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FACTORS INFLUENCING SUBOXONE RELAPSE: A SURVEY IN A NORTHWESTERN VERMONT RURAL PRIVATE FAMILY PRACTICE

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FACTORS
INFLUENCING
SUBOXONE
RELAPSE: A
SURVEY IN A
NORTHWESTERN
VERMONT RURAL
PRIVATE FAMILY
PRACTICE

Derek Tan

Swanton, VT

July-August 2019

Mentor: Dr. Michael Corrigan, M.D.

PROBLEM IDENTIFICATION AND DESCRIPTION OF NEED

The opioid crisis has warranted nationwide attention towards not only the current prescribing patterns of pain medications, but also towards rehabilitating affected members of the community. Current interventions include the use of suboxone (buprenorphine + naloxone) as well as Subutex (buprenorphine).

As the implementation of partial opioid antagonists increase on a statewide level (1), investigating factors such as drivers of substance relapse are worth considering to further improve adherence to currently available treatment regimens.

PROBLEM IDENTIFICATION AND DESCRIPTION OF NEED



As previously investigated by Kadam et.al., sociodemographic factors such as single status, unemployment, lower socioeconomic status, and criminal history drove relapse in individuals with alcohol or opioid dependence. For opioid dependence in particular, cravings and perceived criticism were also commonly cited as reasons to relapse. (2)



Smyth et.al. noted a 91% reported relapse rate in a study of consecutive opioid dependent patients admitted to a residential addiction treatment facility. In these individuals, relapse was noted to have occurred within the first week in 59% of cases. (3)

PUBLIC HEALTH COST AND COST CONSIDERATIONS

- As mentioned by Florence et.al., the cost of the opioid crisis from a nationwide study in 2013 was estimated to be \$78.5 billion with over a third of this amount due to increased healthcare and substance abuse treatment costs. (4)
- Opioid partial antagonists such as Suboxone were leaders in both spending and utilization in the 2018 Vermont State Pharmacy Best Practices and Cost Control Report. Claims were noted to have increased by 8.3% with Suboxone utilization increasing by 10%. (1)
- Through the opioid initiatives implemented by the State of Vermont, opioid utilization decreased by 30% with the number of individual opioid users down 36%. (5)

COMMUNITY PERSPECTIVE

“I think some of the common characteristics of patients that have relapsed are those patients who are not completely committed to their sobriety, they want to game the system (getting Suboxone but continuing to use illicit substances), they are not always truthful about what is going on in their lives or about what substances they used. They deny the use of any illicit substance despite the evidence of use in their urine screens. These patients are the more difficult patients to work with in an office setting. I don't think they realize that the only ones they are hurting are themselves and their families.”

(Barbara Wynes, MAT RN Care Coordinator)

Stress has been a common additional theme amongst patients that tended to relapse, making it significantly more difficult for patients to adhere to treatment as well as refrain from substance usage. These stressors often include recent deaths, poverty, and unemployment.

(Summary from interview of Chelsea Poland, MAT Care Coordinator)

INTERVENTION AND METHODOLOGY

This study took place in Swanton, VT, a small town in Franklin County, Vermont at a rural private family medicine practice. To determine general drivers of relapse in Northwest Vermont, a small survey was developed in coordination with MAT providers that resided within this practice. Surveys were provided to all patients in the clinic, however only those that checked suboxone usage were retained for analysis. This survey was designed for suboxone users as it was the most commonly prescribed medication within this target demographic. 45 survey respondents along with their responses remained confidential and were not shown to providers to avoid identification of specific individuals through association. This survey ran for 8 business days between the months of July and August 2019. Specific dates were intentionally excluded to avoid identification of respondents.

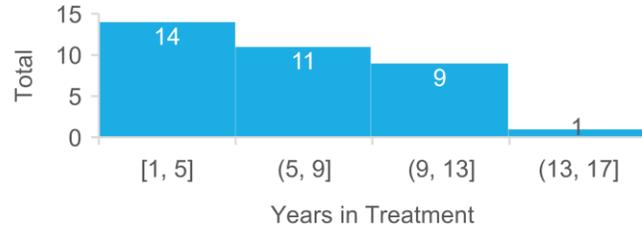
Investigated variables were: duration of treatment, age, current employment status, history of relapse, reasons for relapse, difficult substances to avoid, and open-ended suggestions. Survey responses were then tallied and aggregated into appropriate visual formats in a handout format. This handout was presented to MAT providers to better provide targeted care to current and future individuals in a suboxone treatment program.

