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Using buprenorphine to facilitate entry into residential therapeutic community rehabilitation

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Abstract

For opioid-dependent patients, the need for detoxification has been a barrier to entry into long-term residential treatment. This report describes a retrospective observational cohort study with the first 38 opioid-dependent patients entering First Step, a 14-day buprenorphine–naloxone (Suboxone) detoxification regimen integrated into a long-term residential therapeutic community (TC) program. Eighty-nine percent (34 of 38) of First Step patients completed a 14-day buprenorphine taper protocol, 50% (19 of 38) completed an initial 3- to 4-week stay, and 39% (15 of 38) completed at least 3 months of residential treatment at the TC. Retention did not differ significantly in a demographically matched concurrently admitted control group without impending opioid withdrawal, in which 65% (24 of 37) completed an initial 3- to 4-week stay ($p = .20$) and 57% (21 of 37) completed at least 3 months of treatment ($p = .14$). Withdrawal symptoms were mild, and there were no instances of precipitated withdrawal. The findings suggest the potential for buprenorphine to serve as a bridge, improving the viability of long-term residential treatment for managing opioid dependence.

Keywords: Buprenorphine; Residential treatment; Therapeutic community; Opioid dependence; Treatment retention

1. Introduction

Opioid addiction is a serious public health problem that results in profound personal and social costs, including disability, criminal activity, death from drug overdose, and increased risk of transmission of HIV and other blood-borne diseases. Agonist maintenance treatment with methadone is well established as effective and has been a mainstay of treatment for opioid dependence for nearly four decades. However, this treatment option has primarily been restricted to specially licensed clinics and has not been widely embraced by providers of long-term "drug-free"-oriented residential treatment.

Opioid-dependent patients seeking treatment in long-term residential settings typically have to negotiate with opioid withdrawal syndrome, and this has served as a major barrier to entry and retention in drug-free programs. High early attrition and subsequent relapse rates have been seen, which are likely due to a less effective management of opioid withdrawal syndrome and failure to recognize that opioid addiction is a chronic relapsing disease. Only about 40–50% of patients completed 2–3 months of residential treatment and even fewer (20–30%) completed a 6-month stay (DeLeon & Schwartz, 1984; Simpson, Joe et al., 1997). Moreover, data on outcome following short-term inpatient detoxification have been poor, generally showing that less than 30% of patients completed detoxification and transferred to ongoing, long-term, drug-free treatment

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(Mark, Dilonardo, Chalk, & Coffey, 2002, 2003; McCusker, Bigelow, Luippold, Zorn, & Lewis, 1995). Reasons likely include inadequate regimens for medical withdrawal that discharge clients too soon while they are still symptomatic with opioid withdrawal symptoms, low motivation on the part of recently detoxified patients, a fragmented treatment system with stand-alone elements that are poorly linked to facilitate successful transfers, and an inadequate understanding of the dynamics of the early engagement and transitioning of clients into longer term treatment.

Long-term residential treatment programs, such as therapeutic community (TC) programs, provide a particularly attractive alternative for patients who have failed to succeed in agonist-based outpatient treatment or who need greater structure/distance from environments that promote their substance use. Large-scale studies of treatment outcome, such as the Drug Abuse Reporting Program (DARP) (Simpson & Sells, 1982), Treatment Outcome Prospective Study (TOPS) (Hubbard et al., 1989), and Drug Abuse Treatment Outcome Study (Hubbard, Craddock, Flynn, Anderson, & Etheridge, 1997), suggested that long-term residential treatment, as well as related outcomes such as reduced crime and improved employment, is effective in reducing drug abuse. Furthermore, time spent on treatment was associated with better long-term outcome (Condelli & Hubbard, 2003; Hubbard et al., 1997; Simpson, 1981; Simpson, Brown, & Joe, 1997).

The Phoenix House of New York is a TC offering long-term drug-free residential treatment that has provided services to opioid-dependent patients for more than 38 years. Historically, new opioid-dependent clients requiring medical withdrawal were referred to local inpatient detoxification programs for methadone tapering regimens. Fewer than half returned to begin residential treatment. Of those who did return, anecdotal reports from the program staff and on-site medical staff suggested that continued withdrawal symptoms were common and that rates of early dropout from residential treatment and subsequent relapse were high. A better model was needed, but existing federal and state regulations forbade community-based detoxification.

In 1997, the New York State enacted *Part 816 Chemical Dependence Crisis Service Regulations*, which allowed for the creation of community-based detoxification. In 2000, the landmark legislation *Drug Addiction Treatment Act of 2000* (*DATA 2000*) was passed. *DATA 2000* permits qualified physicians to prescribe Schedule III–V medications approved by the U.S. Food and Drug Administration for the treatment of opioid dependence in their offices or community-based treatment settings (Boatwright, 2002). In 2002, sublingual buprenorphine (Subutex) and buprenorphine–naloxone (Suboxone) tablets were approved in the United States for treating opioid dependence and became available for clinical use as of early 2003. Buprenorphine is a partial μ-opioid agonist with a long duration of action due to its slow dissociation from the receptor. It has been shown to be an effective medication for ameliorating the symptoms of opioid withdrawal and for the maintenance treatment of opioid dependence (Fudala et al., 2003; Gowing, Ali, & White, 2004; Johnson, Strain, & Amass, 2003). Buprenorphine is well suited for use in community treatment settings because it is generally easy to administer and manage, is effective for the treatment of opioid withdrawal symptoms, is nonsedating (thereby facilitating participation in group and community activities), and does not possess the stigma or regulatory burden associated with other agonists such as methadone (Amass et al., 2004).

A multicenter study of short-term buprenorphine–naloxone for medical withdrawal from opioids showed that buprenorphine–naloxone could be safely and effectively implemented across a range of residential and outpatient settings (Amass et al., 2004) and resulted in superior outcomes relative to the sympatholytic nonopioid agent, clonidine (Ling et al., 2005). Phoenix House participated in this trial, and the resulting positive experience suggested to the medical and clinical staff that a short-term on-site buprenorphine–naloxone regimen for medical withdrawal was safe and feasible, and held great promise as a tool to improve the early engagement and retention of opioid-dependent patients in long-term residential treatment. Phoenix House therefore established the First Step program for opioid-dependent patients entering the TC, in which an on-site, short-term, flexible regimen of buprenorphine–naloxone is provided and fully integrated into the initial phases of long-term residential treatment. This report describes the initial outcomes with this novel program, which is designed to utilize buprenorphine–naloxone as a bridge to ongoing participation in long-term residential treatment for opioid-dependent patients.

2. Materials and methods

This was a retrospective chart review conducted on the clinical charts of a consecutive series of the first 38 opioid-dependent patients admitted to a newly developed buprenorphine detoxification service (First Step) situated within a long-term residential TC and on a sample of matched concurrent patients without impending opioid withdrawal. The protocol for chart review was approved by the Institutional Review Boards of Phoenix House and the New York State Psychiatric Institute.

2.1. Clinical setting

Phoenix House is a traditional residential TC that admits patients with drug or alcohol dependence for long-term residential treatment of 1–2 years' duration. During the admissions evaluation process, patients are assessed for severity of addiction and appropriateness for residential treatment. The ability to participate safely in all community and group activities is a primary consideration. Patients are excluded and referred to more specialized or higher levels of