

Prescription Painkiller/Heroin Addiction and Treatment: The Patient Perception

Highlights

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As part of *Prescription Painkiller/Heroin Addiction and Treatment*, a parallel survey of persons being treated for dependence on prescription painkillers or heroin was conducted between August 10, 2005 and December 2, 2005. Doctors treating opioid addicted persons with Suboxone® (buprenorphine HCl/naloxone HCl dihydrate) C-III Sublingual Tablets, an FDA-approved medication for opioid dependence, informed patients about the survey. Those patients interested in participating in the survey completed a consent-to-be-contacted form and returned it to SRBI. Responses of the 57 interviewed patients are presented and provide information about their opinions and experiences as persons addicted to prescription painkillers. Although the sample size is small, it provides a unique patient perspective on dependence and treatment.

Overall

When asked whether specific aspects of American life had gotten better, worse or remained the same, a large majority of patients say drug use has become worse (70%) in the past 10 years as compared to getting better (9%). Roughly half of the patients think crime, healthcare and jobs are worse while one-eighth to one-quarter say these areas have improved over the last 10 years (Figure 1).

Attitudes about drug addiction

When specifically asked about drug abuse as a problem in their community, nearly two-thirds of patients say drug abuse is either one of the biggest (30%) or a big problem (32%) (Figure 2). Further questions on drug addiction indicate that most patients (95%) agree (58% strongly and 37% somewhat) that genetic factors can increase the risk of drug addiction, which reveals a notable difference from the opinions of the general population, among whom 63% agree with the same question. Most patients also indicate (58% strongly and 37% somewhat) that one's social environment is important in explaining drug addiction. Additionally, 84% correctly agree (58% strongly and 26% somewhat) that drug addiction is a medical disease (Figure 3).

Attitudes about general drug treatment

Questions specifically about drug treatment reveal that nearly all surveyed patients think there are effective ways to treat drug addiction (82% strongly and 16% somewhat), and almost as many believe that a combination of counseling and medicine is effective in treating addiction. However, very few patients (16%) believe that people with drug addiction can simply stop abusing drugs if they want to (Figure 5).

In a separate subset of questions about treatment, 88% agree with the statement "Most people who are addicted are in treatment because of the urging of family/friends" (39% strongly and 49% somewhat); however in a separate but

similar question, roughly two-thirds (61%) believe that most people who are addicted enter treatment on their own (Figure 7). But ironically 82% believe that most people addicted to drugs won't admit they have a problem (49% strongly and 33% somewhat), and nearly three-quarters of patients (72%) believe that most people addicted to drugs don't know they have a problem.

When asked why people who are addicted to drugs do not seek treatment for their disease, the most common reasons given by patients are not admitting that they need treatment (54%), confidentiality (28%) and not wanting to stop using drugs (12%) (Figure 8). Additionally, patients believe that insurance (74%), cost (58%) and stigma (58%) are major problems when seeking drug treatment, issues that are not widely understood by the general population (Figure 9).

Attitudes about opioid addiction and treatment

Focusing more specifically on issues related to opioid addiction and treatment, patients were asked to compare several aspects of heroin versus prescription painkiller use. First, patients believe that heroin is either a lot more (45%) or more (11%) risky to use than prescription painkillers, while nearly a third (29%) view the two as equally risky (Figure 10). While the number of patients in this sample is small, there are very noticeable differences in their opinions about ease of access regarding heroin and prescription painkillers as compared to the general public. More than a third of patients (37%) believe that heroin is easier to get as compared to 28% who believe prescription painkillers are easier to obtain (Figure 11); 33% think heroin and prescription painkillers are equally easy to obtain.

Among this sample of patients, the most commonly cited types of treatment available for persons addicted to opioids (either heroin or prescription painkillers) are treatment in a methadone clinic (67%) and treatment with Suboxone (56%), while residential detox, hospital treatment, and 12-step programs are each cited by about only 20% of patients (Figure 13). With regards to treatment effectiveness, Suboxone received the best rating with 98% of those familiar with it saying it was either a very effective (89%) or somewhat effective (9%) treatment. No other treatment was deemed very effective by more than half of all patients. Among the general public, there is very low awareness of Suboxone (5%). Residential detox was deemed somewhat effective by 63%, although only 14% of those familiar with it consider it very effective. Treatment by a psychiatrist, in a doctor's office or hospital and 12-step programs also are rated as either very or somewhat effective by more than 75% of patients familiar with these treatment options (Figure 15). Only 10% say "cold turkey" is an effective method of treatment, revealing that many in this sample do not think that trying to stop abusing drugs on one's own is effective. In comparison, 35% of the national sample said people could just stop using drugs if they wanted to.

