

# Informulary

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## Suboxone: a Re-Solution for Opioid Addiction Treatments

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Abuse and addiction is one of the most troublesome concerns with opioids (narcotics) for people with chronic pain. Although most patients prescribed opioids will not abuse their medications, some people will misuse or divert these drugs.

### Opioid Use in Canada

Approximately 1 in 6 (16.9%) Canadians aged 15 years and older report using opioid pain relievers.<sup>1</sup>

Among users of opioid pain relievers, 5.2% (or 243,000 Canadians representing 0.9% of the total population) reported abusing them.<sup>1</sup>

Although there is no national-level data on the number of opioid-related overdose deaths in Canada, provincial data has shown that the number of overdoses has been increasing.<sup>2</sup>

Fentanyl abuse and addiction has reached crisis levels in many communities across Canada. Between 2009 and 2014, there were at least 655 deaths in Canada where fentanyl was determined to be a cause, or a contributing cause.<sup>3</sup> This represents an average of one fentanyl-implicated death every three days over this time period.<sup>3</sup>

The goal with opioids is to ensure that those people that require them for pain control, and who use them appropriately, can use them. And, for those individuals that are abusing these medications, the goal is to ensure access to treatments and services to help to address their addiction.

### Treatment of Opioid Addiction

Acetaminophen (Tylenol) is commonly recommended to manage mild to moderate pain, due to its general safety. Recently, Health Canada announced that it is considering a new maximum recommended daily dose for acetaminophen. These additional steps are intended to minimize the risk of liver damage and improve acetaminophen safety<sup>2</sup>. There are more than 4,000 hospitalizations a year in Canada due to acetaminophen overdoses<sup>3</sup>.

### Methadone

Methadone has been used for the treatment of opioid dependence since the 1970's.<sup>4</sup> It has shown to help keep people in treatment and decrease opioid use, as well as reduce the rates of death and HIV in people who abuse opioids.<sup>4</sup> The problem with methadone is it has several drug interactions and the dosing needs to be very precise, as too high a dose can be toxic to a patient.<sup>4</sup> In Canada, only physicians with specialized training with methadone can prescribe the drug.

With the restrictions on methadone use, only 25% of Canadians addicted to opioids are in methadone treatment programs.<sup>4</sup> In many rural communities there is a lack of access to a physician to prescribe methadone, and many pharmacies do not dispense it.





## Suboxone

Suboxone is a combination of a synthetic opioid drug (buprenorphine) in combination with an opioid blocking drug (naloxone). Suboxone has an important “ceiling effect”, where if the person takes more, it provides no additional effects.<sup>4</sup> Also if the person takes another opioid (such as morphine or oxycodone), Suboxone will block the effects of this other drug and can blunt its pleasurable feeling (‘high’).<sup>4</sup>

Suboxone comes in tablets that the person dissolves under the tongue and normally the pharmacist will witness them taking it every day. A key advantage of Suboxone compared to methadone, is its wider safety margin and the dose can be increased quickly to get the person’s withdrawal symptoms under control.

Another major advantage of Suboxone is that in many provinces (such as Ontario) any physician can prescribe it and any pharmacist can dispense it without additional resources and training. This increases access of this drug to people with addiction who live outside major cities in Canada.

Due to the benefits of Suboxone in treating opioid addiction, it is available as a preferred drug (tier 1) on the Reformulary.

## What Does this Mean for Plan Sponsors?

When reviewing opioids, there are several considerations for plan sponsors:

1. Most users of opioids are not abusing these medications. Therefore, decreasing their access to opioids can increase chronic pain and potentially impact productivity and disability rates among plan members.
2. Some individuals are abusing and diverting opioids. It is virtually impossible to identify which people are having issues, but people using high doses of opioids ( $\geq 200$  mg of morphine per day or equivalent) are at a much higher risk of issues and usually require more ongoing monitoring.
3. In individuals who are addicted to opioids, methadone and Suboxone have both shown to help to reduce inappropriate opioid use and can help to improve the health of this population.

Reducing opioid abuse is important, and is best achieved by properly treating pain, regular monitoring and helping people with addiction; by doing so, the number of deaths and problems associated with this class of drugs should start to decrease. 

## References

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4. Kahan M, Srivastava A, Ordean A, Cirone S. Buprenorphine - New treatment of opioid addiction in primary care. *Can Fam Physician*. 2011;57(3):281-289.

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