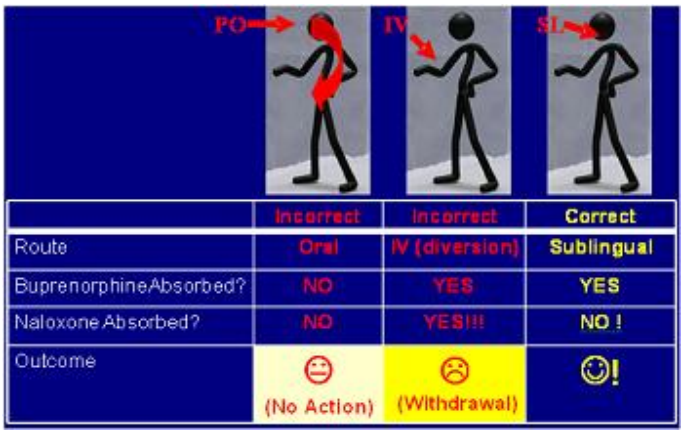
A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)
Volume 2 Issue 4—September 2008

Why naloxone?

Naloxone's presence in Suboxone discourages diversion by reducing the effect of buprenorphine when injected, and perhaps promoting acute opioid withdrawal. Naloxone is an opioid antagonist, and as such, will displace opioids from the mu opioid receptor. The only reason that naloxone is included with buprenorphine in a combination tablet is to reduce diversion. If taken correctly, the patient taking Suboxone will not feel the effects of the naloxone.

Buprenorphine is absorbed sublingually and has poor oral bioavailability and good intravenous bioavailability. In contrast, naloxone has poor sublingual and oral bioavailability and good intravenous bioavailability. Therefore, if a patient takes Suboxone correctly, in sublingual fashion, the buprenorphine is absorbed and the naloxone is not. If the patient takes Suboxone orally, both the buprenorphine and naloxone are ill-absorbed and there are little clinical effects—neither the buprenorphine nor the naloxone produce a clinical response. However, if a patient attempts to inject Suboxone, the naloxone will reduce the effect of the buprenorphine and potentially displace any opiates already on the mu opioid receptor (e.g., heroin), therefore precipitating opioid withdrawal syndrome. Based on the diversion reduction potential of Suboxone versus Subutex, the manufacturer has priced the combination product less than the mono-product.



	Incorrect	Incorrect	Correct
Route	Oral	IV (diversion)	Sublingual
Buprenorphine Absorbed?	NO	YES	YES
Naloxone Absorbed?	NO	YES!!!	NO !
Outcome	😑 (No Action)	☹ (Withdrawal)	☺!

Web resources for patients and their loved ones

- **naabt.org — The National Alliance of Advocates for Buprenorphine Treatment** — Patient stories, message boards, and literature.
- **TurnToHelp.com — owned by Reckitt Benckiser Pharmaceuticals —** Patient story videos, email support program, literature.

Quiz yourself!

1) Induction should take place when the patient: a) has abstained from opioids for at least 24 hours b) is subjectively uncomfortable c) scores at least a 6 on the COWS scale d) scores at least a 13 on the COWS scale.

Research update

- Schwart RP, et al. **Attitudes toward buprenorphine and methadone among opioid-dependent individuals.** Am J Addict. 2008 Sep-Oct;17(5):396-401. (PubMed ID: 18770082.)
- Roux P, et al. **The impact of methadone or buprenorphine treatment and ongoing injection on highly active antiretroviral therapy (HAART) adherence: evidence from the MANIF2000 cohort study.** Addiction. 2008 Sep 4. [Epub ahead of print] (PubMed ID: 18778390.)
- Ziedonis DM, et al. **Predictors of outcome for short-term medically supervised opioid withdrawal during a randomized, multicenter trial of buprenorphine-naloxone and clonidine in the NIDA clinical trials network drug and alcohol dependence.** Drug Alcohol Depend. 2008 Sep 19. [Epub ahead of print] (PubMed ID: 18805656.)

Quiz answer

1) Induction should take place when the patient: d) scores at least a 13 on the COWS scale. Waiting for moderate withdrawal ensures that the buprenorphine will not cause precipitated withdrawal. Caveat: patients who are not currently using (e.g., those recently incarcerated) will not be in withdrawal.

Next month's newsletter will feature the COWS scale.

This information is supported and provided to you by the Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI), Center of Excellence in Substance Abuse Treatment and Education (CESATEs), the Mental Illness Research, Education and Clinical Centers (MIRECC), and the Program Evaluation and Resource Center (PERC) within the Department of Veterans Affairs. Please contact Margaret Krumm at margaret.krumm@va.gov or 412-954-5229 (new number) with questions or comments.