

## In this issue...

In a previous issue of *The Dialogue*, as part of our ongoing effort to disseminate evidence-based research to the substance abuse treatment workforce, we discussed the use of buprenorphine for the treatment of opioid dependence. In this issue of *The Dialogue*, we are revisiting the use of buprenorphine for the treatment of opioid dependence, but with a focus on its use in the detoxification of opioid addicted clients.

### Short-Term Opioid Withdrawal Using Buprenorphine: An Example from the Field

By Paula Jones

When it was approved by the U.S. Food and Drug Administration (FDA) for treatment of opioid addiction in 2002, buprenorphine was seen as providing important new treatment options, treatment for opioid addiction could now be provided in medical settings, such as physicians' offices, rather than limited to methadone treatment facilities. By bringing opioid addiction treatment into mainstream medical settings, buprenorphine has greatly expanded access to treatment.

In addition to use in maintenance treatment, buprenorphine is being used for medically monitored detoxification. With this treatment, medications such as buprenorphine help to suppress withdrawal symptoms during detoxification. It is important to note that by itself, medically assisted withdrawal does not constitute treatment it is only the first step in the treatment process. Without further treatment, relapse is likely.

Not all medically monitored detoxification programs are the same, especially in terms of the length of treatment. Programs can be as short as 5 days or considerably longer. However, there are important key elements to detoxification treatment. These include: evaluation/assessment; stabilization; and preparation for substance abuse treatment. The following profile provides one example of a medically managed detoxification program.

#### Kent/Sussex Detoxification Center

The Kent/Sussex Detoxification Center is a clinically managed residential program serving clients addicted to heroin, cocaine, crack, marijuana, prescription drugs, and alcohol. The Center, a 20-bed facility located in Ellendale, Delaware, provides uninsured adult residents of the state access to detoxification from drugs and alcohol. About four

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#### Buprenorphine Basics

- Buprenorphine is a long-acting partial mu opiate agonist that acts on the receptor targets of heroin and morphine but does not produce the same intense "high" or dangerous side effects.
- Buprenorphine's formulation with naloxone, an opioid antagonist (Suboxone), limits abuse by causing severe withdrawal symptoms in those who inject it. However, there are no adverse effects when it is taken orally (naloxone is minimally absorbed when taken orally).
- The FDA approved use of Subutex® (buprenorphine) and Suboxone® tablets (buprenor-

phine/naloxone) in October 2002. A large NIDA-sponsored, multi-site clinical trial demonstrated that buprenorphine significantly reduced opiate use and drug cravings in heroin users and confirmed its safety and acceptability.

- In 2000, Congress passed the Drug Addiction Treatment Act, allowing qualified physicians to prescribe narcotic medications (Schedules III to V) for the treatment of opioid addiction, which allowed access to heroin treatment in a medical setting other than methadone clinics.

Source: National Institute on Drug Abuse  
<http://www.nida.nih.gov/DrugPages/buprenorphine.html>



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(Buprenorphine, cont. from page 1)

years ago, the Center began offering medically monitored detoxification treatment using buprenorphine. Since then, the Center has provided detoxification treatment with buprenorphine to approximately 1,000 clients.

The Center takes a holistic approach to treatment, offering a wide range of services over the course of the 7-day treatment for opioid detoxification. These include:

- Medical assessment and individualized treatment plans for detoxification;
- Individualized assessment and referral/place-ment in treatment programs and individual sessions to prepare clients for treatment;

- Educational groups on the process of recovery, relapse prevention, self help, and medical issues;
- Special groups session on work opportunities, women's issues, and literacy;
- Alternative therapy such as acupuncture, reiki, and guided imagery;
- Daily open fellowship (12-step) meetings;
- Tuberculosis testing;
- HIV counseling and testing;
- STD counseling;
- Vaccination for Hepatitis B.

According to David Beling, MS, CADC, the Center's Substance Abuse Program Administrator, use of buprenorphine is critical to the success of this holistic approach. "Buprenorphine is a great asset to us since we offer all these additional services. The buprenorphine allows us to do the other things that we want to do with our clients and to set them up for the best possible aftercare. It allows clients to focus on their issues. It helps us get them to where they need to be."

