

Treating Opiate Addiction in the Office-Based Setting

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Opiate addiction is a chronic medical disorder that has both physical and behavioral traits. Its underlying cause stems from changes in the brain that result from chronic use of opiate drugs. Medical and psychosocial treatments have been found to limit these adverse effects while improving a person's day-to-day functioning. Treating opiate addiction often requires a long-term approach, analogous to managing high blood pressure or diabetes. The lack of common knowledge and awareness about addiction among health care professionals, policymakers, and the public has resulted in limited access to effective treatment for many individuals whose lives could literally be saved.

Although heroin has been the most commonly recognized opiate drug that is abused, prescription analgesics, such as hydrocodone and oxycodone, have become an increasingly growing problem. A report from the Drug Abuse Warning Network (DAWN) states that the incidence of emergency department visits related to prescription pain medications (e.g., Oxycontin, Demerol, Vicodin) had more than doubled between 1994 and 2001.

Maryland ranks among the top five states in the nation with the highest heroin addiction rates, having double the percentage of primary heroin abuse problems compared to the nation as a whole. Despite the great and increasing rate of opiate addiction in Maryland, less than 25 percent of those who need treatment are actually receiving it due to insufficient resources, limited access to treatment services, the stigma associated with enrolling in treatment, and under-diagnosis of the problem.

The Drug Addiction Treatment Act of 2000 revolutionized treatment for opiate addiction by bringing it back into the mainstream medical setting for the first time in more than 85 years. The centerpiece of this new treatment approach is buprenorphine, which was approved by the FDA in 2002, and is prescribed in a form with decreased potential for abuse, called Suboxone®.

Buprenorphine has been studied extensively and been found to be safe and effective in allowing patients to stop using opiates while experiencing reduced opioid cravings and withdrawal symptoms. Many drug abusers shun getting the help they need because of the stigma associated with entering a treatment program. Patients can receive treatment with buprenorphine through a prescription obtained in the privacy of their doctor's office, and can have their additional medical problems treated by their physician together with their addiction.

Buprenorphine is the only medication for which physicians must meet several specific requirements in order to treat patients. Physicians need to be specially certified or must obtain eight hours of specialized, approved training in order to become eligible to prescribe buprenorphine. The physician must also have the capacity to refer patients to appropriate counseling or other non-pharmacological therapies. Physicians are also limited in the number of patients they can treat at any time—30 patients initially, and then up to 100 patients for those who have been prescribing for at least 12 months.

More than 300 physicians in Maryland have completed the requirements to prescribe buprenorphine. However, only about 50 percent of qualified physicians are treating patients, many of whom are treating fewer than 30 patients.

Since 2003, the Center for a Healthy Maryland has been at the forefront of attempts to expand treatment capacity by educating and supporting physicians in providing office-based treatment for opiate addiction. Even with the proviso that this treatment is demanding of their time and resources, physicians have been very positive about the opportunity that office-based practice offers for managing opiate addiction. Some were surprised at how effective it has been for their patients, while others cautioned that it is not a magic bullet for everyone, but offers one more tool for physicians and opioid dependents to use in the process of recovery.

As with any treatment, there will be a small number of individuals who abuse this drug. However, for the vast majority of individuals who are opioid-dependent, buprenorphine offers an opportunity to receive safe and effective treatment within the traditional physician-patient relationship.

For more information about the Center for a Healthy Maryland and its buprenorphine project, visit www.healthymaryland.org or contact Elaine Gisriel at egisriel@medchi.org or 800.492.1056 x415.