

Patient Information on Buprenorphine-Assisted Treatment of Opioid Addiction

Here are some facts and useful information about buprenorphine (Suboxone, Subutex), and medication-assisted treatment of opioid drug addiction/dependence. Buprenorphine is also used to help patients on chronic opioid pain medication, who wish to come off of those medications, to do so without the exaggerated withdrawal-related pains.

Buprenorphine is a drug that is used for many types of medical treatments which include: detoxification from opioid dependence, maintenance treatment for opioid addiction, non-severe chronic pain.

Buprenorphine is a synthetic drug that chemically acts as a partial opioid agonist (partial mu-receptor agonist), which means it has some of the effects of full opioid agonists (it is in some ways similar to drugs like morphine, oxycodone, methadone, heroin) and at the same time blocks some of the effects of narcotics. Buprenorphine does not produce euphoria (pleasant or happy mood), but it relieves withdrawal symptoms, reduces cravings, and sometimes relieves other unpleasant mental and physical states associated with stopping long term use of opioids (low energy, depression). It also blocks the effects of other opioid drugs once sufficient dose is taken.

Buprenorphine has been shown to help patients stay in treatment (when used along with regular counseling/AA/NA), it has been shown to suppress symptoms of opioid withdrawal, reduce cravings, reduce illicit opioid use, block the effects of other opioids. Even when stopped abruptly (not recommended) it has the mildest withdrawal compared to other known opioids.

It substitutes a harmful drug dependence to one that is less harmful. The intention of being on buprenorphine is eventual taper and complete freedom from all drugs, although for some individuals this may be difficult to achieve. I think it is impossible to achieve complete freedom from drug dependence without ongoing counseling (such as AA/NA groups) and self-transformative work.

Thus medication-assisted recovery process consists of 3 components:

- Chemical assistance with medications to combat withdrawal and reduce cravings; this entails controlled nature of medication prescribing (the dose of the medication is strictly controlled and monitored by the prescriber);
- Self-transformative work such as self-help 12-step programs or other forms of counseling;
- A complete change of a social network, abandoning 'old friends' and forming completely new, healthy relationships with persons who are not involved with drugs;

Buprenorphine is a controlled drug and treatment with this drug requires careful monitoring and adherence to the regimen prescribed by the treating doctor. It also requires occasional urine drug monitoring. If for any reason you are running out of the medication too soon, notify your doctor, as you will not automatically be given a refill if the medication is not being used as prescribed. If treatment fails, (the person persistently continues to use other drugs), the treatment will be stopped and the patient may be advised to enter an inpatient rehab or a methadone clinic.

Nausea and constipation are some of the common minor side-effects of this medication. At high doses it is safer than any other opioid, but still can lead to respiratory depression and death, especially in children (it taken by accident, please be sure to keep this out of reach of children and take your child to emergency room if they took the drug), or when combined with other medications or alcohol. Rarely one can develop allergy to buprenorphine.

Buprenorphine is taken sublingually, put it under your tongue and keep there until completely dissolved without drinking or eating anything during this time (usually about 5 minutes).

Buprenorphine is a mild pain reliever, if you suffer from severe chronic pain, buprenorphine is not likely to provide you with adequate pain relief. By partially blocking opioid receptors it blocks other opioids from providing pain relief. This means that if you develop a legitimate pain condition, like a kidney stone, or a need for surgery, you will need to wait for about 3 days before you can get a better pain relief from the usual opioid medications.

In case of a true emergency, like a motor vehicle accident requiring an emergent surgery, there are faster ways to override the effects of buprenorphine with intensive monitoring in the hospital.

Induction is the process of starting this medication. The way of doing it varies individually but depending on the drug used by the opioid dependent person. You will be instructed how long you need to be 'clean' before starting buprenorphine. This time interval, depending on dose and type of opioid used will vary usually between 12 and 60 hours. If you are not completely honest about the type, the amount, and the time of last drug use, you may go into a precipitated withdrawal as a result of taking buprenorphine too soon. This is an extremely uncomfortable experience. Though not deadly, precipitated withdrawal may be accompanied by uncontrollable muscle spasms, pain, seizures, and extreme mental distress.