Clients have been very receptive to the treatment. "They love it," reports Beling. "It works very well and there has been little to no mention of side effects."

## Detoxification: Basic Principles

1. Detoxification, in and of itself, does not constitute complete substance abuse treatment.
2. The detoxification process consists of three essential components, which should be available to all people seeking treatment:
  - Evaluation;
  - Stabilization;
  - Fostering patient readiness for and entry into substance abuse treatment.
3. Detoxification can take place in a wide variety of settings and at a number of levels of intensity within these settings. Placement should be appropriate to the patient's needs.
4. All persons requiring treatment for substance use disorders should receive treatment of the same quality and appropriate thoroughness and should be put into contact with substance abuse treatment providers after detoxification.
5. Ultimately, insurance coverage for the full range of detoxification services is cost-effective.
6. Patients seeking detoxification services have diverse cultural and ethnic backgrounds as well as unique health needs and life situations. Programs offering detoxification should be equipped to tailor treatment to their client populations.
7. A successful detoxification process can be measured, in part, by whether an individual who is substance dependent enters and remains in some form of substance abuse treatment/rehabilitation after detoxification.

**Source:** TIP 45. *Detoxification and Substance Abuse Treatment*  
<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.85295>

## A Change in Mind Set

Beling reports that integrating the use of buprenorphine was relatively easy, with no complaints from either staff or clients. The facilities medical director, Dr. Nathan Centers, plays an important role in the treatment and was a driving force in implementing the treatment protocol in the Center. "He believes in the use of the best available treatment practices," reports Beling. "Buprenorphine is a best practice."

There have been some critics of use of buprenorphine, both in general and for detoxification. "Some people think it is too easy, that it is a quick and easy fix," states Beling. "Yes, there are some people who might think that they can go ahead and take drugs and then just use buprenorphine to get off them. But making people suffer doesn't always give you the response you want or your clients need."

## Response to Treatment

The use of buprenorphine has been successful at multiple levels. Initially, when the Center first started offering the treatment they were overwhelmed with people coming from outside the state seeking access to the treatment. Unfortunately, the Center can only serve Delaware residents, but it was clear the service was very much in demand. The Center averages about 12.5 clients a day in the program. The Center is currently exploring the possibility of providing services to clients with health insurance, which should keep it near capacity.

Beling estimates that about 90 percent of clients go on to other treatment programs, although not all of the clients continue on buprenorphine treatment. Dr. Centers is the medical director at two other facilities and is working to incorporate buprenorphine treatment at these sites. This will facilitate the transition of clients. While there is no formal evaluation component to the program, Dr. Centers is planning to survey clients after they leave the program (at 6 months and 1 year) to assess the success of the treatment.

## NIDA/SAMHSA Blending Initiative Resources

The NIDA/SAMHSA Blending Initiative is designed to translate research into practice and to facilitate communication between stakeholders to make the best drug abuse and addiction treatments available to those who need them. Blending Teams are composed of NIDA researchers, community-based substance abuse treatment practitioners, and trainers from SAMHSA's Addiction Technology Transfer Center (ATTC) Network. The teams work to develop resources based on research conducted within NIDA's Clinical Trials Network (CTN) as well as other research supported by NIDA. Blending Team members design dissemination products to facilitate the adoption of science-based interventions. To date, two Blending Teams have developed products related to buprenorphine.

### **Buprenorphine Treatment: Training for Multidisciplinary Addiction Professionals**

The Buprenorphine Treatment Blending Team developed a training package to disseminate information and enhance awareness among addiction professionals about buprenorphine treatment.

#### **Products**

- Training manual for 6-hour classroom modules
- PowerPoint presentation and CD
- Annotated bibliography
- Training Video
- Research articles

### **Short-Term Opioid Withdrawal Using Buprenorphine: Findings and Strategies from a NIDA Clinical Trials Network Study**

This training package focuses on the administration of a 13-day buprenorphine taper for opioid-dependent patients. The training reviews results from research conducted by the CTN comparing buprenorphine versus clonidine in both inpatient and outpatient settings. The training provides instruction for implementing this protocol into treatment settings. Topics addressed include methods of evaluation and induction, the taper schedule, and use of ancillary medications during treatment.

