The Use of Buprenorphine in the Treatment of Opioid Use Disorder

ECHO

MYTH #1: Patients are still addicted

FACT: Addiction is pathological use of a substance and ***may*** or ***may not*** include physical dependence.

- Physical dependence on a medication for treatment of a medical problem ***does not*** mean the person is engaging in pathologic use and other behaviors.

MYTH #2: **Buprenorphine is simply a substitute for heroin or other opioids**

FACT: Buprenorphine ***is*** a replacement medication; it is ***not simply*** a substitute

- Buprenorphine is a legally prescribed medication, not illegally obtained.
- Buprenorphine is a medication taken sublingually, a very safe route of administration.
- Buprenorphine allows the person to function normally.

MYTH #3: Providing medication alone is sufficient treatment for opioid addiction

FACT: Buprenorphine is an important treatment option. However, the ***complete*** treatment package must include other elements, as well.

- Combining pharmacotherapy with counseling and other ancillary services increases the likelihood of success.

MYTH #4: Patients are still getting high

FACT: When taken sublingually, buprenorphine is slower acting, and does not provide the same "rush" as heroin.

- Buprenorphine has a ceiling effect resulting in lowered experience of the euphoria felt at higher doses.

Advantages of Buprenorphine in the Treatment of Opioid Addiction

1. Patient can participate fully in treatment activities and other activities of daily living easing their transition into the treatment environment
2. Limited potential for overdose
3. Minimal subjective effects (e.g., sedation) following a dose

Advantages of Buprenorphine/Naloxone in the Treatment of Opioid Addiction

4. Available for use in an office setting
5. Discourages IV use
6. Allows for take-home dosing
7. Controls cravings
8. Minimizes withdrawal symptoms

Disadvantages of Buprenorphine in the Treatment of Opioid Addiction

1. Patient remains physically dependent
2. Detectable on in specific urine toxicology screenings
3. Potential for diversion

Buprenorphine Treatment:

How it works

Patient Selection Factors for Addiction Professionals to Consider

1. Is the patient addicted to opioids?
2. Is the patient interested in office-based buprenorphine treatment?
3. Is the patient aware of other treatment options?
4. Does the patient understand the risks and benefits of this treatment approach?
5. Is the patient expected to be reasonably compliant?

Patient Selection Factors continued…

6. Is the patient capable of following safety procedures?
7. Are there resources available to ensure the link between physician and treatment provider?
8. Is the patient taking other medications that may interact adversely with buprenorphine?
9. Does the patient have a compromised liver contraindicating use of suboxone?

The stages of Buprenorphine treatment of Opioid Addiction

- 1. Induction and stabilization
- 2. Treatment
- 3. Tapering
- 4. Maintenance

Induction stage

The goal is to establish the appropriate dose of medication for patient to discontinue use of opioids with minimal withdrawal symptoms, side-effects, and craving.

Treatment stage

Goals of Treatment Phase:

1. Continue to monitor cravings to prevent relapse
2. Address psychiatric and psychosocial issues
3. Develop behaviors, skills and support for recovery
4. Encourage development of recovery social supports

Tapering stage

There is no research and clinical data is unclear on:

- When to start
  - 1 abstinence
  - When patient stable and expressing readiness
- Rate
  - 2mg reduction at a time
- Duration
  - Allow physical acclimation
  - Avoid acute withdrawal

Maintenance

- Goals of maintenance
  - Help the person continue to stay away from substance use over time
  - Continue monitoring of cravings to prevent relapse
  - Provide ongoing treatment to address psychological and psychosocial issues
  - Help person develop as leader in the self-help community if possible

Taper vs. Maintenance: how to decide

- Contraindications to taper
  - Chronic pain
  - Co-morbid medical problems
  - Co-morbid unstable psychiatric disorder
  - Multiple unsuccessful attempts to achieve and maintain abstinence
  - High risk environment
  - High risk for overdose