UW PACC
Psychiatry and Addictions Case Conference
UW Medicine | Psychiatry and Behavioral Sciences

05/16/2019

WELCOME!

Today's Topic:

Diversion in Opioid Treatment

Are there any ways to reduce diversion of Buprenorphine for the treatment of opioid use disorders?

Mark Duncan, MD and Richard Ries, MD

PANELISTS:

MARK DUNCAN, MD, RICK RIES, MD, KARI STEPHENS, PHD, AND BARB MCCANN, PHD

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

DIVERSION OF BUPRENORPHINE IN OUD TREATMENT

MARK DUNCAN MD

RICK RIES MD

UNIVERSITY OF WASHINGTON

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care of Washington

SPEAKER DISCLOSURES

- ✓ Any conflicts of interest-none

UW PACC

SPEAKER DISCLOSURES

✓ No conflicts of interest

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

Mark Duncan MD
Barb McCann PhD
Anna Ratzliff MD PhD
Rick Ries MD
Kari Stephens PhD
Niambi Kanye
Betsy Payn
Diana Roll
Cara Towle MSN RN

UW PACC

OBJECTIVES

- Identify our own perceptions around diversion.
- Understand what drives diversion.
- Come up with some helpful strategies to address diversion in our practice.
- Hopefully-reduce topic as a barrier to treating OUD with Buprenorphine-Naloxone

UW PACC

WHAT IS DIVERSION

- the unauthorized rerouting or misappropriation of prescription medication to someone other than for whom it was intended

Caveness et al, 2013

UW PACC

HOW MANY PEOPLE DO YOU SUSPECT ARE DIVERTING THEIR BUPRENORPHINE?

	Count	Percent
0-9%	11	25.6%
10-29%	22	51.2%
30-49%	7	16.3%
50-69%	3	7.0%
70-89%	0	0
90% and over	0	0

UW PACC

HOW MANY OF YOUR BUPRENORPHINE PATIENTS DO YOU SUSPECT OF DIVERTING?

	Count	Percent
0-9%	7	28%
10-29%	14	56%
30-49%	3	12%
50-69%	1	4%
70-89%	0	0
90% and over	0	0
NA-I don't prescribe Bup	18	41.9%

UW PACC

GENERAL VS PERSONAL DIVERSION PROBLEMS

	General Bup Pts	Personal Bup Pts
0-9%	25.6%	28%
10-29%	51.2%	56%
30-49%	16.3%	12%
50-69%	7%	4%
70-89%	0	0
90% and over	0	0
NA-I don't prescribe Bup	--	41.9%

DO PEOPLE DIVERT THEIR BUPRENORPHINE?

- Yes, about 18-28%

Caveness et al, 2013; Larance, B, 2011

UW PACC

DIVERSION IS COMMON
(AND NOT LIMITED TO OPIOIDS)

- 2008, 700 one on one interviews, across US
  - 22.9% loaned their meds
  - 26.9% used someone else's prescribed meds

Shared Meds	
Allergy Meds	25.3%
Opioid Pain Meds	21.9%
Antibiotics	20.6%
Mood (anitidepressants and anxiolytics)	7.1%
Acne	6.4%
Birth Control Pills	5.3%

Goldsworthy, RC, 2008

WHAT IS THE BIGGEST CONCERN AROUND DIVERSION?

Concern	Count	Percent
DEA Trouble	4	9.5%
Support self-treatment	14	33%
Harming Bup Buyers	14	33%
Cause problems at clinic	0	0
Other	10	24%

Other Reasons

- Supporting “flooding the streets with Bup” narrative
- Relapse risk-pt maintains contact with old people/places/things (4)
- Getting played by patients (2)
- Clinic supporting illicit market

N=1, Not a concern

UW PACC

DIVERSION CONCERNS

Diversion can harm patients

- Overdose deaths (typically with other respiratory meds.) 2002-2013=464
- Negatively impact treatment
- Ongoing risks related to IVDU
- Children exposed
- Associated crime

Lofwall, M, 2014

UW PACC

DIVERSION CONCERNS

Diversion is a barrier to providing treatment

- 26% of providers have listed diversion as the primary reason they do not prescribe.
  - Avoid being perceived as contributing to their community's illicit drug problem.
  - "We know there's a lot of diversion going on out there but that looks bad on us even though we got stricter guidelines about how we deliver [buprenorphine] to the patient."

