

Terapia del disturbo da uso di oppiacei: Gold Standard e Linee Guida Internazionali



# **Epidemiology of Drug Use in USA**

**Table 1. Epidemiology of drug use.** Prevalence of specific drug abuse and vulnerability to develop addictions. SAMHSA National Survey on Drug Use and Health, 2017; others 2007–2018.

#### National household survey and related surveys (2007–2016)

Heroin use—ever	~5.2 million
Heroin addiction	~652,000
Illicit use of opiate medication—ever	~37.1 million (i.e., 14.2% of the population 12 and over)
Dependence on such medication use	~2.1 million
Opiate (heroin, fentanyl, and other) overdose deaths	~72,3000 (in 2017)*
Cocaine use—ever	~40.5 million
Cocaine addiction	~966,000
Alcohol use—ever	~216 million
Alcoholism	~14.5 million
Marijuana use—ever	~123 million
Marijuana daily use	~4 million
Development of addiction after self-	exposure
Opiate addiction	~1 in 5 to 1 in 15 (20 to 6.5%)
Alcoholism, marijuana, and cocaine dependency	~1 in 8 to 1 in 15 (12.5 to 6.5%)

\*National Center for Health Statistics (U.S. Centers for Disease Control and

Prevention), 2019.



## **Treatment for Opioid Addiction in USA**

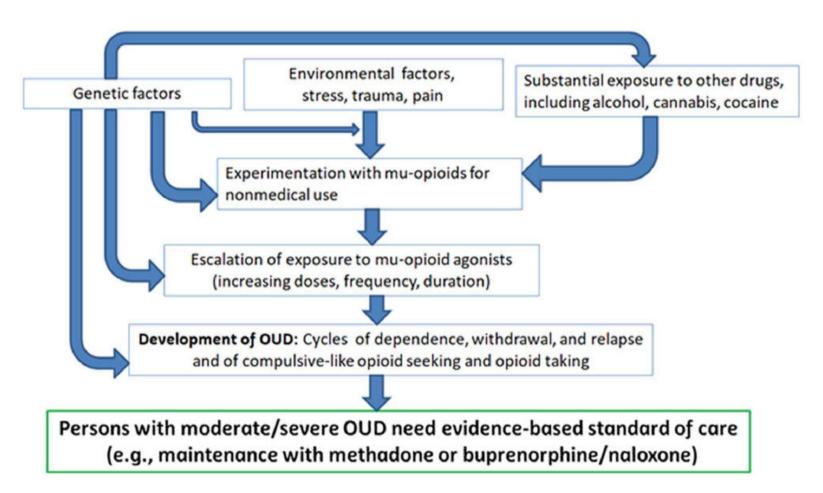
Table 2. Status of methadone, buprenorphine, and extended-release naltrexone treatments for opioid addiction in the United States:

Decrease and then increase in numbers in treatment 2015–2017 (SAMHSA, 2018).

Treatment -	U.S. patients in treatment		
Treatment -	2015	2016	2017
Methadone	356,843	345,443	382,867
maintenance		(-11,400; -3.2%)	(+37,424; +10.8%)
Buprenorphine	75,723	61,486	112,223
maintenance		(–14,237;–18.8%)	(+50,737; +82.5%)
Extended-release	7035	10,128	23,065
naltrexone		(+3093; +44.0%)	(+12,937;+128.7%)



Vulnerability to develop opioid use disorders (OUDs): A general working model





**Table 3. FDA-approved medications for OUD, with typical dosing paradigms for each of the approved formulations.** PO, per os (oral); SL, subligual; BUC, buccal; SQ, subcutaneous; IM, intramuscular.

