

# **From Subutex to Suboxone : the Australian experience**

***Assoc Prof Adrian Dunlop MBBS PhD FACHAM***  
*Hunter New England Area Health Service*  
*University of Newcastle*  
*Adrian.Dunlop@hnehealth.nsw.gov.au*

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# Opiate substitution in Australia

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## → Treatment delivery system

- Part of national insurance system
- Developed for methadone (since 1970s)

## → Treatment provided by

- Specialist clinics 30%
- & private prescribers (e.g. GPs) 70%

## → Highly regulated

- Mainly all supervised dosing
- Methadone take aways
  - ✓ Injection/misuse of methadone



# OST in Australia

Numbers in opioid substitution therapy (OST)



# Buprenorphine

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## → Subutex introduced 2001

- Became ~30% opiate substitute of choice
- Popular with patients
  - ✓ Some diversion (with supervised dosing)
    - E.g. 3/100 doses (Nielsen 2007)

## → Suboxone introduced 2006

- Mainly to develop unsupervised dosing



# Uptake of Suboxone

**SUBOXONE**  
**SUBUTEX**  
**METHADONE**

% OST



# Current abuse Suboxone in Australia?

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## → Not yet seen in any large numbers:

- MSIF (~consumption room)
- Illicit Drug Reporting System (~'early warning')
  - ✓ No primary Suboxone dependence
- Needle Syringe data

## → Two studies to examine this in detail - ongoing

- Mattick, Degenhardt, Lawrence (NDARC)
- Bell, Mammen (Langton)



# IDRS data 2006

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2/12 after introduction of Suboxone



# Efficacy of Suboxone - Australian data

RESEARCH REPORT

doi:10.1111/j.1360-0443.2007.01979.x

## **A randomized trial of effectiveness and cost-effectiveness of observed versus unobserved administration of buprenorphine–naloxone for heroin dependence**

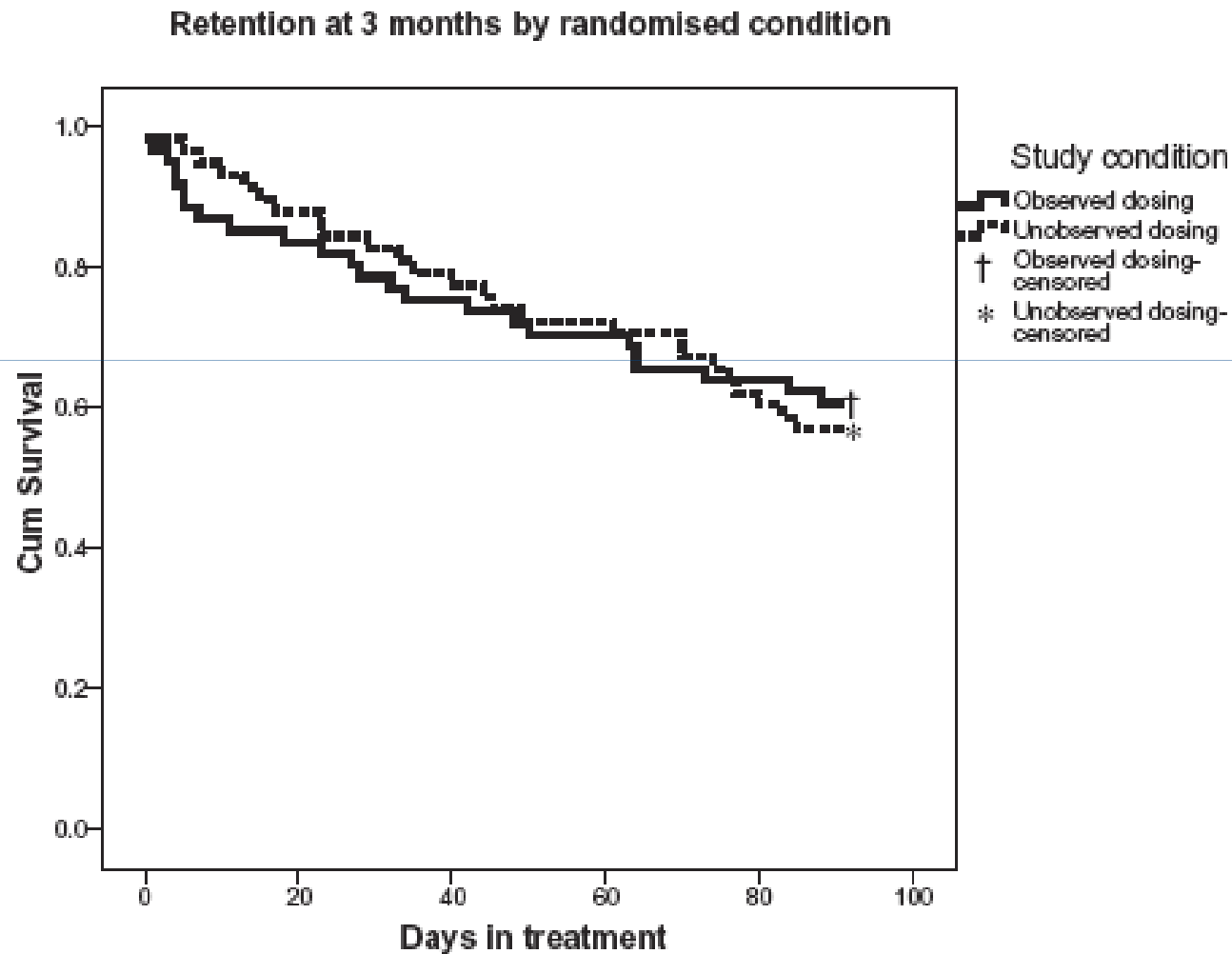
James Bell<sup>1,2</sup>, Marian Shanahan<sup>2</sup>, Carolyn Mutch<sup>1</sup>, Felicity Rea<sup>1</sup>, Anni Ryan<sup>1</sup>, Robert Batey<sup>3,5</sup>, Adrian Dunlop<sup>3,4</sup> & Adam Winstock<sup>2,5</sup>

