Buprenorphine Position Paper

By Paul Finch PA-C, MPH

Buprenorphine is the long-acting, partial-agonist opioid in Suboxone and Subutex. It is used as replacement therapy for opioid dependence instead of the full-agonist Methadone. While buprenorphine has its place for the brittle few addicts, chronic pain management, and maintenance therapy during pregnancy, there is a rush by systems, docs, and patients to use it. Its use seems easier without doing the difficult process of detox, but the resulting dependence only kicks the can down the road and requires a 2 week detox instead of the 1 week detox for short acting opioids like heroin and OxyContin.

Benefits include less euphoria, overdose improbability, monthly prescription, and inability to binge with full agonists, and it can stabilize addictive behavior. But there is still a need for detox and treatment (probably including long acting naltrexone) at some later point to deal with the ensuing dependence and withdrawal syndrome.

"When patients and physicians were surveyed by SAMHSA about the effectiveness of buprenorphine, they reported an average of an 80% reduction in illicit opioid use, along with significant increases in employment, and other indices of recovery" – *SAMSHA website.* But there is the daily threat of withdrawal sickness and the tether of chemical dependency along with an inevitable fatigue on resolve and overall wellbeing that either leads to diversion of medication, dubious life choices, relapse, OR points to an intrinsic demand for detox services and recovery. Buprenorphine should not be viewed as a long term or permanent solution.

Buprenorphine is predicted to be the new OxyContin and if current trends in treatment continue, our country will have an enormous cohort of patients dependent on it over the next 5-10 yrs. The concepts of increasing the number of doctors who prescribe buprenorphine and increasing the number of patients a doctor may treat will prove to be a problematic path for our society.

Opioid detox and long acting antagonist therapy (Vivitrol, naltrexone implants) should be actively promoted as this track allows a truly opioid-free chance at life. This is especially important for young folks or newly dependent individuals early in their addictive "career". There are new and effective ways to accomplish this including using scheduled Tramadol/Zyprexa with breakthrough comfort meds. External ear neuro-stimulating devices are also showing promise for withdrawal symptom relief. More importance and research must be given to the detox process period between dependent usage of opioids and the implementation of naltrexone therapy. Antagonist medication assistance therapy for 12-24 months is recommended along with appropriate psychosocial wraparound including peer support, professional support, and spiritual strengthening. "Abstinence only opioid recovery is a mistake" – *Dr Marc Fishman, Johns Hopkins University*.

Currently, only MD's and DO's are able to obtain a prescribing DATA (Drug Addiction Treatment Act of 2000) waiver to the Harrison Act (1914) and the Controlled Substance Act (1970) which prohibits using opioid medication to treat opioid dependence and the only two allowable agonist medications are methadone and buprenorphine. There have been efforts to allow mid-level providers (PA's and NP's) to get DATA waivers which would be a useful option for appropriate settings. Including Tramadol to treat opioid withdrawal, as is currently being done successfully but clandestinely, would be a major, needed, and applauded step.

Efforts to shift the bias meter away from replacement therapy toward antagonist therapy should be championed. This means resisting the utilization of buprenorphine, not prohibiting it, while promoting opioid-free detox and relapse prevention treatment modalities. It is hoped that this would start at the HHS level and have a pervasively cooperative effect on the entire American medical/behavioral care system. This has been and will continue to be the position of Fairbanks Native Association as practiced in their Gateway Detox and Ralph Purdue Treatment facilities.