

# Chiron Recovery

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888-220-6885

## Medical Assisted Treatment (MAT) Program

### Buprenorphine Use In Opioid Use Disorder

There is no question that America is in the middle of an opioid epidemic. According to the CDC, as of 2015, 91 Americans die every day from an opioid overdose (Centers for Disease Control and Prevention [CDC], 2017). This statistic is rapidly increasing and is only compounded by the troubling failure rates we are seeing with our current treatment approach, which focuses primarily on psychosocial services. At Chiron Recovery, we believe that relying solely on an abstinence-based program incorrectly insinuates that addiction is a failure of willpower or morals and only further stigmatizes addiction and its treatment.

Addiction is a chronic disease and just like other chronic diseases, we are confident that successful treatment exists in a combination of medication merged with the current psychosocial services including therapy and 12 step programs. With advances in modern medicine, there is no provider that would recommend lifestyle modifications alone for a patient with repeated blood pressure measurements of 220/120. There is no provider that would solely recommend weekly nutrition sessions for a diabetic with daily blood glucose levels over 600. Or better yet, no provider that would recommend meditation and a higher power as a cancer treatment. In the medical world, this would be considered negligence however this is exactly how we are treating our loved ones with opioid use disorder. While all the above treatment modalities have a place in modern

medicine, there is no question that they alone are not the cure. We believe this to be the same for addiction, which is why we offer a whole patient approach.

We strongly believe based on numerous evidence-based studies that Medically Assisted Treatment (MAT) is a necessary component of treatment for our current opioid epidemic. We are not alone in this belief as the federal government and some of the largest public health organizations in the United States including the Centers for Disease Control and Prevention (CDC), the National Institute on Drug Abuse (NIDA), and the World Health Organization (WHO) also support and recommend MAT.

While there are several Medication Assisted Treatment (MAT) options, this paper is focused on buprenorphine as we believe it is best suited for our population. We believe this to be true due to its accessibility, low risk for misuse, abuse, and overdose, and success rates when compared to traditional treatment or other approved MAT options including methadone and naltrexone.

The most compelling evidence for the effectiveness of buprenorphine comes from a 2003 study, which compared patient treatment retention and success in buprenorphine maintenance versus buprenorphine taper groups (Kakko, Svanborg, Kreek, & Heilig, 2003). The taper group exemplified our traditional approach to opioid use disorder, which includes a buprenorphine “detox” taper followed by psychosocial focused treatment for one year. The maintenance group included patients that remained on a dose of buprenorphine for the duration of the year. The results were shocking to say the least. At the end of the 52-week study period it was found that no patients in the buprenorphine taper group (equivalent to today's traditional treatment model) remained in treatment whereas 75% of the patients in the maintenance group remained in treatment and still free of substances (Kakko et al., 2003). Even more eye opening however was the unexpected finding that 20% of the patients in the taper group had died by the end of the year

whereas all patients in the maintenance group remained alive with the majority still substance free. It is important to realize that those deaths were not simply “study participants” but rather someone’s child, spouse, or parent... those participants were our loved ones we watch struggle every day.

Benefits of buprenorphine are numerous and include reduced drug abuse and mortality, increased treatment retention, decreased crime rates, decreased transmission of infectious diseases, and improved employment rates among others (Providers’ Clinical Support System for Medication Assisted Treatment [PCSS-MAT], n.d.). While the benefits are numerous it is important to note that as with any medication, there are some concerns and criticism surrounding the use of buprenorphine. These concerns are the potential for misuse and diversion. These concerns however are minimized based on the medication’s formulation and trivial when comparing the risk vs. benefits of therapy.

For the purpose of this paper we will use buprenorphine and Suboxone interchangeably as Suboxone is the brand name medication we provide at Chiron Recovery. The components of Suboxone include buprenorphine, a partial opioid agonist, and naloxone, an opioid antagonist or “opioid blocker”. By being a partial agonist, buprenorphine partially activates the opioid receptors up until a certain point at it reaches a plateau or “ceiling”, preventing increased effects or the ability to achieve a high or euphoria (Donaher & Welsh, 2006). The addition of naloxone, or the “blocker”, is a crucial safety measure. When taken as prescribed via the sublingual route of administration, this component has no influence on the medications effect. However it does activate and block the medications effect if efforts are made to inappropriately administer the drug in attempts to achieve a high (Donaher & Welsh, 2006). Additionally, based on the long effect of the medication and its strong bind to the opioid receptors, any attempts to augment the medication with additional

opioids are futile (Donaher & Welsh, 2006). It is also important to note that there have never been any reports of Suboxone mono-therapy overdoses (Donaher & Welsh, 2006). With appropriate dosing and administration, Suboxone allows patients to function successfully and eliminates the hallmarks of addiction, which include compulsive behavior, loss of control, constant cravings, and withdrawal, while allowing the brain to heal (National Alliance of Advocates for Buprenorphine Treatment [NAABBT], n.d.). Furthermore the National Institute on Drug Abuse has found medication diversion to be uncommon with buprenorphine as it accounts for less than 1% of all diverted drugs in the United States (2016). When it is diverted however, it is used primarily for withdrawal management and not to achieve a high, thus limiting the street appeal of the drug (National Institute on Drug Abuse [NIDA], 2016).

Without medication maintenance, studies have found that 80-90% of patients will relapse (PCSS-MAT, n.d.). With the continuing increase in opioid use and the influx of potent synthetic drugs to meet high demands, we are going to continue to see increases in overdoses and worse, death rates. We cannot afford to continue treating our loved ones as we do and considering our current relapse rate to be acceptable. To us, the question is simple. Would you prefer a success rate of 75% or failure rate of 80-90%?

At Chiron Recovery we have designed and implemented a comprehensive treatment approach for opioid use disorder, which combines MAT with traditional treatment services. We believe this approach has the best chance of success in treating our current opioid epidemic and look forward to treating your loved ones.

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