

Buprenorphine Maintenance: NDDTC in a lo zirchhuah tawh te



Dr. Atul Ambekar, Dr. Anju Dhawan
National Drug Dependence Treatment Center
All India Institute of Medical Sciences
New Delhi, India

Eng nge kan nih?

- 1988 ah De-addiction Center anga din a ni a
 - A hmun chu Deen Dayal Upadhy Hospital hman a ni.
- 2003 ah “National Drug Dependence Treatment Centre” ah hlankai a ni
 - A hmun thar Ghaziabad ami ah insawn a hawn nghal a ni.
- Involved in
 - Clinical services (outpatient, inpatient, community-based)
 - Thiamna zirtir leh dinchhoh (medical zirlai leh hriselna lam thiam te ram hmun hrang hrang a mi)
 - Kalhmang leh ruahmanna siam
 - Midangte nena research neih : National leh International level
 - Treatment model duanchhuah te

National and International Achievements

- National Resource Centre
- WHO (SEARO) country Resource Centre
- Global Resource Centre (UCLA & UNODC project), Dec 2005
- Buprenorphine substitution at a
Regional Learning Centre (UNODC
ROSA)

Duhtlan tur kan neih te:

AGONSIT

- Buprenorphine
- Buprenorphine-Naloxone combination
- Slow-Release Oral Morphine (SROM)

ANTAGONISIT

- Naltrexone

“Opioid Dependence enkawlina”

A chung a thu awm te

- Kan sulhnu leh thilthleng pawimawh te
- Kan thil zirchhuah te: Clinical leh Research
- Hmalam hun

A chhunga thu awm te

■ Kan sulhnu leh thil thleng pawimawh te

■ Kan thil zir chhuah te : Clinic leh research

■ Hmalam hun

Maintenance treatment: history and milestones

- 1988: De-addiction centre din tan a ni
- 1992: Khawtlang nghahchhana buprenorphine maintenance treatment (WHO supported)
Mohan and Ray, 1998
- 2000: Buprenorphine tablet chak zawk tihchhuah a ni - “Nitina enpuina hnuai a damdawi sem”
- 2000-2001: Post-Marketing Surveillance study of buprenorphine - India rama hmasa ber

Ray et al, 2004

Maintenance treatment: kan sulhnu leh thil thleng pawimawh te

- UNODC tan buprenorphine maintenance protocol duanchhuah a ni

Ray and Dhawan, 2004

- 2005: UNODC tanpuina in, multi-site study on Oral Buprenorphine Substitution bultan a ni
- 2006: Buprenorphine-Naloxone inpawlh tablets -“Inlama hawn tur a damdawi sem”

MAINTENANCE TREATMENT. KAN sulhnu leh thilthleng pawimaw te

Buprenorphine angle hrang hrang atanga
zirchianna:

- Hmansual a awlsamna

Bedi et al, 1998

- Detoxification hmanrua a hman a tan

Nigam et al, 1993; Saha et al, 2000

- Maintenance treatment a hmanrua atan

 - Hospital based leh community-based

Mohan & Ray, 1998; De et al, 2001

- Side-effect a thlen te

Ray et al 2004; Singhal et al, 2004

Contents

■ Kan sulhnu leh thilthleng pawimawh te

■ **Kan thil zir chhuah te: Clinical leh Research**

■ Hmalam hun

Kan thil zir chhuah : Clinical ah

- Buprenorphine substitution treatment hi:
 - A hmantlak a ni
 - Damlo te tan a pawmtlak a
 - Heng a tan te hian a tha
 - Treatment retention
 - Ruihhlo hman tihtlem nan
 - Nundan hlauhawm tihhniam nan
 - Khawtlang / eizawna a awmdan a titha
- Optimum dose: ?? 4 - 8 mg/day
- Psychosocial intervention nen a hman kawp in a tangkai

Kan thil zirchhuah : Reseach ah

Oral substitution with Buprenorphine

- UNODC project a thiltih pakhat : SAARC ram te a, ruihhlo ngai te zinga HIV inkaichhawanna laka inven (RAS/H 13)
- Coordinating centre
 - NDDTC, AIIMS, New Delhi
- A tel centre panga(5) te
 - NDDTC, AIIMS, New Delhi
 - SHARAN, New Delhi
 - Calcutta Samaritans, Kolkata
 - SASO, Imphal
 - Presbyterian Hospital, Aizawl

AIIMS a team te

- Dr. Anju Dhawan, Associate Professor (Psychiatrist)
- Dr. Raka Jain, Professor (Clinical Chemistry)
- Dr. Sonali Jhanjee, Assistant Professor (Psychiatrist)
- Ms. Anita Chopra, (Social Scientist)

Thil tum te

- A hnahawh that dan chhinchhiah, leh
- Practice guideline tur te tihfel
...a zau zawk a hman anih nana hmalak.

