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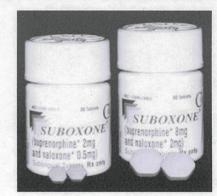
## OPIOID SUBSTITUTION TREATMENT METHADONE OR SUBOXONE?

After a placement at Community Alcohol and Drug Services, I wondered why clients were choosing Methadone over Suboxone in their treatment of opioid addiction. A literature review looked at the question, found many advantages for the Suboxone option. "Does Buprenorphine/Naloxone (Suboxone) have better outcomes for opiate dependent clients than Methadone in the maintenance treatment of opiate addiction?"



## **Desired Outcome of Opioid Substitution Treatment**

To decrease death rates and use of illicit drugs, reduce the risk of infectious diseases like HIV and hepatitis, stop intravenous injecting and remove the need for criminal activity.



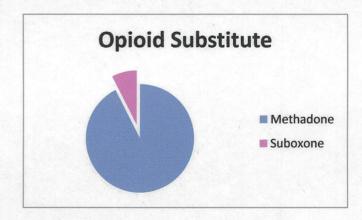
## **Methadone Findings**

- Methadone is a synthetic opioid.
- Given in liquid form.
- It is a full agonist at the  $\mu$  opiate receptor with a long half-life.
- Still causes persistent intoxication to a degree.
- Contributes significantly to opiate related deaths.
- Daily dosing is required and must be consumed at pharmacy until client is stable, then takeaway doses possible once or twice a week.
- Long history, therefore stigmatised.
- After 3 months treatment, best retention.
- Risk of respiratory depression.
- Withdrawal symptoms worse and can last weeks or months.
- Induction death rates higher.

Out of 400 clients currently on opioid substitution treatment, approximately 370 are prescribed methadone, while only around 30 are prescribed Suboxone.

## **Suboxone Findings**

- Suboxone (a combination of Buprenorphine and Naloxone) is a semisynthetic opioid.
- Given in sublingual tablet form.
- It is a partial agonist at the  $\mu$  opiate receptor with a long half-life.
- It produces a better blockade effect at the opiate receptor, thereby minimising any reward that would be gained from illicit opiate use taken in addition to the prescribed buprenorphine.
- Once client is stable, dosing can be twice or thrice weekly.
- No stigma, as relatively unknown.
- Naloxone element prevents inappropriate use by grinding it and injecting it.
- After 6 months treatment, best retention.
- Lower risk of respiratory depression.
- Milder withdrawal symptoms up to 21 days.



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