Suboxone Addiction & Treatment

The Risks of Addiction & When Help Is Needed

Source : American Addiction Centers

Content Overview

What is Suboxone Addiction Treatment?

Suboxone has been called a “blockbuster” medication with the potential to reduce symptoms of opiate addiction and withdrawal. This medication does, however, have a dark side, and Suboxone addiction is a real problem. Medical detox is the first step in a Suboxone addiction treatment program, and it should be used in conjunction with therapy and followed by aftercare support.

Find Fast

Suboxone has made a number of headlines for being a game-changing drug that can turn the clock back on a heroin addiction.

With sales of $1.55 billion in 2013, Suboxone sold more units than Viagra and Adderall, leading *The New York Times* to call it a “blockbuster”medication that was (and still is) touted as a safer alternative to methadone in the face of an overwhelming opioid abuse epidemic.

But Suboxone has a dark side, and its very effectiveness can be a double-edged sword for heroin addicts who are looking to repair their lives. Suboxone addiction is a real problem, with the Fix saying that the medication has caused its own epidemic that requires its own course of treatment (pharmacological and psychological) to remedy.

Inside Suboxone

Suboxone is actually the combination of two different drugs: buprenorphine (a partial opioid agonist) and naloxone (a pure opioid antagonist).

As a partial opioid agonist, buprenorphine's job is to deliver very diminished opioid doses to a patient who is addicted to a stronger opioid. It provides a way for the client to be gradually weaned off their pre-existing addiction, while minimizing the opioid withdrawal symptoms that would come from the process.

An agonist, explains the National Advocates of Buprenorphine Treatment, activates receptors in the brain. Heroin is a full opioid agonist, so when a patient uses heroin, those receptors are completely triggered, resulting in the wide range of effects and the severe addictiveness of heroin. The journal *Biomedicine & Pharmacotherapy* describes how buprenorphine, as a partial agonist, has "low intrinsic activity."Since it triggers the opioid receptors in the brain only partially, the "highs"are quite low in comparison to those created by full agonists, and they are not as habit-forming. Such effects make buprenorphine a good first step in the treatment of heroin and opioid abuse.

The other drug in Suboxone is naloxone, a pure opioid antagonist.

An agonist excites an opioid receptor; an antagonist shuts it down, blocking agonists from reaching the receptor and even reversing the effect of opioid agonists already

in the patient's system by intercepting the signals that the receptors send to the nervous system.

However, naloxone's action of shutting off opioid receptors and signals in the body can trigger withdrawal symptoms for people who are currently on an opioid, causing effects that range from agitation and irritability, to wild mood swings, insomnia, nausea and vomiting, muscle cramping, and diarrhea. Patients who have been chronically addicted to full opioid agonists (like heroin) are at risk for developing seizures and respiratory failure, which can prove fatal.

Since naloxone carries too many risks for it to be administered by itself, it is combined with buprenorphine to give clients an easier process of weaning away from stronger narcotics. The result of the combination is Suboxone. In its first clinical trial of extended usage to treat opioid addiction in young adults, a study of 154 people put together by the *Journal of the American Medical Association* found that Suboxone treatment "substantially improved"their outcomes. The study's principal investigator noted a "marked reduction"in the use of not just opioids, but also other drugs, as well as better retention of treatment concepts in the patients who were randomly assigned to the group that received long-term Suboxone (as opposed to the group that received treatment without Suboxone).

That study was conducted in 2008; in 2013, the U.S. Drug Enforcement Administrationreported 9.3 million prescriptions for buprenorphine (under the trade name of Suboxone) were filled in the previous year.

Opioid Addiction Treatment

FDA Approval 2002

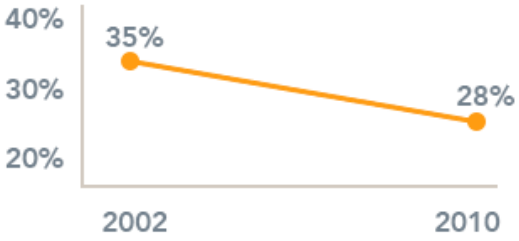
Suboxone (buprenorphine/naloxone) and Subutex (buprenorphine) were the first medications made available for use in medication-assisted treatment (MAT) under the Drug Addiction Treatment Act of 2000.

Suboxone

28th Rank in Sales

*Sales and rank of Suboxone have since declined due to an increase in generic options made available.

MAT Stigma



Heroin addiction treatment patients receiving MAT

Reasons for the Decline

- Negative opinions about substituting one drug for another
- Discrimination against MAT patients
- A lack of training for physicians

A Misconception

In combination with behavioral therapy, MAT has been clinically proven to help treat opioid addiction

Why Use Opioids to Treat Opioid Abuse?

