



# Diverted, “Extramedical” Use of Buprenorphine



FOR PROVIDERS

## ABOUT “EXTRA-MEDICAL” BUPRENORPHINE

An observational study finds that “extramedical”, diverted use of buprenorphine, which is buprenorphine obtained without a prescription, may actually reduce risk of overdose in the community by increasing supply to the community facing lack of access to treatment. <sup>3,4</sup>

## REASONS PATIENTS USE “EXTRAMEDICAL” 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” buprenorphine for euphoric purposes, 79% used it therapeutically to prevent withdrawal. In addition, 33% of those who used “extramedical” buprenorphine said they had issues finding a prescriber who prescribes buprenorphine and 81% of these would prefer to have their buprenorphine prescribed formally.<sup>5</sup>

A systematic review found several motivations for using (and contributing to) “extramedical” buprenorphine.<sup>4</sup>

- 1) Achieve “stability” and for self-treatment
- 2) Help with management of ongoing use of other opioids
- 3) Provide financial support, given the “drug economy” for “extramedical” buprenorphine

## Barriers to Receiving Buprenorphine Include <sup>1</sup>

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

04.

Strict program requirements

05.

Stigma – social, structural, and self stigma

06.

Formal treatment is too demanding and has rigid requirements

## 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.

## How Can Providers Address The Use of “Extramedical” Buprenorphine

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

Prescribe buprenorphine at a dose, frequency, and quantity that is patient-centered

Only stop buprenorphine therapy if it will cause harm to the patient

Understand the outcome with buprenorphine is to prevent overdose death, 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 Stigma related to medications for opioid use disorder

## REFERENCES

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- 3) Carlson RG, Daniulaityte R, Sivlerstein SM, et al. Int J Drug Policy. 2020 Apr 17;79:102722.
- 4) Sud A, Salamanca-Buentello F, Buchman DZ, et al. J Subst Abuse Treat. 2021 Oct 28;108651.
- 5) Cicero TJ, Ellis MS, Chilcoat HD. Drug Alcohol Depend. 2018 Dec 1;193:117-23.

