

Agonist

Partial Agonist

Antagonist

Medication

Methadone and LAAM

Buprenorphine and
Buprenorphine combined with
Naloxone

Naltrexone

Action

Binds to Opiate receptor
Mimics the internal opiate
System

Binds to the receptor but
produces minimal agonist
effects

Binds to receptor and produces
no activity, thus blocking the effect
of agonists (i.e., morphine, endorphins)

Medical Use

Methadone can be used for
maintenance and medical
withdrawal. LAAM is only
for maintenance.

Buprenorphine alone for
stabilization and medical
withdrawal. Buprenorphine with
Naloxone is used for
maintenance.

Maintenance

Effective Dose

Methadone begins at 80
Mgs oral daily and LAAM

8 – 32 mgs daily or every other
day sublingually dissolves under
the tongue in 3 – 7 minutes

50 mgs daily oral and 150 mgs
oral every other day

Blockage

Starting at 80 mgs

Starting at 4 mgs

At any dose

| | | | |
|-------------------------------|---|---|---|
| <i>Effect on Craving</i> | Completely relieved | For some individuals the craving is completely relieved. Because of the ceiling effect that limits activity, some will experience craving and need full agonists treatment. | Does not relieve physiological craving and may induce secondary abstinence symptoms resulting in discomfort. |
| <i>Medical Safety</i> | Methadone over 80 mgs/Day and LAAM over 60 mgs every other day is safe and prevents respiratory depression. Before starting LAAM, EKG is indicated. LAAM is associated with possible arrhythmia | For opioid naïve individuals, ceiling effect reduces possibility of respiratory depression. | Protects against respiratory depression. Some patients complain of discomfort and can cause inability to experience pressure and other symptoms of the secondary abstinence syndrome. |
| <i>Withdrawal</i> | Methadone after 24 hours. LAAM after 72 hours. | After 48 hours | None |
| <i>Severity of Withdrawal</i> | Methadone symptoms are milder but longer than methadone and longer | Buprenorphine is milder than methadone but more protracted | None |

*Patient
Acceptance,
Retention in
Treatment*

Good retention with patients in treatment up to 30 years without toxic effects.

Presumed to be good, but long-term data are not available

Poor;, patients leave early because of craving, secondary abstinence syndrome, and discomfort

*Target
Population*

All adults over 18 including pregnant Women for methadone, LAAM is recommended for adults over 18 but not pregnant women

Individuals age 16 and over with short histories of opioid dependence. Methadone patients on very low doses (i.e., 30 mgs and under). Not recommended for pregnant or nursing women

Only a small group of opioid-dependent individuals respond. Non-responders should be transferred to agonist or partial agonist therapy.

Pain Management

Effectively treated with other opioids

No analgesia; action is blocked, and if patient need pain medication, must be transferred to methadone

No analgesia; action is blocked, and if patient needs pain medication must be transferred to methadone

Pregnancy

Methadone is Recommended. LAAM is not recommended.

Under study

Contraindicated

Breast Feeding

Methadone is safe with HIV-negative and normal
Caution with HCV. LAAM is not recommended.

Under study

Contraindicated