

# Buprenorphine misuse decreased among US adults with opioid use disorder from 2015-2019

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Data from a nationally representative survey indicate that in 2019, nearly three-fourths of U.S. adults reporting buprenorphine use did not misuse

the medication in the past 12 months. In addition, buprenorphine misuse among people with opioid use disorder trended downward between 2015-2019, despite increases in the number of people receiving buprenorphine treatment. The study, published today in *JAMA Network Open*, was conducted by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, and the Centers for Disease Control and Prevention.

Buprenorphine is an FDA-approved [medication](#) to treat [opioid](#) use disorder and to relieve severe pain. Buprenorphine used to treat opioid use disorder works by partially activating [opioid receptors](#) in the brain, which can help reduce opioid cravings, withdrawal, and overall use of other opioids.

In 2020, more than 93,000 people lost their lives due to drug overdoses, with 75% of those deaths involving an opioid. However, in 2019, less than 18% of people with a past-year opioid use disorder received medications to treat their addiction, in part due to stigma and barriers to accessing these medications. To prescribe buprenorphine for treatment of opioid use disorder, clinicians must do so within a [certified Opioid Treatment Program](#), or submit a notice of intent to the federal government, and are limited in how many patients they can treat at one time. Only a small proportion of clinicians are eligible to treat opioid use disorder with buprenorphine, and even fewer prescribe the medication.

"High quality medical practice requires delivery of safe and effective treatments for health conditions, including [substance use disorders](#). This includes providing lifesaving medications to people suffering from an opioid use disorder," said NIDA Director Nora D. Volkow, M.D. "This study provides further evidence to support the need for expanded access to proven treatment approaches, such as buprenorphine therapy, despite the remaining stigma and prejudice that remains for people with addiction and the medications used to treat it."

In April 2021, the U.S. Department of Health and Human Services released [updated buprenorphine practice guidelines](#) to expand access to treatment for opioid use disorder. However, barriers to the use of this treatment remain, including provider unease with managing patients with opioid use disorder, lack of adequate insurance reimbursement, and concerns about risks for diversion, [misuse](#), and overdose. Misuse is defined as patients taking medications in a way not recommended by a physician, and can include consuming someone else's [prescription medication](#), or taking one's own prescription in larger amounts, more frequent doses, or for a longer duration than directed.

To better understand buprenorphine use and misuse, researchers analyzed data on use and misuse of prescription opioids, including buprenorphine, from the 2015-2019 National Surveys on Drug Use and Health (NSDUH). The NSDUH is conducted annually by the Substance Abuse and Mental Health Services Administration. It provides nationally representative data on prescription opioid use, misuse, opioid use disorder, and motivation for the most recent misuse among U.S. civilian, noninstitutionalized populations.

The researchers found that almost three-fourths of U.S. adults who reported buprenorphine use in 2019 did not misuse buprenorphine in the past 12 months. Overall, an estimated 1.7 million people reported using buprenorphine as prescribed in the past year, compared with 700,000 people who reported misusing the medication. Moreover, the proportion of people with opioid use disorder who misused buprenorphine trended downward over the study period, despite recent increases in the number of patients receiving buprenorphine treatment.

Importantly, for adults with opioid use disorder, the most common motivations for the most recent buprenorphine misuse were "because I am hooked" on opioids (27.3%), indicating that people may be taking buprenorphine without a prescription to self-treat craving and

withdrawal symptoms associated with opioid use disorder, and "to relieve physical pain" (20.5%). Moreover, among adults with buprenorphine use, those receiving drug use treatment were less likely to misuse buprenorphine than those not receiving drug use treatment. Together, these findings highlight the urgent need to expand access to buprenorphine treatment, because receipt of treatment may help reduce buprenorphine misuse. Furthermore, it is necessary to develop strategies to continue to monitor and reduce buprenorphine misuse.

The study also found that people who received no drug use treatment and those who lived in rural areas were more likely to misuse the medication. However, other factors, such as being a racial/ethnic minority or living in poverty, had no effect on buprenorphine misuse. The study authors suggested that to address the current opioid crisis, both access to and quality of [buprenorphine treatment](#) for people with opioid use disorder should be improved.

"Three-quarters of adults taking [buprenorphine](#) do not misuse the drug," said Wilson Compton, M.D., M.P.E., Deputy Director of NIDA and senior author of the study. "Many people with opioid use disorder want help, and as clinicians, we must treat their illness. This study also underscores the urgency of addressing racial and ethnic, health insurance, economic, and geographic disparities in treatment access, to ensure that everyone with [opioid use disorder](#) can access this lifesaving medication."

**More information:** B Han, CM Jones, EB Einstein, WM Compton. Trends in and characteristics of buprenorphine misuse among adults in the US. *JAMA Network Open*. DOI: 10.1001/jamanetworkopen.2021.29409 (2021).

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