volume 21, Issue 2). New research in Ohio now provides evidence of illicit use of buprenorphine among a population not previously studied—young adults not involved with heroin or injection drug use nor dependent on pharmaceutical opioids. Following are findings from this community-recruited sample* of young adults from the Columbus, Ohio area:

Knowledge About Buprenorphine: The majority of users reported that when they were first introduced to buprenorphine they had limited knowledge about the drug. Some had no idea it was used to treat opioid dependence and were told that it would work like any other pain pill.

Street Availability: While the majority of respondents reported that buprenorphine was more difficult to obtain than more commonly used prescription opioids (such as oxycodone or hydrocodone), several respondents reported that they felt the popularity of and demand for buprenorphine has been rising. Friends or acquaintances who were addicted to prescription opioids or heroin and networks of users with legitimate prescriptions were the most common sources of illicitly used buprenorphine. In fact, some users “expressed a belief that buprenorphine doses prescribed by physicians were too high for most patients who needed much lower amounts to control their withdrawal symptoms” (p. 205).

Use to Get High: While approximately one-half said that they took buprenorphine to get high, the reported effects ranged from no effect to too intense. Those who used buprenorphine to get high typically used it on very few occasions, either because the street availability was limited or they did not get the euphoric effects they expected or wanted. Some believed that you need to inhale buprenorphine and/or have a low tolerance to opiates to get high.

Use to Self-Medicate: About one-half reported using buprenorphine to self-medicate withdrawal symptoms*, using the drug regularly to replace their preferred opiates, to reduce their illicit pain pill use, or to quit altogether. Self-medication was preferred to going to a substance abuse treatment program because of the high cost of buprenorphine-based treatment at primary care, waiting lists at publicly-funded facilities, and the stigma related to seeking drug treatment.

*A total of 396 nonmedical users of pharmaceutical opioids ages 18-23 years old who were living in the Columbus, Ohio area were recruited using respondent-driven sampling. Participants had to 1) self-report the nonmedical use of prescription opioids at least 5 times in the past 90 days; 2) have no lifetime dependence on opioids; 3) have no history of heroin or injection drug use; 4) not have been in formal treatment in the last 30 days; 5) intend to use again nonmedically; and 6) not currently be awaiting trial or have pending criminal charges. Quantitative data were collected on all participants, qualitative data was collected on a subset of 51 individuals, and 20 of these were also interviewed 12-18 months after baseline.

SOURCE: Adapted by CESAR from Daniulaityte, R., Falck, R., and Carlson, R.G., “Illicit Use of Buprenorphine in a Community Sample of Young Adult Non-Medical Users of Pharmaceutical Opioids,” *Drug and Alcohol Dependence* 122(3):201-207, 2012. For more information, contact Raminta Daniulaityte at raminta.daniulaityte@wright.edu.

CESAR FAX Buprenorphine Series Updated Regularly and Available Online

While research indicates that buprenorphine is an effective drug for treating opioid dependence, we feel that the potential for its nonmedical use and related unintended consequences may be going unnoticed. CESAR has been closely following indicators of increased availability, diversion, and misuse of buprenorphine. The compilation of *CESAR FAX* issues related to buprenorphine is regularly updated as new issues are published and can be found online at www.cesar.umd.edu.