

New hope for waitlisted patients addicted to opioids

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As the opioid crisis continues to escalate, the number of people who need treatment for their dependency on heroin or prescription pain killers far exceeds the capacity of available treatment programs. People seeking treatment can wait months or even years for spots in clinics or with certified doctors—and while they wait, they risk becoming infected with HIV or hepatitis, as well as dying from an overdose.

Dr. Stacey Sigmon and her team at the University of Vermont's College of Medicine have developed a new intervention for reducing these risks among opioid-dependent people who are stuck on waitlists. The group recently completed a randomized pilot study assessing the feasibility of an interim dosing treatment and found it reduced illicit opioid use and injection drug use among waitlisted patients.

Instead of requiring frequent trips to a doctor or clinic, Dr. Sigmon's approach combines buprenorphine, an effective medication for treating opioid use disorder, with a computerized dispenser that provides only a single dose each day, to be taken at home. The device is equipped with locks and alarms to prevent tampering and ensure that the medication is not misused. The protocol also includes automated phone-based monitoring and random call-back visits for urine testing and pill counts. This regimen allows patients to start potentially life-saving medication immediately, while waiting for access to a community treatment program that includes more comprehensive counseling and other services.

Results from the 12-week study showed that waitlisted, opioid-dependent individuals receiving the interim buprenorphine were significantly better at abstaining from illicit opioid use, as proven by urine tests, compared to those who didn't receive the experimental treatment.

The effectiveness of the interim buprenorphine treatment will soon be the subject of a larger trial, with a focus on testing the treatment in more rural, underserved communities struggling with [opioid abuse](#) and limited treatment capacity. In the current, overburdened drug treatment system, Dr. Sigmon's interim therapy could help protect patients from the potentially fatal dangers of illegal [opioid](#) use by safely and responsibly providing [medication](#) while they await more intensive [treatment](#).

Provided by American College of Neuropsychopharmacology

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