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Trends in Buprenorphine Use and Barriers to Medication-Assisted Recovery

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Introduction

This study explores trends in buprenorphine use and barriers to medication assisted recovery (MAR) from opioid use disorder in Chittenden County, Vermont. The goal of our survey was to provide useful data for funding, legislation, and knowledge around trends in buprenorphine use and barriers to MAR.

Background

Vermont continues to trend upward with opioid-related fatalities. Since 2015, the number of fentanyl related overdoses doubled and now exceeds the number of heroin related overdoses.¹ Vermont has seen an eightfold increase in the need for MAR of opioid use disorder since 2000.² Since the initiation of the "Hub and Spoke Model" in 2014, VT has been able to eliminate the waitlist for receiving MAR and has increased the number of MAR providers. However, many people still report using non-prescribed "street" MAR prior to entering treatment to avoid withdrawal from opiates.³ As the climate of buprenorphine use continues to evolve, our study aims to assess the current trend in buprenorphine use as well as attitudes and barriers to accessing MAR.

Methods

Surveys were administered and voluntarily completed in Chittenden County at institutions that provide services related safer drug use and/or recovery from substance use disorders. Inclusion criteria were 18 years of age or older and history of opioid use without a doctor's prescription or differently than how they were prescribed.

The surveys asked about buprenorphine use and barriers to MAR. Questions regarding buprenorphine use included history of use, source of acquisition, reason for use, and barriers to obtaining a buprenorphine prescription. Questions regarding MAR included reported interest or current engagement in MAR, a qualitative question inquiring where respondents would go to seek MAR, and a qualitative question asking respondents to describe what they perceive to be the most significant barriers to being successful with MAR. Data was analyzed using a mixed-methods approach. Multiple choice questions were analyzed based on proportion of answers for each question. Free-response questions were analyzed based on grounded theory and sorted into six categories.⁴

