

# Dissemination of Innovations in Pharmacotherapy

**NATIONAL** *Clinical Trials Network*  
**Long Island Regional Node**



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## Overview of Presentation:

- Barriers to adoption of pharmacotherapy
- Pharmaceutical companies as agents of dissemination
- Academic Detailing
- The buprenorphine dissemination experiment currently underway
- Trying to do it the right way

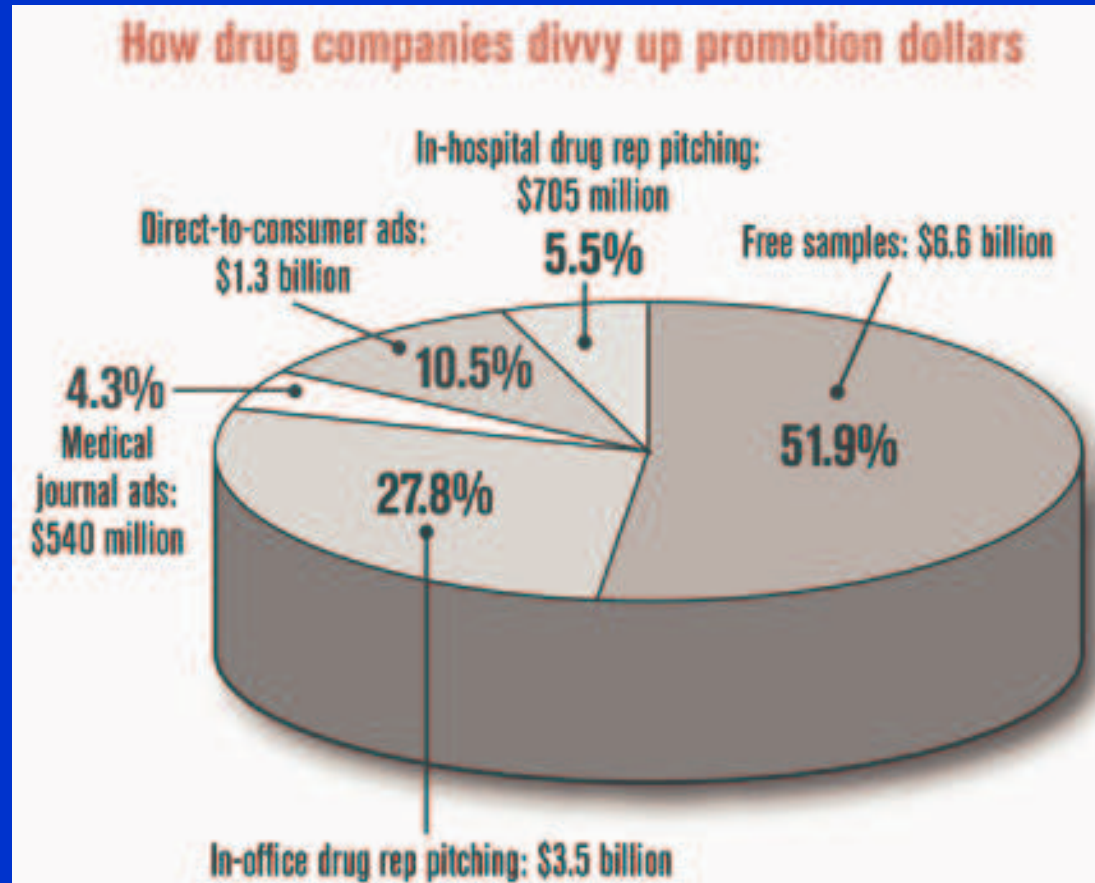
# Barriers to adoption of medications:

- Legacy of negative attitudes toward medications in addiction treatment and 12 Step communities
- Legacy of negative attitudes and apprehensiveness about involvement with addicts in physicians
- Lack of sufficient physician presence in community treatment programs

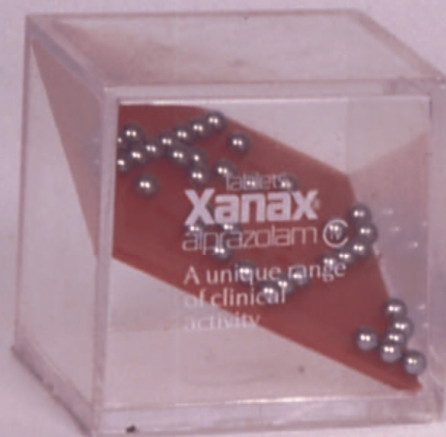
# Barriers to adoption of medications:

- Lack of funding for medication and medication monitoring
- Effectiveness of some medications for addictions modest
- Ambivalence of pharmaceutical industry in developing and marketing medications for addiction treatment

# Pharmaceutical Companies as Agents of Dissemination



In a first-of-its-kind study, Stanford researchers pinpointed the amount of money spent on pharmaceutical promotion activities in 1998. The bulk of the \$12.7 billion outlay went toward distributing free samples to doctors' offices. Direct-to-consumer ads, however, have grown in popularity in recent years. Illustration: Amy Feldman





RELAX AND TAKE YOUR TIME WITH  
**36-Hour CIALIS.**

**If a playful moment turns into the right moment, you can be ready.**

CIALIS is the only erectile dysfunction (ED) prescription tablet clinically proven to both work up to 36 hours and work in some men as fast as 30 minutes. Individual results may vary. Not studied for multiple attempts per dose.

Strengthens the will to say no.