Methodology

Recruitment using inclusion & exclusion criteria (45 clients at each centre)



Intervention: pharmacological and psychosocial



Assessment: quantitative, qualitative, biochemical

Recruitment Criteria

Tel thei te

- Kum 18 chunglam
- Opiate dependence kum 5 aia tlem lo nei te
- Tunhnai a opioid inchiu nana hmang thin te

Subgroups te entirnan hmeichhia te leh ARV a enkawl mek te an awm chuan telh bawk tur an ni

Tel theilo te

- Natna hlauhawm entirnan, thaw tha thei lo te, hepatic natna nasa tawh te, delirium tremens nei te
- Zu ngawl vei mek te

Pharmacological Intervention

- Buprenorphine, 2 mg s/l tablet anga pek
- Nitina damdawi sem, enpuina hnuaiah
- Damdawi eidan thlah zalen deuh chungin
- Dos hi 2 mg multiple zela a tihpun tur (2-12 mg/day)
- A rei zawng: thla ruk (6 months)

Psychosocial Intervention

- Social worker in a titur a ni
- A tir thla ruk chung chuan, session hnih(2) darkar khat ve ve a rei (group a mi tam zawng 8-10)
- Thupui a huam tel tur te:
 - An nundan hlauhawm te, tha lo te leh an nun a nghawng dan chungchanga feedback
 - Tihphur belhna
 - Damdawi a enkawlina zawmthat tul zia
 - An tawlhkir leh tur ren dan tur leh tihtur te
 - Zamthatna, a eng zawnga thilthlir
 - Nundan thlakdanglam leh ngaiawh leh theih dan tur
 - An thil ruih thin te thlak nana ruihhlo dang, entirnan zu te an hmanloh dan tur.

Assessments

- Baseline zelah, thla 3, thla 6 leh thla 9 ah
- Kartin assessment(following-up), thla 3 chhung leh a hnu a kar 2 dan zelah doctor in a nei tur a ni.
- Social worker in in lama a tlawh thin a follow-up neih thin.

Assessment: *Quantitative*

- Demographic details, Ruihhlo a lo hmantawh thin dan
- A phurna (*questionnaire thlak tura inpeihdan*) A addict nghal dan/nasat dan (*Addiction Severity Index*)
- Inchiuna leh mipat-hmeichhiat a a nundan (*High Risk Behavior Scale*)
- Nundanphung hniam leh hniam lo (*WHOQOL- Bref*)
- Withdrawal symptom te (*Protracted Withdrawal checklist, Subjective and Objective Opioid Withdrawal Scale*)
- Enkawlna bansan chhan te
- Side Effect te tlangpui te
- Thuzawnthat dan(*Medication use questionnaire*)

