

NATIONAL DRUG COURT INSTITUTE



DRUG COURT PRACTITIONER FACT SHEET

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June 1999

Vol. I, No. 2

Buprenorphine in the Treatment of Opioid Addiction

While methadone has been available for the past 25 years, drug courts have been reluctant to use maintenance drugs for the treatment of opiate addiction. In the late 1960's and early 1970's, the United States developed a system to treat heroin addicts with an oral medication known as methadone. Despite the success in the treatment of heroin addiction, the system has never met the need for treatment. There is now an alternative with buprenorphine, a new mixed agonist-antagonist opioid with the profile of pharmacological effects unique from other commonly used opioids to treat addiction. Advantages of buprenorphine include:

- Lower risk of HIV and other diseases associated with drugs administered through injection.
- The abstinence syndrome associated with buprenorphine is less severe and protracted than observed during gradual or abrupt withdrawal from methadone or LAAM. Buprenorphine's advantage over the current options used to treat addiction may lie in its usefulness to those who seek withdrawal rather than maintenance.
- Buprenorphine greatly reduces the chance of accidental or intentional overdose. Once a certain receptor occupancy has been achieved, additional dosing with Buprenorphine does not produce additional effects, including the typical opioid overdose effect.

Buprenorphine-based products offer a method of supplementing the existing treatment provider system, not by replacement but as an alternative not currently available in the methadone-based treatment system. Buprenorphine is available in a dosage form where it is combined with naloxone for use in maintenance regimens and suppresses the withdrawal associated with heroin and eliminates the craving for heroin. Preliminary studies from the clinical trials shows that buprenorphine significantly reduced cravings for heroin.

Buprenorphine as opposed to naltrexone is well tolerated by addicts and does not have the problems associated with non-compliance because of its blocking and withdrawal producing effects. The pharmacology of the combination tablet makes it less desirable to use by way of injection, since the naltrexone contained in the preparation can precipitate withdrawal in the opioid-dependent individual. The combination tablet also reduces diversion potential since it is not desirable to use a drug which has a limit to its effect and if one pushes the dose, the additional drug taken precipitates withdrawal.

NIDA will seek approval for buprenorphine/naloxone combination tablet rather than for buprenorphine alone for all the advantages that the combination tablet offers over the single medication formulation. The combination product is being developed by NIDA and Rickett and Colman Pharmaceuticals, Inc., the manufacturer of buprenorphine. The combination product is designed to allow usage

without supervision among addicted populations. There are no current regulations which address the use of buprenorphine or buprenorphine/naloxone for the treatment of opiate dependence, because these products are not yet approved by the FDA.

Buprenorphine is likely to be approved within the next year. The National Drug Court Institute will draft a monograph as well as hold a focus group and workshop on how buprenorphine can be used in conjunction with drug courts.

Publisher

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