

Letters to the Editor



Comment on “Trends in and Characteristics of Buprenorphine Misuse Among Adults in the U.S.”

TO THE EDITOR:

Han et al (1) provide extensive data on characteristics of not only buprenorphine, but multiple opioids. This manuscript demonstrates misuse patterns for almost all drugs, with second highest for buprenorphine (29.2) compared to hydrocodone and oxycodone (11.6 and 12.7). Fortunately, data indicated that the prevalence of buprenorphine misuse trended downward from 2015-2019. Authors rightly conclude that we should develop strategies to monitor and reduce buprenorphine misuse, and address conditions such as suicide risk, co-occurring mental illness, and polysubstance use.

The results of this study are important for all physicians, specifically chronic pain physicians and addictionologists, not only in reference to buprenorphine, but for all opioids. While misuse is present for almost all the opioids, it appears that the majority of the misuse relates to pain control. Recent analysis by Agnoli et al (2) in reference to association of dose tapering with overdose or mental health crisis among patients prescribed long-term opioids, demonstrated significantly higher overdose events (9.3% versus 5.5%) in tapered versus non-tapered patients. Tapering was also associated with an adjusted incidence rate of 7.6 mental health crisis events compared to 3.3 events per 100 person years among non-tapered periods. They further showed that increasing maximum monthly dose reduction velocity by 10% was associated with reduction in the absolute risk.

Opioid dose tapering has been extensively performed since the 2016 Centers for Disease Control and Prevention (CDC) guidelines (3) were published. An unintended consequence was an increase in deaths attributable to some extent to fentanyl resultant from poor pain control and addiction management. Similarly to the study by Han et al, (1) showed significant misuse

patterns in all groups of opioids related to relieving the physical pain. Buprenorphine is widely considered to be least addictive opioid and protects patients from abuse patterns has the second highest misuse patterns. This reduced access to opioids is occurring in the backdrop of guidelines or policies aimed at limiting use of not only opioids, but interventional techniques and other interventions. These factors, intertwined with COVID-19 and relatively easy access to non-prescription opioids are contributing to a fourth wave of the illicit drug epidemic, despite a decline of 35% prescription opioid related deaths from 2009 to 2019 (12,651 in 2009 and 8,263 deaths in 2019).

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2. Agnoli A, Xing G, Tancredi DJ, Magnan E, Jerant A, Fenton JJ. Association of dose tapering with overdose or mental health crisis among patients prescribed long-term opioids. *JAMA*. 2021; 326:411-419.
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