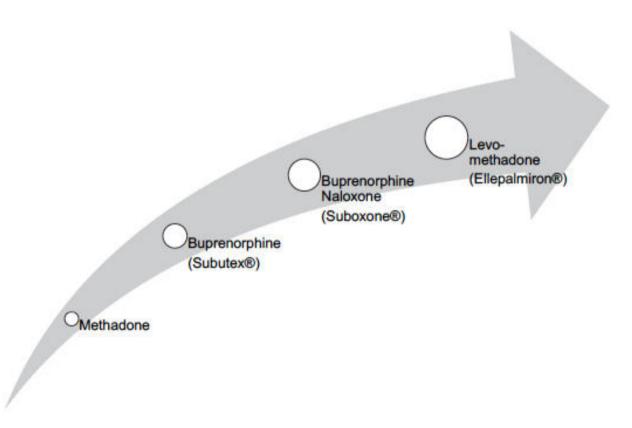
Treatment	Dose range	Considerations
Methadone (PO)	80–150 mg/day (typical range)	Maintenance dosing is determined during the early weeks of treatment following upward titration. Individual genetic and drug history differences may lead to requirement of higher doses than the typical range. FDA approved in 1972.
Buprenorphine- naloxone (SL or BUC)	8–24 mg/day buprenorphine (1–6 mg/day naltrexone) (typical range)	4:1 ratio (w/w) of buprenorphine- naloxone. Because of partial agonist nature of buprenorphine, no further treatment effect to be gained by doses greater than 24 mg/day. FDA approved in 2002.
Buprenorphine extended-release formulation (SQ)	80–300 mg/monthly injection	Two formulations available. FDA approved in 2016 and 2017.
Naltrexone tablets (PO)/extended- release formulation (IM)	50 or 100 mg/day orally; 380 mg/ monthly IM injection	Requires a patient to be opioid free for 7–10 days before administration. FDA approved in 1984 (tablets, no longer marketed); 2010 (extended release).

Kreek et al., Sci. Adv. 2019; 5



Treatment	Dosage range	Consideration
Buprenorphine Implant (26 mm in length and 2.5 mm in diameter)	74.2 mg (equivalent to 80 mg of buprenorphine hydrochloride)	Maintenance treatment of opioid addiction that provides non-fluctuating blood levels of buprenorphine around the clock for a period of six months following a single treatment procedure
Buprenorphine long-acting (SQ) (CAM2038)	8-32 mg (one weekly q1w) 64-160 mg (once-monthly q4w)	Maintenance treatment of opioid addiction, intended for administration one weekly (q1w) and once monthly monthly (q4w)
Buprenorphine and naloxone sublingual film	2 mg/0.5mg – 12 mg/3 mg	Maintenance treatment of opioid addiction
Levo-methadone	1:2 vs. methadone typical range	Maintenance treatment of opioid addiction







