

## Self-Harm Behaviors Among Buprenorphine-Treated Patients

**To the Editor:** Beyond numerous studies examining suicide attempts and completions, the examination of broader types of self-harm behavior among various clinical samples has been fairly limited (eg, eating disorders,<sup>1</sup> gastric bypass patients<sup>2</sup>). In this regard, we are aware of no studies examining various self-harm behaviors in patients seeking buprenorphine treatment—the focus of this study.

**Method.** The study was conducted from October 2006 to August 2008. Participants were men and women, aged 18 years or older, who presented for admission to a subacute detoxification unit (eg, 24-hour care facility) for opioid dependence in which buprenorphine is the standardized treatment. Exclusion criteria were cognitive (eg, delirium), medical (eg, acute withdrawal), or psychiatric (eg, psychosis) impairment that would preclude the successful completion of a survey booklet; these were assessed by the recruiter (P.W.). A total of 117 consecutive candidates were approached; 112 agreed to participate, for a response rate of 95.7%.

Of the 112 respondents, 53.6% were male and 46.4% were female, ranging in age from 18 to 59 years (mean = 32.9, SD = 9.1). Most participants were white/Caucasian (92.0%); 4 participants were African American, 3 Hispanic, 1 Asian, and 1 Native American. With regard to educational attainment, 85.7% had at least graduated high school; 9.8% had earned a college degree.

All participants completed a 5-page research booklet, which took about 15 minutes. The cover page of the research booklet contained the elements of informed consent, and completion of the research booklet was assumed to be implied consent for participation. After providing demographic information (eg, age, sex, race/ethnicity, marital status, education), respondents completed the Self-Harm Inventory,<sup>3</sup> a 22-item, yes/no, self-report measure. Each item in the inventory is preceded by the statement, “Have you ever intentionally, or on purpose, . . .” Individual items include, “overdosed,” “cut yourself on purpose,” “burned yourself on purpose,” and “hit yourself.” Each endorsement is in the pathologic direction. The Institutional Review Boards of the community hospital and local university approved this project.

**Results.** The response profile of participants is shown in Table 1. As expected, the abuse of prescription medications (87%) and alcohol (71%) was very prevalent. In addition, nearly one-third of participants acknowledged either suicide attempts or intentional overdoses. Other intentional self-defeating behaviors in which at least one-quarter of the respondents reported having engaged included sexual promiscuity, losing a job on purpose, torturing oneself with self-defeating thoughts, distancing oneself from God, head-banging, setting oneself up in a relationship to be rejected, hitting oneself, cutting oneself, and making medical situations worse.

In previous analyses of this study population, we confirmed high rates of borderline personality disorder<sup>4</sup> and childhood trauma.<sup>5</sup> These variables are likely to be partially mediating the notably high rates of self-harm behavior that we observed in this study population of patients in treatment with buprenorphine.

The limitations of this study include the small sample size, self-report nature of the data, and limited ability to generalize the data to other types of populations.

**Table 1. Lifetime Self-Harm Behaviors Reported by Patients in a Buprenorphine Treatment Program (N = 112)**

Self-Harm Item	n	%
Overdosed	37	33.0
Cut self	29	25.9
Burned self	11	9.8
Hit self	33	29.5
Banged head on purpose	43	38.4
Abused alcohol	79	70.5
Driven recklessly	61	54.5
Scratched self	23	20.5
Prevented wounds from healing	10	8.9
Made medical situations worse	28	25.0
Been promiscuous	51	45.5
Set self up in a relationship to be rejected	35	31.3
Abused prescription medication	97	86.6
Distanced self from God as punishment	46	41.1
Engaged in emotionally abusive relationships	57	50.9
Engaged in sexually abusive relationships	12	10.7
Lost a job on purpose	51	45.5
Attempted suicide	34	30.4
Exercised an injury on purpose	16	14.3
Tortured self with self-defeating thoughts	51	45.5
Starved self to hurt self	24	21.4
Abused laxatives to hurt self	4	3.6

However, this is the only study of which we are aware that has examined broad self-harm behaviors in an opioid-dependent population; findings indicate notable rates.

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