Opioid Replacement Therapy

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MA MBBS BMedSc DipCrim GradCertMgt(TechMgt) FRAGP FAChAM(RCPA) FFCFM(RCPA)

Addiction Medicine Specialist

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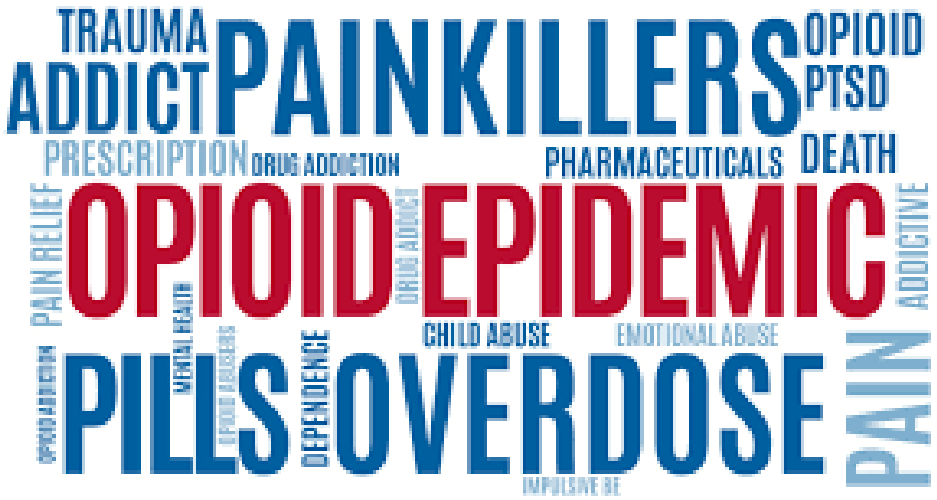
Not in my practice!

We don’t have people like that here!



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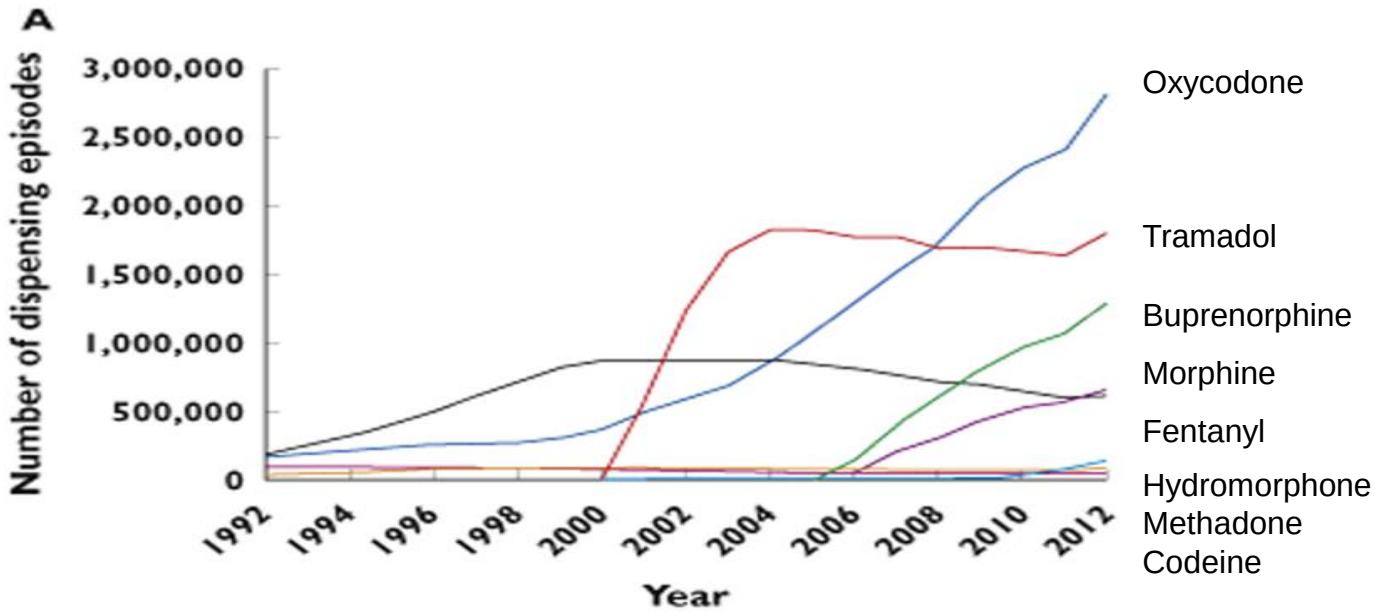
Healthy Communities

