

# Improving Adherence with Interim Buprenorphine Treatment (IBT)

**UVMCORA.org** 

**UVM CORA Research Spotlight** 

### Overview

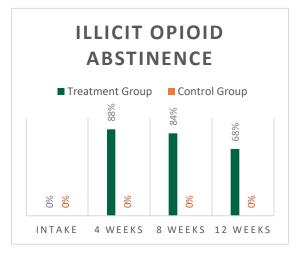
Opioid use disorder has reached epidemic proportions with catastrophic health and economic costs to public health, and rural communities in particular. Despite the improved impact of medical treatment in helping patients to abstain from use, lengthy clinic waitlists continue to delay access and contribute to the risk of death from overdose. In a randomized pilot study – now in ongoing, expanded clinical trials – researchers from UVM CORA evaluated the effectiveness of low-barrier Interim Buprenorphine Treatment (IBT) for reducing illicit opioid use among patients on clinic waitlists.

#### **Methods**

Study participants visited the clinic every two weeks to provide urine samples for screening and to ingest their daily dose of buprenorphine under observation. Subsequent doses were self-administered at home via a tamper-proof computerized medication dispenser during a pre-programmed three-hour window. Through an Interactive Voice Response (IVR) system, participants also received daily calls and random call-backs to assess clinical stability, any drug use, craving, and withdrawal symptoms. Meanwhile, participants in the control group remained on the waitlist of their local clinic.

## **Findings**

- Adherence to dosing of buprenorphine (99%), daily monitoring calls (96%), and random callbacks (96%) was high – as were treatment satisfaction ratings.
- Interim dosing of buprenorphine, paired with technologyassisted components like the computerized medication dispenser and IVR, is associated with a statistically significant reduction in the use of illicit opioids.
- Results suggest interim dosing could reduce drug-related health risks and fatalities when more comprehensive treatment is unavailable.
- Interim treatment may also be more suitable for patients in rural areas, where treatment options are often limited.



#### **Learn More**

Read more about "Interim Buprenorphine vs. Waiting List for Opioid Dependence" in <u>The New England Journal of Medicine</u>, <u>December 22</u>, <u>2016</u>. UVM CORA has trained educators available to support providers in using the computerized medication dispenser and IVR system, free of charge. Please can reach out to <u>uvmcora@uvm.edu</u>.

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10,365,921 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.