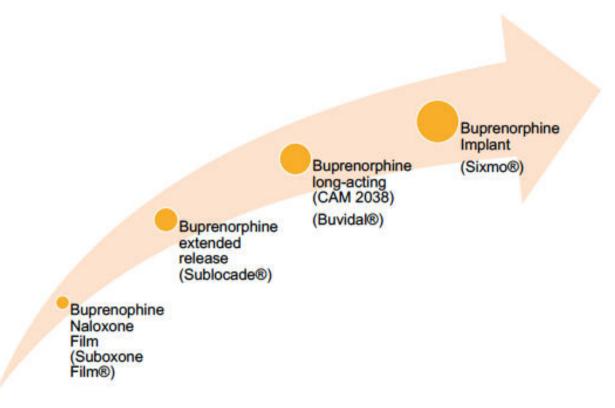




Table I Comparison of commonly available products to treat opioid dependence

Drugs	Active ingredients	Administration	Average dosage/target range	Half-life
Revia®, Depade®	Naltrexone	Oral (tablet)	50 mg, I×/day	13 hours <sup>45</sup>
Vivitrol® XR	Naltrexone	IM	380 mg, I×/month	5–10 days <sup>59</sup>
Methadose®, Diskets®,	Methadone HCI	Oral (dispersible	2:1 (parental-to-oral ratio),	8–59 hours <sup>61</sup>
Dolophine®		tablet in liquid), IM	80-120 mg oral <sup>60</sup>	
Xtampza® ER	Oxycodone HCI	Oral (capsule)	9–36 mg, 2×/day <sup>62</sup>	5.6 hours <sup>63</sup>
Narcan®	Naloxone HCI	Nasal spray	4 mg, 1 spray <sup>33</sup>	0.5-1.35 hours <sup>64</sup>
Suboxone <sup>®</sup>	Buprenorphine/naloxone	Oral (SL) tablet, buccal (film)	4/1 mg, 8/2 mg, 12/3 mg <sup>62</sup>	24–42 hours/2–12 hours <sup>65</sup>
Bunavail®	Buprenorphine/naloxone	Buccal (film)	2.1/0.3 mg, 4.2/0.7 mg, 6.3/1 mg <sup>66</sup>	16.4–27.5 hours/1.9–2.4 hours <sup>67</sup>
Zubsolv <sup>®</sup>	Buprenorphine/naloxone	Oral (SL) tablet	Two 5.7 mg/1.4 mg tablets $1\times$ /day (11.4 mg/2.8 mg) <sup>68</sup>	24–48 hours/2–12 hours <sup>65</sup>
Probuphine <sup>®</sup>	Buprenorphine HCI	Subdermal implant	Four implants deliver equivalent to daily doses <8 mg suboxone <sup>55</sup>	24–48 hours <sup>55</sup>

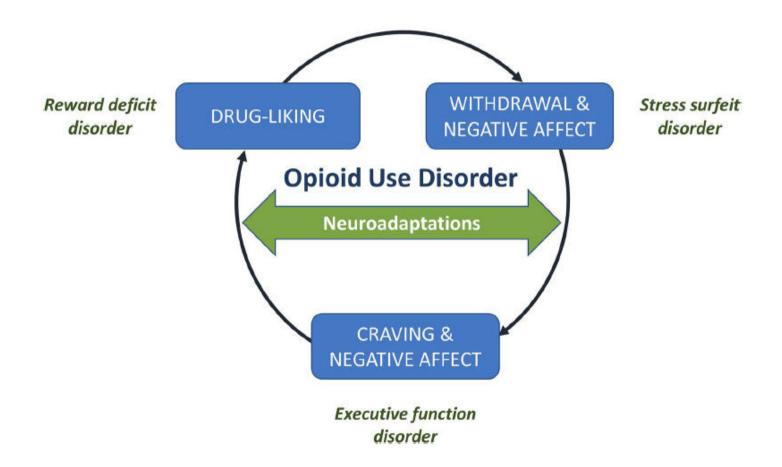
Abbreviations: IM, intramuscular; IV, intravenous; SL, sublingual.



Why searching for new treatments for opioid addiction?



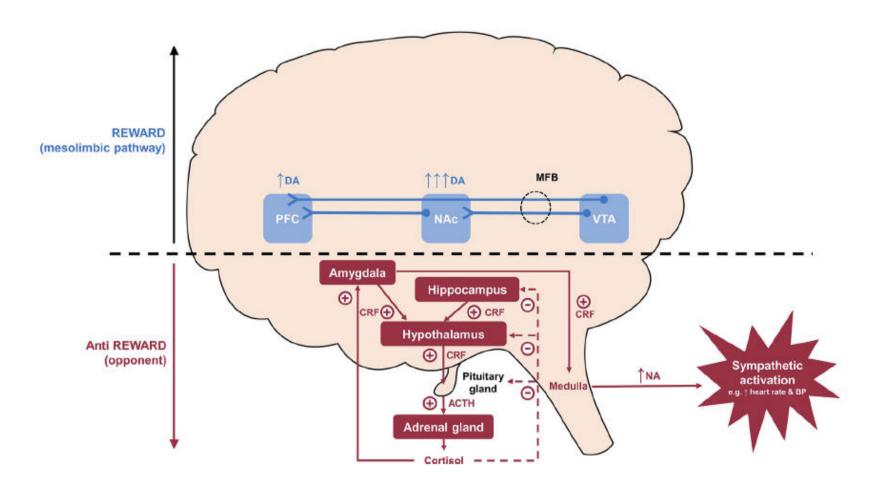
### **Drivers in the cycle of addiction**