Addiction

n=119, multisite trial



# Retention in treatment



# Other outcomes

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## → Benefits from baseline

- Reduced heroin use
  - ✓ 20 days less/month
  - ✓ Month 3 - 60% urine -ve heroin
- Reduction in mental health problems
  - ✓ Mean reduction moderate - mild
- Improvement in Quality of Life

## → Unsupervised treatment less expensive

- ~ € 1150 v ~ € 1650 (3/12)

## → Low incidence of diversion

- 1 case cellulitis
- 5 cases injection



# How to use Suboxone

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## **National Clinical Guidelines and Procedures for the Use of Buprenorphine in the Treatment of Opioid Dependence**

### **Authors**

Lintzeris N, Clark N, Winstock A, Dunlop A, Muhleisen P, Gowing L, Ali R, Ritter A, Bell J, Quigley A, Mattick RP, Monheit B, White J.

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# How to do the switch Subutex - Suboxone

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## 1. Assessment of patient

- Patient education (misunderstandings re naloxone)

## 2. Medication change

- 1:1 dose transfer
  - (e.g. 16 mg Bup - 16/4 mg Bup/nal)

## 3. Monitor

- Review the patient (e.g. < 1 week)
  - Assess for adverse events



# Adverse events

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## → Assess the likelihood of AE related to transfer

- Opiate withdrawal?
- True naloxone allergy very rare

## → Assess the likelihood of patient wanting to continue buprenorphine injection

- Recent injecting?

## → Safety

- In Australia - No cases of true AEs not so far

# For heroin users

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## → Induction from heroin - same as Subutex

- Day 1: Suboxone 4/1mg x 2 (total 8 mg BPN)
- Day 2: Suboxone 12/3mg
- Day 3: Suboxone 16/4mg
- Review doses



# Transfer from methadone

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→ **Recommend transfer to Subutex first**

**1. Methadone dose < 30mg (at least 1 week)**

**2. Stop methadone**

**3. Wait for mild withdrawal**

→ Usually >24 hours

**4. Buprenorphine**

→ 4 mg

→ Wait 1 hour: 2-4 mg

# Benefits of Bup/nal > Bup for client

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## → Reduced likelihood of :

- Self injection
  - ✓ Risk of precipitated withdrawal
- Selling buprenorphine/naloxone
  - ✓ Lower market value c.f.
    - full agonists (e.g. heroin)
    - buprenorphine



# Public health benefits

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→ **Reduced market in buprenorphine for injecting**

→ **In Australia**

- More access to unsupervised dispensing

→ **Increased safety of take aways Rx (c.f. methadone)**

- E.g. parents with children
- Reduction in overdose?

# Suboxone for who ?

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## → Treatment of choice if using buprenorphine

- Reduced risk of abuse
- All patients
  - ✓ expect pregnancy/breastfeeding

## → Prescribers

- Need to monitor progress
- Switch is the hardest (?)



# Case report

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## → 35 woman

- 14 yr history opiate dependence
- Self injecting buprenorphine - treatment withdrawn
- 1 year use illicit buprenorphine
- 'New supply'
  - ✓ 30 min symptoms of pptte withdrawal
  - ✓ Re challenged self 1/52 later - ongoing pptte withdrawal
- Stabilised on S/L buprenorphine/naloxone

# Acknowledgements

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- R Ali
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- Schering-Plough