#### **Products**

- 4-hour classroom training program addressing:
  - Rationale for providing detoxification to opioid-dependent patients;
  - Characterization of opiate withdrawal;
  - Goals of detoxification;
  - Results of the CTN studies;
  - Implementation training;
  - Patient and treatment staff perspectives;
  - Overdose risk following detoxification.
- PowerPoint slides and CD
- Brochure

To access these resources go to: <http://www.nida.nih.gov/Blending/index.html>

*For information on buprenorphine training sessions in the region, please contact the Central East at: (240) 645-1145 or check our website at: [www.ceattc.org](http://www.ceattc.org)*

*Source: NIDA InfoFacts: Treatment Approaches for Drug Addiction  
<http://www.drugabuse.gov/Infofacts/treatmeth.html>*

# Delaware News

On September 11, 2007, The Delaware Division of Substance Abuse and Mental Health (DSAMH) held its annual Recovery Month Kick-off Brunch. Over 250 attendees came together to recognize those individuals in recovery as well as the clinicians that helped them achieve their goals. This year, seven individuals and their clinicians were recognized for their achievements. Ivette Torres, Associate Director for Consumer Affairs, Center for Substance Abuse Treatment, was the keynote speaker. She spoke of the importance of the community supporting those in recovery. In addition to the kickoff brunch, community providers held over 25 events statewide to honor Recovery Month.

DSAMH recently entered into a performance based contract with Northeast Treatment Centers (NET) to operate a medically monitored inpatient detoxification program. Delaware views detoxification as the first step in a continuum of care for treatment of substance use disorders. DSAMH uses the performance based contract as a way to connect payment with performance in order to promote both medical stabilization and placement in continuing substance abuse treatment immediately upon completion of detoxification. NET adheres to the six aims of quality health care as outlined in the Insti-

tute of Medicine Report: safe, effective, patient centered, timely, efficient, and equitable.

What makes this program unique is the added case management component. NET is required to provide case management for all clients who have been admitted three or more times in the past 12 months to detoxification services in any detoxification program statewide. The program employs case managers to work with clients to resolve those barriers and issues that contributed to the need for repeated detoxification episodes within the past year. The program is required to provide case management services after discharge from the detoxification center. Case management services will continue until the client has been successfully engaged in an appropriate substance abuse treatment program that will provide all the services that had been provided by the detoxification case manager. NET will be paid based on their utilization and according to how well they link clients with the next level of care.

The program just recently began, and has successfully graduated one client from the case management program. The client indicated that the case management component is what made the difference in his ability to achieve recovery. He and his case manager were among the individuals honored at the Recovery Month Brunch.

# New Jersey News

The New Jersey Division of Addiction Services (DAS), within the Department of Human Services (DHS), is pleased to be the newest member of the Central East. We are eager to begin working closely with individuals from Delaware, Maryland and Washington, D.C.

DAS' vision consists of the following:

- 1) client centered, recovery oriented care,
- 2) regionally accessible full continuum of care including case management, recovery supports and supportive housing,
- 3) all substance abuse and mental health programs are competent to screen, assess and address co-occurring disorders and
- 4) use of best practice is widespread, including latest pharmacotherapeutic responses.

DAS is making strides on all of these goals. In particular, DAS is pleased to be the recipient of a \$10 million

annual appropriation by the New Jersey State Legislature pursuant to the Bloodborne Disease Harm Reduction Act, which was signed into law in December, 2006. This act provides DAS with the resources needed to develop treatment services in conjunction with the implementation of needle exchange programs through the Department of Health and Senior Services.

We recently awarded approximately \$4 million in contracts to enable three licensed substance abuse treatment agencies to begin to provide mobile medication, including both methadone and suboxone, as well as case management, outreach and office based services. In addition, permanent supportive housing and sub-acute medically managed enhanced detoxification will be offered, as well as a voucher based network that will offer outpatient treatment, recovery mentors, transportation, and traditional residential treatment services.