Kakko et al., 2019, Front. Psychiatry, 10:592



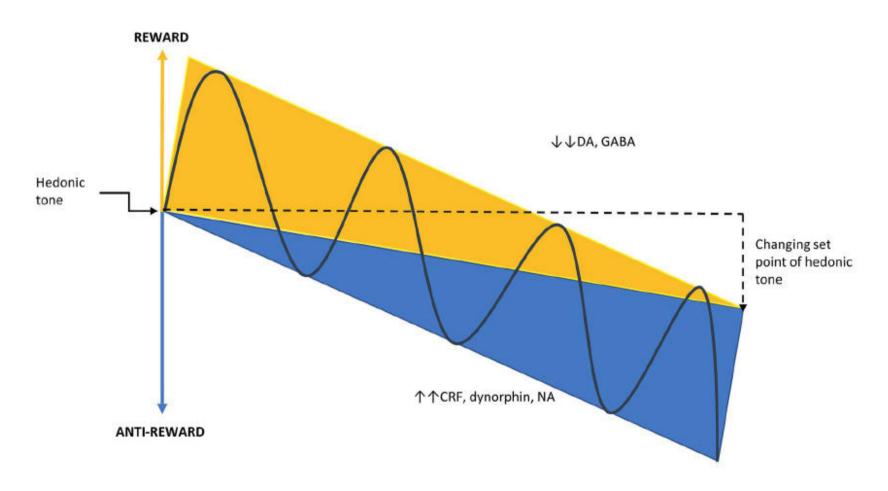
#### Reward vs anti-reward



Kakko et al., 2019, Front. Psychiatry, 10:592



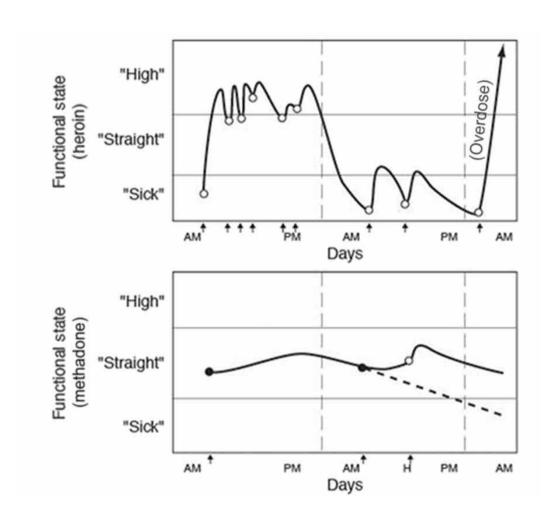
# Homeostatic set-point in reward and anti-reward



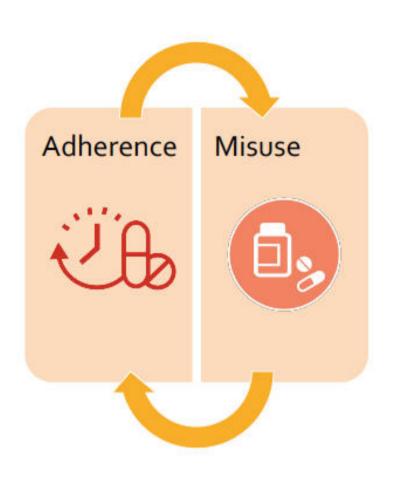
Kakko et al., 2019, Front. Psychiatry, 10:592



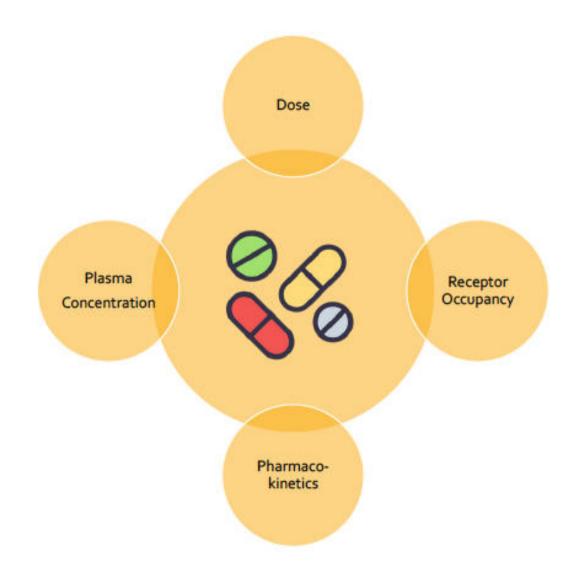
### Heroin addiction contrasted with methadone maintenance

