Results

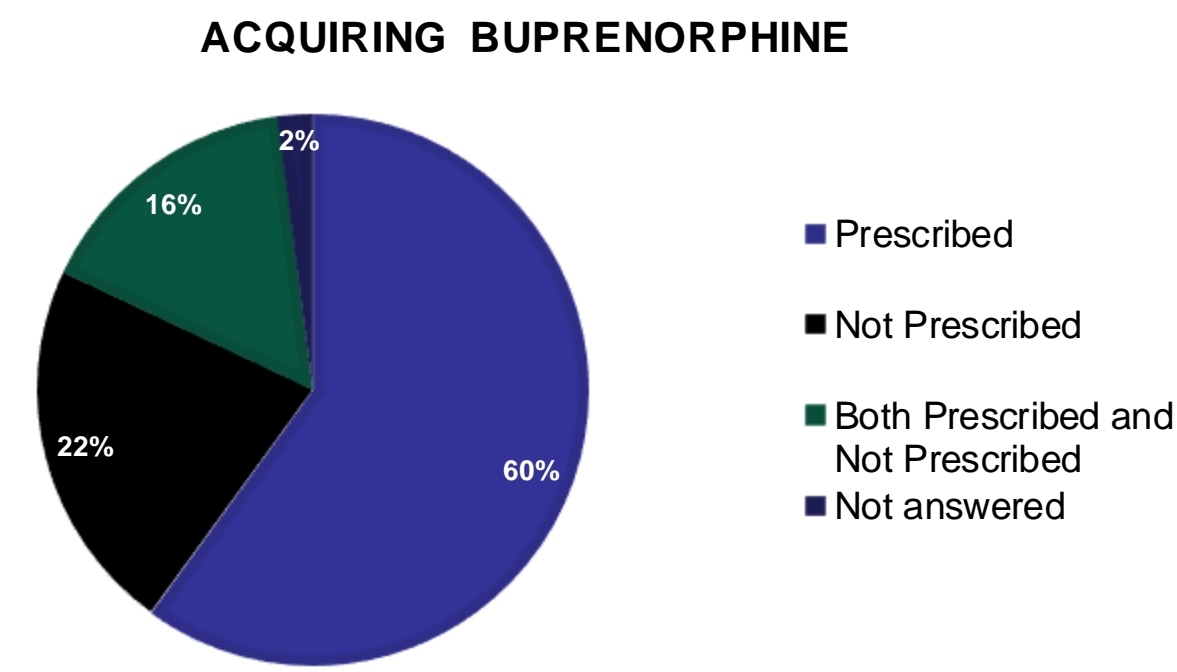


Figure 1. Proportions of methods used by 76 respondents to obtain buprenorphine.

Themes	Responses	Percentage	Comments
Socio-economic factors	16	24%	"Insurance" "Having to have ID to pick up script" "Rides, buses, housing due to drug use leads to homelessness"
Social pressures	15	22%	"The judgement of others" "The poor community outlook or lack of positive things to do sober"
Time consuming	12	18%	"Getting take-homes for vacations, holidays, part-time jobs, regardless of UA results" "Having to come in everyday"
Readiness	10	15%	"Being honest with yourself and commit to recovery" "Really wanting to be sober vs. Using it as another way to get high"
Worries about medications	9	13%	"No encouragement to eventually stop MAR" "Keeps you hooked on a substance and then have to detox from the medication and people relapse"
Program preference	6	9%	"Finding a place to get it" "Finding a spoke doctor"

Figure 2. Primary barriers to accessing MAR.

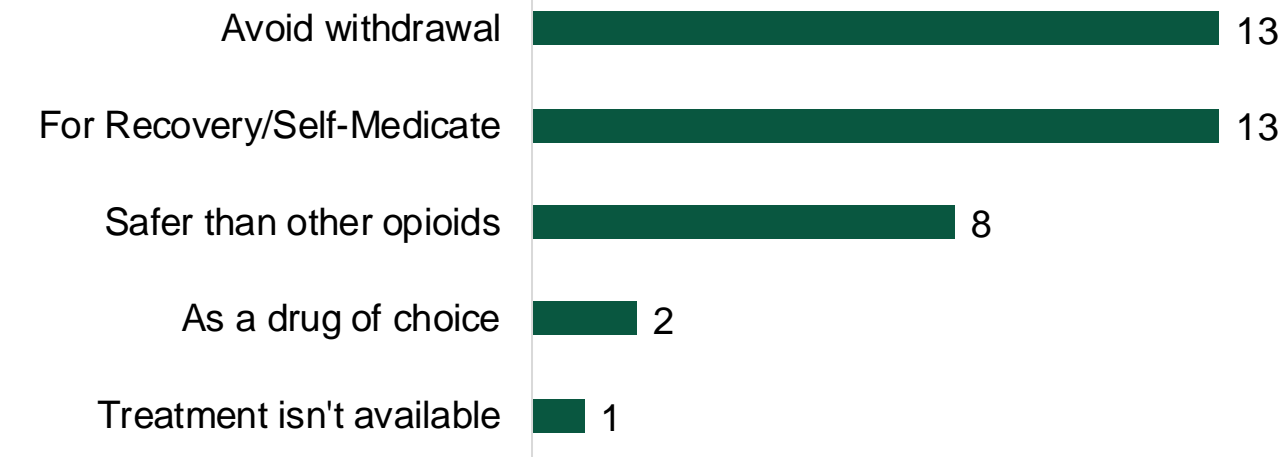


Figure 3. Motive for buprenorphine use not prescribed from a doctor.

