Methadone

- Available since 1960’s BUT confined to special programs, under federal and state controls.

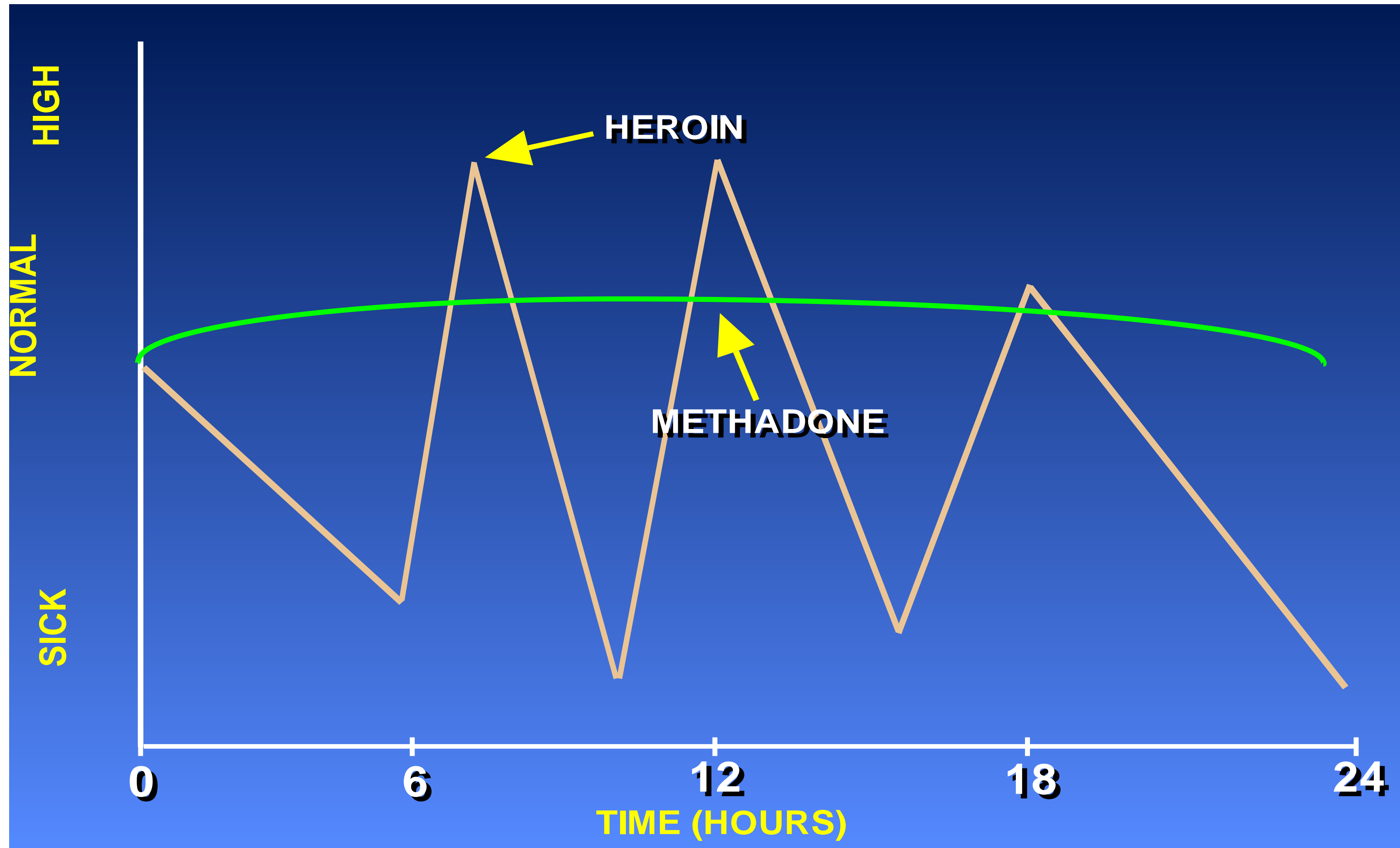
- Primary care and other private physicians unable to treat patients with methadone

