Long-term buprenorphine-naloxone treatment reduces opioid use by those dependent on prescription painkillers, according to the first randomized, controlled trial using a medication for the treatment of prescription opioid dependence. Nearly one-half (49%) of those receiving 12 weeks of treatment with the opioid buprenorphine-naloxone reduced their use of other opioids.* However, eight weeks after the buprenorphine-naloxone treatment was tapered off and discontinued in accordance with the study protocol, only 9% had reduced their opioid use. Thus 91% of the study participants were not opioid-free at follow-up. According to the authors, “The high rate of unsuccessful outcomes after buprenorphine-naloxone taper is notable in light of the good prognostic characteristics of the population (i.e., largely employed, well educated, relatively brief opioid use histories, and little other current substance abuse) and previous research suggesting that patients dependent on prescription opioids might have better outcomes than those dependent on heroin” (p. E7). The authors suggest that future research look at “what length of buprenorphine-naloxone treatment, if any, would lead to substantially better outcomes after a taper” (p. E7). [Editors Note: The findings of likely relapse after cessation of buprenorphine-naloxone treatment are not surprising to us, as buprenorphine-naloxone treatment consists primarily of replacing one opioid with another and continuing the dependence.]

*Reduced opioid use was defined as abstaining from other opioids during the final week and during at least 2 of the previous 3 weeks of treatment or taper/follow-up. Abstinence was determined by urine test-verified self-reports; missing urine samples were considered positive for opioids. Opioids tested for included oxycodone, hydrocodone, hydromorphone, morphine, codeine, propoxyphene, and methadone.