

Buprenorphine in the Clinical Trials Network: The Community Treatment Provider Experience and Legacy

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Clinical Trials Network (CTN)

- Started in 1999
- Began with 6 nodes now 17
- Currently there are 120+
Community Treatment Programs
(CTP)
- outpatient drug-free, residential,
TC, OTP (methadone), HMO, CMHC

Participating Sites

0001/0002

- 6 Sites in the Drug Free Residential CTN 0001 Trial
- 6 Sites in the Outpatient CTN 0002 Trial
- Pacific Regional Node - Lead Node

Community Treatment Programs

Residential

2 Therapeutic Communities

1 Free-standing, Chemical
Dependency Hospital

2 Detox Units with Integrated
Addiction and Mental Health
Services

1 long term Residential

Outpatient

4 Opioid Treatment Programs

1 HMO

1 Community Mental Health Center

Residential

- Betty Ford Center, CA
- Center for Drug Free Living, FL
- Maryhaven, OH
- Operation PAR, FL
- Phoenix House, NY
- Self-Help Addiction Recovery, MI
 - (SHAR)

Outpatient

- Addiction Research and Treatment Corporation, NY
- Aegis Medical Systems, CA
- Belview Hospital, NY
- Kaiser-Permanente, OR
- Mercer Trenton, NJ
- Midtown, IN

Pacific Regional Node

The “bup” Experience

Outpatient Methadone Program

- Became a member of the Pacific Node 1999
- Traditional methadone treatment program - methadone and LAAM & psychosocial services
- 250+ patients, large Hispanic population Oxnard , California.

Cont'd

- Physician – Trained as anesthesiologist
- Nurses – LVNs worked in dispensary
- No prior research experience
- Most of the staff naive to bup – never heard of it or had many misconceptions!

Goals of CTP

- Become involved in the CTN
- Become actively involved in research
- Gain experience with buprenorphine – bup was the new star for opioid addiction
- * See if bup could be integrated into a traditional methadone treatment program, (without setting the house on fire)
- Did bup have “curb” appeal
- Would the staff accept it

The Experience

- Recruitment went well – study flyers initially but “word of mouth” quickly took over. People are **still** calling !
- Several former bup patients now on methadone asking if they can switch back
- Staff turnover/loss was probably the biggest difficulty for the study

cont'd

- Support from UCLA (RRTC) was constant and very helpful
- Mistakes made but rarely repeated
- There was “knowledge drift” among some staff
- Staff turnover did not = Staff mortality, everyone survived!

Knowledge Gained/Lessons Learned

- Medication trials can be done successfully in community treatment programs
- Old dogs can learn new tricks
- Patients really liked bup
- Patients really don't like clonidine
- Buprenorphine as an alternative to methadone seems viable in the OTP*

Thoughts for future use of bup in OTP

- Few OTPs currently using bup in US- many are talking about it
- Staff and patient education needs to be ongoing
- Acceptance will be gradual
- Swimming against 50 years of methadone
- User friendly legislation must be in place –
 - * Prescribe verses Dispense
 - * Take home policies

Thoughts cont'd

- Need to keep looking for best applications
- Bup in OTP is natural/logical
- LAAM is gone: Naltrexone was stillborn
- Methadone may not be the best choice for everyone who needs treatment for opioid dependence

Old Adage

- The proverbial...”elephant sitting in the middle of the living room but...”

Cost



Lulu



The Legacy

4 of original 6 drug free (0001) sites are continuing to utilize bup

- Betty Ford Center, CA
- Operation PAR, FL
- Center for Drug Free Living, FL
- Maryhaven, OH

Cont'd

- Buprenorphine Hepatic Safety Study (START)
- NIDA Priority - multi-site study of buprenorphine for prescription opioid abuse
- CTN - Buprenorphine Special Interest Group (SIG)

Conclusion

Buprenorphine is a viable treatment option for opioid abuse in both inpatient and outpatient settings.

We must quickly develop funding mechanisms which will make it possible to expand bup use in these settings.