Massachusetts Society of Addiction Medicine

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Re: Senate Bill No. 1926, Filed on 11/19/2013

An Act regulating the use of buprenorphine in opioid dependence treatment.

Dear Honorable Members of the Commonwealth of Massachusetts House and Senate:

The members of the Massachusetts Chapter of the American Society of Addiction Medicine and the members of the Massachusetts Medical Society understand the concern in the legislature of issues related to diversion of the medication buprenorphine. However, we have grave concerns that the currently proposed legislation would cause dire unintended consequences. We would like to present to you data and evidence related to buprenorphine as an approved treatment for opioid dependence, the epidemic of opioid dependence and its concurrent wave of unintentional opioid overdose deaths, and how the problem of buprenorphine diversion is intertwined with both of these issues. Buprenorphine is a life saving drug and we would like to work with the legislature to **develop alternative approaches to minimizing buprenorphine diversion without the unintended consequences of increasing diversion and increasing overdose deaths. We have concerns that the proposed legislation would increase diversion and overdose deaths.**

Please consider the following:

Massachusetts: In 2007, opioid-related fatal overdoses were the leading cause of injury death with 637 cases, continuing to surpass deaths due to motor vehicle accidents. Between 1999 and 2007, there was a 90% increase in the crude rate for fatal overdoses in Massachusetts, resulting in fatal overdose being the third leading cause of death in the Commonwealth behind only heart disease and cancer. The most recent State report on Opioid Trends in Massachusetts can be accessed at:

http://www.mass.gov/eohhs/docs/dph/injury- surveillance/opioid-trends-2009.pdf

The Commonwealth of Massachusetts has begun implementation of several recommended goals for the prevention of opioid overdose deaths:

to increase the number of drug users accessing and remaining in treatment

to reduce the amount of misused, abused, and diverted prescription opioids.

By educating prescribers on safe opioid prescribing practices and developing better mechanisms for opioid dispensing

By educating patients and consumers on safe storage and disposal of prescription medications and potential consequences of misuse or abuse of prescription opioids

By expanding the State's ability to monitor and track prescription opioids.

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In order to achieve these goals, there are several recommended strategies being implemented by the Commonwealth. Among these strategies one is particularly effective at reducing overdose death:

> Increasing the timely access of drug users to a range of evidence-based treatment services; including medication assisted treatment. (Office Based Opiate Treatment: OBOT)

Important data to consider when developing strategies to address the current epidemic of opioid dependence and its treatment and minimizing the risk of diversion of buprenorphine:

> Lack of access to prescribed buprenorphine is a major cause of diverted buprenorphine use (Lofwall, 2012), especially among people with an opioid tolerance and those seeking treatment (Schuman-Olivier, 2010).
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> Several papers suggest that the primary uses of diverted buprenorphine are to prevent withdrawal or to use as a self-treatment modality among opioid dependent treatment-seekers (Monte, 2009, Schuman-Olivier, 2010) and injection drug users (Bazazi, 2011), as opposed to using the medication to achieve euphoria.
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> Research demonstrates that use of diverted buprenorphine decreases substantially when opioid-dependent individuals gain access to a structured buprenorphine treatment program with weekly prescriptions until stable abstinence is achieved (Schuman-Olivier, 2010).
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> The lack of an adequate number of buprenorphine prescribers, especially in rural areas, has been a major problem nationally and is one of the leading reasons for the high levels of diversion (Lofwall, 2012).
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> Massachusetts has 555 waivered buprenorphine prescribers. With a population of 6.6 million people in Massachusetts and an assumed 1% opioid dependence rate, extrapolated from national and state trends, approximately 66,000 people would be in need of treatment. Even if all 555 prescribers were fully utilizing the 100 patient maximum limit, only 55,000 would have access to buprenorphine treatment. In fact, only a portion of waivered physicians prescribe for 100 patients. Many are only waivered for thirty patients, some waivered physicians are not prescribing at all, and the majority prescribe for less than the maximum allowed. More data on the actual number of physicians prescribing buprenorphine for opioid dependence could be gleaned from the state's prescription monitoring program. It is very likely that only ~50% of patients in need could currently have access to a buprenorphine treatment, contributing to the demand for diverted buprenorphine.
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> The proposed regulations would likely establish requirements that many physician-based practices could not quickly adjust to and many waivered physicians would give up the prescribing of buprenorphine.

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When patients in treatment lose access to treatment, they resort to the use of illicit opioids including diverted buprenorphine (which would increase this market), other diverted opioid pain medications including oxycodone, hydrocodone, Fentanyl, methadone, morphine, and others, and to heroin.

The mortality rate increases when opioid dependent persons in treatment leave treatment. For instance, a recent population study demonstrated the rate of overdose mortality increased 8-fold when a heroin user left opioid agonist maintenance treatment (Davoli, 2007), likely due to a return to drug use with heroin or other prescription opioids.

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