




# RAPID SUBOXONE INDUCTION: ROAD TO OAT RETENTION

BY: START ADDICTION TEAM




# OBJECTIVES:

- ❖ Review Rapid Induction Protocol
  - ❖ Discuss Benefits of Rapid Induction Protocols
  - ❖ Discuss Factors Contributing to Success and Retention
  - ❖ Discuss our Challenges
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# INTRODUCTION

Who are the members of the START program?


- Mary Marlow – Manager
  - Parvaneh Sales – Clinical Coordinator
  - Brent Brown – Addiction Nurse
  - Mary Juanes – Addiction Nurse
  - Dr. Chang – Addiction Physician
  - Dr. Reilkoff – Addiction Physician
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# WHAT DO WE DO AT START

- ❖ Provide a safe Home based and Outpatient withdrawal from alcohol and opiates
- ❖ Stabilize opioid use through rapid induction onto Buprenorphine/naloxone
- ❖ Provide a withdrawal process that is humane and protects client's dignity
- ❖ Education
- ❖ Referral to Recovery treatment options
- ❖ Ongoing Support
- ❖ Linkage with prescribers in the community



# POPULATION OF FOCUS

- ❖ Clients with Opiate Use Disorder
  - ❖ Diversity
  - ❖ Resident of Vancouver and Beyond DTES
  - ❖ Able to attend clinic for 3 days
  - ❖ Have a safe drug free environment to detox
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# Suboxone® Induction Protocol



## BUPRENORPHINE/NALOXONE INDUCTION ORDERS

### DAY 1

- 2mg Suboxone SL when COWS >12 **Witnessed Ingestion**

#### **REASSESS COWS AND VITALS 1 Hour FOLLOWING FIRST DOSE**

If COWS score remains the same, or decreases less than 2 pts, repeat same dose:  
2mg Suboxone® SL, OR:

If COWS score decreases more than 2 pts with no adverse effects, assess for further need of symptomatic relief and prescribe additional doses as needed (including potential carries for day#1):

- 2mg -4mg Suboxone SL Q1H PRN to maximum of \_\_\_\_\_ mg in 24hr  
(12mg suggested)

*Call prescribing Dr. if client is at Maximum dose and continues to experience marked withdrawal (COWS >12)*

### DAY 2: Total dose of previous day

- 2mg -4mg Suboxone SL PRN to maximum of \_\_\_\_\_mg in 24hr

*Call prescribing Dr. if client is at Maximum dose and continues to experience marked withdrawal (COWS >12)*

(16mg suggested)

(16mg suggested)

### DAY 3: Total dose of previous day

- 2mg -4mg Suboxone SL PRN to maximum of \_\_\_\_\_mg in 24hr  
(24 mg suggested)

**MAINTENANCE DOSE: Total dose of Day 3**

*Physician will continue to write prescription for DWI at pharmacy for about 1-2 weeks until the client is connected with a community GP*

# CASE STUDIES

40 years old Male

Illicit Oxy for pain R/T sports injury

UDS: MOP, BZO, FYL

HX: ADHA, Concussion, Depression  
(undiagnosed)

Well supported family

Had GP in community who became  
prescriber

Day1: 16mg

Day 2: 24mg

Day3: 24mg

Currently: 16mg

34 years old Female

Oxy, Cannabis, Cocaine

HX: Depression and back pain

UDS: COC, THC, MOP, OXY

Supportive friend

FU @ Raven Song CHC

Day 1: 11mg

Day 2: 22mg

Day 3: 22 mg

Currently: 22mg


# **BENEFITS OF RAPID INDUCTION**

- ❖ Increases Success Rate**
- ❖ Rapid Stabilization in 3 days**
- ❖ Increases Retention**







## **START ANALYSIS:**

- ❖ **Referrals : 116**
  - ❖ **Treatment Completed: 37**
  - ❖ **3 month Follow UP: 27**
  - ❖ **No Shows: 47**
  - ❖ **Incomplete: 15**
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# FACTORS CONTRIBUTING TO OUR SUCCESS

- ❖ Nursing Availability 7 days/week
  - ❖ Client Centered Care
  - ❖ Flexibility
  - ❖ No Wait Time
  - ❖ Continuity of Care & FU
  - ❖ Experienced Staff
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# **FACTORS CONTRIBUTING TO RAPID INDUCTION SUCCESS**

- ❖ Personal Motivation**
  - ❖ Client Centered Care**
  - ❖ Experienced Staff**
  - ❖ START Nursing and Medical Support**
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# CLIENT'S TESTIMONIALS

- I liked the structure, provided me with a focus and objective. I knew what to expect from the program and felt confident and enthusiastic to try it.
- Very professional and extremely helpful in making crucial first steps to recovery
- The staff were enthusiastic, caring and professional, checking me regularly the first few hours and letting me leave early when there was no problem with the changeover to Suboxone
- Impressed with how well I felt and got very well going through with the START program fast

# CHALLENGES

- ❖ Limited Physician Coverage
  - ❖ Unpredictability of street drugs
  - ❖ Precipitated Withdrawal
  - ❖ Optimal Dosing
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# OVERCOMING CHALLENGES

- ❖ **Clinical Judgement and Experience**
- ❖ **Individual Needs**
- ❖ **Choice and Control**
- ❖ **Ability to modify Protocols in collaboration with the team**

# Q&A