**Campral**  
(acamprosate calcium)  
Delayed-Release Tablets  
For Alcohol Dependence

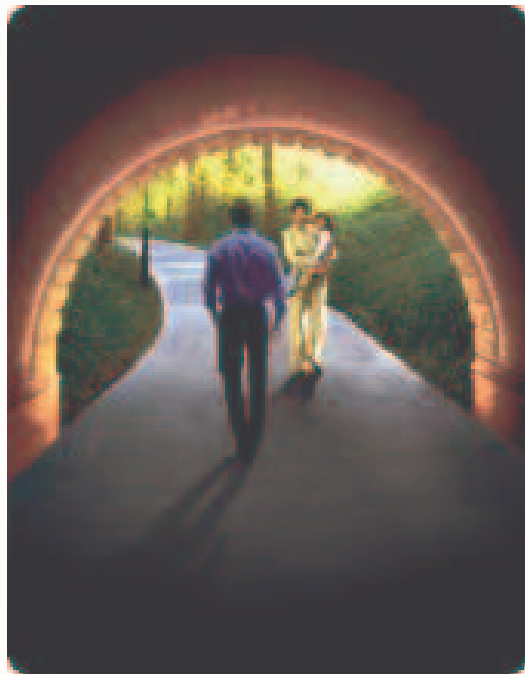
About Alcohol  
Dependence

About **Campral**

Stay Informed

For Healthcare Professionals

Answer Center



# Academic Detailing:

- Demonstrated by Avorn and Soumerai to be an effective way of changing physician prescribing practices in a number of settings
- Derived from careful observation of the behavior of pharmaceutical detailers (“detailing without the bribes”)
- Demonstrated repeatedly to decrease inappropriate prescribing
- Not as well studied as a measure to promote novel prescribing (and prescribing medications for addiction)

# Principles of Academic Detailing:

- Research current prescribing patterns and rationale for patterns via focus groups
- Involve physician opinion leaders
- Establish credibility as a source of unbiased, reliable information and present all sides of controversial issues
- Agree on a practice pattern to change

# Principles of Academic Detailing:

- Examine barriers to change
- Repeated brief, *interactive* contact with physicians whose practice patterns are targeted
- Written and graphic materials which enhance interest of physicians during interactions
- Reinforcement during follow-up visits to sustain improvements in performance

# The Buprenorphine Dissemination Experiment Currently Underway



## Buprenorphine for Office-Based Opioid Treatment

- Use for office-based maintenance or detoxification in the USA is made possible by the Drug Abuse Treatment Act of 2000 (DATA)
- This stipulated that medication had to be Schedule III. Approved for buprenorphine by the Food & Drug Administration in October 2002
- Other provisions:
  - Physicians had to meet certain criteria, either by prior training & certification or by taking an 8-hour course
  - A physician could not treat more than 30 patients at any one time
  - 30 patient limit is applied to group practice as well (current attempts to change this)

# Advantages of Buprenorphine

- Buprenorphine binds more tightly to the receptor than other opiates
- As a partial agonist, it has less abuse potential (and pts. don't report a sense of intoxication)
- Ceiling effect protects against overdose
- Regulations permit more privacy and flexibility in treatment

# Average Attendance Per Training Program 2002 - 2004

1st Half 2002	2nd Half 2002	1st Half 2003	2nd Half 2003	1st Half 2004	2nd Half 2004
60	37	48	50	45	46

# Physician Attendee by Specialty 2004 (%)

	Addiction	Psychiatry	Family	Internal	Pain	Other
1 <sup>st</sup> Half 2004	7	42	18	14	14	4
2 <sup>nd</sup> Half 2004	4	33	21	16	14	12

# Percent of Physician Attendees Already Treating Opioid Dependence

	Yes	No
1 <sup>st</sup> Half 2004	77%	23%
2 <sup>nd</sup> Half 2004	79%	21%

# Buprenorphine Prescribing

- 6,022 physicians trained as of 12/31/04
- 4,644 applied for waivers as of 12/31/04
- 3,966 waivers approved as of 12/31/04
- Approximately 1,800 M.D.'s ever prescribed buprenorphine as of 12/31/04 (possibly as many as 3,000)
- Number of sublingual prescriptions in thousands:

2003

2004

1<sup>st</sup> Quarter

2.5

1<sup>st</sup> Quarter

56.6

2<sup>nd</sup> Quarter

12.9

2<sup>nd</sup> Quarter

77.2

3<sup>rd</sup> Quarter

25.2

3<sup>rd</sup> Quarter

92.9

4<sup>th</sup> Quarter

40.6

## Buprenorphine PHYSICIAN LOCATOR

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Notice: The Drug Addiction Treatment Act of 2000 limits physicians or physician group practices to prescribing buprenorphine for opioid addiction to a maximum of 30 patients at one time. Because of this, some physicians listed on the Locator may not be accepting new patients at this time. If you are unable to find a physician within your area who is accepting new patients, please check our site later, as new physicians are being added weekly.

To locate the physician(s) authorized to prescribe Buprenorphine nearest you, find your **State** on the map below and click on it.



## Trying to Do It the Right Way:

- Educate non-physicians about effective medications to enhance demand and to better support patients in treatment (e.g., NIDA/ATTC Buprenorphine Awareness Blending Teams)
- Improve training experience for physicians
- Mentorship and ongoing contact with mentors (e.g., CSAT/ASAM Physician Clinical Support System)
- Outreach to patient community to engage in treatment and spread the word