

DELAWARE VALLEY NODE CLINICAL TRIALS NETWORK NATIONAL INSTITUTE ON DRUG ABUSE

RESEARCH BRIEF

BUPRENORPHINE-NALOXONE FOR TREATMENT OF OPIOID-ADDICTED YOUTH

For opiate addicted youth, extended pharmacologic treatment may be more helpful than the commonly prescribed “detoxification” approach, according to a study published November 2008 in *The Journal of the American Medical Association* by George Woody, M.D. and a team from the Delaware Valley Node of the NIDA Clinical Trials Network.

On several outcome measures, findings showed significantly better results for young patients receiving medication compared to those undergoing “detoxification” therapy, and the differences narrowed when the first group was tapered off all medication.

Procedures: The four-year study followed 152 opiate-addicted patients ages 15 to 21 for the first twelve weeks of outpatient treatment. Approximately one-half the patients (“BUP” group, n=74) were randomly assigned to receive replacement doses of buprenorphine-naloxone for the first eight weeks of treatment. At week nine they were gradually tapered and completely removed from the medication by week twelve. The second group (“detox,” n=78) received smaller doses of the medication for shorter durations, following widely-accepted detoxification models. Patients in both groups received concurrent individual and group counseling.

Findings: Overall, participants in the BUP group showed significantly higher treatment retention rates than the detox group. Before they were tapered off the medication, patients in the BUP group showed significantly lower proportions of opioid, cocaine and marijuana use, and significantly less injecting and need for addiction treatment. At week four, 61% of detox patients had positive urines compared to 26% of the BUP patients. At week eight, 54% of detox patients had positive urines versus 23% of the BUP patients.

These significant differences narrowed at week twelve when the dose taper for the BUP patients had ended; 51% of detox patients showed positive urine results at that point compared to 43% of BUP patients. A similar loss in difference was seen in self-reported opioid use and injection at the six-, nine- and twelve-month follow up points.

These and other findings suggest that stopping buprenorphine-naloxone had comparably negative effects in both groups, occurring earlier and with somewhat greater severity in patients in the detox group. Moreover, although the patients were younger and reported regular opioid use for only 1.5 years on average, their findings resembled those after detoxification of opioid-dependent adults with much longer periods of

Of Interest To: Adolescent treatment providers; policy makers.

Study Title: Extended vs. Short-Term Buprenorphine-Naloxone for Treatment of Opioid-Addicted Youth: A Randomized Trial

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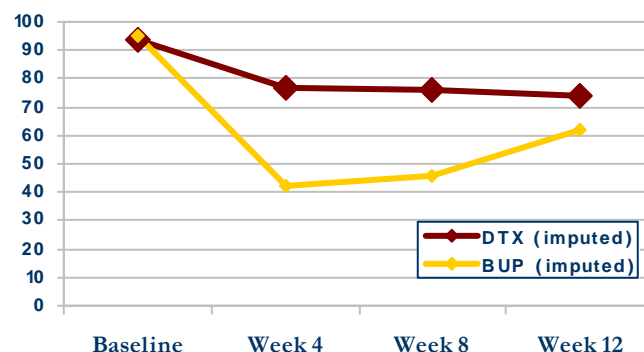
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Major Findings: Significantly better outcomes were reported for a group of young opioid-addicted patients receiving BUP, compared with a group receiving detoxification. The differences narrowed when the BUP group was tapered from the buprenorphine-naloxone mediation.

addiction. “Once DSM-IV criteria for opioid dependence with physiologic features are met,” said the authors, “the course of addiction appears similar regardless of its length; clinicians should be in no hurry to stop an effective medication simply because the patient is young and has been addicted for a short time.”

Background: Despite significant evidence of efficacy and safety in adult patients, there has been reluctance to prescribe medication for adolescent opioid dependence. Patients under the age of 18 need parental consent and there is reluctance to prescribe agonists for young people with such short histories of addiction due to fears of prolonging their period of dependence on an opioid. Consequently there have been very few studies over the past 25 years evaluating methadone, buprenorphine or buprenorphine used in combination with naloxone in young patients.

Opioid Positive Urine: Missing = Positive (N=152)



With rising rates of adolescent use of, dependence, or addiction to illicit and prescription opioids, however, new concerns have been expressed about the efficacy of conventional “abstinence” forms of treatment. These concerns are heightened given the threat of overdose inherent in even experimental use of opioids, and well-documented rates of hepatitis C and HIV conversions among injection users.

Limitations: Study samples contained a small proportion of patients younger than 18 years and nearly no African-American patients, although the latter is consistent with previous findings this group is much less affected by opiate addiction than young Caucasian individuals. The study did not evaluate optimal durations of treatment using buprenorphine-naloxone.

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