BUPRENORPHINE:

Easier Opioid Withdrawal and Treatment Available in Primary Care Settings

blending initiative
NIDA • SAMHSA

Buprenorphine is available under the brand names Subutex® (pure buprenorphine) and Suboxone® (buprenorphine plus naloxone). Suboxone® is the most commonly prescribed form and comes in tablet or soluble film that dissolves when placed under the tongue. Neither is effective when swallowed.

Buprenorphine is a long-acting partial agonist. It acts on the same receptors as heroin and morphine, but has a limited effect that does not increase with an increased dose. It relieves drug cravings and withdrawal symptoms without producing an intense "high" or dangerous side effects. While buprenorphine is being used, other opioids will have little to no effect, minimizing the risk of sudden or impulsive return to opioid use.

Buprenorphine represents a positive alternative for opioid addiction treatment because it:

- rapidly reduces or eliminates withdrawal symptoms, often within an hour. Without medical assistance with buprenorphine, withdrawal is experienced as 3-6 days of severe flu-like symptoms. This keeps many people addicted to opioids actively involved in illicit drug use to avoid the withdrawal experience.
- is available by prescription from specially trained physicians in primary care and other office-based settings. This allows for increased access to opioid treatment, thus providing an alternative for those who are concerned about going to a methadone clinic, and helps reduce stigma by bringing addiction treatment into the primary care setting.

Physicians who have met the requirements and are authorized to treat patients with buprenorphine are listed by state on SAMHSA's Treatment Locator website: http://buprenorphine.samhsa.gov/bwns_locator/.

Buprenorphine therapy is comprised of three phases:

- **Induction**: medically monitored startup of buprenorphine therapy. The individual has abstained from using short-acting opioids for a minimum of 8-12 hours and demonstrates clinical signs of moderate withdrawal. If the patient is not in the early stages of withdrawal (i.e., if he or she has other opioids in the bloodstream), then the buprenorphine dose could precipitate acute withdrawal.
- **Stabilization**: patient has discontinued or greatly reduced use, no longer has cravings, and is experiencing few or no side effects. The dose may need to be adjusted during the stabilization phase.
- **Maintenance**: patient is doing well on a steady dose of buprenorphine. The length of the maintenance phase is individualized and may be indefinite.
- **Medically supervised withdrawal** may be considered after a sufficient period of maintenance and once stabilization has been achieved.

Buprenorphine allows for increased access to opioid treatment by bringing addiction treatment into the primary care setting.

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Primary counseling and adjunctive medical management are critical in providing the most effective treatment with buprenorphine. Counselors should take care to work with, not against, the medication. Counseling with a focus on "getting off" buprenorphine can convey the idea that taking the medication is somehow wrong. Instead, counselors should support patients' medication compliance, framing it as one aspect of a comprehensive treatment plan.

Patients and physicians will decide together about the option to use buprenorphine. Ideal candidates who may benefit from this medication:

- have been diagnosed with opioid addiction,
- are capable of self-administering medication on a daily basis and participating in counseling and other support services necessary for recovery,
- are willing to follow safety precautions for treatment (e.g., safe storage, not sharing medication, not abusing benzodiazepines, etc.),
- have no contraindications (e.g., co-ingestion of alcohol, co-ingestion of certain central nervous system depressants), and
- agree to treatment with buprenorphine after a review of treatment options.

Ongoing care coordination between the physician, counselor, community support provider, and self-help/12-step program is essential.

For more information:

Buprenorphine information from NIDA:
http://www.drugabuse.gov/publications/topics-in-brief/buprenorphine-treatment-opiate-addiction-right-in-doctors-office

NIDA/SAMHSA Blending Initiative websites:
http://www.attcnetwork.org/explore/priorityareas/science/blendinginitiative/

www.nida.nih.gov/blending

SAMHSA buprenorphine website:
http://buprenorphine.samhsa.gov/about.html

FDA Suboxone® and Subutex® website:
http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm191520.htm

SAMHSA's *Treatment Improvement Protocol (TIP) 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs:*
http://www.ncbi.nlm.nih.gov/books/NBK14677/

Sources for information contained within this fact sheet:

http://www.attcnetwork.org/explore/priorityareas/science/blendinginitiative/

http://www.oregon.gov/OHA/addiction/publications/addiction-messenger/buprenorphine.pdf?ga=t

For more information, including a POATS Resource List, please visit the NIDA/SAMHSA Blending Initiative section of the Addiction Technology Transfer Center Network website, http://www.attcnetwork.org.

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