Assessment: *Qualitative*

- Process lantirna te

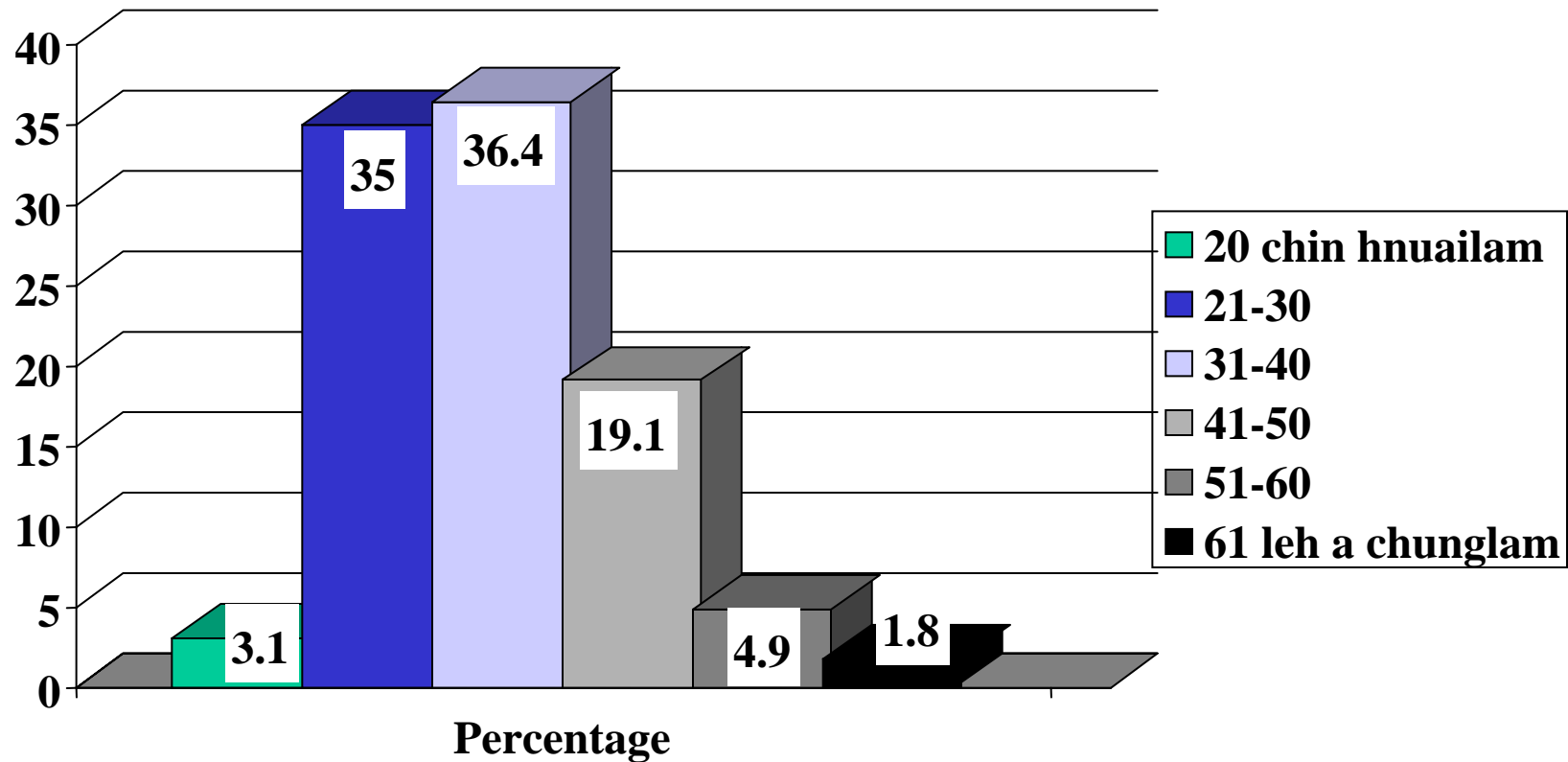
Assessment: *Biochemical*

- Zun screen na (centre pahnih ah)

Results: Baseline

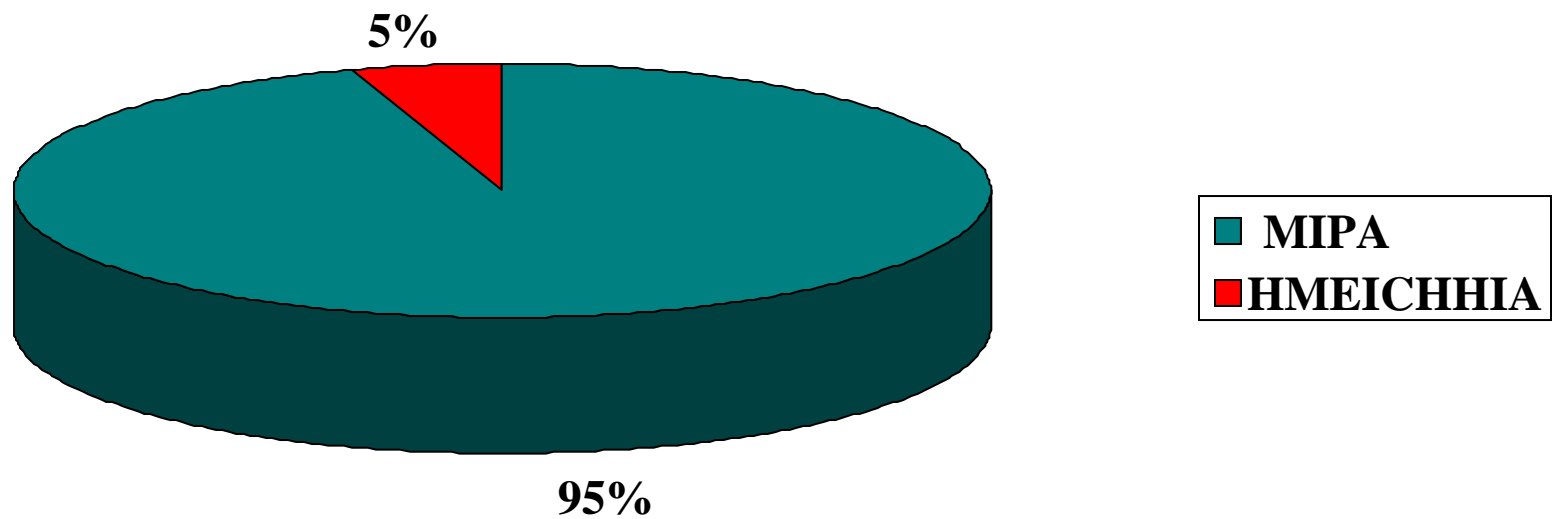
KUM (n=225)