Opioid impact in Australia

- National Household Drug Survey 2019 data shows of the total population
  - Prescription opioid misuse in 2.7%
  - Heroin used by 0.1% of respondents over 14
  - Methadone or buprenorphine misused by 0.1%
  - Recent use of pharmaceuticals 4.9%

Opioid impact in Australia

- Between 1992 and 2012, opioid dispensing episodes increased 15-fold
  - (500 000 to 7.5 million)



- Belcher et al examined over 900 people with chronic non-cancer pain using opioids – 43% prescribed 1 opioid, 55% prescribed 2-5 different opioids

Blanch B, Pearson S-A, Haber PS. An overview of the patterns of prescription opioid use, costs and related harms in Australia. Br J Clin Pharmacol. 2014; 78 (5):1159-66

Belcher J, Campbell G, Hoban B *et al.* Diversion of prescribed opioids by people living with chronic pain: results from an Australian community sample. Drug and Alcohol Review 2014. 33(1):27-32

Opioid impact in Australia

- Overdoses now responsible for more deaths than road trauma
- Opioids involved in most of those deaths – more than 1000 per year
- Pharmaceutical opioids involved in most opioid related deaths – 65%. (NDARC 2018).
- Most accidental overdoses involve multiple drugs.
- Rural death rate higher than metro

