

# FOCUS ON RESEARCH

## A FEASIBILITY STUDY OF SUPERVISED ADMINISTRATION OF BUPRENORPHINE IN COMMUNITY PHARMACIES

### Researchers

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Methadone is the established maintenance treatment for patients with opiate dependency. It is a liquid preparation which has to be taken daily. An alternative treatment is buprenorphine. It comes in the form of a tablet to be dissolved under the tongue. Like methadone, it requires supervised administration to ensure against misuse and diversion on to the black market. Buprenorphine does not need to be taken daily. It can be taken three times a week.

### Aims

To assess the feasibility of pharmacy based buprenorphine administration from a client, pharmacist and economic perspective.

### Project Outline/Methodology

A sample of pharmacists and of clients eligible to commence maintenance therapy for opiate dependence were sought. Consenting clients were randomly allocated to receive either methadone (MMT) or buprenorphine (BMT). Administration took place within the pharmacies. Pharmacists/clients were interviewed before treatment started and three months following. The time taken to dispense and supervise methadone and buprenorphine to client subjects was measured.

### Key Results

21 individuals were recruited over a six month period (MMT, n=10, BMT, n=11). After three months, six recruits remained in MMT and five in BMT. Withdrawals occurred earlier in the BMT group, some before titration. Of those still in treatment at 3 months, the BMT clients expressed more satisfaction, but alternate day dosing presented some problems. There were reduced levels of self reported crime in the BMT group compared to MMT (0/5 compared to 3/6) and reduced levels of illicit opiate use (2/5 compared to 4/5). Pharmacists saw the supervision of buprenorphine as acceptable, particularly for 'trustworthy' clients. Identified issues associated with recruitment were the need for local service ownership, the learning curve of the clinicians, the additional resource costs of BMT over MMT, the effect

of prior drug use when starting buprenorphine and the expectations of the subjects.

Supervising buprenorphine administration took longer than methadone (average total time 7.42 mins versus 3.45 mins per visit).

### Conclusions

Opiate dependent subjects were successfully recruited and randomly allocated between buprenorphine and methadone maintenance within a Scottish treatment setting. Administration of buprenorphine in the community pharmacy setting was acceptable to both clients and pharmacists.

### What does this study add to the field?

There is currently insufficient evidence for the use of the more expensive drug buprenorphine in place of methadone for patients with opiate dependency. This study provides invaluable information in the preparation for a larger comparative study of treatment effectiveness. It gives treatment providers an indication of the resource implications of administration of buprenorphine.

### Implications for Practice or Policy

This study has shown that it is logistically possible and acceptable for buprenorphine to be administered in community pharmacies. More time may be needed in the pharmacy for this service.

### Where to next?

A full clinical trial should be carried out to assess the comparative effectiveness of buprenorphine and methadone maintenance in opiate dependency treatment.

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