■ A tam ber te hi kum 21 atanga 40 inkar te an ni



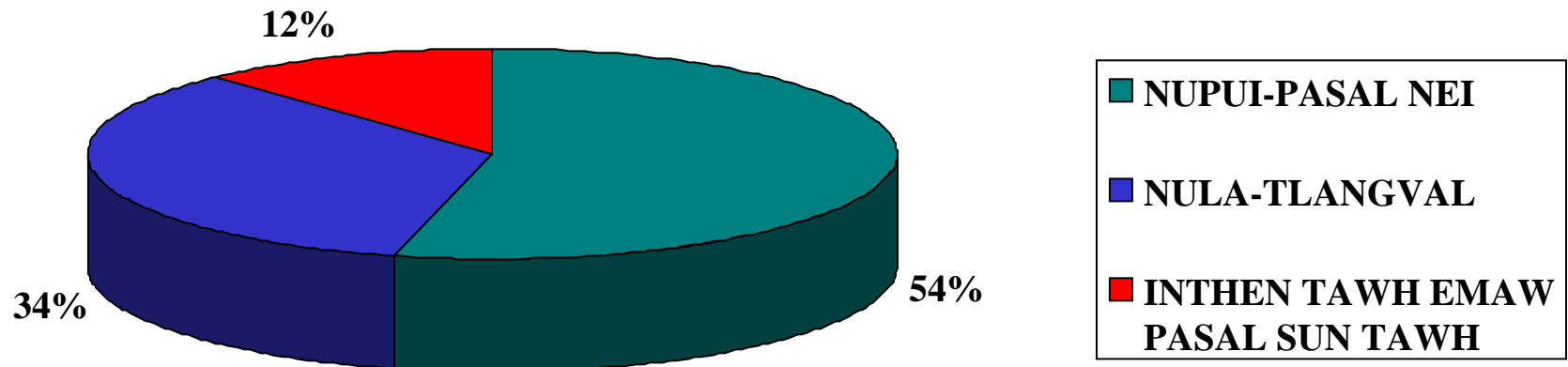
GENDER (n=225)

■ Mipa an tam zawk hle



Nupui-Pasal nei (n=225)

