HOW CAN PROVIDERS ADDRESS THE USE OF DIVERTED BUPRENORPHINE

Become X-waivered to prescribe buprenorphine and increase access to evidence-based treatment with buprenorphine

Prescribe buprenorphine at a dose, frequency, and quantity that is appropriate for the patient to achieve goals in therapy

Only stop buprenorphine therapy if it will cause harm to the patient; continued use of opioids is the reason to CONTINUE buprenorphine to reduce risk of overdose death from the opioids

Understand that the main treatment outcome with buprenorphine is to prevent overdose death and NOT necessarily complete abstinence from opioid drug use

Utilize the NJ MAT Centers of Excellence as a resource to provide clinical and technical support to help YOU achieve the outcomes for both YOU and your patient

CONCLUSIONS

Using or contributing to diverted, "extramedical" buprenorphine may not necessarily be harmful to the patient and the overall community. This availability may reduce overdose deaths, especially if patients would otherwise not be able to obtain it due to barriers.

REFERENCES

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Diverted "Extramedical" Use of Buprenorphine

FOR PROVIDERS

MEDICATION-ASSISTED TREATMENT
CENTERS OF EXCELLENCE

ABOUT DIVERTED BUPRENORPHINE

Is It Helpful for the Community? An observational study finds that "extramedical", diverted use of buprenorphine may actually reduce risk of overdose in the community by increasing supply to the community facing lack of access to treatment. [3,4]

As health care providers, we are trained to prevent diversion of controlled substances and other medications that we prescribe. A less stigmatizing term used in the literature to discuss non-prescribed buprenorphine is "extramedical." Diverted, "extramedical" buprenorphine, however, is not an uncommon occurrence. Given the various barriers to access to buprenorphine, it should not be surprising that patients engage in this activity. The purpose of this handout is to help YOU, the provider, understand not only the barriers for receiving care for buprenorphine, but the reasons why this occurs and what we can do to reduce diversion. "Extramedical" buprenorphine may not necessarily be harmful to public health, but continuing to ensure that we reduce diversion while also improving outcomes of those with opioid use disorder is paramount to ensure that patients are not only taking buprenorphine, but also doing so in an evidence-based manner.

BARRIERS TO RECEIVING BUPRENORPHINE INCLUDE [1]

01.

Lack of access to and limited number of X-waivered prescribers

02.

Care fragmentation amongst different treatment providers

03.

High out-of-pocket costs due to low reimbursement or restrictive payment structures such as prior authorizations

04.

Formal treatment is too demanding and has rigid requirements

05.

Stigma – social, structural, and self stigma

06.

Strict program requirements

AMONGST PROVIDERS, THE BARRIERS TO PRESCRIBING BUPRENORPHINE INCLUDE [2]

Lack of confidence and the need for medical support or mentoring

Lack of time

Patients have other co-morbidities that may affect the treatment of opioid use disorder

Lack of referral services

Legal ramifications

Stigma related to medications for opioid use disorder

Logistical issues

REASONS PATIENTS USE DIVERTED BUPRENORPHINE

One study of adults over 18 years of age diagnosed with substance use disorder using opioids conducted an online survey including closed- and open-ended questions about reasons for using "extramedical" buprenorphine. Rather than use "extramedical," diverted buprenorphine for euphoric purposes, 79% used it therapeutically to prevent withdrawal, 67% to maintain abstinence, and 53% to self-wean off drugs. Although 52% reported using the buprenorphine for euphoria, only 4% said that buprenorphine was their drug of choice. This is likely due to buprenorphine's partial mu-agonist effect, greatly reducing the ability to achieve euphoria. In addition, 33% of those who used diverted buprenorphine said they had issues finding a prescriber who prescribes buprenorphine and 81% of these would prefer to have their buprenorphine prescribed formally. (Cicero and colleagues). In fact, studies have shown that diverted buprenorphine may lead to an increased willingness to engage in formal treatment with buprenorphine, functioning like a "bridge to treatment." [4]

MOTIVATIONS FOR USING (AND CONTRIBUTING TO) DIVERTED, "EXTRAMEDICAL" BUPRENORPHINE [4]

To achieve "stability" and for self-treatment
-Help with reducing or stopping opioid use
-Desire to avoid withdrawal symptoms and fear of overdose
-Stability help for getting employment, improving quality of life, and achieving self-autonomy

Help with reducing or stopping opioid use
-Provide "heroin breaks" that allowed them to focus on other aspects of their lives beyond continued drug use

Provide financial support, given the "drug economy" for "extramedical" buprenorphine
-Patients with SUD are often barred from employment, leading to issues with financial stability and overall issues with social determinants of health aspects of their lives beyond continued drug use