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Research at a glance

Buprenorphine Maintenance Treatment for Opioid Dependent Inmates

KEY WORDS: *buprenorphine maintenance treatment, opioid dependence, prison*

What we looked at

A large body of evidence supports the effectiveness of opiate maintenance treatment (OMT) for opioid dependence, with methadone maintenance treatment (MMT) being the most predominant intervention.

An emerging body of research has focused on a novel OMT option, buprenorphine maintenance treatment (BMT). The purpose of this review is to provide an overview of buprenorphine and summarize the available evidence on its effectiveness as an OMT option within CSC institutions.

What we found

Currently, buprenorphine has been approved for the purpose of maintenance treatment in at least 44 countries around the world. Its distinct pharmacological characteristics support its use as a maintenance treatment option for opioid dependence and, when used in the formulation called 'Suboxone' (a combination tablet containing buprenorphine and naloxone in a 4:1 ratio), make it a less attractive alternative for illicit use than methadone because of the lower risk for diversion and/or injecting. This decreased risk of diversion or injecting is due to the pharmacological properties of naloxone. When taken sublingually (dissolved under the tongue), naloxone has little psychoactive effects; however if injected or taken at high doses, it can trigger acute withdrawal symptoms in opioid-dependent individuals. BMT may also have certain benefits over MMT for populations that suffer from infectious diseases or psychiatric co-morbidities. In addition, it is considered a long-acting drug, thereby facilitating a more flexible dispensing regime than methadone (every second day versus daily administration) (Smith-Rohrberg et al., 2004; Srivastava & Kahan, 2006).

While research has confirmed that buprenorphine is effective on a variety of key outcomes such as reduced illicit drug use, improved health status, and decreased crime, studies comparing the effectiveness of BMT and MMT on outcomes such as treatment retention, and illicit opioid and non-opioid use, have found inconsistent results (Mattick, Kimber, & Davoli, 2008). Within correctional settings, few studies have systematically evaluated OMT interventions and sufficient data are not available for comparisons (Smith-Rohrberg et al., 2004). However, the available evidence indicates that BMT programs have a positive impact for correctional populations on key outcomes such as retention in treatment and reporting to treatment following release (Magura et al., 2009).

Various challenges have been identified with using BMT in a correctional setting including training of correctional physicians, monitoring to avoid diversion and possible misuse, drug interactions for opioid-dependent inmates and planning for effective transition into community care following release (Smith-Rohrberg et al., 2004).

What it means

The addition of BMT for correctional populations may be beneficial given some of the advantages it has over MMT (i.e., long-acting, less attractive for illicit use). However, issues such as physician training and the low availability of BMT in the community pose challenges within correctional settings. The review also indicates knowledge gaps in areas such as feasibility, delivery options (including transitions from institutional to community care) and outcomes of BMT in correctional populations, which should be addressed in future research.

References

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For more information

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