

Non-traditional approaches to starting buprenorphine in the outpatient setting

Lynda Bascelli, MD
Brian Colangelo, LCSW CADC
Carley Schaffer, MS, LCADC, CCTP

Cooper University Healthcare

Center for Healing (Department of Addiction Medicine)
Cooper Early Intervention Program (EIP/Infectious Diseases)

Disclosures

- Lynda – none
- Brian – none
- Carley - none

Learning Objectives

- Upon completion of the session, participants will
 - Identify the challenges of complex inductions
 - Learn to improve provider/patient communication
 - Understand how to assess environmental conditions/availability of support and know what impact they play on the induction process

Facilitator of the
Quarter
(Summer 2021)



Case 1: RC

- 53 year old man
- Homeless for past 10 years, unemployed
- History of IV heroin, fentanyl and Xylazine use
- Currently on methadone, was started during hospitalization in May 2021.
- Has struggled with Suboxone induction since his first encounter with Addiction Medicine in April 2019 while hospitalized.

Case 1: RC Medical

- Onset of OUD occurred after he donated a kidney to his brother-in-law in 2003
- Has had numerous hospitalizations and ED visits for conditions related to IVDU
- Dx with HCV 2012
- Dx with HIV April 2021 (VL 16,100, CD4 575)
- Currently on ART (Biktarvy)
- Will be starting HCV treatment

Case 1: RC Social

- Separated from wife, has 3 adult children. Children were removed from he and his wife's care due to substance use and homelessness.
- Only has relationship with his daughter, who just had his first grandchild
- Ineligible for cash assistance and housing assistance due to having a distribution charge
- Unable to work due to homelessness, SUD and physical limitations, has not yet applied for SSD/I
- Multiple county jail incarcerations;
- Has outstanding fines/warrants for offenses related to sustaining his use disorder and surviving life on the streets

Case 1: RC Barriers

- Homelessness
- Still struggling with fentanyl/Xylazine use but amount and frequency have improved on methadone
- Not yet at stable methadone dose
- No income; likely still engaged in illegal activities for profit. Coupled with outstanding warrants/fines, places him at high risk for re-incarceration
- Lacks consistent family support and positive recovery supports

Case 1: RC Strengths

- Desires sobriety, housing
- Wants relationship with daughter, sons, granddaughter
- Has been coming daily to EIP to receive his Biktarvy and supportive services
 - Homelessness often results in persons unable to keep their medications from becoming lost/stolen/destroyed by the elements
- Contemplating long-term rehab
- Wants to work and feels confident that he would be able to work despite physical limitations
- Comes to EIP daily for Biktarvy dose