

Information for patients who are considering treatment with buprenorphine

BUPRENORPHINE – A TREATMENT FOR OPIOID ADDICTION

Addiction medicine doctors consider addiction to be a chronic illness and treat it accordingly. Buprenorphine is one of the medications that can be used to treat opioid addiction. Opioids are drugs like heroin, opium, morphine, codeine, oxycodone, hydrocodone, etc., which can be abused and lead to tolerance and dependence. This means that the user's body becomes accustomed to ever-higher amounts, and, when the drug is stopped, there are symptoms of withdrawal. Even after the worst physical part of withdrawal is over, some patients still don't feel right for a long time and may relapse to using drugs again, just to "feel normal."

Some medical research shows that after abusing drugs for a long time the brain is thrown off balance, and the goal of treatment is to encourage stability, both in the body and in the patient's life.

Not all patients who abuse opioids need medication to treat their addiction. Many addicted persons do very well with counseling, or residential therapeutic treatment, or in Narcotics Anonymous (NA) groups. But in some cases these approaches alone are not enough to keep the person stable, and maintenance medication is used. Maintenance medication has a slower onset of actions and longer duration of effects on the brain than heroin or other drugs of abuse. This allows for a steadying of brain function that is part of treatment. So the best way to use buprenorphine in maintenance treatment is for the physician and patient together to find the correct dose, where the patient feels normal, and keep that dose steady. This means taking the medication on a regular schedule as prescribed, in the same way as taking a blood pressure medication, or diabetes treatment.

Besides buprenorphine, there are two other maintenance medications that are used to treat opioid addiction: methadone and LAAM. These medications are also long acting and work by stabilizing the brain. These medications are given in specially licensed clinics called Opioid Treatment Programs (often called Methadone Maintenance Clinics), and their use is carefully regulated by federal and state agencies.

Buprenorphine also is bound by some regulations. But, an important difference with buprenorphine is that patients can receive a prescription for it from their doctor's office – they don't need to go to a special clinic. Because there are regulations for the use of buprenorphine, patients on buprenorphine are asked to do things like give urines for drug screens, and bring their bottles in for pill counts.

Buprenorphine is best started when the patient is experiencing some of the symptoms of opioid withdrawal, and the dose is adjusted over the first several days or weeks of treatment. It is given as a pill that dissolves under the tongue. The take-home buprenorphine pills also have a small amount of naloxone (Narcan) in them, which is an opioid antagonist. The purpose of the naloxone is to discourage illicit injection of the pill. The patient would not feel the effects of naloxone by mouth, but if the pill is dissolved and injected, it can cause significant opioid withdrawal.