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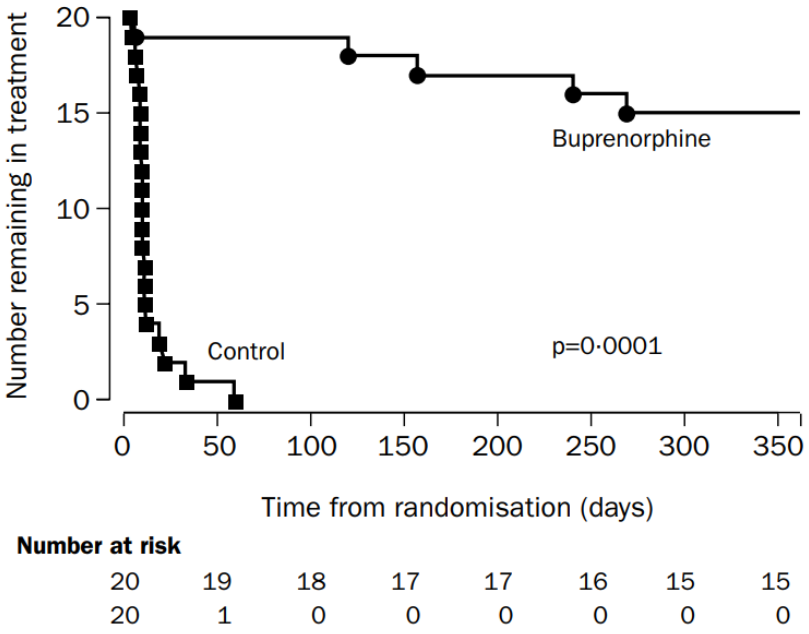
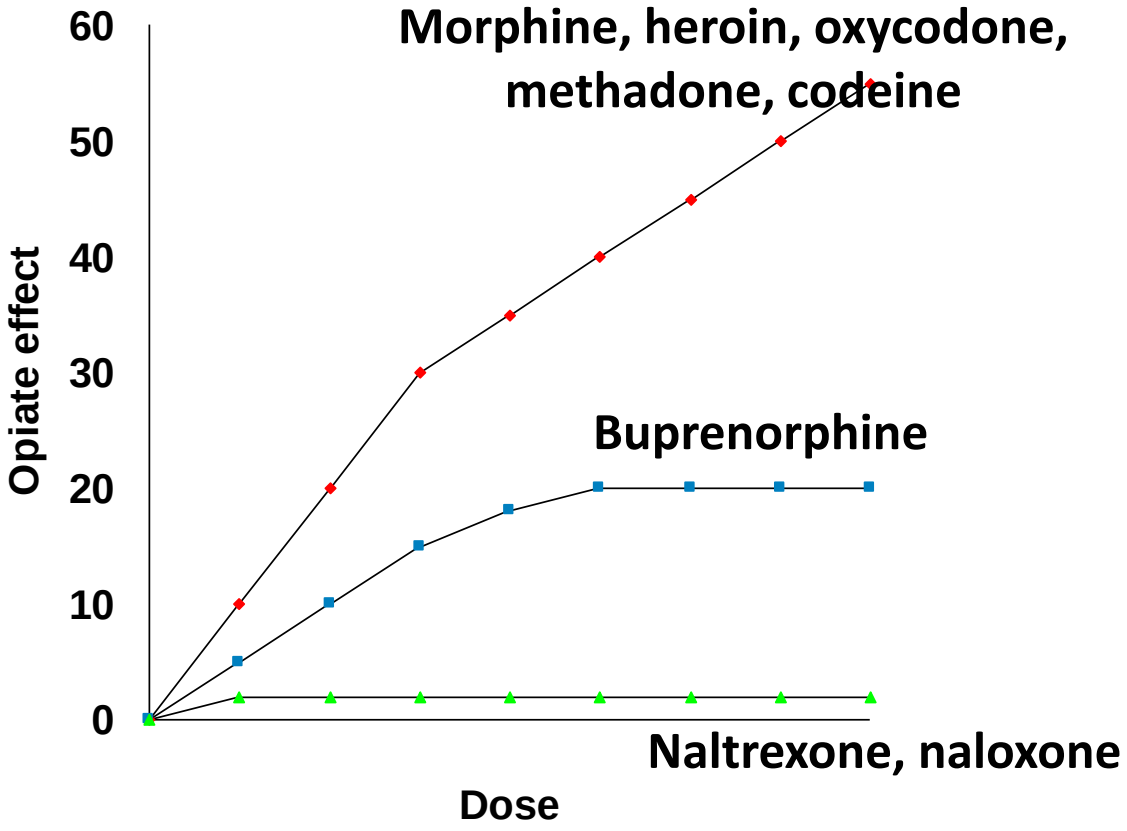
Opioid Replacement Therapy is the cornerstone of Victorian Policy

- **40 subjects randomised to**
  - 1 week detox / 1 yr maintenance
  - All provided counselling for 1 year
- **Heroin use**
  - Detox = all relapsed
  - Maintenance=75% Opiate (-)ve UDS
- **Mortality (p=0.015)**
  - Detox 4/20 (20%)
  - Maintenance 0/20



