

BUPRENORPHINE TREATMENT

Curriculum Infusion Package (CIP)
Based on the Work of Dr. Thomas Freese
of the Pacific Southwest ATTC

Drug Addiction Treatment Act of 2000 (DATA 2000)

Developed by Mountain West ATTC



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- The O.A.S.I.S. Clinic developed and granted permission for inclusion of the video, "Put Your Smack Down! A Video about Buprenorphine."



Drug Addiction Treatment Act of 2000 (DATA 2000)

- Expands treatment options to include both the general health care system and opioid treatment programs.
 - Expands number of available treatment slots
 - Allows opioid treatment in office settings
 - Sets physician qualifications for prescribing the medication

DATA 2000: Physician Qualifications

Physicians must:

- Be licensed to practice by his/her state
- Have the capacity to refer patients for psychosocial treatment
- Limit their practice to 30 patients receiving buprenorphine at any given time
- Be qualified to provide buprenorphine and receive a license waiver

DATA 2000: Physician Qualifications

A physician must meet one or more of the following qualifications:

- Board certified in Addiction Psychiatry
- Certified in Addiction Medicine by ASAM or AOA
- Served as Investigator in buprenorphine clinical trials
- Completed 8 hours of training by ASAM, AAAP, AMA, AOA, APA (or other organizations that may be designated by Health and Human Services)
- Training or experience as determined by state medical licensing board
- Other criteria established through regulation by Health and Human Services

Buprenorphine as a Treatment for Opioid Addiction

- A synthetic opioid
- Described as a mixed opioid agonist-antagonist (or partial agonist)
- Available for use by certified physicians outside traditionally licensed opioid treatment programs

Factors for Addiction Professionals to Consider

1. Is the patient addicted to opioids?
2. Is the patient interested in office-based buprenorphine treatment?
3. Is the patient aware of other treatment options?
4. Does the patient understand the risks and benefits of this treatment approach?
5. Is the patient expected to be reasonably compliant?

Factors for Addiction Professionals to Consider

6. Is the patient expected to follow safety procedures?
7. Is the patient psychiatrically stable?
8. Are the psychosocial circumstances of the patient conducive to treatment success?
9. Are there resources available to ensure the link between physician and treatment provider?
10. Is the patient taking other medications that may interact adversely with buprenorphine?

Induction Phase

Working to establish the appropriate dose of medication for patient to discontinue use of opiates with minimal withdrawal symptoms, side-effects, and craving

Direct Buprenorphine Induction from Short-Acting Opioids

- Ask patient to abstain from short-acting opioid (e.g., heroin) for at least 6 hrs. and be in mild withdrawal before administering buprenorphine/naloxone.
- When transferring from a short-acting opioid, be sure the patient provides a methadone-negative urine screen before 1st buprenorphine dose.

SOURCE: Amass, et al., 2004, Johnson, et al. 2003.

Maintenance Phase

Goals of Maintenance Phase:

Help the person stop and stay away from illicit drug use and problematic use of alcohol

1. Continue to monitor cravings to prevent relapse
2. Address psychosocial and family issues

Buprenorphine Withdrawal

- Working to provide a smooth transition from a physically-dependent to non-dependent state, with medical supervision
- Medically supervised withdrawal (detoxification) is accompanied with and followed by psychosocial treatment, and sometimes medication treatment (i.e., naltrexone) to minimize risk of relapse.

Medically-Assisted Withdrawal (Detoxification)

- Outpatient and inpatient withdrawal are both possible
- How is it done?
 - Switch to longer-acting opioid (e.g., buprenorphine)
 - Taper off over a period of time (a few days to weeks depending upon the program)
 - Use other medications to treat withdrawal symptoms
 - Use clonidine and other non-narcotic medications to manage symptoms during withdrawal

Counseling Buprenorphine Patients

Counseling Buprenorphine Patients

- Address issues of the necessity of counseling with medication for recovery.
- Recovery and Pharmacotherapy:
 - Patients may have ambivalence regarding medication.
 - The recovery community may ostracize patients taking medication.
 - Counselors need to have accurate information.

Counseling Buprenorphine Patients

- Recovery and Pharmacotherapy:
 - Focus on “getting off” buprenorphine may convey taking medicine is “bad.”
 - Suggesting recovery requires cessation of medication is inaccurate and potentially harmful.
 - Support patient’s medication compliance
 - “Medication,” not “drug”
