

Perception of inadequate dosage or care as major determinants of buprenorphine injection and sniffing

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Background: The French harm reduction policy (including office-based buprenorphine) has been successful in stemming the HIV epidemic since 1995. However, concerns have been raised about how to identify possible risk factors to prevent buprenorphine injection. The aim of this study was to identify which characteristics or experiences with treatment were predictive of buprenorphine injection or sniffing in patients receiving office-based buprenorphine.

Methods: Subazur is a survey including two longitudinal assessments of 111 stabilised patients (186 visits) receiving office-based buprenorphine in south-eastern France.

Patients were interviewed twice by phone about social characteristics, addictive behaviours, experience with treatment, experience of overdose or suicide in ideation or attempt and other co-prescriptions. A logistic regression based on generalised estimating equations (GEE) was used to identify factors associated with buprenorphine injection or sniffing.

Results: Among the 111 patients (32% women, mean age 38 years), 36 reported buprenorphine injection in 40 interviews while 33 patients reported buprenorphine sniffing in 45 interviews. Buprenorphine injectors poorly overlapped with buprenorphine sniffers.

Longer duration of time since first injection and experience of suicide attempt or ideation were independently associated with buprenorphine injection together with perception of inadequate dosage (OR=2.7 95%CI[1.1-7.0]). Individuals at a higher risk of buprenorphine sniffing were more frequently recent injectors, without a stable relationship, a history of substance sniffing and also reported to perceive buprenorphine as a treatment inadequate for their dependence.

Conclusions: Providing adequate care for both drug dependence and psychiatric co-morbidities in a primary care setting is a major issue. Buprenorphine diversion should be regarded more as a deviation from adherence to reduce or manage harm related to inadequate care. A re-assessment of treatment efficacy with the patient and a possible increase of dosage or a switch to methadone can potentially reduce diversion and assure sustained adherence to OST.