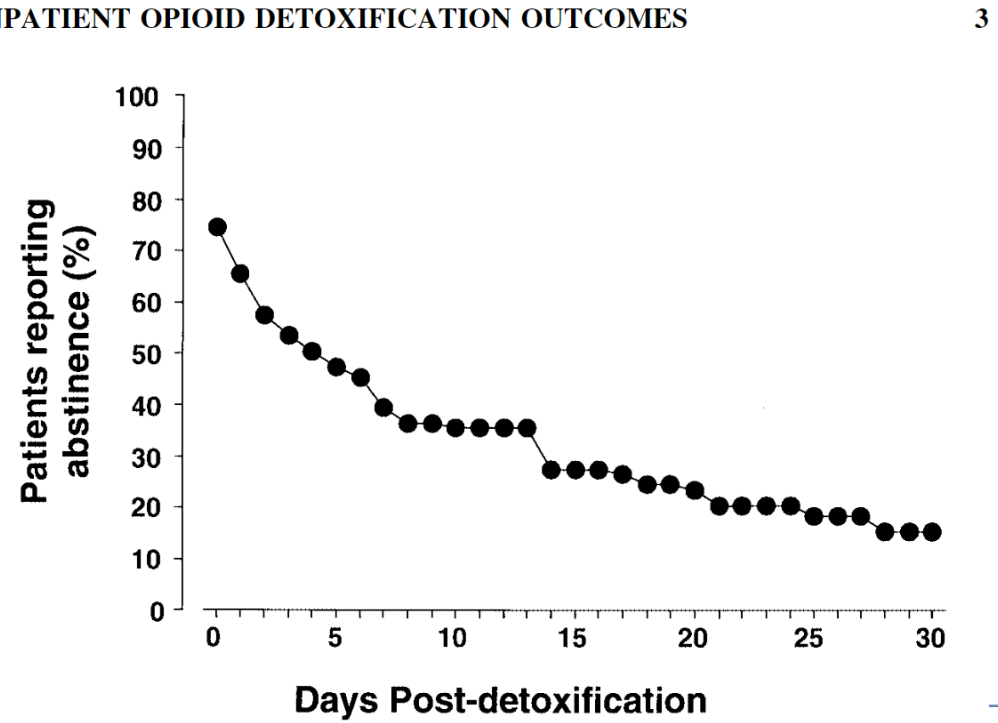
Kakko, J., Svanborg, K.D., Kreek, M.J. and Heilig, M., 2003. 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: a randomised, placebo-controlled trial. *The Lancet*, *361*(9358), pp.662-668.

Full agonist, partial agonist, antagonist



Methadone

- Long considered the gold standard
- Detoxification is not enough



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Healthy Communities

Chutuape, M.A., Jasinski, D.R., Fingerhood, M.I., Stitzer, M.L., 2001. ONE-, THREE-, AND SIX-MONTH OUTCOMES AFTER BRIEF INPATIENT OPIOID DETOXIFICATION. The American Journal of Drug and Alcohol Abuse 27, 19–44..

A Medical Treatment for Diacetylmorphine (Heroin) Addiction

A Clinical Trial With Methadone Hydrochloride

Vincent P. Dole, MD, and Marie Nyswander, MD

A group of 22 patients, previously addicted to diacetylmorphine (heroin), have been stabilized with oral methadone hydrochloride. This medication appears to have two useful effects: (1) relief of narcotic hunger, and (2) induction of sufficient tolerance to block the euphoric effect of an average illegal dose of diacetylmorphine. With this medication, and a comprehensive program of rehabilitation, patients have shown marked improvement; they have returned to school, obtained jobs, and have become reconciled with their families. Medical and psychometric tests have disclosed no signs of toxicity, apart from constipation. This treatment requires careful medical supervision and many social services. In our opinion, both the medication and the supporting program are essential.

