CESAR FAX

December 5, 2011
Vol. 20, Issue 46

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

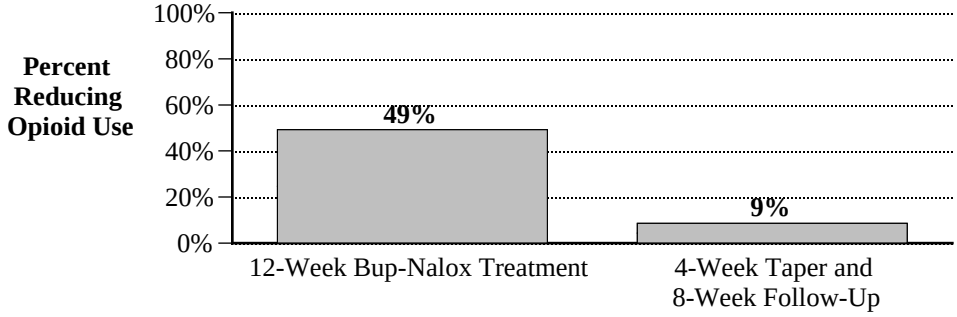
Clinical Trial Finds That While Buprenorphine-Naloxone Maintenance Reduced Other Opioid Use Among Those Dependent on Prescription Opioids, 91% Were Not Opioid-Free at Follow-Up

"Patients dependent on prescription opioids . . . are most likely to reduce their opioid use during the first several months of treatment while receiving buprenorphine-naloxone; if tapered off this medication, the likelihood of relapse to opioid use or dropout from treatment is overwhelmingly high" (p. E7).

Long-term buprenorphine-naloxone treatment reduces opioid use by those dependent on prescription painkillers, according to the first randomized, controlled trial using a medication for the treatment of prescription opioid dependence. Nearly one-half (49%) of those receiving 12 weeks of treatment with the opioid buprenorphine-naloxone reduced their use of other opioids.* However, eight weeks after the buprenorphine-naloxone treatment was tapered off and discontinued in accordance with the study protocol, only 9% had reduced their opioid use. Thus 91% of the study participants were not opioid-free at follow-up. According to the authors, "The high rate of unsuccessful outcomes after buprenorphine-naloxone taper is notable in light of the good prognostic characteristics of the population (i.e., largely employed, well educated, relatively brief opioid use histories, and little other current substance abuse) and previous research suggesting that patients dependent on prescription opioids might have better outcomes than those dependent on heroin" (p. E7). The authors suggest that future research look at "what length of buprenorphine-naloxone treatment, if any, would lead to substantially better outcomes after a taper" (p. E7). *[Editors Note: The findings of likely relapse after cessation of buprenorphine-naloxone treatment are not surprising to us, as buprenorphine-naloxone treatment consists primarily of replacing one opioid with another and continuing the dependence.]*

Percentage of Prescription Opioid-Dependent Persons Reducing Opioid Use After 12 Weeks of Buprenorphine-Naloxone Treatment and 12 Weeks of Taper/Follow-Up

(N=360)



*Reduced opioid use was defined as abstaining from other opioids during the final week and during at least 2 of the previous 3 weeks of treatment or taper/follow-up. Abstinence was determined by urine test-verified self-reports; missing urine samples were considered positive for opioids. Opioids tested for included oxycodone, hydrocodone, hydromorphone, morphine, codeine, propoxyphene, and methadone.

SOURCE: Adapted by CESAR from Weiss, R.D., et. al., "Adjunctive Counseling During Brief and Extended Buprenorphine-Naloxone Treatment for Prescription Opioid Dependence," Archives of General Psychiatry, Online First November 7, 2011. Available online at http://archpsyc.ama-assn.org/cgi/content/full/archgenpsychiatry.2011.121v1. For more information, contact Dr. Roger Weiss at rweiss@mclean.harvard.edu.

CESAR FAX Special Series on Buprenorphine

While research indicates that buprenorphine is an effective drug for treating opioid dependence, the potential for its nonmedical use and related unintended consequences may be going unnoticed. This series of publications, available at www.cesar.umd.edu, was designed to highlight several indicators of the increased availability, diversion, and misuse of buprenorphine.

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