



Recovery Science and Harm Reduction Reading Group: February 2022 Summary

Article Summary

This article explores the patient preferences regarding choice of Buprenorphine over Methadone when both medications are accessible. The members of this research team collected both qualitative and quantitative data from participants at two outpatient substance use treatment programs in Baltimore, MD. The sample of participants used in this study were predominantly African American individuals who used heroin who were also starting buprenorphine treatment. Qualitative interviews with the participants were transcribed and coded for themes relating to selection of buprenorphine treatment over methadone. The results of this study indicate that participants often perceived buprenorphine as a helpful medication, while methadone was perceived as a harmful narcotic with negative side effects. In analyzing the result of this study, the authors concluded that differences in service structure between methadone and buprenorphine did not strongly influence treatment-related decisions. Rather, personal experiences with medications and community narratives surrounding the medications strongly influenced the participants' treatment selection decisions.

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Patient Perspectives on Choosing Buprenorphine Over Methadone in an Urban, Equal-Access System

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Background: Recent policy initiatives in Baltimore City, MD significantly reduced access disparities between methadone and buprenorphine in the publicly funded treatment sector.

Objectives: This study examines reasons for choosing buprenorphine over methadone among patients with access to both medications.

Method: This study was embedded within a larger clinical trial conducted at two outpatient substance abuse treatment programs offering buprenorphine. Qualitative and quantitative data on treatment choice were collected for new patients starting buprenorphine treatment (n = 80). The sample consisted of predominantly urban African American (94%) heroin users who had prior experience with non-prescribed street buprenorphine (85%), and opioid agonist treatment (68%). Qualitative data were transcribed and coded for themes, while quantitative data were analyzed using descriptive and bivariate statistics.

Results: Participants typically conveyed their choice of buprenorphine treatment as a decision against methadone. Buprenorphine was perceived as a helpful medication while methadone was perceived as a harmful narcotic with multiple unwanted physical effects. Positive experiences with non-prescribed "street buprenorphine" were a central factor in participants' decisions to seek buprenorphine treatment.

Conclusions: Differences in service structure between methadone and buprenorphine did not strongly influence treatment-seeking decisions in this sample. Personal experiences with medications and the street narrative surrounding them play an important role in treatment selection decisions.

Scientific Significance: This study characterizes important decision factors that underlie patients' selection of buprenorphine over methadone treatment. (*Am J Addict* 2013;22:285–291)

INTRODUCTION

Methadone is an evidence-based medication for the treatment of opioid dependence, and has been available in the United States for over four decades.^{1,2} In the United States, the delivery of pharmacological treatments for opioid dependence has long been relegated to a specialty sector of the healthcare system due, in large part, to government regulations and physicians' reluctance to prescribe medications for addiction treatment.^{3,4} Buprenorphine was approved by the US Food and Drug Administration for the treatment of opioid dependence in late 2002. Buprenorphine had fewer regulatory constraints compared to methadone, and could be used in a wider array of clinical settings.⁵ The less stringent regulations also reduced patient burden, as buprenorphine patients could receive treatment in an office-based setting, pick up prescriptions from a pharmacy, and receive take-home medication sooner than patients receiving methadone. In its early stages of adoption, buprenorphine tended to be used by populations with insurance coverage,⁶ and patients relying on the publicly funded treatment sector often did not have equal access to buprenorphine when it first became available.⁶

Publicly funded buprenorphine treatment began to expand in Baltimore City with the launch of the Baltimore Buprenorphine Initiative (BBI) in 2006. Under the BBI, patients could start buprenorphine in formerly drug-free outpatient counseling programs, with the goal of eventually transitioning their buprenorphine treatment to primary care.⁷ Several years after the BBI was initiated, Maryland expanded its state Medicaid Program to cover certain outpatient substance abuse treatment services, including methadone. Prior to these policy changes, publicly funded methadone treatment in Baltimore was characterized by long waiting lists^{8,9} and there was limited availability of publicly funded buprenorphine treatment. Under the new policies, access to both medications was rapidly expanded. For the first time, low-

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Key meeting themes



Personal Narratives



Treatment Perceptions



Different Medication Effects



Initial Treatment Entry vs Continued Treatment

DISCUSSION SUMMARY

The following themes came from the discussion:



Personal Narratives

Group attendees agreed with and discussed how personal experiences, including community narratives, can affect an individual's selection of medication for treatment. Multiple group attendees noted that they had also been exposed to negative community narratives surrounding methadone.



Treatment Perceptions

Folks' perceptions of substance use treatment was noted to have changed over the last decade, with medication for opioid use disorder being more widely accepted by community members. However, group members noted that there is still stigma attached to medication for opioid use disorder and being in recovery.



Different Medication Effects

The differences between methadone and buprenorphine were further discussed and group members emphasized the difference in effects between these medications. Group members identified that methadone is widely known to have an increased effect than that of buprenorphine, which has a maximized 'ceiling effect.'



Initial Treatment Entry vs Continued Treatment

The article being discussed focuses on selection of medication when entering treatment, but not selection in continued treatment. Group attendees highlighted this limitation in the study and acknowledged how selection and experiences may differ for individuals first entering treatment versus those who have been in treatment for a longer period of time.



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