Possible Problem Situations and Solutions

1. A physician or other medical personnel in the audience wants to discuss more medical details or starts using unfamiliar terminology.

   Solution: Question the trainee about the nature of his/her medical background or credentials and then remind the whole audience that this training is for addiction professionals. Inform the physician that a separate training has been developed specifically for physicians and it may be more appropriate for him/her to attend that training.

2. Training participants are generally hostile to pharmacotherapy.

   Solution: Emphasize the disease metaphor (addiction is a disease, just like diabetes and hypertension are diseases), and that people with these other diseases are often given medications to manage their symptoms (insulin for diabetes, etc.).

3. Training participants are concerned about the N.I.M.B.Y. syndrome that plagues/ plagued methadone programs.

   Solution: Emphasize that buprenorphine can be prescribed for "take home" use thereby eliminating the loitering problem that sometimes occurs in clinic settings. Buprenorphine patients who are referred to community treatment providers may be scheduled for either individual or group therapy, but do not pose any more "threat" to the neighborhood than any other drug abuse treatment clients.

4. Training participants are concerned that the trainers may be advocating for or marketing buprenorphine.

   Solution: State right up front that there is only one manufacturer of this medication (Reckitt Benckiser), a situation similar to new drugs on the market for other medical problems. Their exclusive rights expire in October 2009. This will allow for more widespread adoption and use as the drug becomes more affordable and other manufacturers enter the market.

5. Training participants have a general skepticism about the Clinical Trials Network (CTN) process or questions about the integrity of the research that has been conducted with respect to buprenorphine.

   Solution: Emphasize that the National Institute on Drug Abuse, not Reckitt Benckiser, independently funded the clinical trials that are described in this training.

6. Training participants are concerned that the drug is not on Medicaid or other insurance companies' formularies.

   Solution: Emphasize that the appearance of a particular medication on the formularies is largely a result of demand by providers. Physicians and other network providers and patients must ask an insurance company to add medications to the formularies. Once again, this training is a way to ensure that multidisciplinary addiction professionals can be informed enough to engage in appropriate advocacy efforts.

7. The particular region of the country is lacking opioid treatment programs (OTPs)/methadone maintenance.

   Solution: Before you would even attempt to conduct this training, you would need to spend time developing marketing materials/messages and meeting with key local stakeholders to get their buy-in to allow you to do the training. It would also involve more intensive basic education about effective treatments currently available for the treatment of opioid addiction. The training itself would need to emphasize the utility of a multi-pronged approach to treating opioid-addicted individuals, including psychosocial treatment, 12-Step meetings/support groups, and pharmacological (medication) treatment.