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THE AUTHORS REPLY

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Yan raises four issues regarding our study evaluating interim buprenorphine for reducing risks during treatment delays for opioid dependence. The first issue is whether the 0% rate of abstinence from illicit opioids among control participants was because they did not provide urine specimens. This was not the case, since the rate of provision of urine specimens was 92% in the treatment group and 80% in the control group (P = 0.42), and it was nowhere near the magnitude of the difference in the rate of abstinence observed.

Second, Yan notes the lack of a placebo group. Although the inclusion of a placebo group would permit isolation of the effects of buprenorphine, the effects and efficacy of this agent are well established in treating opioid dependence.[1] Rather, our aim was to use a control group that reflected the real-world practice of placing persons on waiting lists for standard buprenorphine or methadone treatment.

Third, Yan questions whether monitoring with daily calls and intermittent clinic visits are interventions that could account for the favorable outcomes. This is an empirical question that can be evaluated in a future study. However, we know of no studies suggesting that computerized calls or occasional clinical contact could produce the rates of opioid abstinence observed in our study. Finally, a cost-effectiveness analysis has been proposed as the next step in this line of research.

References

1. Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database Syst Rev. 2014; 2:CD002207.

Since publication of their letter, the authors report no further potential conflict of interest.