

**A health care provider's guide to prescribing
buprenorphine to patients who use opioids**

**Anne Arundel County Department of Health
Buprenorphine Expansion Office
410-222-7203
www.aaphysicians.org**

Significance and Background

Anne Arundel County residents have been hard hit by the nationwide opioid epidemic, as evidenced by the 171 percent increase in overdoses from 2014 to 2017. This trend continued into 2018, with an ever-increasing number of opioid-related fatalities. The public health implications of this epidemic are devastating and continue to spread.

Since its FDA approval in 2002, the medical use of buprenorphine (bup) has increased by 2318 percent¹, the number of tablets sold has increased exponentially, and this treatment remains in great demand. Despite the increase in bup prescribing, a significant geographic maldistribution of physicians with Drug Addiction Treatment Act 2000 (DATA)-waivers exists, with the majority of these prescribers located in urban areas. This geographical disparity is clearly reflected in treatment availability throughout Anne Arundel County.

There is a shortage of office-based opioid treatment programs in the county, despite the abundance of research proving its effectiveness in opioid use disorder treatment. The lack of primary care physicians providing this service in the county has created a market for cash-only physicians. Patients who are unable to afford this concierge medicine are left with few options. In order to close this gap, a strategic plan has been developed to implement a network of bup services within the county and integrate all service providers into a functional continuum of care.

The scientific evidence demonstrating the effectiveness of medication for opioid use disorder (OUD) is strong. Results from randomized controlled clinical trials, cohort studies, meta-analyses and reviews all support the practice of medication assisted treatment for patients with OUD. The literature consistently shows that bup can be successfully utilized in office-based settings, including primary care practices, to:

- Improve treatment engagement
- Reduce illicit opioid use
- Diminish physical dependency
- Prevent overdose
- Decrease mortality

This guide provides information on how expanding bup prescribing can improve treatment outcomes and reduce fatal overdoses in Anne Arundel County.

¹ Li X, Shorter D, Kosten TR. Buprenorphine Prescribing: To Expand or Not to Expand. *Journal of Psychiatric Practice*. 2016;22(3):183-92.

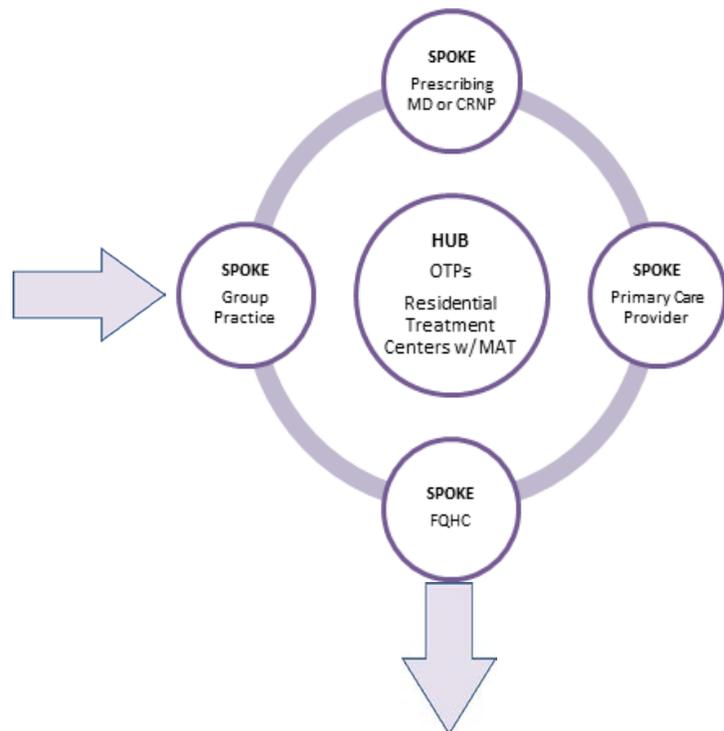
Overview

The Anne Arundel County Department of Health Buprenorphine Expansion Initiative models Vermont's Hub and Spoke system of Medication Assisted Treatment (MAT). In Vermont, nine regional hubs offer daily support for patients with complex addictions and over 75 local spokes offer ongoing opioid use disorder (OUD) treatment fully integrated with general health care and wellness services.

In Anne Arundel County, hubs will include existing opioid treatment programs (OTPs), residential treatment centers with MAT, and other high intensity MAT facilities where all staff specialize in addictions treatment. The spokes are office-based opioid treatment settings, including primary care practices, specialty outpatient addictions programs and some Federally Qualified Health Centers (FQHCs).

Referral Sources

- Emergency Department
- Overdose Survivors Outreach Services
- Safe Stations
- Self-referral
- Treatment Referral Line
- Wellmobile



Provider Support Services

- Bup Expansion Coordinator
- Peer Support Services
- Treatment Information Line

Obtaining a Waiver to Prescribe Buprenorphine

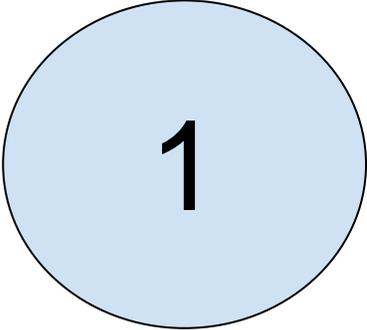
Under the Drug Addiction Treatment Act of 2000 (DATA 2000), physicians, nurse practitioners and physician assistants who wish to prescribe bup must complete either eight (for physicians) or 24 (nurse practitioners and physician assistants) hours of bup training. Once the training certificate is obtained, the next step is to request the waiver.

