

Team reports on study of waitlisted opioid-dependent adults

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In rural states like Vermont, opioid-dependent adults desperate for treatment often find themselves stuck on a wait list, sometimes for eight months or more, increasing their risk of continuing to use illicit opioids, contract an infectious disease, overdose and prematurely die. However, this problem isn't limited to Vermont—a full 96 percent of states in the U.S. have opioid dependence rates that exceed medication-assisted treatment availability, according to a 2015 study in the *American Journal of Public Health*.

Stacey Sigmon, Ph.D., an addiction research expert with the Vermont Center on Behavior and Health and an associate professor in psychiatry at the University of Vermont, has seen the problem firsthand as the director of the Chittenden Clinic Opioid Treatment Program based in Burlington. Vermont's largest methadone clinic, the Chittenden Clinic recently increased capacity from 400 to 1,000 patients, but waitlists for [treatment](#) persist.

Sigmon conducted a study to test an "Interim Buprenorphine Treatment" (IBT) regimen for waitlisted opioid-dependent adults. The results debut in the *New England Journal of Medicine* on December 22, 2016.

In Sigmon's National Institute on Drug Abuse-funded study, participants were randomized to receive IBT or continued "Waitlist Control" for three months. IBT participants received buprenorphine maintenance dispensed via a small computerized device, daily monitoring calls via an Interactive Voice Response (IVR) phone system, and IVR-generated

random call-backs. IBT participants made bi-weekly clinic visits for assessment, at which time urine specimens were collected under staff observation and analyzed immediately for opioids and other drugs.

Not only did IBT participants achieve far more illicit opioid abstinence, they also demonstrated greater reductions in their frequency of injection drug use and also in psychological symptoms, such as anxiety and depression. Adherence with buprenorphine administration (99%), daily monitoring (96%) and random call-backs (96%) was also excellent, as were patients' ratings of treatment satisfaction (4.6+0.7 on a 5-point scale).

"This study represents a substantial first step towards the development of an interim dosing intervention that could reduce illicit drug use, injection drug use and other risk behaviors when a comprehensive treatment slot is unavailable," says Sigmon. "Finding a creative way to provide buprenorphine to waitlisted opioid abusers may greatly reduce individual and societal harm during delays to opioid treatment."

Provided by University of Vermont College of Medicine

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