THE NATIONAL ALLIANCE OF ADVOCATES FOR BUPRENORPHINE TREATMENT
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Keeping You Informed

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News Stories

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08/31/2005

Study: Anesthesia-based detox dangerous JAMA

The most rigorous study to date on Anesthesia-based detox showed that patients' withdrawal was as severe as those of patients undergoing other detox approaches. The Journal of the American Medical Association published a study showing anesthesia-based detox is dangerous. This study involved 106 patients.

It showed the technique can be life-threatening, is not pain-free and has no advantage over other methods. 106 heroin-addicted patients were divided into three treatment groups. Those receiving ultra-rapid detox were anesthetized for about four hours while they got a large dose of a drug that blocks the opioid receptors in the brain. When awakened they needed additional medications for withdrawal symptoms that included anxiety, insomnia, achy muscles and joints, diarrhea and vomiting. Eighty percent of the anesthesia patients dropped out of follow-up treatment – a rate slightly higher than that for another method in the study. Jake Epperly, who runs ultra-rapid detox programs in Chicago and Los Angeles states the JAMA study used a different detox method than his programs use.

Dr. Thomas Kosten, professor of psychiatry at Yale University School of Medicine, recommended maintenance methods such as methadone or buprenorphine, instead of detox, for narcotics addiction.

08/17/2005

Office-Based Treatment for Opioid Addiction Achieving Goals
BRIDGET M. KUEHN – JAMA Vol 294, No. 7

This article unveils the preliminary findings of a three-year CSAT/SAMHSA study on office-based buprenorphine treatment and an analysis of findings from a Yale clinical trial. The data are showing many positive outcomes.

"We found office-based buprenorphine treatment, even in its limited use to date, has been successful in fulfilling its promise to reach new patient populations," said Lynn E. Sullivan, MD, assistant professor of medicine at Yale University School of Medicine, New Haven, Connecticut.

According to the Yale study findings, those receiving buprenorphine treatment were younger, male, had full-time jobs, more likely to be white, more likely to report current prescription opioid use, fewer years of opioid dependence, less likely to report injection drug use, less likely to test positive for Hepatitis C.

The SAMHSA evaluation had similar findings. More likely to be white, younger, employed, better educated than those treated in publicly funded methadone treatment.

EFFECTIVENESS

Over 4,500 physicians had waivers in the first quarter of 2005; and according to SAMHSA, 67% were prescribing. A total of 104,640 patients have entered buprenorphine treatment so far.

74% of surveyed physicians treating patients for more than one month reported buprenorphine was very effective compared with 32% treating patients short term – seven days or less. Withdrawal symptoms (103 of 217 patients) were the most common type of adverse reaction. But Charles R. Schuster, PhD, explains that if patients are given a dose of buprenorphine while they are still under the influence of opioids, the medication will precipitate withdrawal. "It's very important for physicians to allow patients to go into mild withdrawal before they are started on buprenorphine," he said.

Schuster also said there have been relatively few reports of buprenorphine diversion and abuse. When diversion happens, "...they have not used it to get high," Schuster said. "They've used it because their friends have said, 'Hey, this stuff really works.'"

PHYSICIAN SUPPORT

According to SAMHSA surveys, some obstacles facing waivered, but not prescribing physicians are:

39% – logistical difficulties such as setting up the required recordkeeping protocols

30% – too few referrals

23% – patients' inability to pay – Schuster explained that few third-party payers cover buprenorphine and those that do may only cover short-term treatment.

Some obstacles facing those prescribing:

42% – patients' resistance to required substance abuse counseling

35% – treating concurrent non-opioid abuse

Caroline McLeod, PhD, project manager of the SAMHSA evaluation said, "Hundreds of the physicians who have responded to our survey have said the medication has been an absolute lifesaver for many of their patients."

09/09/2005

Storm chaos cuts help for addicts
JOHN KEILMAN – CHICAGO TRIBUNE

With all the agony and despair following Hurricane Katrina, few people have thought about the impact on thousands of drug abusers who have never been in or were in treatment before the event.