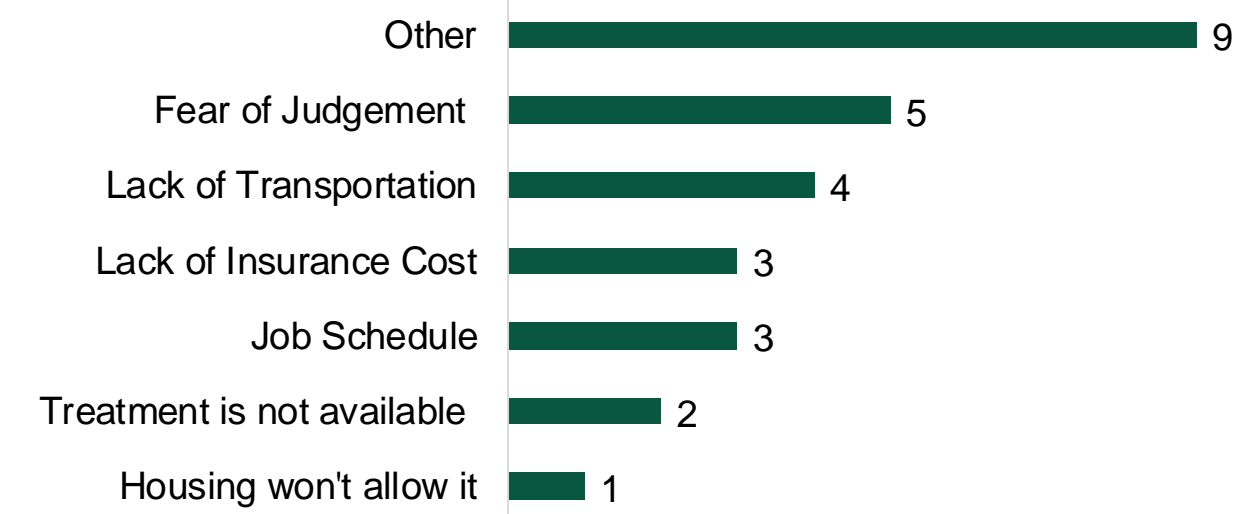


Figure 4. Noted barriers to MAR of individuals using buprenorphine not prescribed from a doctor.

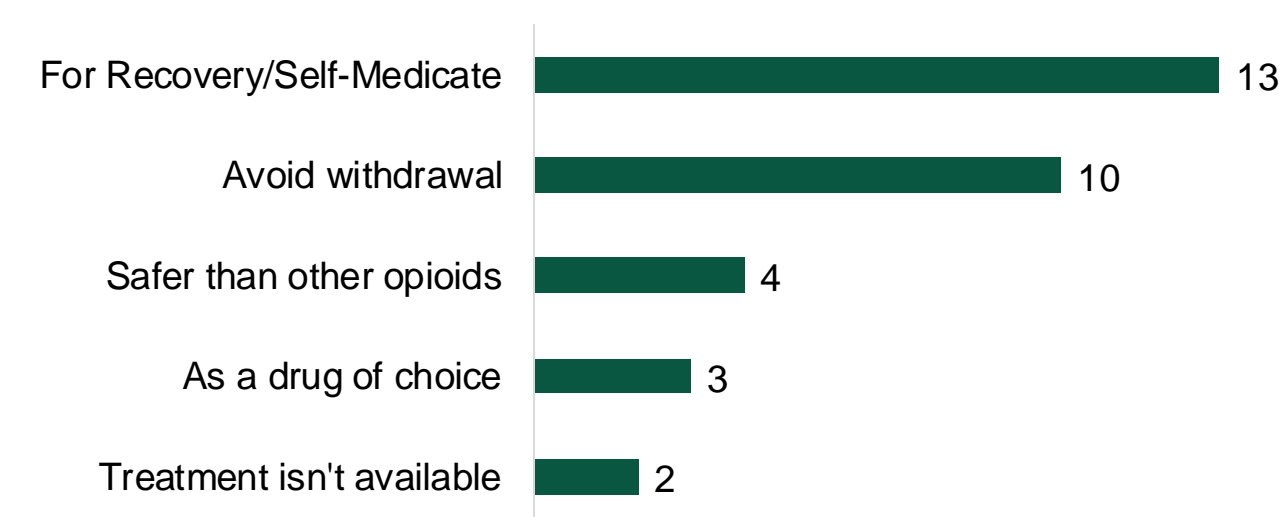


Figure 5. Motive for buprenorphine use prescribed from a doctor.