There is an inherent risk (and irony) in giving a patient who is addicted to a substance a related, similar substance to treat the addiction. Opiate dependence is so strong and powerful that the safest option for these patients is to let them down gently, diluting craving to the point where the individuals have the strength and resources to deal with them.
PsychCentral explains that people who experience opioid addiction cannot simply stop taking opioids. Of those who do (the "cold turkey"approach), less than 25 percent maintain their sobriety for a full year following their last drug intake. As much as patients need therapy, counseling, and support to help them beat their addictions, they also sometimes need medications to make that journey easier (or even possible).

Opioid drugs, like Suboxone, Naltrexone, and even methadone, can reduce the debilitating effects of withdrawal and blunt the craving for more opioids. In many cases, it is the lesser of two evils.

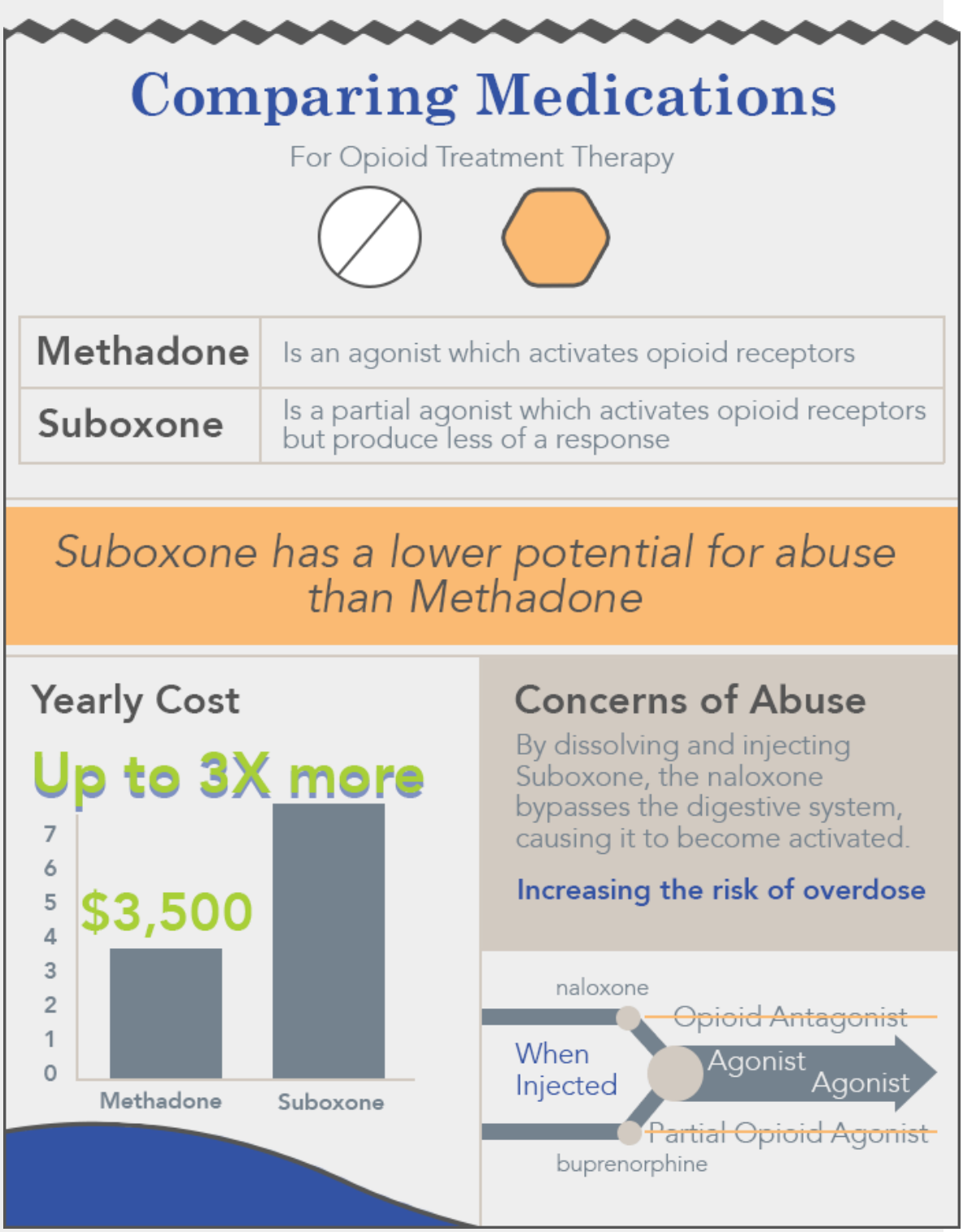
“Cruel Irony’

But it’s entirely possible that Suboxone can work too well. In 2014, Kentucky’s *Courier Journal* reported of a patient who, following an overdose of OxyContin (an opioid painkiller), was prescribed Suboxone. Then came the “cruel irony.”Instead of taking the Suboxone orally or letting the Suboxone filmstrips dissolve under his tongue, the patient developed an addiction to Suboxone, dissolving the filmstrips in water and injecting the liquid solution into his veins.

This method bypasses the body’s digestive system, which would normally preserve naloxone’s opioid antagonist properties.