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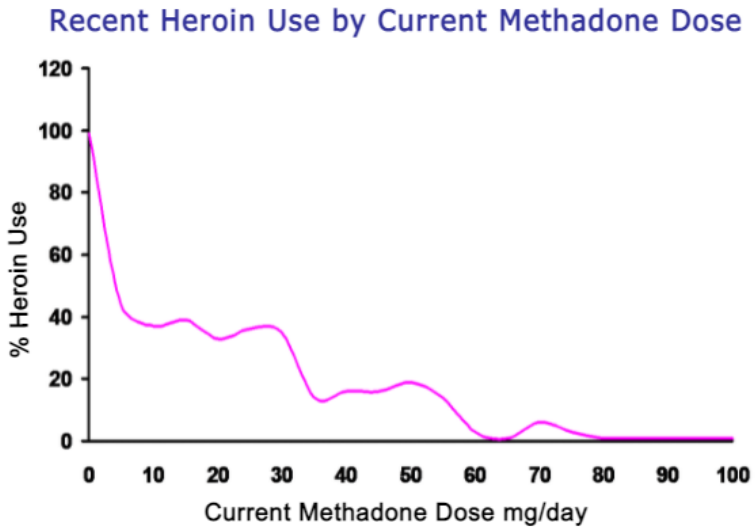
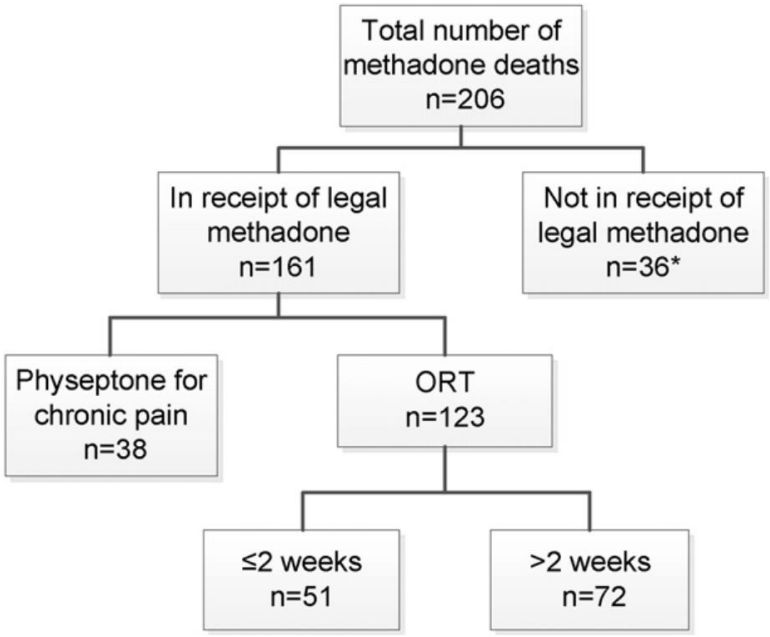
JAMA 1965

- 22 patients
- Relief of cravings
- Induction of tolerance
- Comprehensive rehabilitation



Methadone is toxic

- Pure opioid agonist
  - Respiratory depression
  - Interaction with sedatives
  - Which is why doctors need training to prescribe it



Buprenorphine

- Synthetic opioid
- Invented in the UK in the 70s and in regular use since 1982
- Has high affinity for the opioid receptor
- Competes with other opioids for the receptors
- Binds to receptors *in preference* to full opioid agonists
- Has limited opioid effect, stopping withdrawal but not causing euphoria
- At 24 -72 hours, begins to dissipate from receptors

What is Suboxone?

- Combination of buprenorphine and naloxone in a 4:1 ratio.
- Sublingual film (very low oral bioavailability if swallowed)
- Films are dispensed in either 2mg/0.5mg or 8mg/2mg
- Naloxone is not absorbed orally (like Targin)

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How to start?

- No set way to determine maintenance dose
- Guidelines on starting Suboxone easily available.

https://www2.health.vic.gov.au/about/publications/Factsheets/buprenorphine-naloxone-prescribing-guide

- It is safe and easy
- Much easier and safer than methadone
- Can up-titrate reasonably rapidly

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Obtain a permit to prescribe

- https://www2.health.vic.gov.au/public-health/drugs-and-poisons/smart-forms-drugs-and-poisons
- Prescribers that have not done specific MATOD training are limited to a maximum of 10 concurrent permits for Suboxone.
- Permits granted in less than24 hours
- Consider training for MATOD prescribing