In 2005, a congressionally mandated evaluation study showed how DATA 2000 has expanded opioid-assisted treatment. Findings include:

- The waiver program increased MAT availability for opioid dependency.
- Treatment provided under the program is safe and effective.
- Diversion, adverse clinical events and public health consequences under the program have been minimal.

The Anne Arundel County's Buprenorphine Expansion Coordinator is available at 410-222-7203 to provide more information on the DATA 2000 waiver. By increasing the number of DATA-certified providers in the county, there will be increased access to the most evidence-based, up-to-date opioid treatment available.

Steps to Obtain Your MAT Waiver



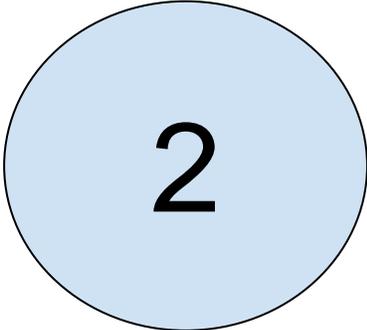
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Check Eligibility

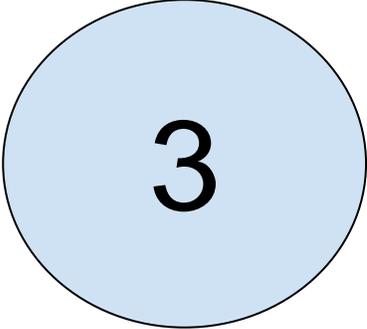
To apply for a waiver, you must have a valid medical license and an active DEA number.

Take 8-Hour MAT Waiver Course

Several organizations, including the American Society of Addiction Medicine, offer free DATA 2000 waiver training courses each month.



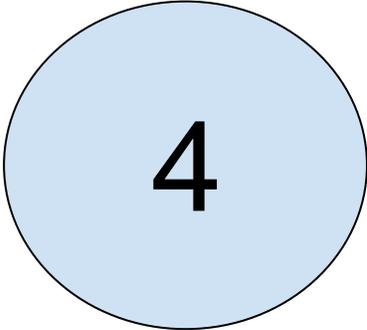
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Complete Notice of Intent Form

Once you complete the 8-hour course, fill out the NOI form online and submit to SAMHSA for review.



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Send Certificate of Completion to SAMHSA

You will receive a certificate of completion after the waiver course. Send it by fax to 301-576-5237 or email csatbupinfo@dsgonline.com.

Once SAMHSA has obtained all documentation, the process requires approximately 45 days.

Provider Support Services

Provider Clinical Support System (PCSS)

Clinical experts provide advice on substance use disorders, opioid use disorders and chronic pain.

Contact: 855-227-2776 or complete form at
<http://pcssnow.org/mentoring/ask-a-clinical-question>

Maryland Addiction Consultation Services (MACS)

Free phone consultation for clinical questions, resources or referral information.

Contact: 855-337-MACS

SAMHSA Center for Substance Abuse Treatment (CSAT)

Information on buprenorphine treatment and the DATA 2000 waiver process.

Contact: infobuprenorphine@samhsa.hhs.gov or 866-BUP-CSAT (866-287-2728).

Education/Information Resources

SAMHSA's Treatment Improvement Protocol (TIP) 63:

Medications for Opioid Use Disorder for Healthcare and Addiction Professionals, Policymakers, Patients and Families

<https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf>

SAMHSA'S Sublingual and Transmucosal Buprenorphine for Opioid Use Disorder: Review and Update

<https://store.samhsa.gov/system/files/sma16-4938.pdf>

OUD Medication Treatment Limits and Reporting Requirements

<https://www.federalregister.gov/documents/2016/07/08/2016-16120/medication-assisted-treatment-for-opioid-use-disorders>

Buprenorphine Fast Facts



Buprenorphine lowers potential for misuse. As an opioid partial agonist, bup produces effects such as mild euphoria and respiratory depression, but the effects are much weaker than those of full opioids like heroin. Bup also produces a “ceiling effect,” meaning its opioid effects level off at moderate doses even with further dose increases.



Naloxone is added to buprenorphine to prevent abuse. Naloxone reverses the toxic effects of an opioid overdose. When combined with bup and taken as a sublingual tablet, bup opioid effects dominate and the naloxone works to block opioid withdrawal. On the other hand, when crushed and injected, naloxone triggers opioid withdrawal.



Buprenorphine reduces cravings. A craving is an overwhelming desire to use a drug. Cravings can be difficult to cope with, making it difficult for patients to stop using opioids when they are physically dependent. Bup's pharmacological properties ease cravings, allowing patients to focus on other recovery related issues.



Buprenorphine is most effective when combined with a comprehensive treatment plan. Bup is highly effective in treating the physical aspects of opioid dependence, such as withdrawal and tolerance. Patients who also treat the psychological and emotional components of addiction with counseling and support programs are less likely to relapse. They are more likely to achieve ongoing recovery.



Research shows that buprenorphine is a safe and effective medication-assisted treatment option. The FDA approved bup for the treatment of opioid dependence in 2002 after analyzing strong evidence of its therapeutic value in multiple clinical trials.

Buprenorphine is NOT simply substituting one addiction for another.

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