Methadone

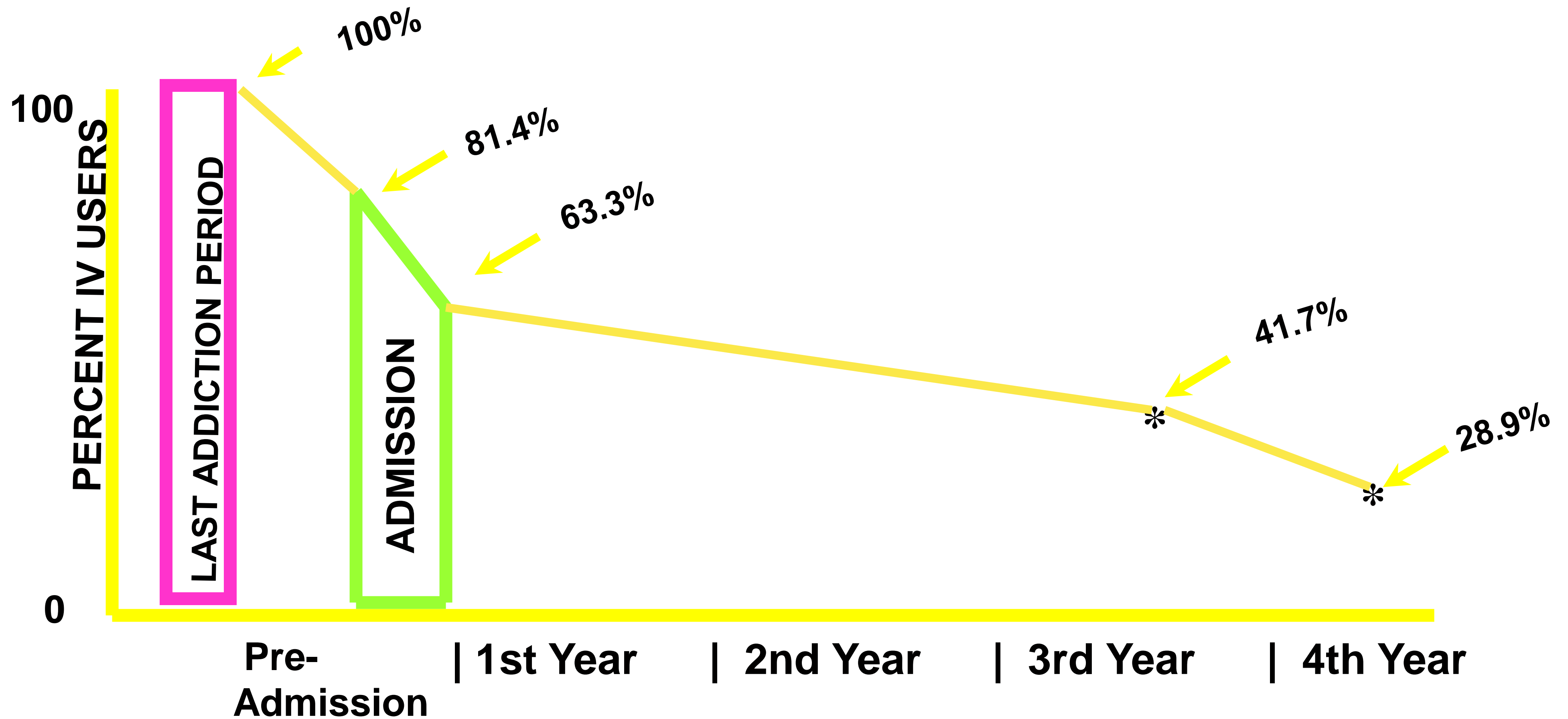
Several, valuable benefits:

- oral, long-acting and cheap
- “blocking dose”
- Eliminate injection risks
- Normalization of body; health
- Life not centered around heroin
- Reduced crime
- Employment