After being asked a series of general questions about drug addiction, patients were then asked about drug-related issues specific to themselves. They were

first asked about the types of illegal drugs they had used more than once or twice. Between 60% and 75% report using crack/cocaine (72%), marijuana (70%), heroin (65%) and acid/LSD/psychedelics (61%). One quarter to one-third report using methamphetamines (32%) or prescription painkillers (25%). Due to the wording of the question, the use of prescription painkillers may be underreported because in a separate question, 96% of this sample reports abusing prescription painkillers. Additionally, 61% report using both heroin and prescription painkillers (Figure 17). Most patients are long-time illegal drug users with 38% taking illegal drugs for more than 10 years, 27% between five and ten years, and 29% between one and five years (Figure 18).

Patients also were asked to identify prescription painkillers that they have taken non-medically. The most commonly reported are Vicodin (93%), Percocet (86%) and OxyContin (75%) (Figure 19). When asked about the length of time they had taken these painkillers non-medically, 15% report taking them for more than 10 years, 26% for 5 to 10 years, 35% for 1 to 5 years, and a quarter (24%) for less than a year (Figure 20).

Patients additionally were queried about why they sought treatment the first time and the obstacles that they faced in obtaining treatment. Patients' most commonly cited reasons for seeking treatment was being tired of their dependency (32%), followed by the influence of family/friends (26%), their desire to change their lives (16%), and employment problems or unhappiness with life (12% each) (Figure 22). Patients' main obstacles to treatment were not thinking that they needed treatment (28%) or embarrassment (11%). No other single reason was reported by more than 10% of patients (Figure 23).

Patients were asked about treatments that they had tried and the number of times that they had tried each one (Figures 24 and 25). Nearly all (95%) mention Suboxone, and most are using it for the first time. Many (86%) also report trying "cold turkey" repeatedly -- an average of 9.8 times. Treatment with a psychiatrist, 12-step programs and residential detox also were used by nearly two-thirds of patients (70%, 65%, and 65% respectively). These patients had used residential detox an average of nearly 7 times, while patients sought treatment from psychiatrists and 12-step programs on average between 2 and 3 times respectively.

Patients were also asked about the length of treatment (Figure 26). Nearly all Suboxone users are still in treatment, while those not still in treatment used Suboxone an average of 6 months (15% of Suboxone users) or 2.5 years (4% of Suboxone users). Those who have been treated with Suboxone also rate it the most effective treatment, with 96% saying it is very effective and 4% saying it is somewhat effective. Patients also found other treatments that they had tried to be effective, including a psychiatrist (56% very and 21% somewhat effective) and doctor's office treatment (56% very and 13% somewhat effective) (Figure 27).

Given that this cohort is Suboxone patients, they were asked additional questions about this type of treatment. Patients cite a doctor/counselor as the most frequent source of information about Suboxone (Figure 31). Patients also were asked how much time elapsed between when they found out about Suboxone and when they began treatment with it. Most (61%) began treatment in less than a month after finding out about Suboxone, with an additional 25% starting treatment within 1 to 6 months after hearing about it (Figure 32). The most common source of Suboxone treatment is an addiction specialist (39%) followed by a psychiatrist (20%), the patient's own physician (18%), and another primary care doctor (14%) (Figure 33).

Patients' experiences were split with regard to how readily they could find a doctor to treat them with Suboxone (Figure 34). While more than half (53%) say it was at least somewhat difficult, 43% say it was at least somewhat easy. Despite the difficulty that about half the patients experienced, these Suboxone patients were able to locate a doctor fairly quickly as evidenced by the short amount of time that elapsed between hearing about Suboxone and starting treatment (Figure 32). Patients cite recommendations from a friend (32%) or a referral (27%) as the most common ways to find a doctor who treats with Suboxone. This sample of Suboxone patients may be the "lucky" ones who were able to locate a doctor (Figure 35). Most Suboxone patients were on maintenance treatment (79%) at the time of the survey. Only 14% say they receive Suboxone for detoxification, or shorter term, treatment (Figure 36).