# Opioid overdose death in USA

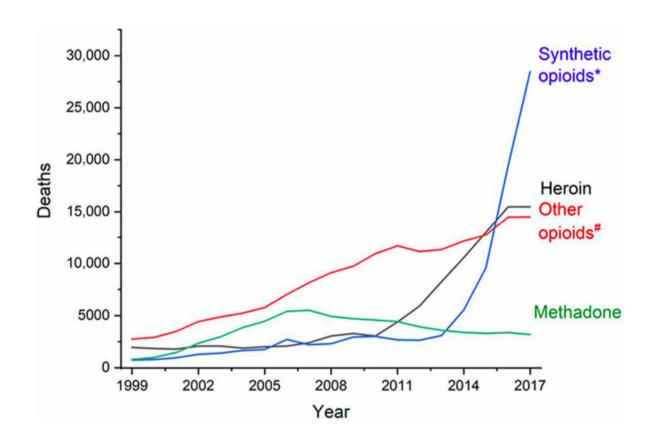




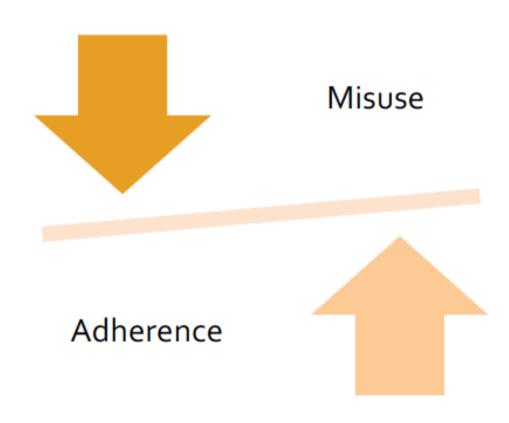
Table 2. Median retention rates across included studies.

	Retention 6 months % (range)	Retention 12 months % (range)	Retention 2 years % (range)	Retention 3 years % (range)
MMT	67.0% (46.8%–86.0%)	60.7% (20.3%–94.0%)	49.8% (29.5%–76.0%)	54.0% (20.0%-82.0%)
	[n = 9] (63, 65, 66, 74, 75, 78, 79, 81, 83)	[n = 24] (35–37, 46, 48, 54, 55, 59–63, 65, 66, 73–75, 77, 79, 81, 85, 91, 92, 94)	[n = 7] (42, 48, 63, 74, 89, 92, 94)	[n = 6] (37, 46, 59, 91, 92, 94)
BUP	56.8% (19.1%-64.0%)	45.4% (11.7%-61.6%)	-	-
	[n = 5] (49, 58, 70, 82, 88)	[n = 6] (49, 68, 69, 72, 84, 93)		
Mixed	54.0% (52.6%–75.8%)	40.4% (33.0%-65.8%)	-	-
OST	[n = 5] (44, 47, 51, 86, 87)	[n = 7] (41, 44, 51–53, 86, 87)		
Overall	58.0% (19.1%-86.0%)	57.0% (11.7%-94.0%)	49.8% (29.5%-76.0%)	38.4% (13.7%-82.0%)
	[N = 19] (44, 47, 49, 51, 58, 63, 65, 66, 70, 74, 75, 78, 79, 81–83, 86–88)	[N = 37] (35–37, 41, 44, 46, 48, 49, 51–55, 59–63, 65, 66, 68, 69, 72–75, 77, 79, 81, 84–87, 91–94)	[N = 9] (42, 48, 51, 63, 72, 74, 89, 92, 94)	[N = 8] (37, 46, 59, 68, 69, 91, 92, 94)

