Published in final edited form as:

Biol Psychiatry. 1995 July 15; 38(2): 135–136. doi:10.1016/0006-3223(95)00071-N.

Buprenorphine for Human Immunovirus-Positive Opiate-Dependent Patients

Ivan D. Montoya, Annie Umbricht, and Kenzie L. Preston

Clinical Trials Section National Institutes of Health National Institute on Drug Abuse Intramural Research Program Baltimore, Maryland

To the Editor:

Buprenorphine is a semisynthetic opioid agonist/antagonist under research for treatment of opiate and opiate plus cocaine dependence. It is safe, has low abuse/dependence liability, can be administered sublingually, and prevents opiate withdrawal while blocking the effect of street opiates (Lewis 1989; Jasinski et al 1989; Johnson et al 1992; Kosten et al 1989, 1991; Mello et al 1989). Our group is conducting a series of studies to determine the safety and effectiveness of buprenorphine for the maintenance and detoxification of opiate dependent individuals. As part of these studies, research participants are voluntarily tested for human immunovirus (HIV). The result of the test does not influence their participation in the studies. We report here the safety and efficacy of buprenorphine for an 8-day inpatient detoxification of HIV-positive opiate dependent Diagnostic and Statistical Manual of Mental Disorders, 3rd ed, revised ([DSM-III-R], criteria) research participants. The sublingual buprenorphine/placebo daily dose was: 4 mg (day 1), 6 mg (day 2), 4 mg (day 3), 2 mg (day 4), and 0 mg (days 5–8).

From a total sample of 26 patients tested for HIV, there were 2 (7.7%) whose results were positive. These two patients were African-American men, ages 40 and 41. They had completed high school, one was employed full-time and the other was unemployed. They reported daily use of heroin, had a history of more than 10 years of heroin use, and had received previous drug abuse treatments. They also reported regular use of alcohol and cocaine. Their preferred route of opiate administration was snorted, although both had a history of intravenous drug use. They had no history of legal problems and were not living with a sexual partner. One patient had cervical and inguinal adenopathy, a toe fungus, and lymphocyte surface marker (T4) of 113/mm³; the other was asymptomatic. These patients did not differ in their psychosocial and drug use histories from the other patients who were HIV-negative.

The two patients completed the 8-day inpatient treatment, tolerated the medication, and experienced no serious side effects. One patient complained of mild constipation at the beginning of treatment. They did not require additional medication to help suppress opiate withdrawal and they did not use any other opiates throughout this treatment. Both patients reported reduction in the Addiction Research Center Inventory (ARCI) opiate withdrawal scale and Clinical Investigation Narcotic Assessment (CINA) scores. The medical examination, blood chemistry and hematology, and electrocardiogram (ECG) did not show differences between admission and discharge.

These results suggest that buprenorphine is a safe and useful medication for short-term detoxification of opiate-dependent individuals who are HIV positive or have acquired immunodeficiency syndrome (AIDS). Treatment of opiate dependence can also help to prevent the transmission of the virus. Further research is needed to establish fully the safety and efficacy of buprenorphine for the treatment of opiate-dependent individuals who have HIV infection.

References

- Jasinski DR, Fudala PJ, Johnson RE. Sublingual versus subcutaneous buprenorphine in opiate abusers. *Clin Pharmacol Ther* 1989;45:513–519. [PubMed: 2721107]
- Johnson RE, Jaffe JH, Fudala PJ. A controlled clinical trial of buprenorphine treatment for opioid dependence. *JAMA* 1992;267:2750–2755. [PubMed: 1578593]
- Kosten TR, Kleber HD, Morgan C. Treatment of cocaine abuse with buprenorphine. *Biol Psychiatry* 1989;26:637–639. [PubMed: 2790101]
- Kosten TR, Morgan C, Kleber H. Treatment of heroin addicts using buprenorphine. *Am J Drug Alcohol Abuse* 1991;17:119–128. [PubMed: 1862786]
- Lewis JW. Buprenorphine. *Drug Alcohol Depend* 1989;14:363–372. [PubMed: 2986930]
- Mello NK, Mendelson JH, Bree MP, Lukas SE. Buprenorphine suppresses cocaine self-administration in rhesus monkeys. *Science* 1989;245:859–862. [PubMed: 2772637]