BUPRENORPHINE TREATMENT OVERVIEW

What Is Buprenorphine?

Buprenorphine is a medication that has been approved by the Food and Drug Administration (FDA) for the treatment of opioid use disorder (OUD) since 2002.[1] Buprenorphine is a partial opioid agonist, which means that its effects do not continue to increase even with increased dosage.[1] Buprenorphine can be prescribed or dispensed in **outpatient healthcare settings** (e.g., primary care practice), community hospitals, or correctional facilities.[1] Physicians, physician assistants, and nurse practitioners can prescribe buprenorphine. Providers must attend a DATA 2000 waiver training (8 to 24 hours total) and be able to refer patients to **counseling and other supportive services** in order to prescribe buprenorphine for the treatment of OUD.[1-3] Physician assistants and nurse practitioners must work in collaboration with a physician who is waivered to prescribe buprenorphine.

What Are the Benefits of Buprenorphine Treatment?

Buprenorphine treatment can:

- **Stabilize abnormal brain activity** by:[3,4]
  - Blocking the euphoric effects of opioids;
  - Relieving physiological cravings; and
  - Normalizing body functions.
- Allow patients to focus on **behavioral therapies**;[3,4]
- Increase periods of **abstinence and self-efficacy**;[3]
- **Enhance clinical outcomes** for patients and reduce impact of substance use on their family and loved ones;[5]
- Improve **maternal and fetal outcomes** among pregnant women; and[6]
- **Lower HCV infection rates** in adults who inject drugs compared to other treatments and detoxification alone.[7]

Is Buprenorphine Treatment Effective?

Buprenorphine and methadone have been found to be **equally effective** in increasing treatment retention, reducing opioid use, and increasing MOUD treatment and counseling adherence and attendance.[8,9]

Research indicates that patients receiving **buprenorphine had reductions of**:[7-13]

20% - 60% in positive drug tests

25% - 86% in sharing injection equipment

32% - 69% in illicit opioid use

20% - 60% in injection drug use

Research has found that patients who received longer term buprenorphine treatment (at least 18 months) were:[5]

- Less likely to report:
  - Current substance misuse (e.g., heroin);
  - Report damaging a close relationship;
  - Doing regretful or impulsive things; and
- More likely to report:
  - Attending support groups regularly;
  - Being employed; and
  - Increased psychosocial functioning.

Who Is a Candidate for Buprenorphine Treatment?

Buprenorphine treatment may be appropriate for patients with the following characteristics:[1-3]

- Currently physically dependent on opioids;
- Currently diagnosed with OUD or with a history of OUD;
- High risk of recurrence of use or strong opioid cravings;
- History of overdose(s);
- Limited social supports; and
- Require chronic opioid treatment.

Buprenorphine Treatment Phases

Buprenorphine treatment includes three phases: induction, stabilization, and maintenance.[1-3]

1

INDUCTION

Begins once a patient has abstained from using opioids for about 12 hours.

Two types of Induction

- In-office
- Home-based

2

STABILIZATION

Occurs when the patient has:

- Significantly reduced or eliminated illicit opioid use;
- Blunted or blocked euphoria;
- Reduced cravings for opioids;
- Suppressed opioid withdrawal symptoms; and
- Experience no or minimal side effects.

3

MAINTENANCE

When dosing adjustments are no longer needed.

Prescribe the lowest dose to:

- Eliminate withdrawal;
- Reduce or eliminate cravings;
- Reduce or eliminate euphoric effects of opioid use; and
- Be well tolerated.

Typical Dose: 4 - 24 mg daily

What If a Client Experiences a Recurrence of Use?

A return to the use of illicit substances is a **natural occurrence throughout a patient's treatment and recovery process**. It is important to provide support for patients' re-engagement with treatment, use motivational interviewing techniques to discuss the recurrence with the patient, and ensure the patient has appropriate support services.[3] Some patients may require a higher level of care or another type of medication (e.g., methadone) that can better support that individual in their recovery. Each practitioner should **optimize support services** and reassess patients/clients regularly throughout the course of treatment and during periods of recurrence of use.

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