



harm reduction
COALITION

Findings & Recommendations from the NYS Buprenorphine Consumer Listening Sessions

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Purpose of Buprenorphine Consumer Listening Sessions

- Gather qualitative data from people with buprenorphine consumption and/or treatment experience
- Report back to NYS Buprenorphine Working Group (BWG) to incorporate the experiences of people directly impacted into developed recommendations
- Assess the interest of potential members of a Buprenorphine Consumer Advisory Group (BCAC)

Participant Sample

- 51 people interviewed
- Buffalo, Albany, Rochester, Long Island, NYC, Batavia
- Taken buprenorphine at one time
 - Current or former experience
 - Prescribed or non-prescribed
- Interviews conducted in-person, over the phone, or email correspondence (within a group setting or individual)
- Each participant received \$25 Visa gift card and transportation stipend

First Experiences with Bupe

First learned/heard about bupe

- Within drug using community, family, or friends
- Helps to medicate withdrawal symptoms

First time taking bupe

- Non-prescribed (through diversion)
 - Precipitated withdrawal was common
 - No knowledge of precipitated withdrawals until experienced
- Prescribed
 - Feelings of immense relief
 - “Miracle drug”

Benefits of Taking Bupe

- Helps with cravings and withdrawal
- Preferred over methadone
- Helps with pain management
- Provides stability
- Helps other mental health issues (i.e. depression, anxiety)
- Boosts motivation and energy throughout the day

“I feel great, I run 3 miles every morning, lost 30 lbs, and I’m starting to lift weights now.”

Barriers to Treatment

- Waiting list
- Stigma seeking a provider
- Visits prior to induction (3 initial visits or a psych eval)
- Required negative urine tox screens (for opioids and/or benzos)
- Travel distance to prescribers (driving 2 hours each day for a week of in-office inductions)

“I know some people who died because they couldn’t get treatment.”

Reasons for Discontinued Treatment

- Suicidal ideations
- Missed counseling sessions
- Positive urine tox (zero tolerance for any drug)
 - Several claims of false positives
- Finding out about diversion (sharing among partners)
- Tapering was rare
- Some referrals to other prescribers but not taking more patients
- Discontinued treatment always resulted in diversion or return to other opioid use

“No one would believe me it was a false dirty. I went into labor the next day and I was 8 months pregnant.”

Community-based Diversion

- No one reported buying bupe 'off the street' or within the community for recreational purposes
- Experiences of incarceration were the only noted experiences of people buying bupe for recreation
- Often bought bupe from a friend or family member to self medicate their own withdrawal
- Bupe was generally reported to be more expensive on the street than heroin (depending on location prices ranges but roughly \$10 more)

“It is easier to get heroin than buprenorphine.”

Consequences of Precipitated Withdrawals

- If taken non-prescribed, most had no knowledge of precipitated withdrawals
- Learned from adverse experiences
- Expressed thoughts of suicide or homicide
- Many were fearful to take bupe again but wanted to
 - Currently on methadone or using non-prescribed opioids

“I took bupe after an hour of taking methadone and thought I was going to die. I went into convulsions and woke up in the hospital. That is when I learned you can’t mix [methadone and buprenorphine]. If someone, would have told me, I would have never done that.”

Women and Pregnancy

- Most were unplanned pregnancies
- Denial of pain medicine during labor
- Stigma among hospital staff
- Preferred buprenorphine mono-product
- Desire to split dosing
- Difficulty finding OBGYN prescribers
- Child welfare stressors
- All reported healthy babies/children

“I was told [by a prescriber] that I was in no position to care for myself let alone another human being. I wanted to switch my doctor but I was 8 month pregnant on Subutex. I couldn’t go anywhere while 8 months pregnant, no one would take me [on as a patient].”

Incarceration

- Not provided in jails (except Rikers) or prisons even if already prescribed
- Did not keep it properly
- Only noted experiences of people buying bupe for recreation
- Diverted to treat withdrawal symptoms (roughly \$80 for 8mg)
- Guards making fun of inmates in withdrawal
- Suicides or suicide attempts while in withdrawal (few reports of hanging)

“I knew a girl in withdrawal who jumped off the top tier.”

Additional Key Themes

- Denial of pain medicine due to buprenorphine prescription
 - Even in reports of being shot, broken bones, dental work
- Other forms of consumption
 - Injection common with most severe precipitated withdrawal symptoms
 - Injection associated with problems with intense, permanent swelling in arms and legs
- Partners sharing one prescription
- Going to the ED specifically for withdrawal symptoms
- Observed urines or strip searches at every appointment

Recommendations

- Education!
 - Community-based (i.e. harm reduction programs, pharmacies, drug using communities, general public)
 - What to expect from a prescriber or navigating medical procedures (i.e. induction procedures, stabilization, maintenance, length of treatment plan)
- Anti-stigma campaigns in community and medical settings
- Availability in corrections
- Greater leniency for urine tox screens
- Formulation changes—easier switch from methadone, less physical dependence, taste changes

Recommendations Continued

- Eliminate consequences of diversion
- Increase availability in EDs
- Provide support for stable housing and transportation
- Focus on aging population—patients on Medicare
- Financial support for prescription co-payments
- Eliminate patient capacity
- Additional training for prescribers
- Video of real-life experiences and case scenarios
- If treatment is discontinued, prescribers should be required to taper patient

Takeaways

- Clear structured recommendations seemed challenging
- A lot of interest in future bupe consumer group involvement
- Very much appreciated listening sessions
- Future champions already identified



Questions?

For full transcripts email
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