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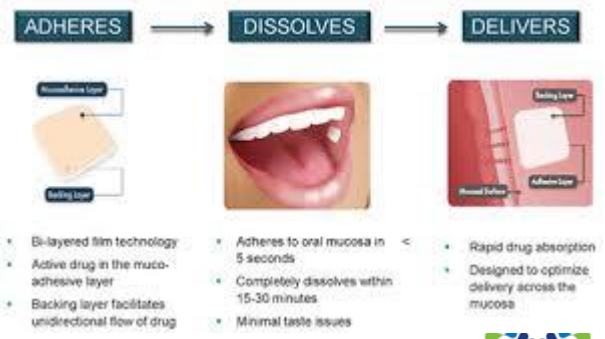
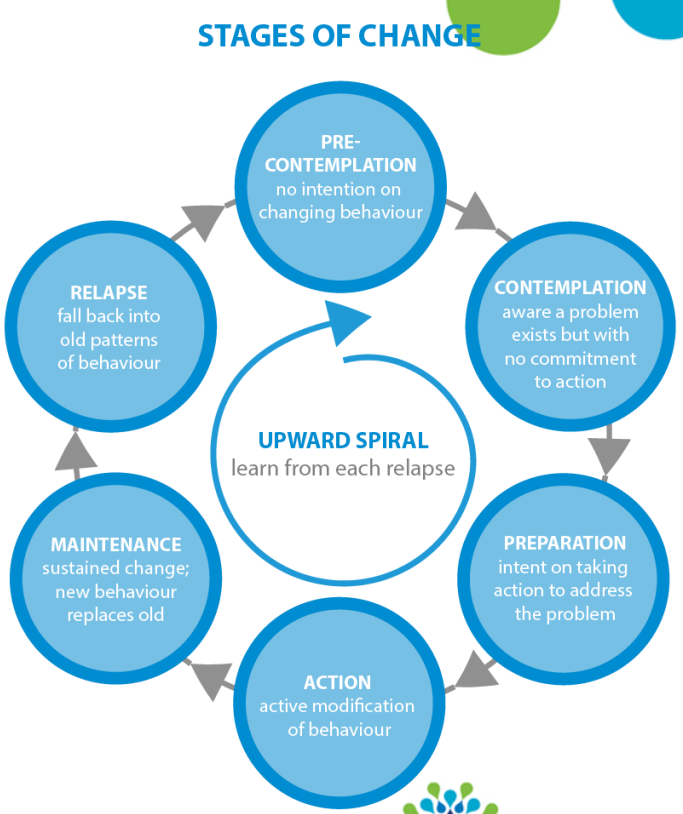
Onset of action, duration

- **Sublingual film**
  - **Onset** is between 30 to 60 minutes
  - **Peak effect** occurs between 1 to 4 hours
  - Effect on controlling craving can be from 24 to 72 hours as buprenorphine dissipates from the receptors



When is the right time to start?

- When the patient is ready - think about the stages of change
- Suboxone can precipitate withdrawal
- Start when the patient is in
- mild/moderate withdrawal.



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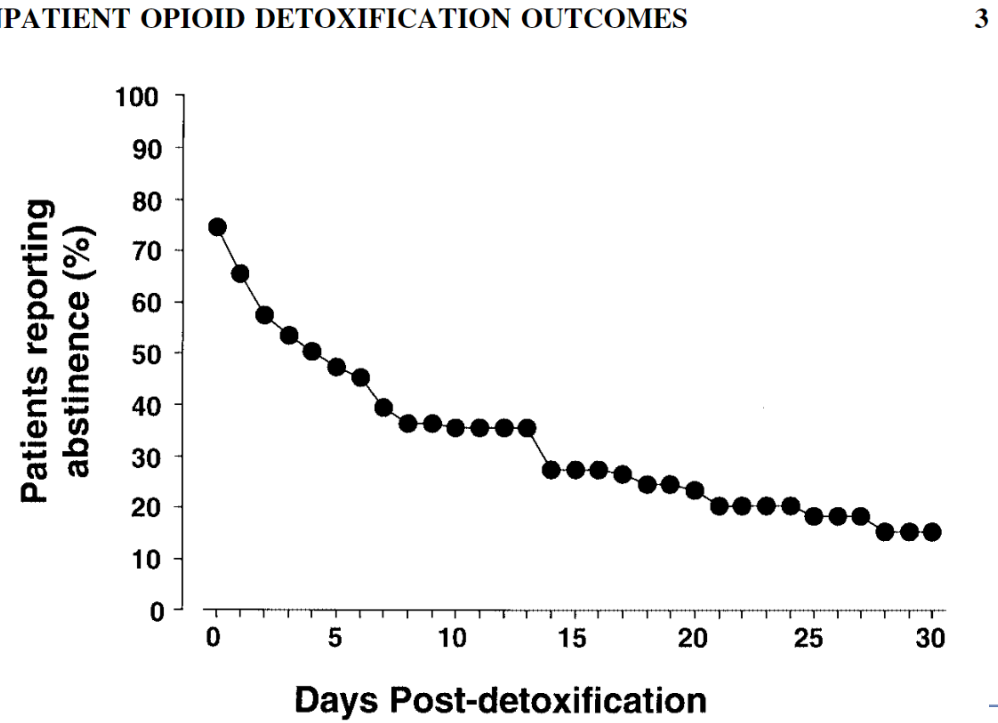