■ A tam zawk te hi nupui-pasal nei an ni

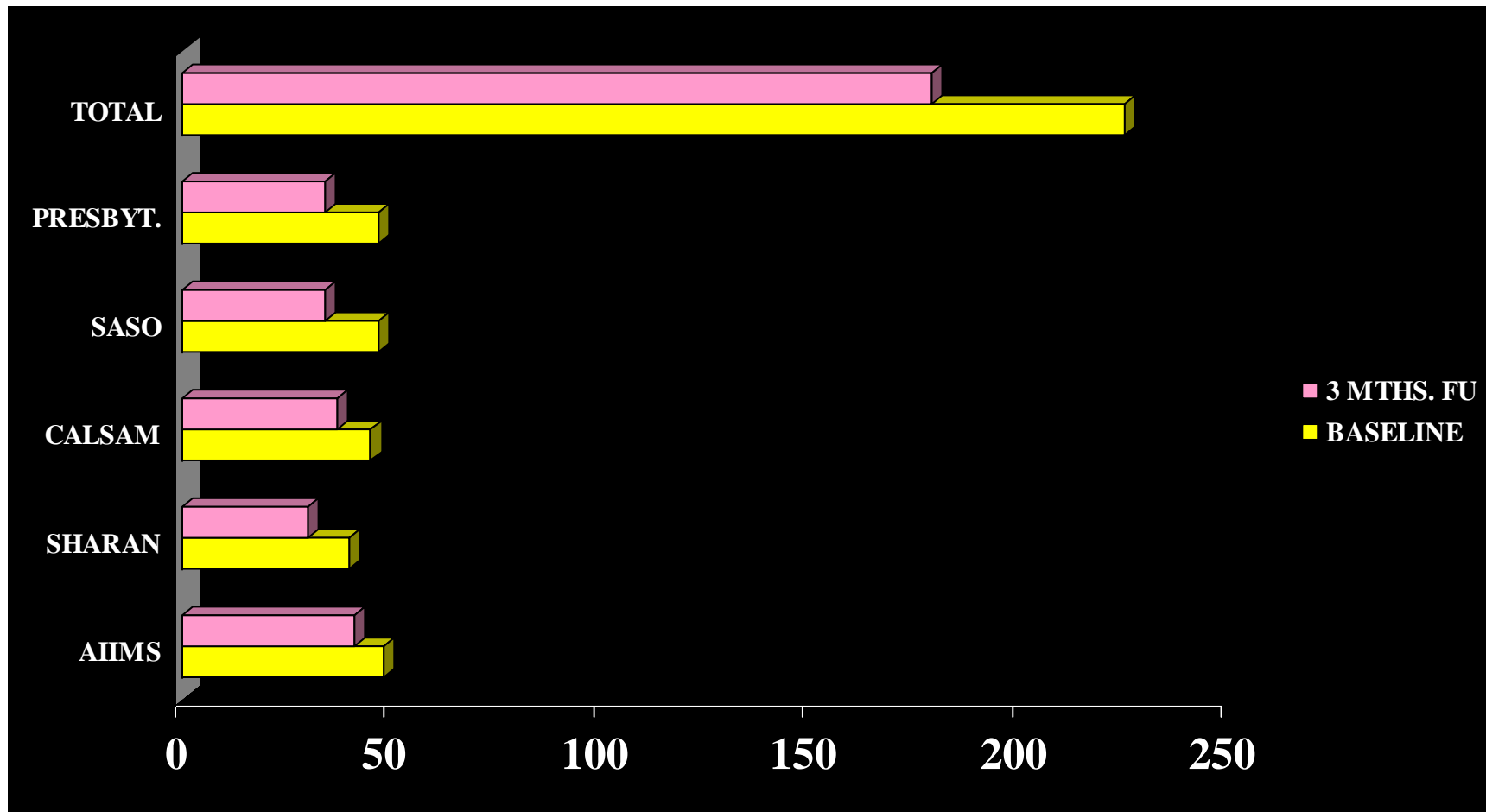


Ruihhlo hmansual nasat zual te

| Ruihhlo hluar te | Percentage |
|------------------|------------|
| HEROIN | 88.4 |
| OTHER OPIATES | 8.5 |
| RAW OPIUM | 2.7 |

Results: 3 Month Follow-up

CENTRE TIN TE DIN HMUN



CENTRE tin te dinhmun

| | BASELINE | 3 MTHS. FU | PERCENTAGE RETAINED |
|--------------|-----------------|-------------------|--------------------------------|
| AIIMS | 48 | 41 | 85.4 |
| SHARAN | 40 | 30 | 75 |
| CALSAM | 45 | 37 | 86.6 |
| SASO | 47 | 34 | 91.5 |
| PRESBYT. | 45 | 37 | 82.2 |
| TOTAL | 225 | 179 | 80.0 |

Buprenorphine Dosage (mg/day)

- Nikhat a dose hniamber
chawhrualin - tab. **4.1 ± 1.5**
- Nikhat a dose sangber
chawhrualin - tab. **6.4 ± 2.4**
- Tunhnai a dose, chawhrualin - tab. **5.8 ± 2.9**