RESULTS/RESPONSES

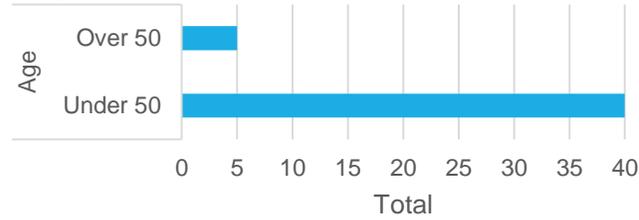
- Number of respondents: 45
- Average length of maintenance treatment: 6.5 years
- Age distribution: >50 y.o. (11%), <50 y.o. (89%)
- Overall relapse rate: 53.3%
- Most common reasons for relapsing: Cravings, Access to Substances, Stress
- Most difficult substances to avoid during treatment: Prescription Opioids, Crack/Cocaine, Heroin
- Most common community suggestion: Would like to be able to speak to someone unrelated to treatment team about my problems

RESULTS/RESPONSES

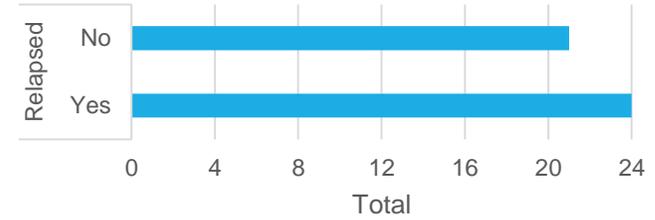
Length of Treatment
(avg = 6.5 years)



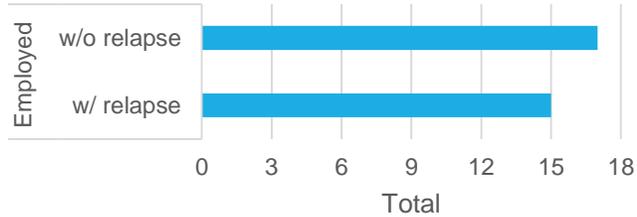
Age



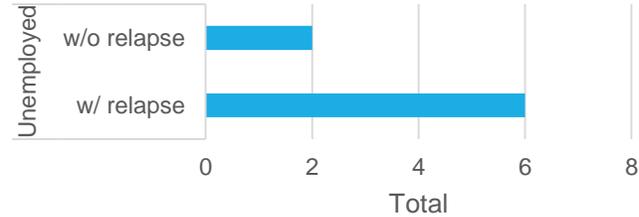
Relapse



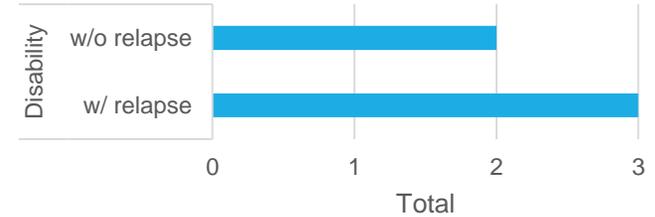
Relapse with employment



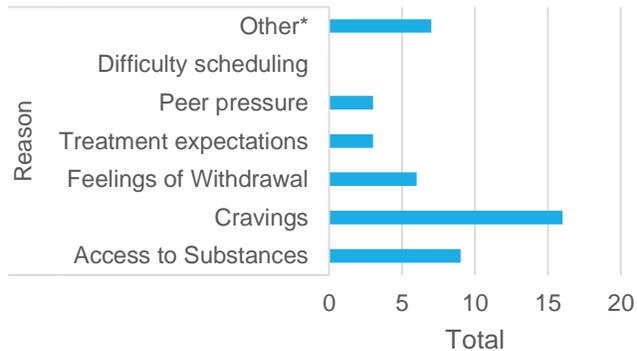
Relapse with unemployment



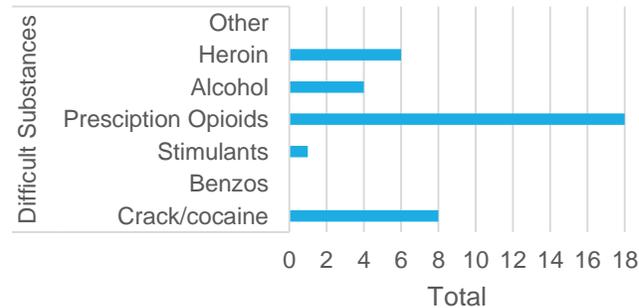
Relapse with disability



Reasons for relapsing



Difficult substances to avoid during treatment



*: stress, grief, life crisis, anxiety, social network, pain

EFFECTIVENESS AND LIMITATIONS

Effectiveness:

- The conclusions provided by this study serve to reinforce prior studies in regards to contributors to relapse.
- As the reported relapse rate by the individuals in this study were lower than expected, it may suggest the interventions provided by the MAT coordinators were effective.
- Continued effort and awareness of the specific struggles unique to this community will be essential towards adapting to changing substance use patterns over time, especially with the recent rise of stimulant use (crack/cocaine). These tracking forms provided valuable data regarding existing patterns as well as to how the patient population is evolving.

Limitations:

- As this study was performed in a rural community, the results may not translate into higher population areas and their greater inherent variability.
- Another limitation is response bias due to stigmatization or misinterpretation of questions due to limited education.
- Those in treatment for a longer duration may also exhibit different characteristics compared to those that paused treatment post- early relapse.

FUTURE INTERVENTIONS

- Future directions include investigating rates of relapse in relation to suboxone dosing and tapering.
- As many individuals noted cravings and difficulty refraining from prescription opioid use as being the top contributors, it may be worth looking into the how tapers affect end-treatment relapse rates.
- In many cases, tapering a patient off Suboxone continues to be a challenge and their responses are often unpredictable.
- Quote from anonymous respondent on feedback form:
 - *“The #1 concern I feel is the greatest threat is getting off suboxone. There don’t seem to be any other methods than taper. Most people can’t get rid of the last doses.”*

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