



Buprenorphine:

From Basic Human Research to Clinical Application

**Clinical Trials Network
Detroit Blending Conference
Workshop III
Monday Sept. 27, 2004
2:30 - 5:00 pm**



BUP is a Promising Medication Option in the 'Toolbox'

- **Buprenorphine** is a new *alternative to* – not a replacement for – *methadone*
 - Some patients dislike methadone (e.g., due to daily dosing, how it makes them feel, stigma) and may wish to transfer from it to BUP for maintenance or detoxification
 - BUP is preferable to LAAM because it is safer (and is at least equally long-acting)
 - BUP is the only opioid agonist medication that can be administered in private practice (convenience and decreased stigma) and, therefore, may increase access to opioid substitution for some addicted individuals
- **Methadone** will continue to be used in narcotic treatment programs for the following subpopulations:
 - Chronically-maintained patients who don't want to switch
 - New patients who are uninsured or indigent
 - Patients who are severely physically dependent, for whom BUP may have insufficient agonist effect
- **Naltrexone** will continue to be useful and appropriate for opioid abusing patients who need to remain drug free (e.g., due to legal/professional sanction)

A New Way to *Think About* and *Manage* Opioid Addiction

- *Patient's perspective*

- All health care (medical, mental health, addiction) could be provided at a single site
- Location not constrained to narcotic treatment programs: more choice and convenience
- More privacy, less stigma
- Presently, limited to those who can afford BUP, so there is still inequity in the system

- *Clinician's perspective*

- Manage patients with opioid addiction and co-morbid mental health problems using a holistic (rather than segmented) approach
- Team with physicians to provide psychosocial treatment to improve treatment efficacy

- *Societal impact*

- Fewer people will fall through the gaps
- Spread access to addiction treatment throughout the community
- May help change the normative view of opioid addiction and its treatment

Economic Considerations

- At present, BUP costs more overall than methadone (*Rosenheck & Kosten, 2001*)
 - Higher medication, physician and nursing costs
 - Lower clinic costs for dispensing, toxicology, counseling, and administration
 - Reduced travel costs for patients (due to alternate-day dosing)
- Total cost impact will depend on which addicted sub-populations make greatest use of this new treatment opportunity. To the extent that BUP treatment is provided to:
 - Poorly adjusted patients (those involved in extensive criminal activity or who undergo multiple detoxifications each year), costs could decrease.
 - Better adjusted addicts who are employed, married and experience fewer adverse effects from their addiction, costs could increase.

Drug Addiction Treatment Expansion Act of 2003

- Epidemiological evidence indicates that:
 - Heroin and Rx painkillers are being increasingly abused and causing harms
 - Heroin treatment admissions have increased dramatically
- DATA has had unintended consequences
 - “The DATA law's 30-patient limit on group practices is having the unintended consequence of denying addiction treatment to patients who seek and require it, in direct contrast to the overall purpose of such law.”
- HR3634 would “amend the Controlled Substances Act to lift the patient limitation on prescribing drug addiction treatments by medical practitioners in group practices, and for other purposes”