# Maryland News

## Office of Education and Training for Addiction Services, Baltimore

The Office of Education and Training for Addiction Services (OETAS) had a very successful summer. We continued to collaborate with Central East to the benefit of the addiction professionals in Maryland. Our summer institute was very successful serving over 500 students in more than 20 classes. The Central East assisted us in offering *Making the ASI Work for You and Your Patient and Clinical Supervision: An Active and Needs-Based Approach*. We were grateful to have had Tom Durham, the Project Director of the Central East, teach our clinical supervision course.

The focus of the June session was about self-care techniques for the caregiver. We offered courses developed to provide addiction professionals with much needed restorations, such as Compassion Fatigue, Burn-out, and Renewal; Spiritual Work in the Therapeutic Relationship; Beyond the Wounded Healer; and Self in Relationship: Mindfulness and Healing.

We just completed our Sixth Annual Alcohol and Drug Abuse Administration's Management Conference.

Again, this was done in collaboration with Central East. The theme of this year's conference was *The Business of Addiction: The Workforce Connection*. The conference was designed to address workforce issues using information based decision-making and performance based models to achieve better organization and management of treatment care delivery systems. Conference participants had the opportunity to hear national leaders in the addiction workforce arena such as Michael Hoge of the Annapolis Coalition, David Mactas, Executive Director of Straight and Narrow Treatment Program, Mady Chalk of the Treatment Research Institute, Victor Cappoccia of Open Society Institute and James Harrison of Brandywine Counseling and attend workshops upon workforce development topics.

Our Fall Semester is underway and our offerings can be accessed at [www.Maryland-adaa.org](http://www.Maryland-adaa.org). We want to congratulate Central East for the renewed grant award and look forward to working together during the next five years!

# Washington, D.C. News

Recently, the Addiction Prevention and Recovery Administration (APRA) and Central East completed another successful year of partnership and collaboration. One of the highlights of the year was the Central East co-sponsored APRA Providers Training Institute which was a two-day event held at the Ronald Reagan building in downtown D.C. The event offered a range of courses related to quality assurance and process improvement. The institute was well received with more than 120 service providers attending the event. The Central East also sponsored a Buprenorphine Awareness training event in the District which also received great reviews from participants.

In June of this year, Mayor Adrian Fenty appointed Tori Fernandez Whitney as the new director of APRA. Under Ms. Whitney's direction, APRA looks forward to

continued work with the Central East as they move forward in their efforts to improve treatment services in the District of Columbia.

In addition to the appointment of Ms. Whitney, the District of Columbia Department of Health was recently awarded the Access to Recovery (ATR) grant from the Substance Abuse and Mental Services Administration (SAMHSA). The ATR Program is part of a presidential initiative to provide client choice among substance abuse clinical treatment and recovery support service providers, expand access to a comprehensive array of clinical treatment and recovery support options (including faith-based programmatic options), and increase substance abuse treatment capacity.



# Counselor TIPS

## Counselor Tip # 7

### HIPAA and Health Care Professionals (part 2)

*In this issue, we will continue describing the key points of the Health Insurance Portability and Accountability Act (HIPAA) to be used in conjunction with The Federal Regulations Title 42, C.F.R. (Code of the Federal Regulations), part 2 in a substance abuse treatment setting.*

In the last issue of *The Dialogue* we presented the definition, history, rules, HIPAA basics, key components and entities. In this issue, we will describe protective health information (PHI), general information disclosures, disclosure penalties, and disclosure without written permission.

#### A Reminder!

These standards are not new to substance abuse treatment and prevention counselors, we have been mandated to ensure confidentiality for our patients according to the Confidentiality Law, (Title 42 U.S.C. of the Code of Federal Regulations (C.F.R. Part 2), since 1986.

#### A Recap: What is the Health Insurance Portability and Accountability Act (HIPAA)?

The Health Insurance Portability and Accountability Act (HIPAA) is a law that protects health care informa-

tion disclosures and health care payments. The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. parts 160 & 164.

