



# Buprenorphine Treatment In A Harm Reduction Setting.

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# Overview

What is Buprenorphine?

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How are we different from other providers?

Numbers.

Challenges.



## What is Buprenorphine?

- ✓ Semi-synthetic Opioid
- ✓ Agonist/partial agonist/antagonist.
- ✓ Subutex/Suboxone



## Buprenorphine Treatment At LESHRC

- ✓ Psychiatrist
- ✓ SW
- ✓ CASAC
- ✓ Case manager
- ✓ Outreach.



## How Are We Different

- ✓ Always an open door-we will do what we can to induct someone who is in wdl.
- ✓ No one is turned away.
- ✓ Education= Empowerment.
- ✓ Humanistic belief-everyone has the potential for change regarding the stage of their addiction.



## How Are We Different Cont.

- ✓ Everyone is honest until proven otherwise.
- ✓ If we don't treat. Who will?



## Numbers

- ✓ 130 participants referred for induction on Buprenorphine.
- ✓ 8/10 were on methadone
- ✓ 2/10 were on IN/IV heroin.

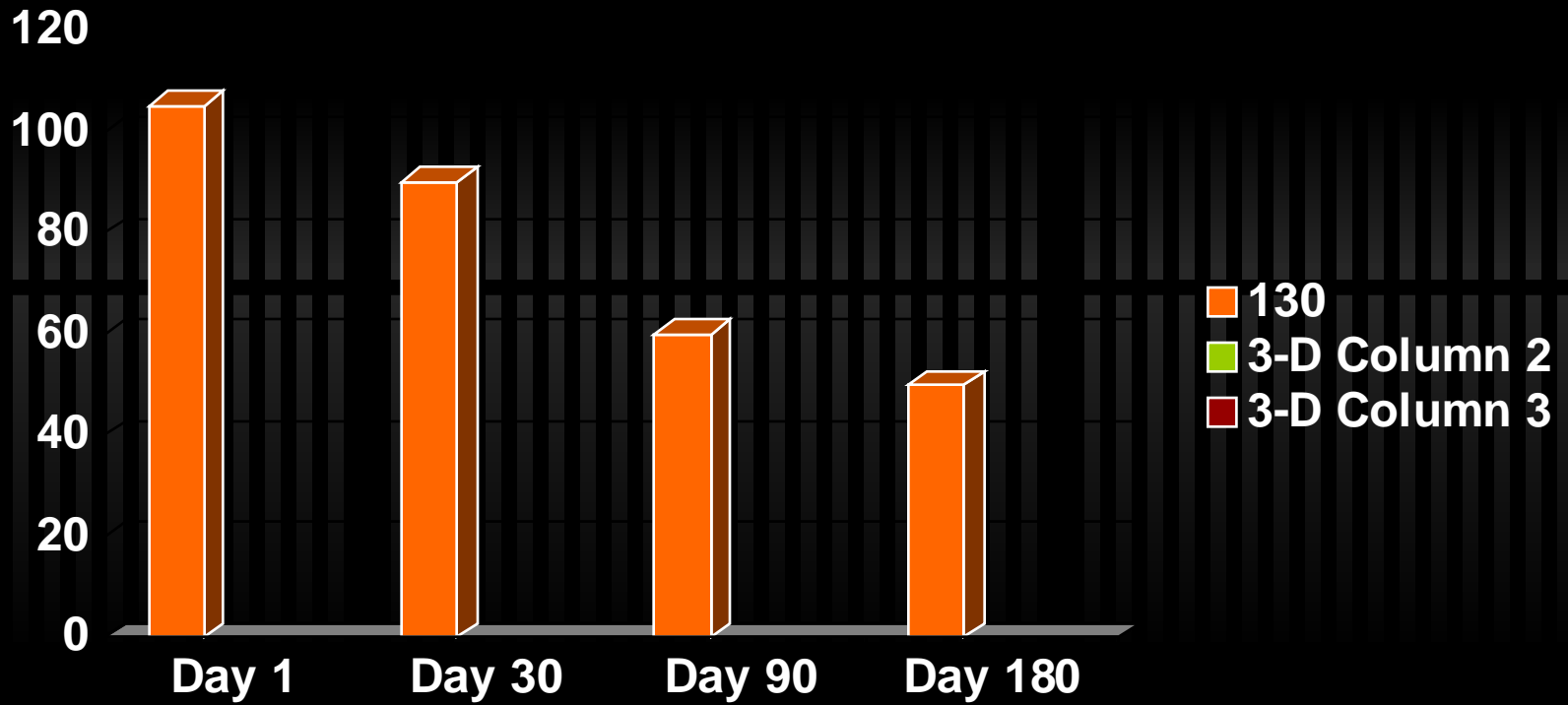


## Numbers Cont.

- ✓ 105 started induction.
- ✓ 90 completed induction
- ✓ 60 participants at day 90.
- ✓ 50 participants at day 180.



# Maintenance In Treatment





## Impressions & Comments

- ✓ Effectively treats opioid addiction in a minimally restrictive setting.
- ✓ Most clients that are successfully inducted and appropriately supported will remain in treatment.
- ✓ Biggest success is not a single negative urine for Buprenorphine.



## Impressions & Comments Cont

- ✓ Buprenorphine as a bridge drug (meth-heroin/heroin-heroin)-Increase frequency of observed dosing
- ✓ Buprenorphine as detoxification agent. Very high relapse rate. Occasionally agent of choice. Exposes patients to new resources and services
- ✓ Maintenance treatment



## Impressions & Comments Cont

- ✓ Clients still do not think of Buprenorphine as a long term option.
- ✓ Most clinicians are not well informed regarding Bup.
- ✓ Safe alternative to Methadone.
- ✓ Safe in combination with BZD use, both licit and illicit.



## Challenges

- ✓ Challenging caseloads.
- ✓ Practically impossible to communicate with.
- ✓ Outright resistance to coordinate and assist with transition. Both from the counselor level to administration. The famous administrative discharge...
- ✓ Lack of knowledge of Buprenorphine -> Spread misinformation.



## Challenges Cont.

- ✓ Lack of cooperation.
- ✓ Pharmacology of Buprenorphine-pt needs to be in wdl in order to be able to start treatment.
- ✓ High dosages.
- ✓ Longer duration in MMTP.
- ✓ Co morbid illnesses(older,access to care)
- ✓ High incidence of cocaine ,bzd dependence.



The End