Four-fifths (82%) of the Suboxone patients receive counseling along with their medical treatment (Figure 37). The main source of this counseling is through an addiction specialist (50%), while the type of counseling is most often individual therapy (50%). An additional third of the patients use group therapy. Thirteen percent receive both types of counseling (Figures 38 and 39). For those receiving counseling, nearly two-thirds (63%) attend counseling once a week (Figure 40).

The length of Suboxone treatment is fairly evenly divided among respondents, with 34% receiving Suboxone for more than a year, 25% for 6 to 12 months and 34% for one to 6 months (Figure 41).

Suboxone patients were asked to indicate the best and worst things about the treatment (Figures 44 and 45). Among the best things, patients volunteered that Suboxone takes away the desire to use drugs (20%) and has no withdrawal or side effects (18%). Thirteen percent also say Suboxone allows them to live normally. For the worst things about the treatment, 22% cite its taste, while 17% mention cost. More than one in eight (13%) report nothing negative about the treatment while 11% indicate its addictiveness and availability problems.

When respondents were asked if they think the ability to receive treatment for drug addiction in a doctor's office would increase its acceptability, more than

three-quarters (77%) agree that office-based treatment would help a lot or a moderate amount (52% and 25%, respectively) (Figure 51).

Respondents were asked if they could recognize whether someone were abusing heroin, and 79% (Figure 52) say they could, citing glassy or dilated eyes (48%) or tiredness (36%). One-fifth (20%) also indicate behavioral changes, work lateness or absenteeism as signs of heroin abuse (Figure 53). Similarly to heroin abuse, 74% of respondents say they could recognize prescription painkiller abuse in a friend or co-worker (Figure 54). Again, patients mostly mention glassy or dilated eyes (39%) with 20% noting that such abuse would have the same symptoms as heroin abuse (Figure 55).

Medical professionals (32%) followed by personal experience (30%) are the respondents' main sources of information for drug abuse and addiction (Figure 56). Family and friends (18%) and social services (14%) serve as additional sources of information.

The profile of the 57 respondents who, at the time of the survey, were in Suboxone treatment for opioid dependence shows them to be fairly young (20% under 25 and 39% between 25 and 34), white (85%) and either widowed (45%) or married (43%). More than two-thirds (43%) indicate some college education with one-third (36%) having completed high school. A plurality (41%) is employed with an additional 16% self-employed. Fourteen percent are out of work and 13% are unable to work. Many respondents have a fairly high income, with 23% having an annual household income of more than \$100,000 in 2004 and an additional 18% with household incomes between \$75,000 and \$99,999. At the other end of the economic scale, one-fifth have a lower income of between \$15,000 and \$29,999. Finally most of the respondents (63%) are men (Figures 57 to 63).

Summary

While this survey is too small for its results to be generalized, it points to some interesting characteristics and opinions of Suboxone patients. Further, these results differ considerably from those of the general population in some important respects. Perhaps what is most striking from the patient survey is that Suboxone is viewed very positively by those being treated with the drug. Many indicate that this is the first successful treatment they have ever been given for their drug abuse. While suggestive, additional research in a larger group of Suboxone patients would be needed to determine if these results describe the situation of Suboxone patients in general or is only confined to this particular group of patients being treated with Suboxone.

About the Survey

The Suboxone patients who participated in this segment of the study were identified through their physicians. Doctors provided their patients with information about the survey including a survey overview, a consent-to-be-

contacted form, and a pre-addressed business reply envelope in which patients could return the consent form, if they agreed to be contacted. Upon receipt of a signed consent form, SRBI contacted the patient via telephone and asked whether the patient was willing to complete the survey interview. All those who completed the survey were sent a \$25 honorarium. A total of 72 people returned a consent form. SRBI was able to reach 61 of those who completed the consent form, and of these, 57 completed the interview (at least partially) while 4 refused to conduct the interview (1 due to health and 1 due to the number being a cell phone).