A Survey of Opioid-Dependent Patients Treated With Buprenorphine—Medication Use and Misuse

Genie L. Bailey, MD, DABAM;1 Monique Ziebro, PhD;2 Timothy P. Lepak, BS;3 Richard G. Soper, MD, JD, MS, FASAM, DABAM;4 Michael M. Miller, MD, FASAM, FAPA, DABAM

1The Warren Averett Medical School of Brown University, Providence, RI; 2National Business Research Institute, Inc., Addison, TX; 3National Alliance of Advocates for Buprenorphine Treatment, Farrington, CT; 4Center for Behavioral Wellness, Nashville, TN; 5Harrington Recovery Center, Hogers Memorial Hospital, Dorrington, WI

Introduction

• Buprenorphine is a key therapeutic option in successful opioid-dependence treatment planning1-4
• However, little is known about patient experiences and attitudes during buprenorphine-based

Methods

• A medical communications consulting firm (The Curry Rockefeller Group, LLC (CRG), Tarrytown, NY) was commissioned by the sponsor (BioDelivery Sciences International, Inc. [BDSI], Raleigh, NC) to contract with a patient-centered academic organization, conducted an online survey of buprenorphine-treated patients between April and July 2014
• The survey revealed interesting information on product use and misuse

Demographics

• Approximately 90% of respondents to the survey; both sexes were represented almost equally (female: 52%, male: 46%) (Table 1)

Patients (%)

• A majority of patients (56%) were under the age of 50 years old
• Slightly more than half were unemployed (51%) or part-time (49%) (Table 1)
• An essential 2/3 had a high school degree or higher
• Most patients received their first dose of buprenorphine through a prescription from their doctor; self-medication was uncommon (%)

Experience With Misuse and Diversion

• A slight majority (55%) of patients indicated that they had tried a smaller dose than prescribed, most commonly to create an emergency stockpile (30%, 2/4/11) (Figure 4-A)
• Most patients received their first dose of buprenorphine through a prescription from their doctor; self-medication was uncommon (49%)

Characteristics of Addition

• Patients’ self-reported characteristics of their treatment

Figure 3. Length of Time at Reduced Dose (A) and Reasons for Reduced Dose (B) (in days)

• Experience With Buprenorphine—Medication Use and Misuse

Results

Conclusions

• Survey results show that product misuse and diversion tend to take place on a smaller scale than what might be anticipated, and is primarily driven by patients’ concerns about maintaining access to buprenorphine
• Financial barriers to treatment access were a concern for individuals who obtained buprenorphine without a prescription, as well as those who sold their buprenorphine supplies to others

References