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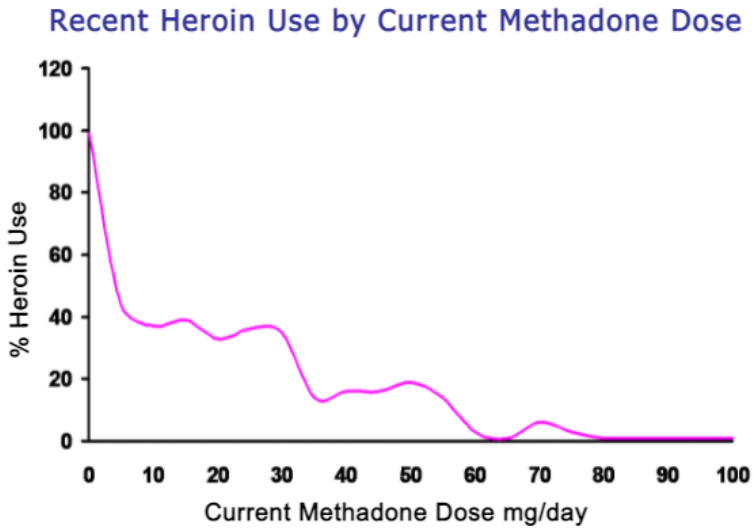

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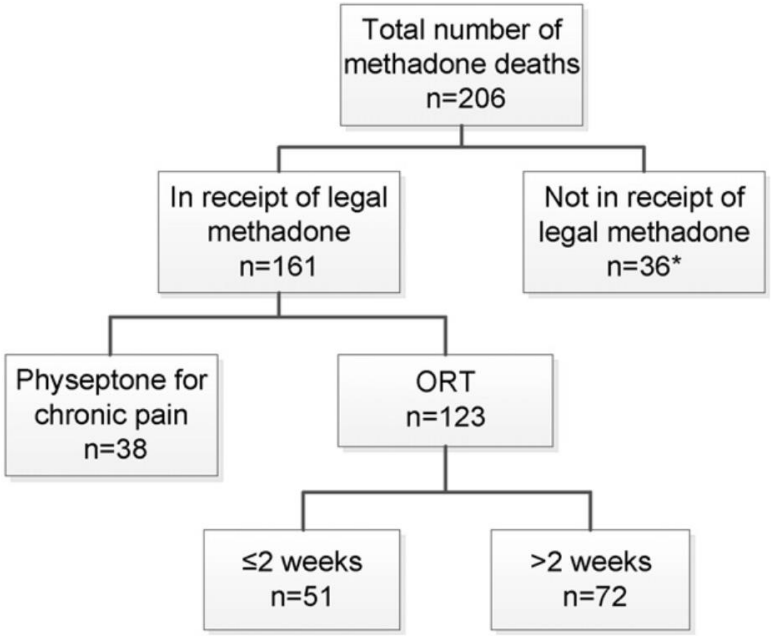

Bottom line

- Prescribing Opioid Replacement Therapy
  - providing good medical care
  - improving patient safety and support.
- Titrate to effect with early review
- Regular follow up
- Think about intercurrent illness

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Who is being treated?

AIHW Opioid Harm report 2018

- ~ 50,000 Australians (20 per 10,000) received opioid agonist treatment
  - 38% for heroin dependence
  - 5.2% for oxycodone
  - 4.3% morphine
  - 4.1% methadone
- Median age 42y; 65% male
- Stigma associated with MATOD:
  - "not forever"
  - taking a drug to treat a drug
  - Drug free/abstinence approaches
  - "liquid handcuffs"

Questions?

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