Let's get started!

**Protective Health Information (PHI):** Individual identifiable health information is medical records that include any of the following types of identifying data:

- Name
- Address, i.e. all geographic subdivisions smaller than a state
- Employer
- Relatives names
- Date of birth and other dates related to the individual
- Telephone and fax numbers
- E-mail address
- Social security number
- Medical record numbers and account number
- Health plan numbers or account numbers
- Certification/license numbers
- Biometric-Voiceprints and fingerprints
- Photos
- URL and IP addresses
- Any other identifying characteristics

This information cannot be disclosed to anyone without permission from the patient.

**General Information Disclosure:** Medical, drug and alcohol related information could be used and disclosed with the following restrictions:

- A written consent must be completed, signed and dated
- A patient's request to inspect or copy records must be honored within 30 days if the information is kept onsite and 60 days if the information is offsite

**The Privacy Rule imposes three additional steps when disclosing information pursuant to a patient's written consent:**

- Patient must receive a copy of the signed form
- Verify the identity of the person requesting the disclosure and the authority of the person to have access to the information
- A copy of the form must remain onsite for six years from its execution date

**Disclosure Penalties:** Releasing any of this health information for other than permissible purposes is a violation of the HIPAA privacy regulation and can result in the following:

- \$100 civil fine per violation with a maximum of \$25,000 per calendar year for each standard violated

### HIPAA and You

Being aware of the rules and regulations will help you understand your rights as a consumer. If you ever find yourself in a medical situation you will be able to know your rights and assess whether you are being treated fairly or if your rights are being violated.

HIPAA laws affect *you* in two ways: personally and professionally.

**Personally.** As a health care consumer, it protects your health information held by providers and health insurance plans, and gives you certain rights.

#### You have the right:

- To access and copy your records
- To request amendments if you feel there are errors in your record
- To request an accounting of certain disclosures of your health records made by providers or health plans

**Professionally.** As a health care worker it is your responsibility to understand how The HIPAA Regulations affect your job and to use this knowledge daily to comply with the privacy policies that insure compliance with the Federal regulations.

- \$50,000 maximum criminal fine and up to one year imprisonment if an individual knowingly makes a wrongful disclosure or wrongfully obtains protected information
- \$100,000 maximum fine and five years imprisonment if offense is committed under false pretenses
- \$250,000 maximum fine and 10 years imprisonment if offense is committed with intent to sell, transfer or use the protected information for commercial advantage, personal gain or malicious harm

**Important to Remember!** Any written consent may be revoked in writing. Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information

**Disclosure Without Written Permission:** The privacy rule permits the disclosure of health information without a patient's authorization for various *specified national priority activities consistent with other applicable laws and regulations only:*

- Public health purposes (reporting diseases and collecting vital statistics)
- Health oversight activities (audits, inspections, civil, criminal, or administrative proceedings)
- Law enforcement (warrant, subpoena, three part summons)
- Judicial and administrative proceedings (information pursuant a court order)
- Researchers (Institutional Review Boards IRB)
- Coroners, medical examiners, funeral directors, workers compensation programs
- Government authority authorized to receive reports of abuse, neglect, or domestic violence
- Organizations to facilitate organs, eye, and tissue donation and transplant
- Government agencies for various specialized functions (national security, intelligence activities)
- To prevent a serious threat to health or safety, or any situations required by law

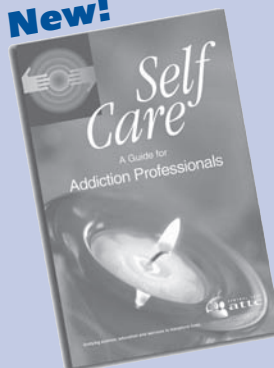
As mandated by HIPAA, the rule does not preempt, or override, state laws that are more protective of patient privacy.