Methadone Maintenance

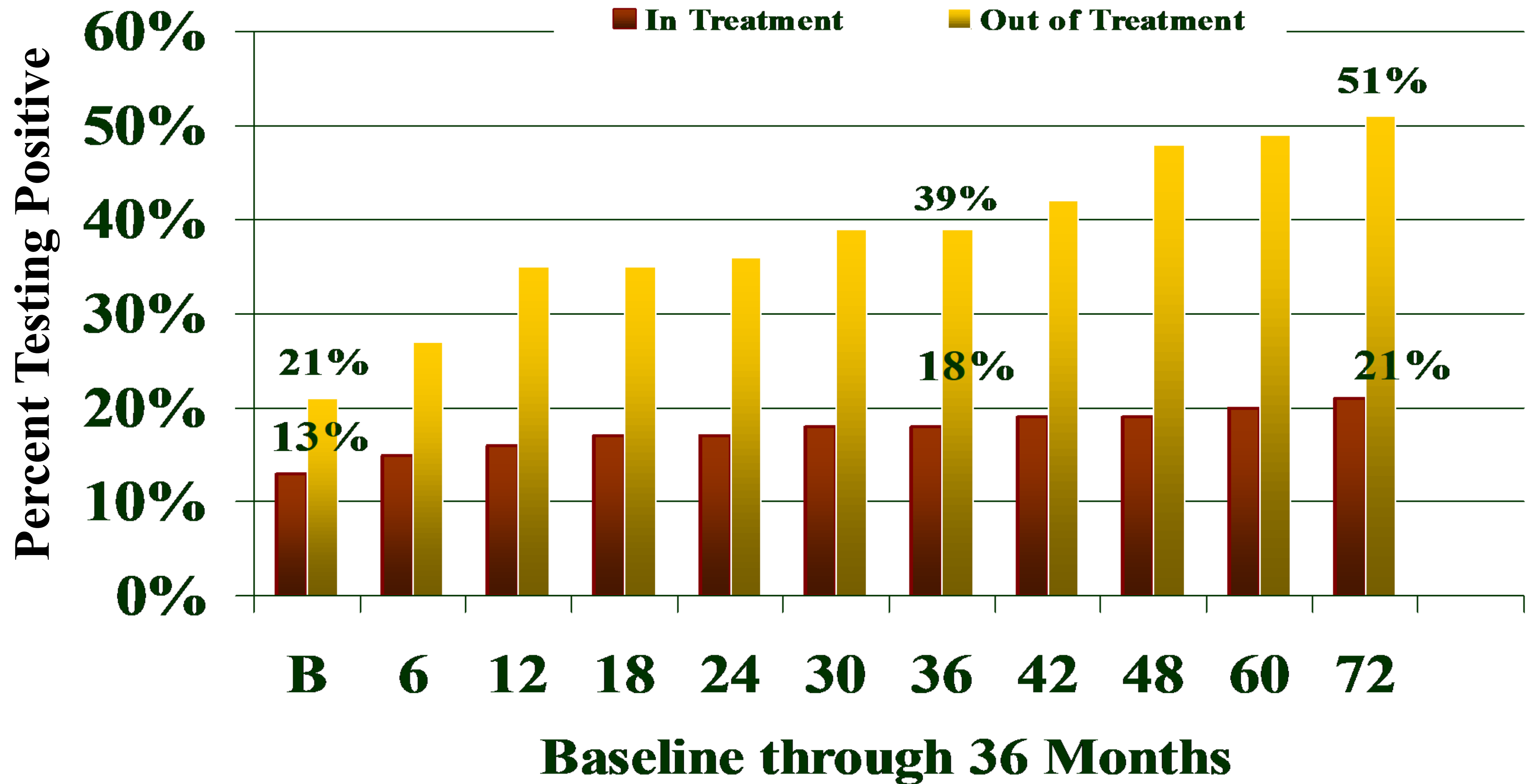


Impact of MMT on IV Drug Use for 388 Male MMT Patients in 6 Programs

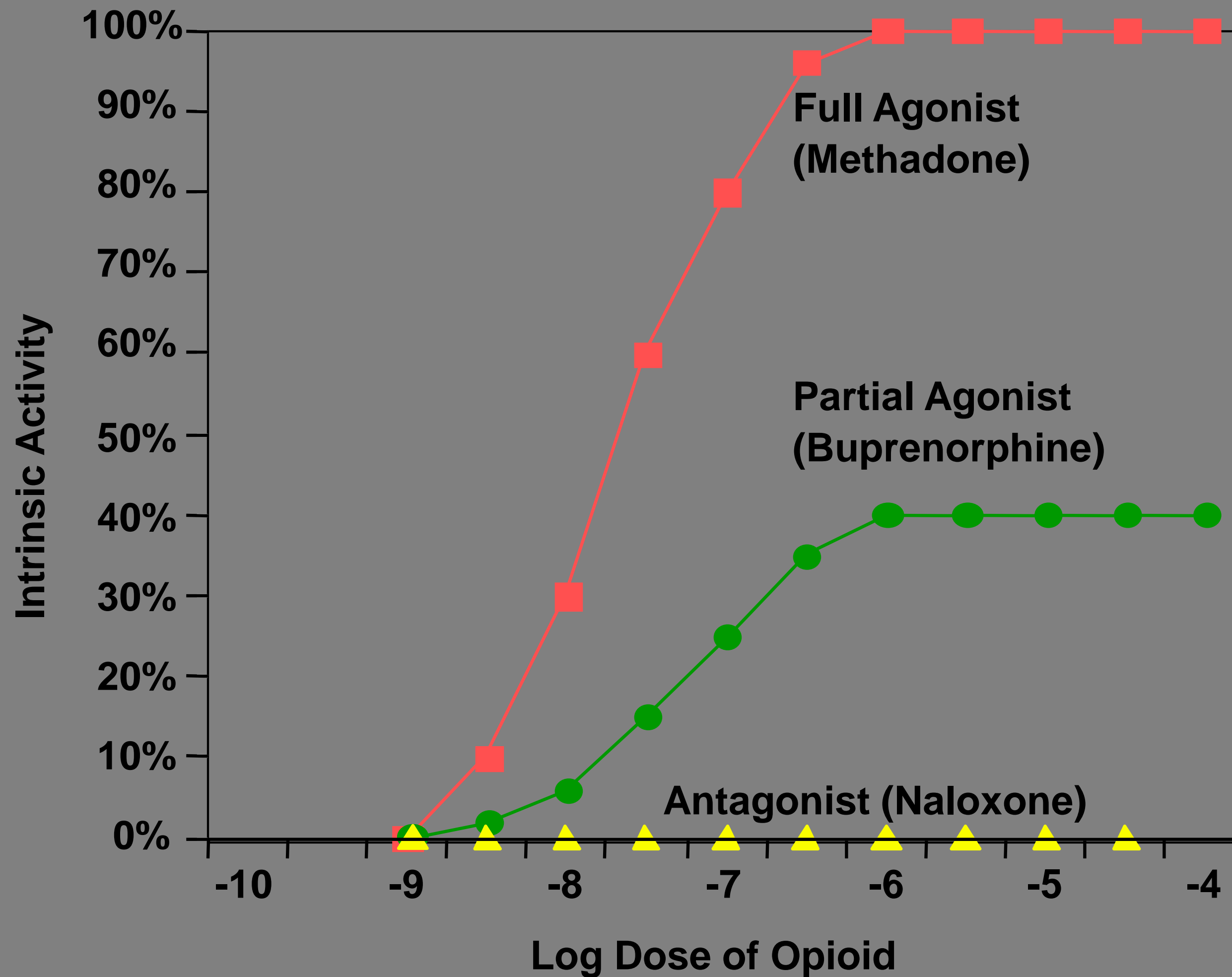


Adapted from Ball & Ross - The Effectiveness of Methadone Maintenance Treatment, 1991

HIV Infection Rates by Treatment Status at Time of Enrollment



Intrinsic Activity: Full Agonist (Methadone), Partial Agonist (Buprenorphine), Antagonist (Naloxone)



Abuse Potential

- Buprenorphine is abusable (epidemiological, human laboratory studies show)
- Diversion and illicit use (by injection) of both of analgesic and substitution forms
- Relatively low abuse potential compared to other opioids

Combination of Buprenorphine plus Naloxone

Combination tablet containing buprenorphine with naloxone – if taken under tongue, predominant buprenorphine effect

If opioid dependent person dissolves and injects buprenorphine/naloxone tablet – predominant naloxone effect (and precipitated withdrawal)

Naltrexone

FDA approved in 1984

- pharmacologic effects
- few studies

Indications

- opioid - relapse prevention, detoxification
- alcohol (1995) - relapse prevention
  'anticraving'

Naltrexone (continued)

Specific antagonism of opiate mu

Competitive antagonism but very tight

Very few AEs (HA, GI, dysphoria)