Molfenter, T, 2019; Doernberg, M, 2019; Huhn, A, 2017

DIVERSION CONCERNS

Diversion is a barrier to providing treatment

26% of providers have listed diversion as primary reason

- With training, this concern can be overcome
  - 26%→Waiver Training→10%

Molfenter, T, 2019; Doernberg, M, 2019; Huhn, A, 2017

UW PACC

WHY DO YOU THINK PEOPLE DIVERT BUP?

Reasons	Count (66)	Percent
Make money -for personal gain -there is demand	27	41%
Help friends or family with their OUD -withdrawal -unable to afford -ran out of own meds -chronic pain management	22	33%
Buy other drugs (get high)	11	17%
Ambivalent around own treatment -likes full agonists -needs further recovery supports -has personal stigma against MAT	3	4.5%
Prescribed more then they need	1	1.5%
Pressured into it	1	1.5%
Not aware of any diversion	1	1.5%

**Multiple answers were often provided per respondent.

UW PACC

WHAT DRIVES DIVERSION?

Patient reasons for medication diversion and misuse while in OBOT

Reasons for diversion	Reasons for misuse
Peer pressure (e.g., expectation that medication is shared, may be facilitated by excessively high daily doses and large supplies)	Habit (e.g., history of IV or intranasal drug use increases risk of injecting or snorting medication, respectively)
Help addicted friend or family member	Perceived under-dosing
Make money (e.g., pay off bad debt, pay for living expenses/medical fees, to buy preferred opioid for misuse)	Relieve opioid withdrawal, craving and/or treat addiction
	Achieve positive effects (e.g., get high, increased energy)
	Relieve negative states (e.g., pain, anxiety, depression)

Lofwall, M, 2015

WHAT DRIVES DIVERSION

Harm Reduct J. 2019 May 2;16(1):31

Non-prescribed use of methadone and buprenorphine prior to opioid substitution treatment: lifetime prevalence, motives, and drug sources among people with opioid dependence in five Swedish cities.

Johnson B1, Richert T2.

METHODS:
Structured interviews were conducted with 411 patients from 11 OST clinics in five Swedish cities.
MAT hard to access at time of interview

RESULTS:
The lifetime prevalence of non-prescribed use was
87.8% for methadone,
80.5% for buprenorphine, and
50.6% for buprenorphine/naloxone.

Part 2

The Swedish Experience of MAT before starting OST

Johnson B1, Richert T2, 2019

Pseudo-therapeutic Motives for Buprenorphine-Naloxone	
Avoid withdrawal (77.4%)	Stay clean from heroin (50%)
Lack of Heroin (44.4%)	Own OST (51.8%)
Own detox (51.8%)	Get high (31.2 %)

- People cited these motives more frequently for Methadone and Buprenorphine (monoproduct)

Most respondents had bought or received the substances

- from patients in OST,
- Dealers also a significant source of non-prescribed methadone and buprenorphine

Geographical differences of use, motives, and sources suggest that prescription practices in OST have a great impact on which substances are used outside of the treatment.

UW PACC

WHAT DRIVES DIVERSION?

Czech Republic Experience

- OAT available since 2000
- Stagnation of Treated individual
- 60% of opioid users are using Buprenorphine outside of therapeutic context
- Restricted Access
  - Not affordable
  - Administration requirements
  - Few clinics participating

Mravcik, V, 2018; Lofwall, M, 2015

UW PACC

WHAT IS THE BEST WAY TO TRY TO PREVENT DIVERSION?

Prevention	Count	Percent
Pill counts at every visit	24	58.5%
Use more XR NTX	10	24.4%
Refer to methadone quicker if pt continues to use opioids	4	9.8%
Limit Bup dose to 6mg max	2	4.9%
Taper off at 6 months	1	2.4%

UW PACC

APPROACHING DIVERSION

- Remember: most patients do not divert
- Offer treatment!
  - Diversion is often driven by lack of access to MAT
- A “no tolerance approach” for people still using is not likely going to be helpful, diversion is typically a sign of an unstable patient
  - (unless they are not using opioids at all)
  - People do better in treatment, even if they are using still

APPROACHING DIVERSION

- Assess for misuse and diversion at every visit
  - Ask the patient
  - Pill counts
  - Urine drug screens-look for the Buprenorphine

- Use Buprenorphine-Naloxone
  - People misuse this less and will help reduce the demand for diversion

UW PACC

OTHER RESOURCES

- European Monitoring Center for Drugs and Drug Abuse
  - http://www.emcdda.europa.eu/topics/pods/preventing-diversion-of-opioid-substitution-treatment
- CMS Prescriber's role in preventing diversion
  - https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Provider-Education-Toolkits/Downloads/prescriberrole-drugdiversion-factsheet-082914.pdf