Median retention rates for buprenorphine and mixed OST are not reported at 2 and 3 years follow-up due to small study numbers (buprenorphine at 2-years (n = 1); buprenorphine at 3 years (n = 2); mixed OST at 2 years (n = 1); mixed OST at 3 years (n = 0)

https://doi.org/10.1371/journal.pone.0232086.t002







# **Treatment period completation (CAM2038)**

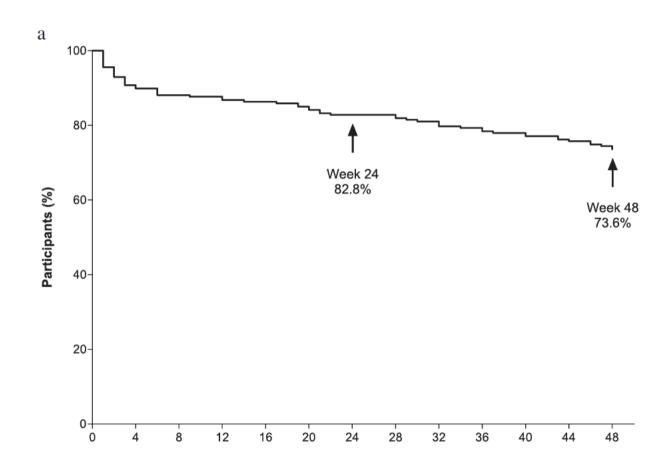




Table I Comparison Of Long-Acting Formulations Of Buprenorphine FDA-Approved For Treatment Of Opioid Use Disorder

Brand name	Probuphine	Sublocade	Brixadi (US) or buvidal (Europe/ Australia)
Molecular name		RBP-6000	CAM2038
Pharmaceutical	Previously Braeburn, currently Titan	Indivior	Braeburn Pharmaceuticals/Camurus
Indicated population	Stable transmucosal buprenorphine dose of 8 mg or less for three months or longer	Initiated transmucosal buprenorphine (8–24 mg) for a minimum of 7 days.	Initiation of treatment in patients not already receiving buprenorphine or switching from transmucosal buprenorphine
Route of administration	Subcutaneous implant	Subcutaneous injection	Subcutaneous injection
Duration of effect	6 months	I month	I week or I month
Dosage	320 mg (Four 80 mg implants)	100 and 300 mg	8, 16, 24 and 32 mg (weekly) or 64, 96 and 128 mg (monthly)
Long-acting technology	Ethylene vinyl acetate (EVA) polymer	18% (weight/weight) buprenorphine base in the ATRIGEL Delivery System	Prolonged release FluidCrystal injection depot technology
Location	Upper arm	Abdomen	Buttock, thigh, stomach (abdomen) or upper arm
FDA-approval	2016	2017	2018 (tentative)
Plasma concentrations (ng/mL)	C <sub>max</sub> 3.23 C <sub>trough</sub> 0.72	C <sub>max</sub> 4.88 (100 mg) 10.12 (300 mg) C <sub>trough</sub> 2.48 (100 mg) 5.01 (300 mg)	C <sub>max</sub> Weekly 4.35–8.23 Monthly 3.81–6.59 C <sub>trough</sub> Weekly 0.26–0.54 Monthly 0.45–0.93
Provider burden	+++ Live training program Procedural competency	++ Supervised injection Monthly injections	++ Supervised injection Weekly or monthly injections
Special Handling Requirements	Requires implant procedure Need for removal or replacement every 6 months	Needs Refrigeration Injection only under skin around umbilicus	No special requirements

