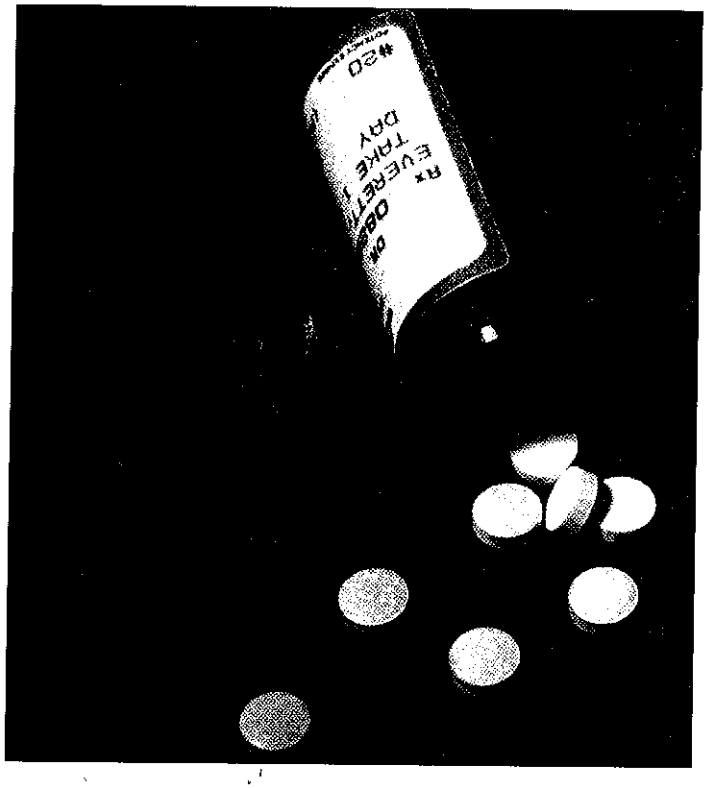
Buprenorphine Diversion and its Implications for Drug Courts

From the desk of West Huddleston, CEO

On January 19, 2012, I sent a broadcast email to the Drug Court field and numerous partner agencies titled, "Buprenorphine Availability, Diversion, and Misuse: A Summary of the CESAR Series." The announcement came on the heels of a series of reports released by the Center for Substance Abuse Research (CESAR) at the University of Maryland that highlight growing concerns about the diversion and/or misuse of Buprenorphine/Naloxone (Suboxone® or Subutex®).



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Some interpreted this announcement as a shift in NADCP's position on Medically Assisted Treatment (M.A.T.), noting NADCP's resolution released in July that recognizes M.A.T. for addiction—including antagonist medications such as naltrexone, agonist medications such as methadone and partial agonist medications such as buprenorphine. The resolution also warns Drug Courts against blanket prohibitions of M.A.T. for their participants[1]. In fact, such broad-based policies that deny access to M.A.T. medications have been argued to violate Federal anti-discrimination laws protecting individuals with disabilities and the United States Constitution.[2]

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So to be clear, I am a supporter of M.A.T. and in regards to buprenorphine, I advocate for its use in detox and as a longer-term therapy for those so seriously opioid-dependent that they cannot stop using by other means. For those individuals, I believe medications should be integrated into their treatment plan, assuming it is part and parcel to a clinical assessment, structured treatment, monitoring, and objective criteria and milestones for tapering the dosage until they can achieve long-term, abstinence-based recovery.

Absent such a strategy, unintentional consequences can occur. For example, there is growing evidence that diversion and abuse of buprenorphine have steadily increased since 2005 when the first generic was approved for marketing.[3]

According to the National Forensic Laboratory Information System (NFLIS) and the System to Retrieve Information from Drug Evidence (STRIDE), federal, state and local laboratories

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identified five times the number of buprenorphine exhibits in 2010 compared to 2006. According to the Drug Abuse Warning Network (New DAWN ED), an estimated 14,266 emergency room visits were associated with buprenorphine misuse in 2009, more than three times the number in 2006.[4]

Whether these increases in buprenorphine misuse are associated with addicts purchasing the medication on the street to manage withdrawal symptoms or are due to use by naive opioid abusers to get high, Drug Courts are forced to take notice and address it.

The key problem Drug Courts face is that buprenorphine cannot be detected in an onsite drug test for opiates, nor will most laboratories test for buprenorphine unless specifically requested and purchased. Despite what some believe, buprenophine does

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not trigger a positive opiate test. Therefore, unless Drug Courts run a specific drug test for buprenorphine, participants misusing the medication go undetected.

Let's not throw the baby out with the bathwater. Drug Courts are a premier model for the delivery of M.A.T. We have the proper clinical team in place to assess the need for medication, the ability to monitor its use through drug testing, and the system to respond with judicial authority to compliance issues.

Furthermore, there are other medications in physicians' arsenals that can be used in the treatment of alcohol and drug dependence that are non-addictive, non-intoxicating, and has no diversion potential. For example, depot naltrexone (Vivitrol®), which has long been associated with alcohol treatment, was approved by the FDA in 2010 for the prevention of relapse to opioid dependence following opioid detoxification. Therefore, treatment programs associated with Drug Courts have more options at their disposal than they used to.

