

FACTSHEET

PUBLICATION TITLE:

Buprenorphine/naloxone and methadone effectiveness for reducing craving in individuals with prescription opioid use disorder: Exploratory results from an open-label, pragmatic randomized controlled trial

REFERENCE

McAnulty, C., Bastien, G., Socias, M. E., Bruneau, J., Foll, B. L., Lim, R., Brissette, S., Ledjjar, O., Marsan, S., Talbot, A., & Jutras-Aswad, D. (2022). Buprenorphine/naloxone and methadone effectiveness for reducing craving in individuals with prescription opioid use disorder: Exploratory results from an open-label, pragmatic randomized controlled trial. *Drug and Alcohol Dependence*, 239,109604. <https://doi.org/10.1016/j.drugalcd.ep.2022.109604>

QUICK FACTS:

- This study compared the effectiveness of flexible buprenorphine/naloxone take-home dosing model of care to witnessed consumption of methadone in reducing craving in individuals with opioid use disorder.
- The study looked at three different aspects of cravings: length, frequency, and intensity.
- The study showed that both buprenorphine/naloxone and methadone reduced cravings.
- People on buprenorphine/naloxone showed a bigger reduction in cravings compared to methadone.
- The difference in craving between buprenorphine/naloxone and methadone was mostly found at the beginning of treatment.

FACTSHEET AUTHOR

Matthew Bonn

WHAT THE RESEARCHERS DID

The researchers in this study examined data from the randomized control trial which was conducted over a 24 week period. Participants of the randomized control trial were assigned medication for opioid use disorder based on a one to one ratio. The study compared two medications on the effect they had on cravings:

- flexible model of buprenorphine/naloxone and;
- standard supervised consumption of methadone

Medication was dispensed using local/provincial guidelines for opioid agonist treatment but physicians were free to adjust prescriptions to be able to meet participant needs. They measured cravings with a quantitative survey called the Brief Substance Craving scale at the baseline week, week 2, week 6, week 10, week 14, week 18, and week 22. The study looked at various different measures related to craving including craving intensity, craving frequency, and craving length. Craving is characterized as a strong urge to consume a substance which is a central component of addiction. This is how cravings were described in the study and is in the criteria of the DSM-5 diagnostics for substance use disorder.

WHAT THEY FOUND

- There were 272 participants who were randomized to the control trial. There were 138 people in the buprenorphine/naloxone section of the trial and 134 people in the methadone section of the trial.
- One participant in each group was excluded because they did not provide any craving data during the trial. The 270 remaining participants were included in the analyses, 137 participants on buprenorphine/naloxone and 133 participants on methadone.
- Participants were mostly white (182) and male (178), with an average age of 39.1 years. History of mental illnesses was common (121), as was participants identifying that they were living unstably (124).
- By the end of the duration of the study, 65 participants that were randomized to buprenorphine/naloxone group dropped out of the study compared to 51 participants in the methadone that dropped out.
- There were also a number of participants that switched OAT medications; 30 people on buprenorphine/naloxone switched to a different medication and 17 people on methadone switched to a different medication.
- The researchers examined cravings based on the intensity, frequency, and length of cravings. These three craving areas made up an overall cravings score.
- Craving scores were similar in both groups at baseline but they reduced in both treatment groups over the duration of the study. The study found that buprenorphine/naloxone reduced cravings more than methadone, especially in the first two weeks of the trial. However, participants on buprenorphine with naloxone were more likely to either switch medications during the trial or drop out of the trial, which may have been the reason why cravings were reduced in the buprenorphine with naloxone arm of the trial.

WHY IT MATTERS

These findings give a new perspective on the advantages of buprenorphine/naloxone compared to methadone for craving reduction in real-life settings particularly at the beginning of treatment. This can help inform decisions made by patients looking to start treatment about the impact of buprenorphine/naloxone on craving reduction and inform physicians who prescribe opioid agonist treatment. It can also help inform decisions related to switching medications for opioid agonist treatment.

WHAT'S NEXT?

- The researchers did not examine factors between opioid agonist treatment doses and craving, or between craving and other results such as additional unregulated opioid use, relapse or retention of treatment. Understanding these relationships may provide a more clear scientific picture of the role of cravings and treatment outcomes. The researchers stated these as limitations of their study and that future research could examine these impacts.