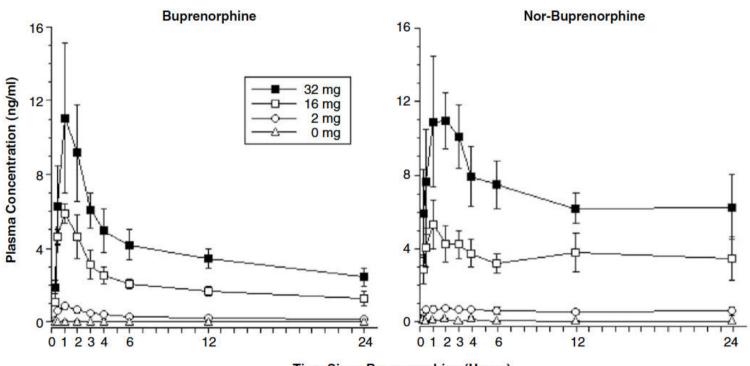


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BUP Dose	Tmax (hr)	Cmax (ng/ml)	AUC (ng/ml * hr)
2 mg	0.9 + 0.1	0.3 + 0.1	6.5 + 1.6
6 mg	1.2 + 0.2	6.3 + 0.9	48.6 + 8.0
32 mg	1.2 + 0.2	13.2 + 4.2	96.0 + 16.1

#### NOR-BUPRENORPHINE

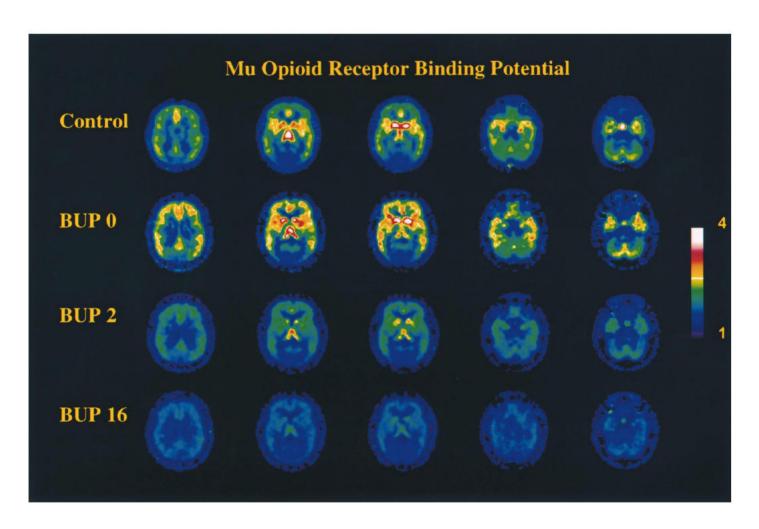
Tmax (hr)	Cmax (ng/ml)	AUC (ng/ml * hr)
1.6 + 0.4	0.7 + 0.2	14.0 + 8.8
1.4 + 0.4	5.4 + 1.3	87.3 + 23.1
1.6 + 0.2	14.2 + 2.9	168.0 + 31.0



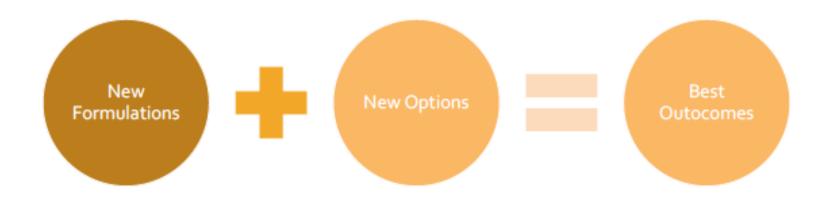
Time Since Buprenorphine (Hours)

Greenwald et al., 2003, Neuropsychopharmacology, 28: 2000-2009

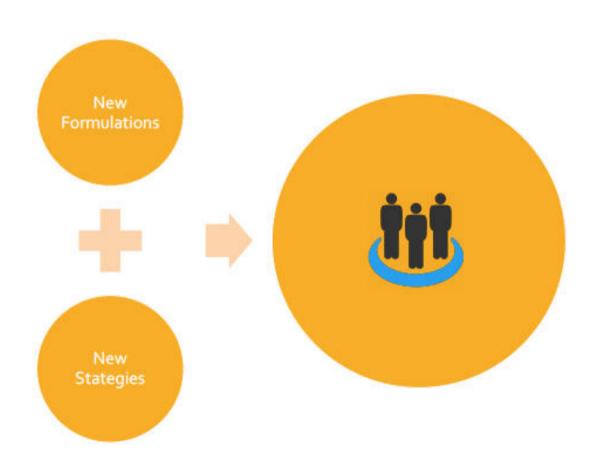














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