A milder degree withdrawal can be precipitated even with the correct timing of the drug, due to the individual differences between the way each person's body handles the drugs and sometimes mixtures present in the used drugs (using heroin that was cut with methadone, for example). In the office, we have some medications that can reduce but not eliminate the suffering of the person in this condition.

When switching from methadone, you need to be tapered down to 30-40 mg per day (the lower the better) preferably for at least 3 months. Persons dependent of higher doses of methadone usually have persistent mild withdrawal symptoms and dysphoria for weeks or months while on buprenorphine, thus increasing chances of relapse.

During the process of induction you will usually be observed for several hours, you might need to come in daily for the first couple of days, followed by weekly, then bi-weekly, then monthly visits.

After discussing treatment you will be given a prescription for few pills of Suboxone and will need to get them from the pharmacy yourself and bring to the following visit without taking them on your own. The induction will happen at that visit.

Suboxone is a brand name for buprenorphine with added small amount of naloxone, a drug that precipitates withdrawal when injected intravenously). Naloxone does not get absorbed from the mouth or gastrointestinal tract. Subutex is a brand name for the medication that has buprenorphine alone, used usually for people with allergy to naloxone or for pregnant women wanting to be on buprenorphine (usually during pregnancy a switch to methadone is recommended). In October 2009 a generic form of Subutex came on the market. It is considerably less expensive, but it is not available in every pharmacy and there are intermittent shortages of its supply.

After a successful initiation of buprenorphine (one to several weeks time to complete the necessary dose adjustments), I usually recommend a period of time on a stable dose, about three months, though this can be individualized. You will then have the option of either tapering the medication or continuing with maintenance for some time, until you feel ready to try taper.

The duration of treatment varies individually and is, to a degree, dependent on the duration and the dose of the drug the person has been using. Impulse to taper too quickly, as well as the wish to stay on Suboxone indefinitely, are the two sides of the same coin—the wish to avoid dealing with addiction. A measured individualized approach of neither rushing to be off the medication, nor staying on it too long, brings the best results. This range tends to be anywhere from 3 months to 2 years. I will not prescribe Suboxone continuously to the same individual for more than 2 years. Periodic urine drug screening is part of the treatment program and continued use of opioids or other drugs is an indication to discontinue outpatient treatment.

For persons with dual diagnosis (drug dependence with other psychiatric illnesses) other medications and sometimes tranquilizers can also be prescribed in addition to Suboxone. We also encourage eventual tapering of those medications, though for some persons with significant mental illness this might not be possible.

Treatment with buprenorphine is confidential, without your consent it cannot even be subpoenaed by the court, with the exception of crime committed on the premises of the treatment center or toward its workers.

Suboxone and Subutex are NOT covered by some insurance. At the present time (March 2008) Suboxone costs around \$6-\$8 per one pill and Subutex around \$8-\$12 per one pill. Thus these medications are expensive, and the expense is an important consideration of treatment. In some situations person's family may agree to pay for the medication with the payment made directly to the pharmacy. Treatment may cost \$300 to \$600 per month depending on a dose, and this is the expense of medication alone. The new generic buprenorphine is in limited supply and prices on it vary from \$2.50 to \$4.50 per pill, thus substantially reducing the cost. All of these medications come in a 2 mg and 8 mg tablets, the price for the 2 mg tablet is either the same or a bit lower than the 8 mg tablet.

Again, the need for ongoing counseling, such as AA/NA meetings, cannot be overemphasized. Medications only relieve the symptoms of physical dependence, but do nothing for psychological dependence. It is my opinion that medication-assisted treatment of drug addiction is of little use, and usually leads to relapse, if it is done without profound self-transformative work, the work that leads to complete restructuring of the person's approach to life. The medication buys some time to allow the person get started on the path of self-transformation.

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