

A Weekly FAX from the Center for Substance Abuse Research

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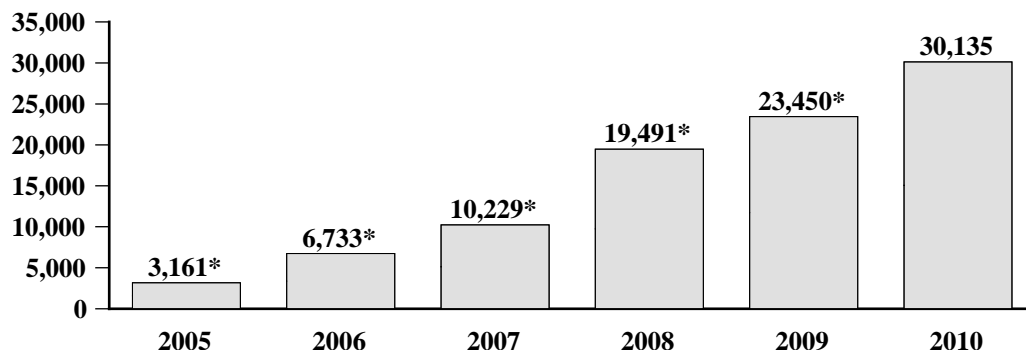
Number of U.S. Emergency Department Visits Involving Buprenorphine Increases Nearly Ten-Fold from 2005 to 2010

“Availability of buprenorphine is less restricted than other treatments for opioid dependence, such as methadone, which can only be administered in specialized clinics. Although this availability can increase access to treatment, it can also increase the potential for diversion and misuse by those who are not opioid dependent.

Such use can lead to buprenorphine dependence or abuse” (SAMHSA, p. 1).

The estimated number of emergency department visits in which buprenorphine was involved as either a direct cause or a contributing factor increased from 3,161 in 2005 to 30,135 in 2010, according to a recently released report from the Substance Abuse and Mental Health Services Administration (SAMHSA). More than half (52%) of these buprenorphine-related emergency department (ED) visits were for the nonmedical use of pharmaceuticals (see *CESAR FAX*, Volume 21, Issue 47). According to the authors, “the buprenorphine in these visits may have been misused or abused, either for psychoactive effects or in an attempt to self-treat for opioid dependence (without a prescription), or the buprenorphine may have been used appropriately but mixed with other drugs that were being abused or misused” (p. 3-4). The authors also suggest that “for patients who may be attempting to self-treat opioid dependence using buprenorphine without a prescription, expanding access to treatment and putting these patients in the care of a certified physician may help reduce the nonmedical use of buprenorphine and subsequent ED visits” (p. 6).

Estimated Number of U.S. Emergency Department Visits Involving Buprenorphine, 2005-2010



*The estimate was statistically significantly different from the estimate for 2010 at the .05 level.

NOTES: Emergency department visits involving buprenorphine are those in which buprenorphine was involved as either a direct cause or a contributing factor to the visit. Nonmedical use includes taking more than the prescribed dose of a prescription medication or more than the recommended dose of an over-the-counter (OTC) medication or supplement, taking a prescription medication prescribed for another individual, being deliberately poisoned with a pharmaceutical by another person, or misusing or abusing a prescription medication, an OTC medication, or a dietary supplement. In this report, buprenorphine refers to both buprenorphine alone and the buprenorphine-naloxone formulation.

SOURCE: Adapted by CESAR from data from Substance Abuse and Mental Health Services Administration (SAMHSA), “Emergency Department Visits Involving Buprenorphine,” *The DAWN Report*, January 29, 2013. Available online at <http://www.samhsa.gov/data/2k13/DAWN106/sr106-buprenorphine.pdf>.