

Abstract

Background. Despite evidence supporting the efficacy of buprenorphine relative to established detoxification agents such as clonidine, little research has examined: (1) how best to implement buprenorphine detoxification in outpatient settings; and (2) whether extending the length of buprenorphine detoxification improves treatment engagement and outcomes.

Objectives. The current study examined the impact on (1) successful detoxification completion; (2) transition to longer-term treatment; and (3) treatment engagement of two different length opioid detoxifications using buprenorphine.

Method. The study compared data obtained from two consecutive studies of early treatment engagement strategies. In one study (n = 364), opioid-addicted participants entered treatment through a Brief (5-day) buprenorphine detoxification. In the other study (n = 146), participants entered treatment through an Extended (i.e., 30-day) buprenorphine detoxification.

Results. Results indicated a greater likelihood of successful completion and of transition among participants who received the Extended as compared to the Brief detoxification. Extended detoxification participants attended more counseling sessions and submitted fewer drug-positive urine specimens during the first 30 days of treatment, inclusive of detoxification, than did Brief detoxification participants.

Conclusions. Results demonstrate that longer periods of detoxification improve participant engagement in treatment and early treatment outcomes.

Scientific Significance. Current findings demonstrate the feasibility of implementing an extended buprenorphine detoxification within a community-based treatment clinic.