

**WHAT IS OPIOID DEPENDENCE/ADDICTION?**

Taking strong opioid painkillers, in *large* doses, for an *extended* period of time, will cause physical dependence in humans. This means when the medication is discontinued *abruptly*, withdrawal symptoms and cravings occur. This is normal physiology and does not require detoxification if the person needs the opioids for a chronic pain condition. It becomes a problem when opioid use continues after the pain subsides and/or despite negative consequences, such as loss of a job accompanied by an increased quantity of drug to achieve the same effect. These conditions are considered *addiction* and require treatment.

**OPIOID ADDICTION IS A BRAIN DISEASE.**

Opioids are a family of drugs that attach to opioid receptors in the brain and cause an opioid effect – euphoria, slowed breathing and pain reduction. The brain experiences physiological changes that effect behavior. Neuro receptors in the brain *learn* to crave opioids. When opioids are not present, the receptors send pain signals to the brain. It is a physical condition, not caused by lack of morals nor controlled by willpower, nor cured by good advice. It is a *disease* as is diabetes or cancer. Anyone can become dependent.

**THE DRUG ADDICTION TREATMENT ACT OF 2000 (DATA 2000)**

The Act enables qualified physicians to prescribe and/or dispense narcotics for the purpose of treating opioid dependency. For the first time in over 30 years, physicians are able to treat this disease from their private offices or other clinical settings. This presents a very desirable treatment option for those who are unwilling or unable to seek help in drug treatment clinics.

Patients can now be treated in the privacy of their doctor's office, as are others being treated for any other type of medical condition. One medicine doctors may now prescribe is Buprenorphine.

**WHAT IS BUPRENORPHINE?**

Buprenorphine (BYOO-pre-NOR-feen) has been used in the U.S. to treat pain and in Europe to treat opioid dependence for over 10 years. Buprenorphine is a semi-synthetic opioid with properties of a partial *agonist* and a partial *antagonist*.

- **Agonists** are drugs that cause an opioid effect like heroin, OxyContin® and methadone.
- **Antagonists** are drugs that block and reverse the effects of agonist drugs. Narcan® is an antagonist and is used to reverse heroin overdoses. Another antagonist is Naltrexone, which blocks the effects of agonist drugs like heroin.

Buprenorphine is a combination medicine containing *both* parts. The **agonist** part of the medication *tricks* the neuro receptors in the brain into *thinking* that they have received opioids without making the patient feel high. The **antagonist** part of the medication blocks other opioids from the neuro receptor sites. Therefore, even if the patient decides to abuse opioid drugs after taking Buprenorphine, he or she will not get high. In addition to this blocking effect, Buprenorphine has a ceiling effect adding to its safety. Other opioids continue to provide more effect as more is taken, eventually leading to respiratory depression and death. Buprenorphine is different; its effects level off at a relatively low level. That is, even if more is taken, there are no significant increased effects. Therefore, the risk of overdose and abuse is much lower.

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## THE NATIONAL ALLIANCE OF ADVOCATES FOR BUPRENORPHINE TREATMENT



**Buprenorphine.**  
A new treatment for  
opioid dependence  
in the privacy of  
your doctor's office.



