NCADD
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC.

A number of NCADD Affiliates have expressed concerns that there is a growing concern regarding the diversion and misuse of Buprenorphine. The following report from the National Association of Drug Court Professionals (NADCP) is a summary of information provided by The Center for Substance Abuse Research (CESAR) at the University of Maryland.

Buprenorphine/Naloxone (Suboxone® or Subutex®) is a well known medication used in the treatment of opioid addiction. Recently, prevalence of the nonmedical use and related unintended consequences of Buprenorphine/Naloxone have come to light. The Center for Substance Abuse Research (CESAR) at the University of Maryland has released a series of reports that highlight the increased availability, diversion, and misuse of Buprenorphine. The following is a summary of the key points of the recent CESAR FAX series on Buprenorphine.

The Amount of Buprenorphine Legally Available for Distribution and Sale has Increased

Distribution of Buprenorphine to retail and dispensing institutions (such as pharmacies, hospitals, practitioners, teaching institutions, researchers, analytical labs, and narcotic treatment programs) has increased from 13,475 in 2003 to 1,451,503 in 2010. The number of patients receiving a prescription for Subutex® or Suboxone® from U.S. outpatient retail pharmacies increased from slightly less than 20,000 in 2003 to more than 600,000 in 2009.

Buprenorphine Diversion and Nonmedical use Appear to be Increasing

The number of Buprenorphine drug items secured in law enforcement operations and analyzed by state and local forensic laboratories has increased from 21 in 2003 to 8,172 in 2009. Buprenorphine has been smuggled into state prisons, including those in Maine, Massachusetts, New Jersey, New Mexico, Pennsylvania, and Vermont. More than one-half of Buprenorphine-related emergency department (ED) visits are for the nonmedical use of the drug. The estimated number of ED visits related to the nonmedical use of Buprenorphine has more than tripled, from 4,440 in 2006 to 14,266 in 2009. A recent study found that injecting drug users (IDUs) in Rhode Island were more likely to use diverted Buprenorphine/Naloxone to self-medicate while non-IDUs were more likely to use the diverted drug to get high. Regardless of whether diverted Buprenorphine is being used nonmedically to self-treat opiate addiction or to get high, unmonitored use of diverted Buprenorphine places users at serious risk for potential adverse health effects, especially when taken in combination with other opioids or with depressants such as sedatives, tranquilizers, or alcohol.

Source: The Center for Substance Abuse Research (CESAR), at the University of Maryland