

# Buprenorphine Diversion in the U.S.: National Diversion Rates and Qualitative Findings from Law Enforcement

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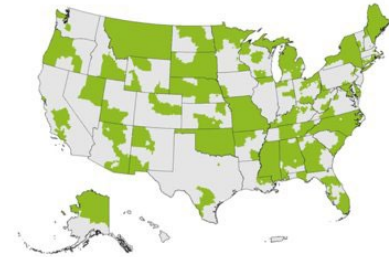
## Introduction

- Buprenorphine was approved by the U.S. Food and Drug Administration in 2002 to treat opioid use disorder (OUD).
- Buprenorphine prescribing in the U.S. doubled between 2009-2018.
- Recent reports suggest that buprenorphine is being diverted and used nonmedically.
- Nonmedical use occurs to achieve euphoria or to self-treat OUD.

## Methods

- Case report data are drawn from the Drug Diversion Program of the Researched Abuse, Diversion, and Addiction Related Surveillance (RADARS®) system, which includes a quarterly survey of prescription drug diversion completed by a national sample of law enforcement and regulatory agencies (n=200).
- Quarterly rates of buprenorphine diversion per 100,000 population were calculated for the period 2002 through 2021.

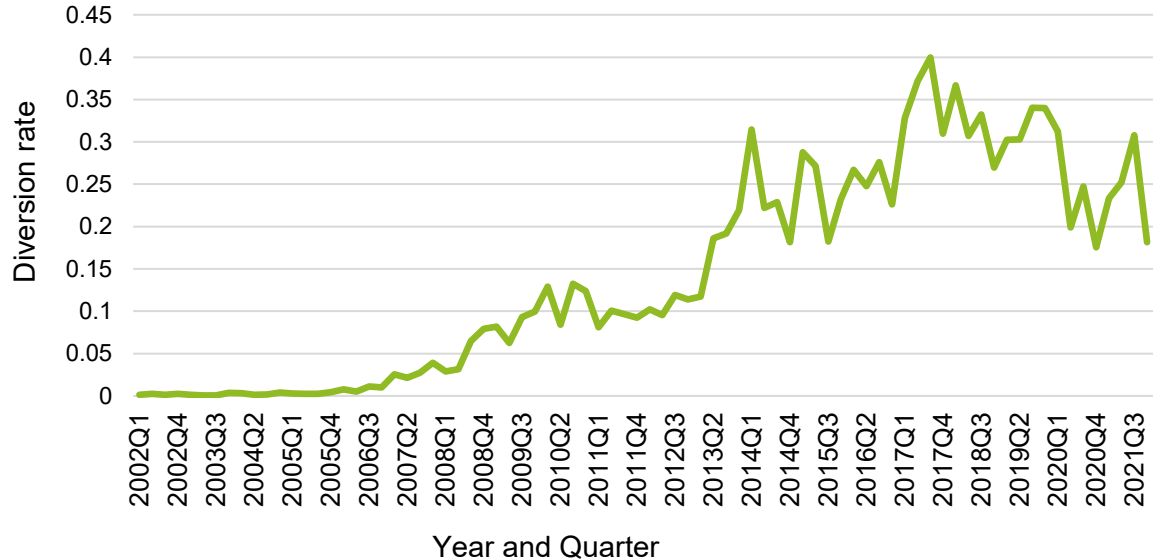
- An additional open-ended survey inquired about changes in buprenorphine diversion following the COVID-19 pandemic (n=67).



■ Participant coverage

# Results

## Buprenorphine diversion rate (per 100,000) by year and quarter



Investigators in 13 states indicated significant problems with buprenorphine diversion: Colorado; Illinois; Iowa; Maine; Florida; Wisconsin; South Carolina; Appalachia.

Motivations for buprenorphine diversion included:

- Self-treatment
- Personal supply to counteract withdrawal as needed
- Prescribed patients who had sold their supply or were unable to obtain refills
- Jail inmates with no access
- Substitute for preferred opioids that individuals were unable to access
- “Weekend warriors” (staying sober during the week)

# Discussion and Conclusions

- Buprenorphine diversion cases (per 100,000) significantly increased through 2019.
- Diversion declined by roughly half during 2020, at the peak of the COVID-19 pandemic.
- However, beginning 2021 diversion rates began to increase and to approach pre-COVID rates.
- Qualitative data support findings from others which document barriers to legal access, harm reduction, and opioid substitution as the primary factors leading to diversion.
- Continued systematic surveillance is need to understand factors driving changes in diversion.
- Additional epidemiologic and in-depth data related to OUD patients' experiences with diverted buprenorphine are needed to inform public health policies surrounding prescribing, dispensing, and availability, which may serve to decrease diversion and increase appropriately prescribed use and medical monitoring.

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This research was supported by a contract from Denver Health and Hospital Authority. The RADARS® System is supported by subscriptions from pharmaceutical manufacturers, government and non-government agencies for surveillance, research and reporting services. RADARS System is the property of Denver Health and Hospital Authority, a political subdivision of the State of Colorado. Denver Health retains exclusive ownership of all data, databases and systems. Subscribers do not participate in data collection, nor do they have access to the raw data.

The authors have no conflicts to declare.