Buprenorphine Compliance

Thla 3 hnu a follow-up ah

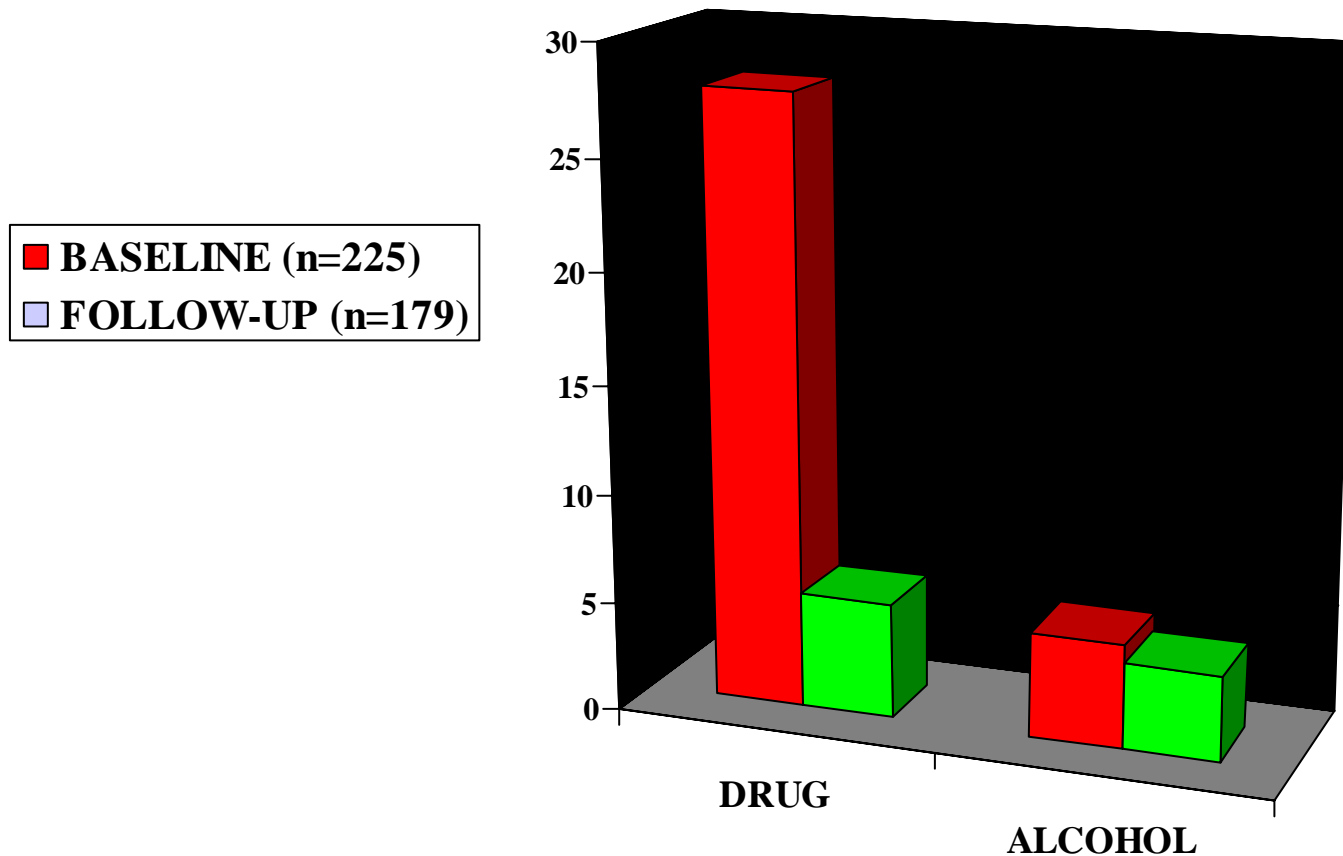
■ Thawh theih zat bituk = Ni 84

■ Tlawh zat = Chawhrualin 68.6 ± 19.3 days

DROP OUT CHHAN TE

- Damlohna avangin nitin an rawn kai theilo
- Tawlhkirna
- Ruihtheihthil hrim hrim laka fihlim an duh avangin
- Side effect te vangin
- A damdawi te ngaih leh mai an hlauh avangin
- Man / Jail an tan avang te
- An chakna an insum zoh loh vang/ an tawlhkir avangin

