WHAT IS OPIOID DEPENDENCE ADDICTION?

Taking strong opioid painkillers, in *large* doses, for an *extended* period of time, will cause physical dependence in humans. This means when the medication is discontinued *abruptly*, withdrawal symptoms and cravings occur. This is normal physiology and does not require detoxification if the person needs the opioids for a chronic pain condition. It becomes a problem when opioid use continues after the pain subsides and/or despite negative consequences, such as loss of a job accompanied by an increased quantity of drug to achieve the same effect. These conditions are considered *addiction* and require treatment.

OPIOID ADDICTION IS A BRAIN DISEASE.

Opioids are a family of drugs that attach to opioid receptors in the brain and cause an opioid effect – euphoria, slowed breathing and pain reduction. The brain experiences physiological changes that effect behavior. Neuro receptors in the brain *learn* to crave opioids. When opioids are not present, the receptors send pain signals to the brain. It is a physical condition, not caused by lack of morals nor controlled by willpower, nor cured by good advice. It is a *disease* as is diabetes or cancer. Anyone can become dependent.

THE DRUG ADDICTION TREATMENT ACT OF 2000 (DATA 2000)

The Act enables qualified physicians to prescribe and/or dispense narcotics for the purpose of treating opioid dependency. For the first time in over 30 years, physicians are able to treat this disease from their private offices or other clinical settings. This presents a very desirable treatment option for those who are unwilling or unable to seek help in drug treatment clinics.

Patients can now be treated in the privacy of their doctor's office, as are others being treated for any other type of medical condition. One medicine doctors may now prescribe is Buprenorphine.

WHAT IS BUPRENORPHINE?

Buprenorphine (BYOO-pre-NOR-feen) has been used in the U.S. to treat pain and in Europe to treat opioid dependence for over 10 years. Buprenorphine is a semi-synthetic opioid with properties of a partial *agonist* and a partial *antagonist*.

- Agonists are drugs that cause an opioid effect like heroin, OxyContin® and methadone.
- Antagonists are drugs that block and reverse the effects of agonist drugs. Narcan® is an antagonist and is used to reverse heroin overdoses. Another antagonist is Naltrexone, which blocks the effects of agonist drugs like heroin.

Buprenorphine is a combination medicine containing both parts. The agonist part of the medication tricks the neuro receptors in the brain into thinking that they have received opioids without making the patient feel high. The antagonist part of the medication blocks other opioids from the neuro receptor sites. Therefore, even if the patient decides to abuse opioid drugs after taking Buprenorphine, he or she will not get high. In addition to this blocking effect, Buprenorphine has a ceiling effect adding to its safety. Other opioids continue to provide more effect as more is taken, eventually leading to respiratory depression and death. Buprenorphine is different; its effects level off at a relatively low level. That is, even if more is taken, there are no significant increased effects. Therefore, the risk of overdose and abuse is much lower.

NAABT, Inc. P.O. Box 333 Farmington, CT 06034

naabt.org

THE NATIONAL ALLIANCE OF ADVOCATES FOR BUPRENORPHINE TREATMENT



Buprenorphine.

A new treatment for opioid dependence in the privacy of your doctor's office.

How IT WORKS



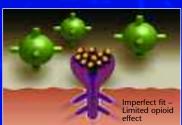
Neuro receptor in withdrawal and craving opioids.
Once dependent the body cannot produce enough natural opioids to satisfy the many new receptors that were produced

while taking large doses of opioids over time. The unsatisfied receptor sends pain signals to the brain. This is withdrawal.



Neuro receptor satisfied with an opioid. The strong opioid effect from painkillers, or heroin, stops the withdrawal symptoms for a short time. (4-24 hours) The person

is high. After prolonged use, the patient is no longer getting high so much as just preventing the withdrawal symptoms.



Opioids replaced and blocked by Buprenorphine.
Opioids cannot get to the neuro receptor while occupied by Buprenorphine.
The person no longer feels sick

(in withdrawal) and is unable to get high even if he/she uses other opioids. Buprenorphine produces a limited opioid effect, and cravings are reduced or eliminated.



Over time
(24-72 hours)
Buprenorphine
dissipates, but still
creates a small
opioid effect
(enough to prevent
withdrawal) and still
block opioids from
attaching to the

receptors. This means if someone were to take an opioid, they still would not get high.

The above illustrations are for educational purposes and do not accurately represent the true appearance.

SUBOXONE®

In October 2002 the FDA approved two prescription Buprenorphine medicines marketed by Reckitt Benckiser Pharmaceuticals, Inc. as Suboxone® and Subutex® (available in 8mg. and 2mg. tablets). Currently these are the only Buprenorphine medications approved by the FDA for the treatment of opioid dependence.

This medication is administered by placing a tablet under the tongue. Buprenorphine is absorbed quickly through thin membranes into the blood vessels under the tongue (5-15 minutes).



Suboxone® is the brand name for Buprenorphine when combined with *Naloxone*. Naloxone is a medication that *causes* withdrawal in opioid-dependent people. However, Naloxone is poorly absorbed under the tongue, or when taken orally. Therefore, taken sublingually (under the tongue), very little Naloxone enters into the blood. Normally, patients are unaffected by the presence of it. The purpose for the addition of Naloxone to Buprenorphine is to reduce the risk of abuse. If Suboxone is abused (administered intravenously), the Naloxone will cause immediate and intense withdrawal in opioid-tolerant people.

How long should I be on Buprenorphine?

Not unlike any other disease, you should remain on the medication as long as it is needed and is effective in treating the disease. This could be months, years or indefinitely. You and your doctor will determine what is best for you, based on any side effects, dependence history, environment and many other factors.

Considered to be the most significant new treatment for opioid dependence in 30 years, Buprenorphine alone is not a cure. It or any treatment can only be effective with a complete treatment plan including counseling, assessing and altering patterns of behavior and, above all, the patient must be *ready* to quit. You may want to help someone, but if they are not yet ready, you will be unsuccessful. The best way to help is to be there when they *are* ready and have the information they will need to help them take the next step.

How do I FIND TREATMENT?

First, ask your doctor. You will find that not all doctors are qualified to prescribe Suboxone. They are required to take an eight-hour training course. (This course is now offered online, see naabt.org.) Even once they have become certified to prescribe, the government has imposed a 30-patient limit per physician. Many physicians quickly reach their maximum. naabt.org provides a link to a nationwide list of certified doctors. However, some doctors prefer not to be on the list for fear of being overwhelmed with calls.

WHAT IS NAABT, INC.?

The National Alliance of Advocates for Buprenorphine Treatment is a non-profit organization formed to help people, in need of treatment, find treatment providers who are willing and able to treat opioid dependency in the privacy of a doctor's office. Our website offers answers to frequently asked questions, a glossary, actual patient experiences, a discussion board, information on the history and treatments of opioid addiction, current news on the subject and more.



We at NAABT wish you and your loved ones the very best in treatment and in life. For more detailed information on opioid dependence and treatment, please visit us at

naabt.org

DISCLAIMER

Information contained in this brochure is not intended to substitute for the expertise and advice of your physician, counselor, pharmacist or other healthcare professional. It should not be interpreted as a claim that use of the medication is safe, appropriate or effective for you. It is entirely your responsibility to consult your healthcare professional before using this or any medicine.

©2005 NAABT, Inc. 08/05