Oral, relatively long-acting

Non-addicting (no diversion)

Shortened Procedures

Rapid Opiate Detoxification (ROD)

Ultra-Rapid (UROD)

Buprenorphine

Scientific point - no proven overall advantage

Penn

Inpt detox (little methadone)

naltrexone before discharge

Track Record - very poor acceptance

3% treated

<10% willing to try

many stop drug early

Medication Compliance is a major problem

Subpopulations

Opioid dependent professionals

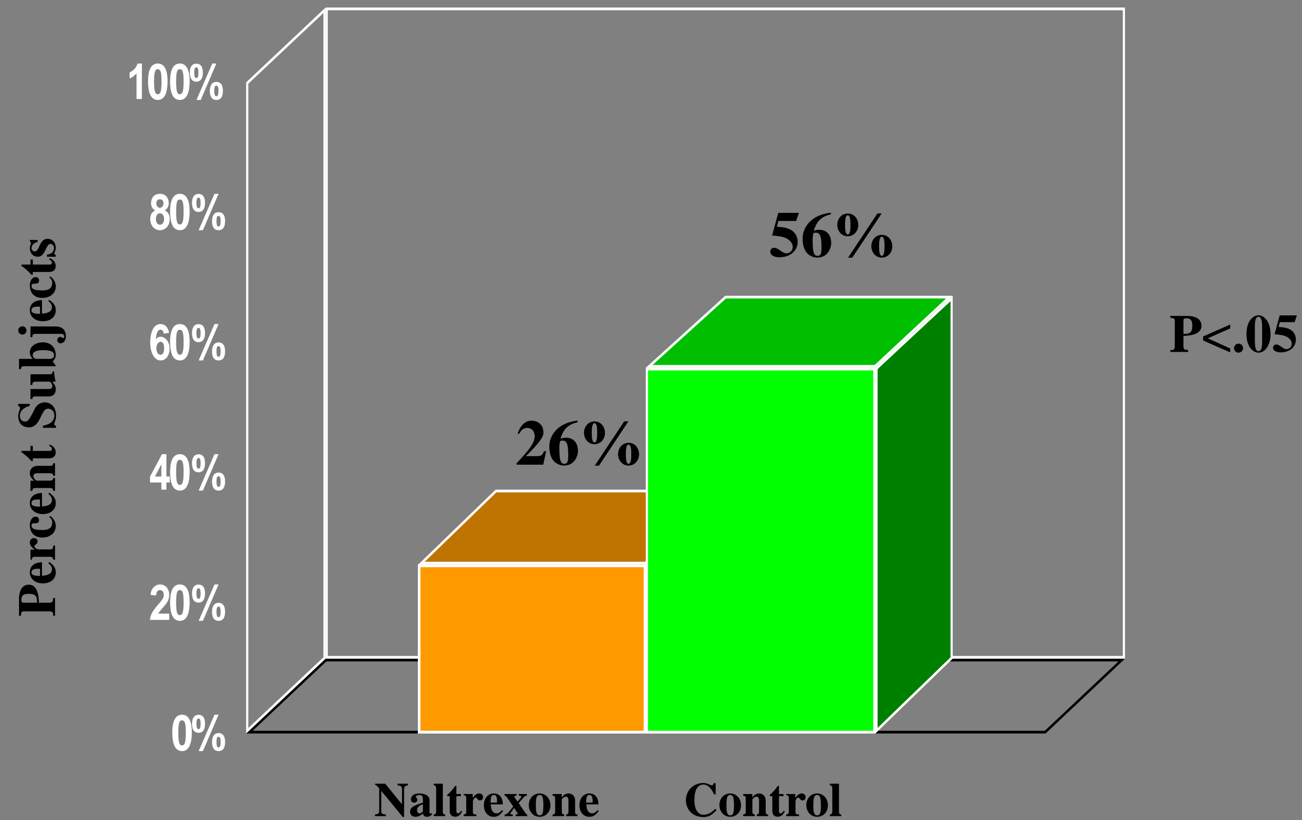
doctors, pharmacists,
lawyers, pilots, etc.

