

Questions Asked During the Live Webinar Broadcast on 11/14/13

Q: Where does Suboxone fit in with this or is that buprenorphine?

A: Suboxone is the marketing name for a formulation of buprenorphine that contains both buprenorphine and naloxone.

Q: What is the usual length of treatment with methadone?

A: The FDA has not limited the amount of time a client can be on methadone and this length varies widely from client to client.

Q: What is the typical length of suboxone treatment?

A: A: The FDA has not limited the amount of time a client can be on Suboxone and this length varies widely from client to client.

Q: Are you implying that the client considerations are reasons for NOT starting ORT? Or naltrexone?

A: Yes, client considerations are reasons that should be discussed and evaluated to ensure the client is actively choosing his or her course of treatment and is seems reasonably compliant with taking medications as prescribed and in the location where they are available.

Q: How does the opioid receptor affect dopamine release?

A: Once opioids are consumed, they activate opioid receptors. This activation then triggers the ventral tegmental area (VTA) and nucleus accumbens to release dopamine.

Q: Is Vivitrol available for opioid dependence treatment?

A: Yes, Vivitrol is the marketing name for an injectable form of naltrexone. It was recently approved by the FDA for the treatment of opioid dependence and works exactly like the pill formulation of naltrexone, only the client receives 28 doses at once through an injection.

Q: Is it possible to skip a dose or two of suboxone so to be able to get high, and then start it up again?

A: Yes, a client can not take the medication as prescribed and the resume illicit opioid use.

Q: So what do people do who have actual pain due to surgery and are also trying to manage an opioid addiction. What reduces the pain?

A: Buprenorphine is also a pain reducer. It is sold as Buprenex for this purpose.

Q: Do you have any data about the illicit methadone trade? I am thinking because of all of the checks and balances about take home doses, that a lot of the illicit methadone out there comes from the much more unregulated pain patients.

A: Yes, methadone is frequently diverted from methadone patients into hands of those looking to get high. This is one of the main reasons for the creation of buprenorphine, as it is administered through a doctors office and reduces the ability to get as high as full opioid agonists if diverted.

Q: Buprenorphine in the form of Suboxone makes sense in some cases; please provide examples of when/why Subutex would be prescribed instead (it seems to kind of defeat the purpose)

A: Subutex is the marketing name for the medication that only contains buprenorphine. A useful purpose for Subutex is in inpatient substance abuse treatment facilities where there is little chance of the medication being diverted or abused.

Q: Are there opiate substitution options for people over age 65?

A: Yes, all three medications discussed in this webinar are available for those over age 65. The FDA was not presented with clinical trial data that included this population, so it is not approved for this age group. However, use with older adults is common and is simply called "off-label use."