

Readiness and Recovery: Transferring Between Methadone and Buprenorphine/Naloxone for the Treatment of Opioid Use Disorder

“Well I came out of my daze and quite liked not being in a daze”.

Why the topic?

- It was a topic I had a good working knowledge of
- It was a current topic of importance
- There appeared to be a wealth of knowledge but it was reductionist in its conclusions
- There was an opportunity to prime others to conduct further research

Why the topic?

Beyond the acceptance that stigma played a part, there was no clear understanding in the research as to why people prefer Suboxone or methadone.

Our current advice to clients around which medicine they would most benefit from is currently a 'well informed' best guess.

Shubunkin



What methodology should I choose?

I do not like semantics or semiotics

Qualitative Descriptive research



Qualitative Descriptive research



Qualitative Descriptive research



Qualitative Descriptive research



Qualitative Descriptive research



Me aged seven



Key messages 1

Stigma as a switch

Stigma is an important part of a decision matrix around the selection of Suboxone for citizens seeking opioid substitution treatment, but the change is motivated by more than stigma

Just so we are clear



88%

of Texans agree **stigma** surrounding
mental health issues **needs to be removed.**

Key messages 2

The effects of methadone: Re-inforcing opioid use disorder

For many, including participants in this study, methadone, experienced as very helpful in reducing chaos and 'steading the ship' for a period is then experienced as 'just another drug'.

Key messages 3

- **Harm Reduction, Recovery, Readiness, and Absence of Effect**

'Readiness' for Suboxone relates to how the participants located themselves on the recovery pathway. Suboxone is a partial agonist, and as it is only doing part of the job of a full opiate, it can be experienced as highly beneficial or highly disruptive.

Citizens experiences of sedation on methadone, and clarity on Suboxone can be explained in part by expectation, but also by the pharmacological and neuropsychological research on both medicines and their effects on the endocrine system and on cognition.

- **Absence of Effect: Citizenship, and Freedom**

Increased citizenship can be seen as both an outcome of perceived freedom of being released from the social constraints of being on methadone, and related to the pharmacological 'lightness of touch' that Suboxone is reported as providing.

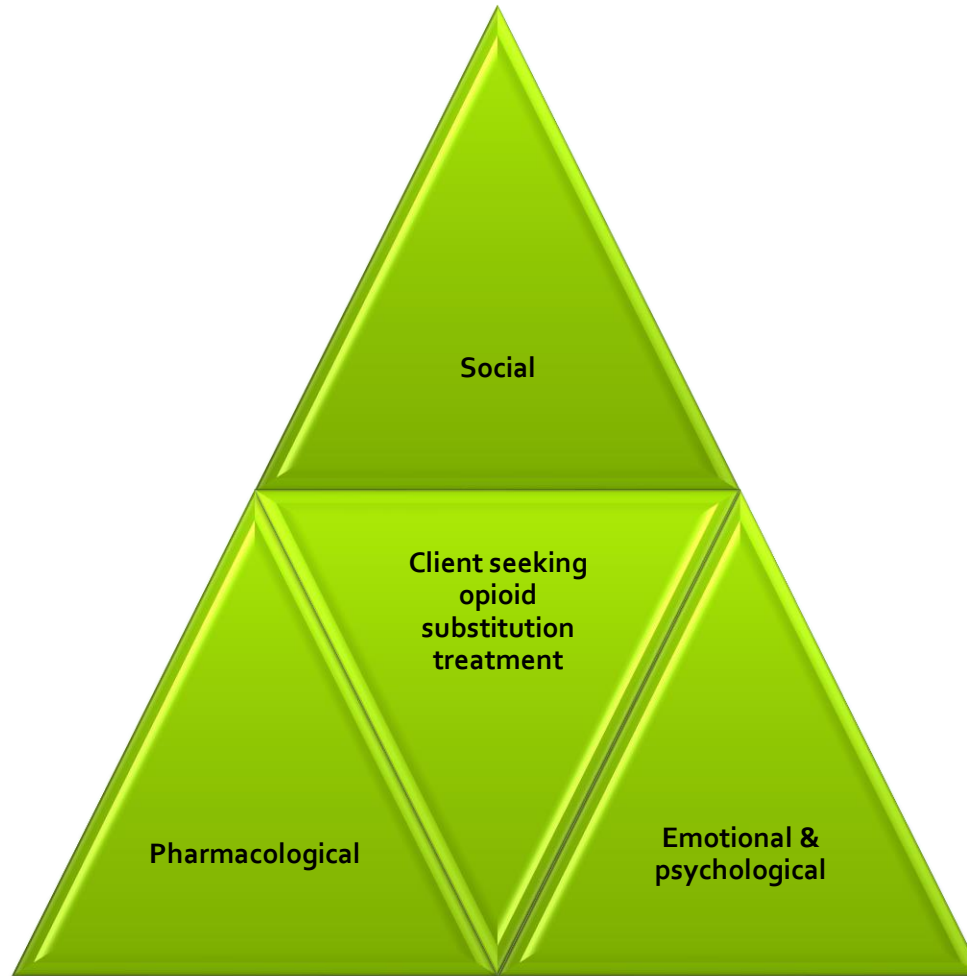
Key messages 4

- **The psycho-social and pharmacological imperatives of treatment delivery**

In addition to thinking within social and psychological parameters about who best would respond to Suboxone, we need to consider the impact pharmacology plays on the selection of either Suboxone or methadone.

Clinicians should offer a choice to the majority of citizens commencing opioid substitution treatment, but qualify that choice by clearly outlining the respective benefits of each medication from the outset of treatment.

Decision model



Decision model

- **Decision question list**
- Does the person requesting treatment have any cardiac conditions, respiratory, or other physical co-morbidities, or substance use factors that precludes the provision of either methadone or BUP/NX?
- Is the person requesting treatment prescribed any other medications that preclude the provision of either methadone or BUP/NX?
- Does the clinical picture support the assertion that the person requesting treatment is attempting abstinence from illicit opioids?
- Does the clinical picture support the assertion that the person requesting treatment is seeking sedation as a beneficial characteristic of their prescribed medication?
- What feedback does the person requesting treatment provide around their goals of entering and continuing on with opioid substitution treatment?

Conclusions

- If citizens seeking treatment for opioid use disorder wish to experience sedation, and their view of recovery does not include abstinence from opiates, then methadone may be the best treatment option.
- If citizens seeking treatment for opioid use disorder do not want to experience sedation, and their view of recovery includes an end point of abstinence from opiates, then Suboxone may be the best treatment option.

Conclusions

- Currently research into opioid substitution treatment measures treatment effectiveness in terms of treatment retention and reduction of blood-borne viruses.
- Recovery, and shifts in treatment expectations are also important factors to consider when determining medication selection