However, naloxone becomes activated once in the bloodstream, meaning that instead of consuming a drug that was a half a partial opioid agonist and half an opioid antagonist, the patient was now taking two opioid agonists. People may do this because they want quicker, faster relief from their physical distress. They may do this because, per *The New York Times*, they want to experience the narcotic high from a legal, “safer”source, with many people not realizing how dangerous Suboxone can be when misused.

How dangerous? The *Times* tells the story of a 20-year-old man who died the same night a friend of his invited him to join in some recreational Suboxone use. The U.S. Food and Drug Administration found that Suboxone was the “primary drug”in 420 reported deaths since 2003. The National Pain Report discovered that 30,135 emergency room visits in 2010 were the result of Suboxone misuse, and over 50 percent of those cases were recreational in nature.



Resources Used

- http://www.cesar.umd.edu/cesar/cesarfax/vol21/21-49.pdf
- http://www.samhsa.gov/medication-assisted-treatment/treatment#otps

- http://pain.emedtv.com/suboxone/can-you-shoot-up-suboxone.html
- https://www.washingtonpost.com/local/a-drug-called-suboxone-could-combat-the-heroin-epidemic-so-why-is-it-so-hard-to-get/2015/01/13/4135d08c-812e-11e4-9f38-95a187e4c1f7_story.html
- http://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2015/americas-addiction-to-opioids-heroin-prescription-drug-abuse
- http://www.nih.gov/news-events/news-releases/extended-suboxone-treatment-substantially-improves-outcomes-opioid-addicted-young-adults

Signs of Suboxone Abuse and Misuse

While death is obviously the most extreme consequence of Suboxone abuse, there are numerous other physical and psychological effects that can suggest a person is misusing Suboxone.

Noticing these signs in the right context can be crucial in helping the individual to get the help needed to wean off Suboxone:

- Nausea
- Unpredictable mood swings
- Muscle aches
- Fever
- Headaches
- Insomnia

The Physician-Patient Alliance for Health & Safety notes that severe cases of Suboxone abuse can also lead to respiratory depression. *Toxicological Reviews* observed that high-dose buprenorphine was associated with patients who had died from asphyxiation, and PsychCentral warns that even though Suboxone is safer than methadone, improper use can shut down a patient's respiratory system.

Treatment for Suboxone Addiction

Harvard Medical School reminds us that as with most cases of opioid abuse, the first step of treatment is detoxification, the controlled and supervised withdrawal from Suboxone.

Since this will inevitably trigger the symptoms mentioned above, it is imperative that this step be conducted in a treatment facility, in the presence of healthcare professionals. Those who attempt to detox on their own risk relapsing into deeper drug use when the withdrawal effects become unbearable.

This step may require doctors to administer medication to ease the process, a delicate task given that the person's distress can be traced back to prescription medication. The National Institute on Drug Abuse mentions naltrexone as an option to treat prescription opioid abuse, because it is an opioid antagonist that, like naloxone is meant to do, shuts down the opioid receptors in the brain. While typically used in the treatment of alcoholism, an injectable, long-acting form of naltrexone known as Vivitrol was approved by the Food & Drug Administration to treat opioid abuse. The former Director of the Office of National Drug Control Policy told the *St. Louis Post Dispatch* that medications such as Vivitrol are the "future of addiction treatment."The withdrawal symptoms of detox should dissipate after a week (although the duration of a month is not unheard of).

Therapy and Aftercare Support

Therapy, says WebMD, is not an option for recovering from a substance abuse problem; it's a necessity. It is where clients learn how they can repair their lives following the devastation of Suboxone addiction, learning what keys unlocked the issues in their lives that led them to abusing Suboxone, and understanding how they can function and thrive in daily life without the need for drugs.

A good treatment center will give clients an environment where their bodies and minds can be rehabilitated in tranquility and safety.

The Fix explains that this could take anywhere from one month to six months, but in such an environment, clients are taught how they can heal, forgive themselves, protect themselves against relapse, and learn from (and with) others who found themselves in the same predicament.

When clients are ready, they can be released from treatment, but it is necessary that they touch with a 12-Step group or an aftercare support program, like an alumni treatment program. Such networks will assist clients in maintaining the concepts and protocols of treatment in the grind and stress of everyday life. The challenge of maintaining abstinence in the face of the real world can be overwhelming for those who once gave in to Suboxone cravings. Learning how to say no, how to recognize the triggers of relapse, and how to pick themselves up again in the event of a relapse make the difference between continued recovery and starting from scratch. For that reason, aftercare groups are vital parts of the treatment paradigm.

Suboxone is one of the most abused prescription drugs in the world, says the *National Pain Report*; and in the words of the *Courier Journal*, it is indeed a cruel irony that a miracle drug to treat opioid abuse can become a source of opioid abuse itself.

People who have fallen foul of Suboxone have recovered; they have put their lives back together; and they have walked away from treatment healthy, optimistic, and hopeful.