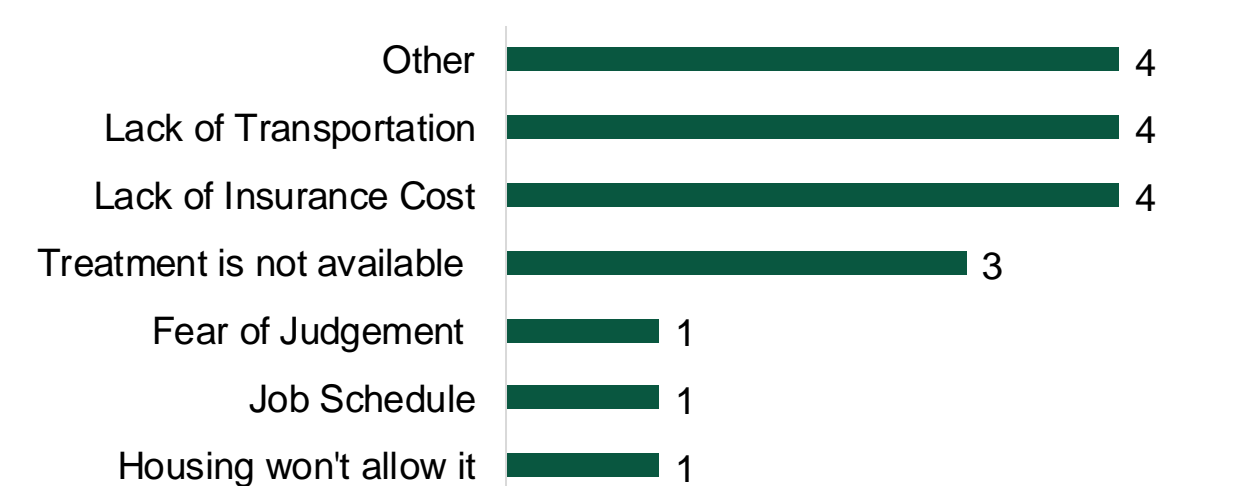


Figure 6. Noted barriers to MAR of individuals using buprenorphine prescribed from a doctor.

Discussion

The three most common themes in participant responses included socioeconomic barriers social pressures and stigma, and time-consumption. Recent literature describes how individual financial constraints and lack of access to insurance or prescribers have been shown to reduce adherence to MAR.⁵ Participants also identified "restrictive policies" such as mandatory counseling as barriers.

There have been ongoing efforts to expand MAR access, such as increasing numbers of practitioners prescribing MAR and efforts to reduce the cost of the medication.⁵ However, current perceptions of MAR has led to restrictive policies against buprenorphine use in many sober living facilities in the local community. Many respondents reported uncertainty regarding adverse effects and the eventual need for detoxification from MAR. Some logistical concerns also became evident from our survey, including the long length of prescription and confusion about where to obtain one. Finding authorized MAR prescribers has shown to be a nationwide barrier.⁶

Evidence-based guidelines for providers to successfully counsel patients upon initiation of MAR are also lacking.⁶ There is much opportunity for expansion on this front: in 2018, an app designed to share information and testimonies about MAR increased interest among some adults with opioid use disorder.⁷ This app and similar innovations can benefit patients interested in receiving MAR by removing some of the barriers to access.

Conclusions

- A significant population of current or prior users/misusers of opioids are using buprenorphine, indicating an interest in MAR that goes beyond the treatment currently being accessed within the context of a healthcare system.
- Several barriers exist to receiving MAR through a doctor's prescription, especially socioeconomic factors and social pressures.
- Actionable changes include reducing the number of appointments needed to obtain daily buprenorphine treatment, providing the community with information on where a prescription can be obtained, and increasing confidentiality at the clinics themselves. Solutions for homeless patients seeking MAR should also be considered.

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