



Pathology & Biology Section – 2005

G89 Sublingual Tablet Thwarts Opioid Addiction

William Vilensky, DO, RPh*, Forensic & Educational Consultants, 2113 Harbourside Drive, Longboat Key, FL 34228

The goal of this presentation is to offer information regarding a new tablet, buprenorphine, which when dissolved under the tongue (sublingual) prevents opiate/opioid withdrawal, craving and continued addiction, and reduces co-morbid diseases, crime, and healthcare costs.

This presentation will impact the medical, legal, and forensic community, and/or humanity by demonstrating a high degree of positive outcome results of maintained sobriety in its first year of use by motivated patients and private physicians utilizing buprenorphine.

The Center for Substance Abuse Treatment (CSAT) and The Substance Abuse and Mental Health Services Administration (SAMHSA), divisions of the U.S. Department of Health and Human Services (USHHS), have recognized that approximately 980,000 people in the U.S. are addicted to opioids while only 205%, 180,000, are treated. This innovative treatment allows the physician to prescribe this drug in the private office setting and is called Office Based Opioid Treatment (OBOT).

Opiates (morphine and codeine) and semi-synthetic and synthetic opioids (heroin, oxycodone, hydromorphone, hydrocodone, methadone, fentanyl) are abused by oral ingestion, nasal insufflation, transmucosal absorption (oral, nasal, rectal and vaginal) and injection. The amount of transmitted diseases from substance abuse, i.e., hepatitis, HIV and sexually transmitted diseases significantly elevate the cost of medical treatment and crime. The chemo-therapeutical drug for the past 32 years to detoxify from opioids and maintain sobriety has been methadone. Methadone itself is addicting, but enables the addict to live in society, maintain employment, and remain healthy and productive. However, the addicted patients with the primary, chronic, recurrent, neurobiological disorder of the brain (definition of addiction by the National Institute of Drug Abuse) must be treated daily by reporting to federal and state licensed narcotic treatment programs (NTP) each morning for their dose of methadone. This is time consuming and frequently reduces employability and disrupts the family homeostasis.

Buprenorphine is an agonist-antagonist opioid that is used as an analgesic in small doses by injection but stops opioid craving when given in high strengths as a sublingual tablet. The Drug Abuse Treatment Act of 2000 opened pathways for qualified physicians to prescribe a 30 day supply to patients from their offices and filled at pharmacies. This enables the addicted patient to receive treatment while making them more employable, able to leave welfare subsidies, provides social acceptability, enhances mentally and physical health, family acceptability and responsibility.

Two forms of the drug, manufactured under the names of Subutex® and Suboxone®, have been available since January 2003. The former, pure buprenorphine, induces the drug to a stable maintenance dose. The patient is then switched to the latter drug that is combined with a pure opioid antagonist, naloxone. If a patient tries to pulverize, solubilize, and inject it, the patient will experience rapid withdrawal symptoms.

The overall purpose is to educate and train physicians to treat addiction on the front line of medical practice by the family physician, internist or psychiatrist and thereby treat larger numbers of addicts not currently in treatment and involved in criminal events to support their addiction.

The physician must have a minimum of eight hours of training by government (CSAT) approved addiction specialty organizations.

To date, the reports of buprenorphine's use indicate it is well tolerated and well accepted. Patients can find certified physicians on a physician locator web-site. The benefits of these new drugs are to invite untreated addicts into a less formidable type healing program that eliminates the necessity of reporting to a NTP each morning and raises self-esteem. Since approximately 70% - 80% of inmates in the penal institutions are charged with committing a crime directly or indirectly related to drug abuse or the disease of addiction, it becomes more cost effective to build better lives rather than bigger prisons.

Subutex®, Suboxone®, OBOT