

BUPRENORPHINE MAINTENANCE TREATMENT INFORMATION for PATIENTS

General overview information geared for methadone maintenance patients, but useful for anyone

NEW TREATMENT FOR HEROIN ADDICTION

We would like to inform our patients about a new treatment for heroin addiction which has recently become legal, but is not yet available. The Drug Addiction Treatment Act of 2000 was signed by President Clinton on October 17. This law has several “firsts”. For the first time, a physician in the office setting will be able to prescribe a narcotic for treatment of addiction – following certain guidelines and restrictions. For the first time a patient who is addicted to heroin will be able to receive opioid medication for detoxification or for maintenance – again with certain restrictions – in a regular office setting, outside of the methadone treatment program. The only medication which is allowed is buprenorphine. Methadone and LAAM still may not be prescribed in California in an office setting for the treatment of addiction.

THE NEW LAW: The Drug Addiction Treatment Act of 2000 (DATA)

The new law has the following restrictions:

- The physician has to have training in opioid addiction treatment.
- The physician has to register with the Secretary of Health and Human Services
- The physician will receive a special number to add to his or her DEA license to prescribe scheduled drugs.
- The drug prescribed has to be approved by the FDA as useful in the treatment of addiction. (Buprenorphine has been shown to be effective for heroin addiction, and is expected to be approved by FDA.)
- The drug prescribed may not be a Schedule II narcotic, but only III, IV or V. (Buprenorphine is not Schedule II. Methadone and LAAM are.)
- The physician may only have 30 patients on this treatment at one time.
- The physician must have access to counseling services for the addicted patient.

THE MEDICATION: BUPRENORPHINE

Buprenorphine is an opioid medication which has been used as an injection for treatment of pain while patients are hospitalized, for example for surgical patients. It is a long acting medication, and binds for a long time to the “mu” endorphin receptor. This means most patients don’t have to take medication everyday. It is not absorbed very well orally (by swallowing) – so a sublingual (dissolve under the tongue) tablet has been developed for treatment of addiction. One form of this sublingual tablet also contains a small amount of naloxone (Narcan) which is an opioid antagonist and will cause withdrawal if injected. Buprenorphine without naloxone has been available in other countries, and has been used illicitly by addicted persons, but so far it hasn’t been abused when combined with naloxone.

Aside from being mixed with naloxone to discourage needle use, Buprenorphine itself has a “ceiling” of narcotic effects (it is considered a “partial agonist”) which makes it safer in case of overdose. This means that by itself, even in large doses, it doesn’t

suppress breathing to the point of death in the same way that heroin, methadone and LAAM could do in huge doses. If a child swallowed a whole bottle of Buprenorphine tablets (remember they are not absorbed very well by swallowing) it would probably not be lethal, whereas a single dose of methadone might be lethal to a child. These are some of the unusual qualities of this medication which make it safer to use outside of the usual strict methadone regulations at a clinic and, after stabilization, most patients would be able to take home as much as four weeks' worth of Buprenorphine at a time.

WILL BUPRENORPHINE BE USEFUL FOR PATIENTS ON METHADOPE?

Our methadone maintenance patients may be interested in whether this medication might help them. Unfortunately, because of the partial agonist nature of the medication, Buprenorphine is not equivalent in maintenance strength to methadone and LAAM. In order to even try Buprenorphine without going into major withdrawal, a methadone-maintained patient would have to taper down to 30mg of methadone or lower. We are concerned that this medication may not be strong enough for most of our patients, and might lead to dangerous relapses if attempted. **If you decide to try, please be aware of this danger of relapse**, and keep the door open for resuming methadone immediately if necessary.

There are also some studies which show that detoxification from Buprenorphine is effective. Some patients may decide to use Buprenorphine to detoxify from heroin, instead of the usual methadone detoxification treatment. So far we don't know whether Buprenorphine will be "covered" under Medi-Cal (Medicaid) the way methadone detoxification frequently is.

So far, remember the following tips:

- If you are offered Buprenorphine by a "friend" and you are taking methadone or LAAM, the Buprenorphine will push the other opioid off the receptor site, and you may be in withdrawal and very uncomfortable.
- If you dissolve and inject the Buprenorphine-naloxone sublingual tablet it may induce severe withdrawal because of the naloxone, which is an antagonist.
- If you are on methadone treatment and wish to transfer to Buprenorphine, your dose has to be at or below 30 mg.
- There have been deaths reported when Buprenorphine is combined with benzodiazepines. (This family of drugs includes Klonopin, Ativan, Halcion, Valium, Xanax, Librium, etc.) If you are taking any of these drugs, either by prescription or on your own, Buprenorphine may not be a good treatment for you

MORE INFORMATION TO COME: We will keep you posted as more practical facts develop about the use of this new treatment.