Advanced Buprenorphine Education

Best Practices and Emerging Evidence in OUD Treatment

Resource Guide

At a glance

This resource guide includes key information and resource links from the Advanced Buprenorphine Education: Best Practices and Emerging Evidence in OUD Treatment course.

On the Rise

Over 100,000 people died of a drug overdose in the United States in 2021. Most overdose deaths also involve stimulants.

106,699
drug overdose deaths occurred in 2021.

14% RISE
in overdose deaths from 2020.

LEARN MORE

Refer to the ASAM Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids for more information on how to address precipitated opioid withdrawal.

THE IMPACT OF FENTANYL ON THE OPIOID LANDSCAPE

The emergence of fentanyl has left an indelible mark on the opioid landscape, reshaping the dynamics of the opioid epidemic in profound ways.

Fentanyl is...

- **50 times more potent than heroin**
- **easier to manufacture and distribute**
- **increasingly infiltrating other drugs**

PRECIPITATED OPIOID WITHDRAWAL

Precipitated Opioid Withdrawal (POW) is a critical consideration in the realm of opioid use disorder (OUD) treatment. POW is defined as the rapid onset of the following objective signs of opioid withdrawal syndrome:

1. **pupil dilation**
2. **goosebumps**
3. **agitation or anxiety**
4. **diarrhea or vomiting**

Rise of the Clinical Opioid Withdrawal Scale (COWS)

... and typically involves a rise of COWS by >5 points approximately 30 minutes after the buprenorphine dose.

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INITIATING BUPRENORPHINE TREATMENT

There are three commonly used methods for initiating buprenorphine for OUD treatment, including traditional, low-dose, and high-dose. The initiation approach should be individualized to the patient and the setting of treatment.

Buprenorphine Initiation Approaches

1

Traditional Buprenorphine

Traditional buprenorphine initiation necessitates a complete cessation of full opioid agonists before initiation. Mild to moderate opioid withdrawal symptoms must be experienced, and the timing of initiating buprenorphine varies based on factors such as the type of opioid used, frequency of use, and route of administration.

A Guide for Patients Beginning Buprenorphine Treatment at Home

2

Low-Dose Buprenorphine

For patients finding traditional buprenorphine initiation challenging due to mild to moderate opioid withdrawal, a low-dose approach can be beneficial. Leveraging buprenorphine's high affinity and slow dissociation from the mu-opioid receptor, this method allows for low doses of buprenorphine to be given at increasing doses while continuing the use of full opioid agonists during initiation. Introducing incremental doses of buprenorphine gradually displaces the full opioid agonist, offering a more tolerable transition for patients.

Recommended Low Dose Regimen

3

High-Dose Buprenorphine

High-dose buprenorphine requires opioid cessation and withdrawal onset. What sets it apart is the rapid attainment of a therapeutic buprenorphine dose in hours, making it practical for emergency department use. In one to three doses, buprenorphine reaches therapeutic levels, offering a swift approach for patients with opioid withdrawal. However, caution is necessary as precipitated withdrawal can occur, necessitating patient counseling on this risk before initiation.

Buprenorphine Emergency Department Quick Start

EXTENDED-RELEASE BUPRENORPHINE (XR-BUP)

Administered via subcutaneous injection, extended-release buprenorphine is available in various doses, such as Sublocade® and Brixadi®, in weekly or monthly options. Research indicates its superiority over sublingual buprenorphine, with higher negative urine drug screens observed between four and 24 weeks. Patients using this formulation report elevated treatment satisfaction, improved convenience, and enhanced quality of life compared to sublingual buprenorphine.

Demonstration of Sublocade® Administration
Demonstration of Brixadi® Administration

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STABILIZATION AND MAINTENENCE

Ensuring successful buprenorphine stabilization and maintenance requires a nuanced understanding of individual patient experiences and challenges. These considerations can guide clinicians in optimizing buprenorphine treatment for improved patient outcomes.

1

Address Cravings/Anxiety

Investigate timing, patterns, and environmental triggers to differentiate between cravings and untreated underlying anxiety.

2

Manage Actual Withdrawal

Acknowledge the possibility of genuine withdrawal symptoms, especially in the fentanyl era, and consider adjusting the buprenorphine dose to higher levels, such as 24-32 mg, or offering XR-BUP tailored to the patient's needs.

3

Consider Diversion Concerns

Monitor for potential medication diversion. Inquire about medication adherence using non-stigmatizing language.

4

Offer Recovery Supports

Consider other factors that may contribute to a patient's success in treatment, such as social determinants of health, structural barriers to care, mental health, or trauma. Offer counseling, peer support, or group treatment. Address social determinants such as transportation, insurance access, food insecurity, housing insecurity, and safety. If needed and consistent with patient goals, consider a higher level of care.

5

Revisit Dose and Formulation

Maximize dose effectiveness by increasing the dose or the frequency of medication. Explore alternative formulations, such as XR-buprenorphine options.

LEARN MORE

Essential Education

ASAM's Buprenorphine Mini-Course: Building on Federal Prescribing Guidance

Advanced Education

Advanced Buprenorphine Education of OUD Treatment

Clinical Considerations

ASAM Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids.

Quick Start Guide

SAMHSA Buprenorphine Quick Start Guide

Podcast

Curbsiders Addiction Medicine Podcast Series

Resources for Safer Injection and Substance Use

Safersubstanceuse.org