We must be careful that the news of buprenorphine misuse and diversion not cause our views about M.A.T. to migrate from a therapeutic tool to aid in the recovery of addiction to a harmful, addictive drug being abused by clients who wish to avoid a positive drug test. Instead, Drug Courts should regularly and randomly test for buprenorphine to ensure compliance with its prescribed and intended uses as well as to detect non-medical use among all participants.

1. National Association of Drug Court Professionals, (2011). NADCP Resolution of the Board of Directors on the Availability of Medically Assisted Treatment (M.A.T) for Addiction in Drug Courts. Retrieved from http://www.nadcp.org/learn/positions-policy-statements-and-resolutions/board-resolutions

2. Legal Action Center.(2011). Legality of Denying Access to Medication Assisted Treatment in the Criminal Justice System. Retrieved from http://www.lac.org/doc_library/lac/publications/MAT_Report_FINAL_12-1-2011.pdf

3. Johanson, C.-E., et al. (2012), Diversion and abuse of buprenorphine: Findings from national surveys of treatment patients and physicians. Drug and Alcohol Dependence Vol. 120, Issue 1, Pages 190-195

4. Drug Enforcement Administration Office of Diversion Control. (2011). Buprenorphine. Retrieved from http://www.deadiversion.usdoj.gov/drugs_concern/buprenorphine.pdf

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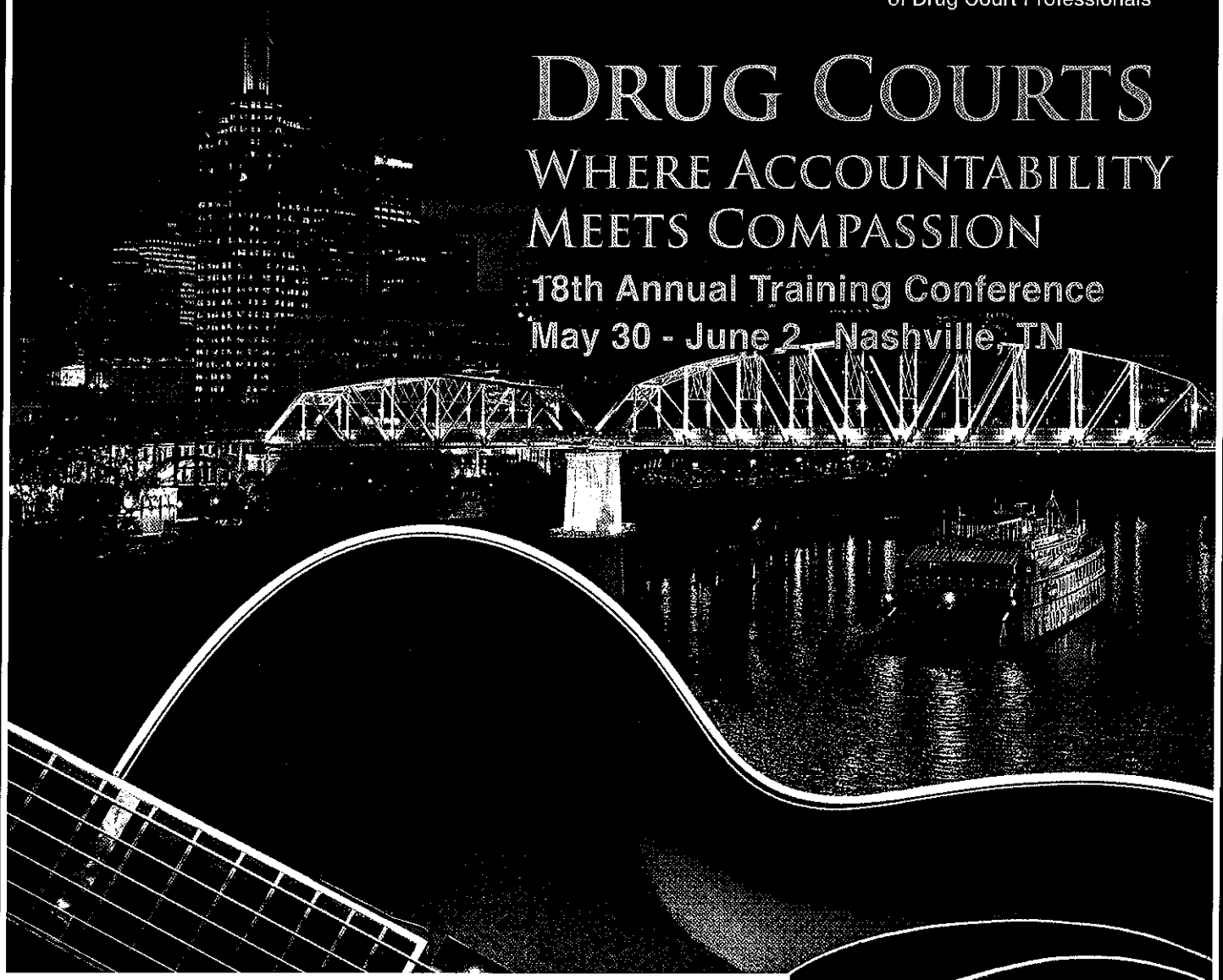

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