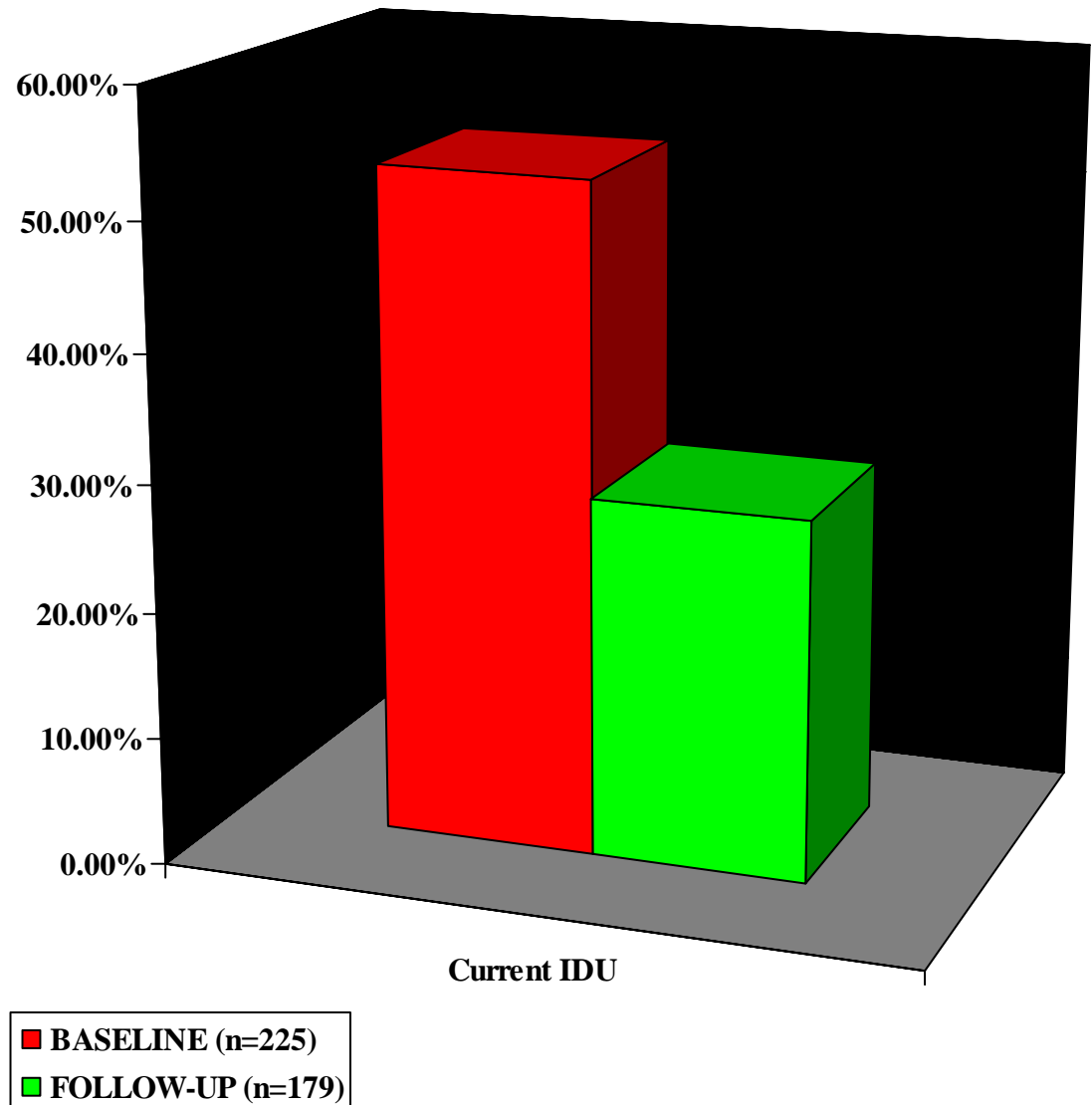
Tunhnai ni 30 chhunga zu/drugs an hman zat ni



| | DRUG | ALCOHOL |
|-------------------|------|---------|
| BASELINE (n=225) | 27.8 | 4.8 |
| FOLLOW-UP (n=179) | 5.3 | 3.9 |

Current Injecting Drug Use

- At baseline:
119/225 (52.8%)
users
- At follow-up:
Reduced to 51/179
(28.5%) users
- Inchiu dan
fimkhurloh avanga
hlauhawm te,
inchiu te zinga a
tlakhniam na



Inchiu dan fimkhur tawklloh avanga hlauhawm (%)

| | BASELINE (n=119/225) | FOLLOW-UP (n=51/179) |
|---|-------------------------|-------------------------|
| Midang inchiuna hriau hman hnu hman ve | 42 | 7.8 |
| I hman hma a mi 1-10 in lo hman tawh in | 56.3 | 7.8 |
| I hman hnu a mi 1-10 in an lo hman ve in | 63.9 | NIL |
| Condom hman loh | | |
| ■ Mipakhat ngar ngar mutpui in | 21.8 | 11.8 |
| ■ Nawhchizuar te kawp in | 5.9 | 3.9 |

Thil hmuhchhuahdang te

- Addiction Severity Score te a tlahniam
- Quality of life score te a pung thung

A thatna lam hmuhchhuah te

- Hnathawk tu te thiamna a tipung
- Subject tur thlanna a : Thiltih hrang hrang te zingah snow-balling hi a tangkaiber a hriat a ni
- Hnathawktu te ngaihndan - a thalam a ni
- Enkawl tawh te an lungawi : dose a tha tawh, enkawl lai te duhthlan turah an inrawlh ve thin
- Buprenorphine: a venthat a buaithlak loh
- Diversion report a lut tlem hle

Harsatna tawh te leh kan zir chhuah te

- Substitution drug te hi zu / cannabis te nena hmanpawlh
- Enkawllai tam takin project piahlam a chhonzawm / tihtawp an duh thu ngenna an thehlut
- Bansen an tam te
- Damdawi te in lama hawn dil thin te
- Mamawh dang entirnan chaw te leh damdawi dang te mamawh na