**** something to loose**

Opioid dependent parole clients

**** leverage of the courts**

Subject Re-Incarceration



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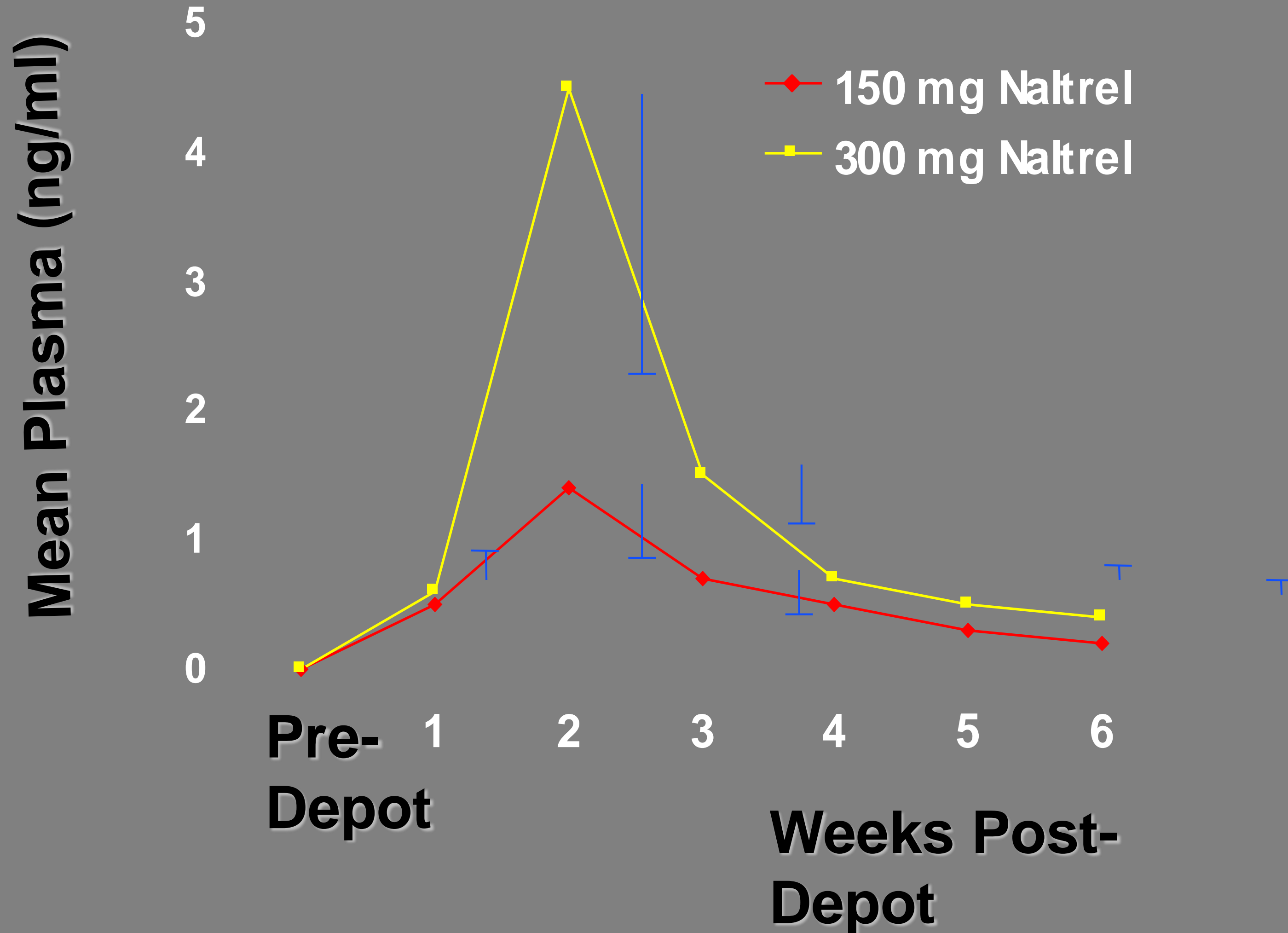
Plasma Levels of Depot Naltrexone



Co-Morbidity Mood Disorders/ SA

- Co-morbidity when presenting for
  treatment is the "norm"
- Huge literature >3,500 articles, Medline
- Treatment determined by pharmacology
  + co-morbid condition
- Goal: Practical Guide