In the past opiate withdrawal has been managed by using decreasing doses of a long-acting orally active opiate. However with increasing emphasis on early abstinence, the use of clonidine to manage withdrawal symptoms has become increasingly popular. Management of other opiate withdrawal conditions is symptom specific. Anxiety can be managed with reassurance and benzodiazepines, if necessary. Aches and pains can be managed with non-opiate analgesics. Cramps and diarrhea can be managed with routine medications for GI distress.

In the past few years the FDA has approved a new agent (buprenorphine, Suboxone®, Subutex®) for opiate withdrawal as well as maintenance treatment for opiate abstinence. Physicians wishing to use buprenorphine must receive a waiver and a unique DEA number from the FDD to prescribe buprenorphine. The FDA provides a buprenorphine specific DEA number based on the physician demonstrating competence in the use of the drug as well as the overall treatment of opiate dependent individuals (http://www.buprenorphine.samhsa.gov).

**REFERENCES**