Long before Katrina, Louisiana had a huge shortage of detox beds. New Orleans alone hosted dozens of 12-step meetings a day and its methadone clinics served about 1,300 patients. Hundreds of people waited

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as long as two hours every day for relief at the Baton Rouge Treatment Center, one of the few places remaining in Louisiana where they can get Methadone. Recovery specialists in Texas, Illinois, California along with the other Gulf Coast states have vowed to help out.

Dr. Sarz Maxwell, medical director for the Chicago Recovery Alliance, is hoping to provide relief in person. She said a drug manufacturer [Reckitt-Benckiser] has released $50,000 worth of Suboxone®, a methadone-like medication for heroin-addicted patients, and she is trying to get Federal permission to distribute the medicine to those not yet in treatment programs. She plans to drive the alliance's van (with a safe to protect the medication) to search for patients on the street. "Only about one in eight heroin-addicted patients are in methadone treatment," she said. She really wants to reach them.

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National Alcohol & Drug Addiction Recovery Month Recap

Faces & Voices of Recovery
2005 Rising! Recovery in Action Summit
September 6-8, 2005 • Washington, DC

This Summit was a gathering of 250 people in recovery, their family members, friends and allies from 42 states taking the next steps in helping to build the new recovery movement. This was through learning from one another, sharing experiences and visions to take the next steps in "making recovery a reality for even more Americans."

Nora D. Volkow, MD, Director, National Institute on Drug Abuse (NIDA), presented the science behind addiction being a disease.

With addiction, the decision-making frontal part of the brain degrades first. But

We must advance the science to help erase the stigma.

with treatment – either medically assisted or through abstinence – this degradation heals with time.

In 2003 of the 21.6 million people dependent on or who abused drugs or alcohol, 3.3 million (15%) got treatment.

For complete details, go to:
www.facesandvoicesofrecovery.org/summit2005/index.php

CSAT National Summit on Recovery
September 28 and 29, 2005
Washington, DC

This summit consisted of an invited group of 111 people from diverse sectors of the addiction community – from those in recovery to researchers to treatment providers and more. The purpose of the Summit was to:

Develop new ideas to help transform policy, services and systems toward a recovery-oriented paradigm that is more responsive to the needs of people in or seeking recovery, as well as their family members/significant others.

Articulate principles and measures of recovery that can be used across programs and services to promote and

Science says that "Treatment works and recovery is real".

capture improvements in systems of care, facilitate data sharing, and enhance program coordination.

Generate ideas for advancing a recovery-oriented system of care in various settings and systems (e.g, criminal justice, faith communities, peer support programs, etc.), and for specific populations (e.g., racial and cultural groups, women, person in medication-assisted recovery, persons with co-occurring disorders, etc.)

As the Summit was quite extensive, with many smaller break-out sessions, here are just a couple of the highlights. More will be shared when the summary report is out from CSAT in the coming months.

Stephenie Colston of SAMHSA opened the meeting with statistics on the millions of American suffering from mental illness (21.4 million), substance abuse (22.5 million) and co-occurring disorders (24.4 million).

Science says that "Treatment works and recovery is real".

SAMHSA believes that people suffering from addiction and mental illness can and do recover, and "we have a responsibility to conceptualize it to public policy".

Dr. H. Westley Clark, Director of CSAT/SAMHSA, spoke of recovery as being a personal responsibility, and the Federal definition of recovery being too narrow but in being so it was safer because it allows personal and community the freedom to define it. He said the Government could create a *system of delivery of the message that treatment works.*

It was overwhelming agreed upon that any systems put in place must be stigma free, informational/educational and readily available.

In Coming Months

- **Precipitated Withdrawal**
- **Pregnancy and Buprenorphine**
- **"The Language of Addiction"**

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Mission Statement

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.

This newsletter is provided to keep you informed on matters relating to Buprenorphine Treatment. Please feel free to contact us at newsletter@naabt.org with feedback, suggestions, or perhaps you would like to contribute a story. Also feel free to photocopy or print as many as these newsletters as you wish for distribution.

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