

Summary of Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction

Adapted from U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT)

Treatment Improvement Protocol (TIP) 40

Phase 1 Pre-Treatment Screening	Phase 2 Intake	Phase 3 Induction	Phase 4 Stabilization	Phase 5 Maintenance
		Approximately 1 week (5 ambulatory detox session)	Approximately 1-2 months	May be weeks to years depending on individual
<ul style="list-style-type: none"> • Objective screening instruments** (examples, page 2) • Laboratory evaluation • Interview(s) 	<ul style="list-style-type: none"> • Determine if office-based treatment is appropriate or refer to more intensive treatment program • Comprehensive substance dependence assessment • Assess for the presence or absence of psychiatric conditions the might interfere with treatment • Mental status exam • Complete medical history and physical exam • Urine drug screening <p>(See TIP 40 page 53 fig. 4-1 and page 57 fig. 4-2)</p>	<ul style="list-style-type: none"> • Careful assessment and documentation of withdrawal symptoms • Develop treatment plan that includes: <ol style="list-style-type: none"> 1. frequency of counseling 2. goals of treatment contingencies for treatment failure including referral to a more intensive level of treatment 3. expectations for cooperation and involvement in treatment 	<ul style="list-style-type: none"> • Weekly contact • Referral to weekly psychosocial counseling (individual or group) (include VO contact information) • Encourage participation in self-help groups such as NA/AA • Routine urine drug testing <i>at least</i> monthly • Monitor and document treatment compliance and progress. • Review treatment plan 	<ul style="list-style-type: none"> • Continue medication therapy • Continue psychosocial counseling • Establish relapse prevention plan • Monitor and document treatment compliance and progress. • Review of treatment plan • Laboratory studies as appropriate • Routine drug testing at least monthly – no less than 8 per year <p><i>Note:</i> Visit frequency can be less frequent as clinically necessary but <i>no less than monthly</i> for both medication management and therapy.</p>

Examples of Addiction Screening Instruments

Drugs:	COWS (Clinical Opiate Withdrawal Scale) (Wesson et al. 1999)
	SOWS (Subjective Opiate Withdrawal Scale (Bradley et al. 1987; Gossop 1990; Handelsman et al. 1987)
	DAST – 10 (Drug Abuse Screening Test) (Skinner 1982)
	CINA (Clinical Institute Narcotic Assessment Scale for Withdrawal Symptoms) (Peachey and Lei 1988)
	CAGE- AID (CAGE adapted to include drugs) (Brown and Rounds 1995)
	Narcotic Withdrawal Scale (Fultz and Senay 1975)
Alcohol:	CAGE (Maisto et al.2003)
	AUDIT (Alcohol Use Disorders Identification Test) (Babor et al. 2001)
	MAST (Michigan Alcohol Screening Test) (Selzer 1971)
	SMAST (Short Michigan Alcohol Screening Test) (Selzer et al. 1975)

Additional resources:

Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) **TIP 24, A guide to Substance Abuse Services for Primary Care Clinicians (CSAT 1997)**

Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) **TIP 43, Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs**

<http://www.kap.samhsa.gov/products/manuals/index.htm>

Courtesy of  **VALUEOPTIONS®**