

A look at  
buprenorphine and  
it's effectiveness  
assignment



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Buprenorphine is a semi-synthetic opioid that can be used to treat opioid dependence of various types including heroin, and a vast array of prescription opiates/opioids. It is a drug that's use is relatively new in the field of opioid addiction/ treatment compared to traditional older drugs like methadone and LAAM (Levacetylmethady), however the drug itself is not new.

Since its discovery by Reckitt Benckiser in 1980 (then called Reckitt & Colman) it has been used in low doses (< mg) to treat moderate pain, as it is a partial mu agonist (Wesson & Smith, 2010). In 2002 the FDA approved the drug in high dose formulations, in the form of Subutex (buprenorphine) 2mg and 8mg sublingual tablets, and Suboxone (buprenorphine/ naloxone) 2mg and 8mg sublingual tablets for the use of detoxification and long term opioid replacement therapy. Since this approval buprenorphine has been primarily used for this purpose (Wesson & Smith, 2010).

Buprenorphine has been gaining notoriety in the field of pharmacological opioid treatment as a better alternative to methadone because of it's easier availability/dispensability as a C-III controlled substance as opposed to the more strict and regulated C-II status of methadone, less side effects, less severe withdrawal syndrome, among many other things (Wesson & Smith, 2010). The first article I chose to examine, (Awgu, Magura, & Rosenblum, 2010) examines two pharmacological treatments for opioid dependence, methadone and buprenorphine/naloxone (specifically, Suboxone) and how inmates in the Key

Extended Entry Program (KEEP) at Rikers Island Jail felt about their experience with either drug they happened to receive in a parent experiment. Awgu et al. (2010) describes the parent study, "... was a short-term clinical trial of buprenorphine that voluntarily randomly assigned inmates to either maintenance with methadone, the standard care of the Rikers Jail, or with buprenorphine (Suboxone) while in Jail, followed with referrals to those respective treatments in the community after release" (p. 340). According to Dr.

Maugura, the buprenorphine group entered post- release treatment in the community significantly more often than did the methadone group, and were also less likely to withdraw voluntarily from medication while in Jail (as cited in Awgu et al. , 2010). Awgu et al. , (2010) interviewed those participants and used their responses as their data, making this an observational study. Because of the randomization of subjects in the parent study, the present study is able to compare opinions and experiences of similar heroin-dependent individuals receiving lternative medication-assisted treatments.

The research being done in this study can easily be classified as applied research. Magura & Rosenblum argue that the issue of discontinuation of treatment with and other options need to be made available to lessen recidivism back into drugs and Jail (as cited in Awgu et al. , 2010 p. 345). This study looks at reasons why inmates don't stay with methadone post-incarceration by finding out what exactly they dislike about the treatment, and also explores the relatively new world of buprenorphine reatment and how it might better suit certain individuals, thus keeping them in treatment after leaving incarceration.

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The conductors of this observational study interviewed the participants of the parent study immediately before their re-entry into society. A variety of questions were asked as to their like or dislike of the independent variable they received, Suboxone or methadone, and the answers were recorded. Some questions asked were open ended where the subject could answer any way they liked and their responses were taken down verbatim, and other questions required a rating on a five point Likert scale from "strongly agree" to "strongly disagree".

Because of this method, the independent variable would be the subjects' responses, and the dependent variable would be the drug group they were assigned to, either methadone or buprenorphine. According to Awgu et al. (2010), at the time of the release from the KEEP program, 93% of patients in the buprenorphine group vs. 44% of methadone patients claimed they plan to enroll in their current treatment modality in the community when they're released (p