A kaihhnawih thildang

- A thawhthat dan quantitative data atanga en a dahthat
- Qualitative data a thunluh te hmang hian Practice guideline te siam a ni
- Buprenorphine Maintenance hi a zirtirna tha tawk tak pek chuan a zawngchhang tlak a ni
- Training leh practice Guideline te hmangin a tihphuisuih theih a ni

A chhunga thu awm te

- Kan sulhnu leh thilthleng pawimaawh te
- Kan thil zirchhuah te : Clinical leh research

■ Hmalam hun

Hmalam hun

- Buprenorphine - Naloxone in pawlh tablet te hman an nih chuan : thil tam tak a thlak danglam theih ang
 - Diversion awm theihna chance a tlem ang
-> Consequences pawh
 - “Inlama hawn” damdawi sem te
 - Zawm a awlsam dawn bakah pawmtlan a awl ang

Hmalam Hun

- UNODC tanpuina a Oral substitution Project :
chhunzawmna
- Coordinating centre: AIIMS, New Delhi
- Centre 10 dang an telbelh ang (l.e. a vaiin centre 15)
 1. SPYM, Delhi
 2. Sahara, Delhi
 3. TSSS, Trivandrum
 4. TTRCRF, Chennai
 5. VJSS, Bhubaneshwar
 6. Kripa Foundation, Kohima
 7. Galaxy Club, Imphal
 8. Bethesda, Dimapur
 9. Cal Sam Jamshedpur
 10. SEHAT, Chandigarh

Hmalam hun

■ UNODC tanpuina a Oral substitution Project :
a chhinzawm in a tum

A tum te

■ Centre tam zawk leh sample tam tham zawk te
hmanga a thatna chhinchhiah

■ Buprenorphine Substitution tihchangtlun

■ A hmun ding mek te

■ Agonist substitution a zuihral dan tur ruahman

■ India mi enkawl te'n a Buprenorphine Substitution an
mamawh rei dan chhinchhiah

■ Agonist atanga antagonist a insawn hnu a a thatna
chhinchhiah (Naltrexone)

Hmalam Hun

■ UNODC tanpuina a oral substitution project: A chhonzawmna

Rawtna te

- Nikhat dan a dose laktheih nana duhthlan theihna
- Buprenorphine (Buprenorphine-Naloxone) chhonzawmna, enkawllai te zingah, vilngun reng chungin, tin, a hnu a Naltrexone a insawn.
- Assessment
 - Quantitative nasa lo zawk in
 - Qualitative
 - Zun screen na Centre tin ah
- Psychosocial sessions te a hma aia ngawrh zawk in

A tlangkawmna

- Buprenorphine hi kan khawvel ami ngei a ni a:

- Thiamna te leh hriatna te a awmbelh zel a, hetiang te hi thlitfim leh tihchak zel an ni

- Kan tih tur te

- Heng thiamna te hi theh darh tur a ni
 - Special population sub-groups
 - Setting a bik a siam te (?prisons)

Thank you

Drug Abuse: *News-n-Views*

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Theme: Abuse of Psychotropic Drugs

Editor:
B. M. Tiwari, MD, MCh Psych, Professor
Assistant Editor:
Anil Ambekar, M.D., Assistant Professor
National Drug Dependence Treatment Centre,
All India Institute of Medical Sciences,
New Delhi 110 029, India.



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Editorial

Dear Readers,

We are proud to present the inaugural issue of our Newsletter - Drug Abuse: *News and Views*. This issue is dedicated to the theme of 'Abuse of Psychotropic Drugs'.

For this particular issue, we have been able to secure an impressive line-up of contributors from various disciplines and specialties. This is because the phenomenon in question - abuse of psychotropic drugs - is a complex issue, which deserves examination from various angles. A Psychiatrist (dealing predominantly with general psychiatric cases) may feel that the issue is being blown out of proportion since in his/her routine practice he/she may have found only a miniscule proportion of patients 'abusing' psychotropic medications. Addiction specialists on the other hand, would report that many of their patients who present for treatment of abuse and dependence on various substances, also suffer from abuse and/or dependence on psychotropic drugs. Agencies involved in control of abuse of various drugs would advocate for stricter law enforcement to regulate the supply and availability of psychotropic drugs. Patients, who require these medications for legitimate reasons would often complain about how stricter regimens are making their lives difficult.

We have made an attempt to incorporate these diverse views in this issue of 'Drug Abuse: *News and Views*'. After going through these contributions and reviewing the published literature on this topic, we believe that this phenomenon should be seen with a balanced perspective. There is no doubt that psychotropic medications are very important agents in the arsenal available for physicians of almost all specialties.