*In the next issue of The Dialogue we will present how to incorporate spirituality into substance abuse treatment. We welcome your comments and feedback on this topic and welcome suggestions for further topics related to substance abuse counseling.*

Peace & Blessings  
Valerie E. Robinson, MS, LPC  
Advising Consultant/Central East

## Self Care: A Guide for Addiction Professionals

**New!**

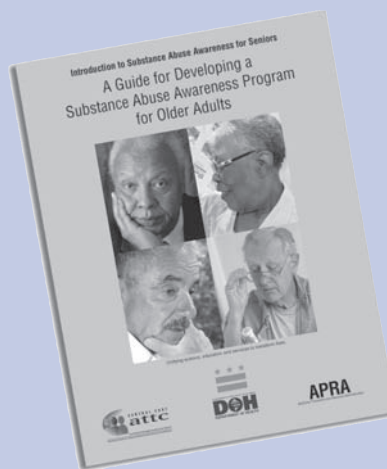


The Central East ATTC recently published a document entitled *Self Care: A Guide for Addiction Professionals*. The purpose of this document is to identify common

workplace stressors for addiction professionals and provide strategies for both agencies and addiction professionals that can be used to address these stressors and promote overall self-care. The guide covers topics such as: Nutrition, Mental Wellness, Recovery Management, and Exercise. The guide also provides helpful tools and resources to help addiction professionals identify and reduce stress.

**Self Care Guide: \$7**  
**Order online at [www.ceattc.org](http://www.ceattc.org)**  
(shipping and handling will be charged on all orders)

## Introduction To Substance Abuse Awareness for Seniors: A Guide for Developing a Substance Abuse Awareness Program for Older Adults



There is a new sense of urgency surrounding the topic of aging and addiction. Over eight million older adults currently suffer from addiction to alcohol, medications or other chemical substances, and the numbers will swell as baby boomers age. The need for awareness among care providers has never been greater, because there is still little understanding or acknowledgement

of the disease of addiction in older adult populations.

This manual will not only raise awareness of the scope and nature of this alarming epidemic, but it offers a basic guide to prevention, assessment, intervention, treatment and aftercare. This guide also presents information on designing and implementing effective substance abuse awareness programs for older adults. Its intention is to build capacity among providers in order to address this growing issue. The guide targets a wide audience of providers and professionals including: substance abuse professionals, substance abuse treatment providers, organizations serving seniors and professionals working with seniors on issues that relate to or involve substance abuse.

**Manual: Free**  
**Order online at [www.ceattc.org](http://www.ceattc.org)**  
(shipping and handling will be charged on all orders)



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**Hepatitis C: A Guide for Counselors and Outreach Workers**

Designed for addiction counselors and outreach professionals, this 2-hour online course provides an overview of the hepatitis C virus (HCV), including the function of the liver, HCV infection, risk factors for

HCV infection, incidence and prevalence, signs and symptoms, natural history and progression, acute and chronic infection, health consequences, and co-infection. It examines such modes of transmission as drug use, tattooing and body piercing, transfusions and transplantations, sexual transmission, mother to infant transmission, and occupational transmission. It reviews various affected populations. It reviews diagnosis and testing, who should be tested, why individuals should be tested, and diagnostic tools. The course examines various treatment options, such as interferon treatment. Finally, the course examines a variety of prevention issues, such as HCV vaccines and prevention messages. The course overview is available in CD-ROM format.

**Online at [www.ceattc.org](http://www.ceattc.org): \$20 CD-ROM: \$5**



**Buprenorphine: What Counselors Need To Know**

Designed for addiction counselors, this 2- to 3-hour continuing education course provides basic information on buprenorphine, and how it fits into behavioral treatment. The specific content of the course covers the following topics: recent changes in opioid treatment; science of addiction; what is buprenorphine and how does it work; how it compares to other opioid medications, its safety and efficacy and the common myths about opioid agonist treatments and responses; patient selection; general issues in counseling drug dependent patients; counseling issues; and patient management issues associated with treating patients with buprenorphine. The course overview is available in CD-ROM format.

**Online at [www.ceattc.org](http://www.ceattc.org): \$20 CD-ROM: \$5**

**Register for online courses at [www.ceattc.org](http://www.ceattc.org). A credit card is required.**