

## Opiate Addiction and Suboxone Treatment

Drug abuse and addiction are major public health problems. Addiction to opiates, or “narcotics,” are a major part of that problem. We frequently hear about the abuse of illegal opiates, such as heroin or opium. However, the misuse and abuse of prescription painkillers has become epidemic. There are 3.2 million lifetime users of heroin. However, there are 31.2 million people who abuse prescription painkillers—nearly 10 times more than those abusing illegal opiates. Furthermore, it is estimated that about 6% of Oklahomans are abusing, or addicted to, opiate painkillers. That means that approximately 36,000 people are abusing or addicted to opiates in Tulsa County alone.

It is important to emphasize that opiate painkillers are legitimate medications that are prescribed for patients in moderate to severe pain, and the vast majority of the time are appropriately prescribed by their doctors. People with chronic pain such as those with severe bone or joint injuries that cannot be repaired by surgery (for example) may need to remain on opiates on an ongoing basis. For those people, the issue of addiction is not relevant because the patient is remaining on the opiate because of pain which needs to be treated.

However, once medical and surgical treatments have been received, many patients will be recovered and no longer need opiate painkillers. They and their doctors naturally expect that the patient will discontinue them. But many will find that they have developed physical dependence to the medicine. Some will be able to stop it and quit, but many will not. Instead, these patients will begin to engage in addictive behaviors in order to obtain opiates.

People who abuse drugs are trying to get high and do it for fun. It is a once or twice weekly thing and they never intended to become hooked on them. What these 2 very different groups of people often do not realize is that opiates are highly addictive—among the most addictive of substances. And without being aware of it, they have slipped into opiate dependence. That means that they cannot get off of them because of powerful withdrawal symptoms such as cold chills, sweating, nausea and vomiting, diarrhea, muscle aches, bone and joint pain, insomnia, tremor and severe agitation. Many are unable to tolerate this very long and return to using opiates within a few days. If they survive the withdrawal experience, which can last up to 14 days, most live with a lifetime of cravings and wishes to get high. Eventually, most succumb. About 90 percent of opiate addicts are unable to remain clean for a 1 year period, meaning the relapse rate is 90% in the first year alone. This is not because they are “weak” or “morally lax” or are “not trying hard enough.” It is because opiates change the chemical balance in the brain, and it is not possible to wish or will that away.

Until recently there were only a limited number of treatment options: Narcotics Anonymous, individual drug counseling and methadone maintenance. Narcotics Anonymous is a group treatment in which addicted persons are aided by other addicts who have learned to be abstinent from drug use. Participants are given emotional support as they work to become and remain abstinent. Individual drug counseling and psychotherapy is available, and many patients are helped from this. However, these treatment approaches have their limitations, and the majority of addicts relapse repeatedly. The failure rate of psychotherapy is 90%, meaning that after a year--without methadone or Suboxone--90% of addicts relapse. Patients and their families often feel helpless and hopeless.

Methadone maintenance is a very reliable treatment approach, and most patients are able to remain “clean,” meaning that they are able to stop engaging in addictive behavior and to stop obtaining and using other opiates, whether obtained legally or illegally. However, most methadone patients dislike their experience at methadone clinics and complain of chronic side effects from methadone such as sedation, sleepiness, being “foggy headed” and short-term memory impairment.

## Suboxone

Suboxone is a nonaddictive, non-habit-forming medicine which eliminates symptoms of opiate withdrawal and allows people to live opiate-free. It blocks their cravings so that they do not constantly think about using opiates nor have any interest in them.

Suboxone is a combination of 2 medicines: buprenorphine and naloxone. Buprenorphine is the main drug, the drug that has the desired effect. It attaches itself to receptors, or “attachment sites,” in the part of the brain that responds to opiates. The brain is “fooled” into thinking that it has opiates on board, and so it shuts down withdrawal. Naloxone is a drug which, when injected into a vein, causes complete, sudden withdrawal. It is added to buprenorphine to discourage addicts from trying to inject it. Snorting Suboxone causes nasal irritation and so discourages addicts from abusing the drug that way. If Suboxone is swallowed, very little is absorbed by the stomach, and what is absorbed is mostly metabolized, or “digested,” by the liver. The only practical way to get buprenorphine into your body is by placing it under the tongue where it gets absorbed directly into the blood system.

In order to start Suboxone, patients need to be off of opiates for two to 3 days—or, in the real world, as long as they can—in order to wash out as much opiate from their system as they can. The first two or so doses of Suboxone are taken in the doctor’s office where they can be carefully monitored by a physician. Most patients notice improvement within the very first hour after taking the first dose of Suboxone. They will continue to improve over the next several hours. There is a percentage of patients who will require more time before their withdrawal subsides and stops. This is usually because there is too much opiate still in their system. However, their withdrawal will gradually subside and stop, usually within 1 or 2 days.

The goal at this point is to find out what daily dose of Suboxone completely eliminates withdrawal symptoms. After 3-4 weeks of not experiencing any withdrawal symptoms, patients say that their cravings and thoughts about using are gone.

Along with Suboxone, treatment includes weekly, if not daily, counseling and support, from either Alcoholics Anonymous (AA), Celebrate Recovery or individual drug counseling. (At Dr. Rao’s office, there is a twice-weekly Suboxone Recovery Group exclusively for patients of Dr. Rao on Suboxone, the only one of its kind in Oklahoma.)

Treatment with Suboxone is unusually effective for many patients. Dr. Rao has many opiate addicts who have been clean for up to 5 and 6 years on Suboxone. They live without withdrawal and without obsessions and preoccupations with using again.

Treatment with Suboxone returns the patient back to “who they were” before their addiction started. It allows patients to remain drug free and to live a normal life.

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