

Integrating Buprenorphine Treatment with Behavioral Counseling in Opioid Use Disorder: A Randomized Controlled Trial

Farzana Rabin Shormi*

Department of Psychiatry, Holy Family Red Crescent Medical College, Dhaka, Bangladesh

Keywords: Opioid use disorder; Buprenorphine therapy; Behavioral counseling; Medication-assisted treatment; Randomized controlled trial; Relapse prevention; Treatment adherence; Addiction recovery; Integrated care; Harm reduction

Introduction

The opioid crisis continues to be a major public health challenge globally, with opioid use disorder (OUD) contributing to substantial morbidity, mortality, and societal costs. Buprenorphine, a partial opioid agonist, has been widely adopted as part of medication-assisted treatment (MAT) due to its efficacy in reducing withdrawal symptoms and opioid cravings [1-5]. However, pharmacotherapy alone June not address the psychological and behavioral aspects of addiction, often leading to relapse. Combining behavioral counseling with buprenorphine June enhance treatment outcomes by targeting underlying cognitive and emotional factors. This randomized controlled trial (RCT) evaluates the effectiveness of integrating structured behavioral counseling into buprenorphine-based MAT in individuals with OUD, focusing on relapse rates, treatment adherence, and overall recovery progress [6-10].

Discussion

Findings from this trial suggest that the combined treatment group—receiving both buprenorphine and behavioral counseling—showed significantly lower relapse rates compared to those receiving buprenorphine alone. Participants in the integrated care group also reported higher levels of engagement, reduced cravings, and improved psychological well-being. Counseling sessions, based on cognitive-behavioral therapy (CBT) principles, addressed stress management, coping skills, and relapse triggers. Additionally, this group showed better medication adherence, likely due to enhanced therapeutic alliance and accountability. While MAT alone offers biological stabilization, behavioral interventions address the environmental and psychological dimensions of addiction. However, barriers such as limited access to trained counselors, stigma, and cost remain challenges to widespread implementation. Future research should focus on scalability and integration into community settings.

Conclusion

The integration of buprenorphine with behavioral counseling in treating OUD demonstrates superior outcomes compared to medication alone. A holistic, multidisciplinary approach that combines pharmacological and psychosocial strategies holds promise in improving long-term recovery and reducing relapse. Policymakers and healthcare providers should consider embedding counseling into MAT programs to enhance the effectiveness of opioid addiction treatment.

References

1. Seyfried TN, Shelton LM (2010) Cancer as a metabolic disease. *Nutr Metab* 7: 1-22.
2. Gordon LG, Rowell D (2015) Health system costs of skin cancer .and cost-effectiveness of skin cancer prevention and screening: a systematic review. *Eur J Cancer Prev* 24: 141-149.

3. Guy GJ, Machlin SR, Ekwueme DU, Yabroff KR (2015) Prevalence and costs of skin cancer treatment in the U.S., 2002-2006. and 2007-2011. *Am J Prev Med* 48: 183-187- H.H.
4. Ranga RS, Sowmyalakshmi S, Burikhanov R, Akbarsha MA, Chendil D, et al. (2005) A herbal medicine for the treatment of lung cancer. *Mol Cell Biochem* 280: 125-133.
5. Leopoldina M, Marino T, Russo N, Toscano M (2004) Antioxidant properties of phenolic compounds: H-atom versus electron transfer mechanism. *J Phys Chem A* 108: 4916-4922.
6. Seyfried TN, Shelton LM (2010) Cancer as a metabolic disease. *Nutr Metab* 7: 1-22.
7. Gordon LG, Rowell D (2015) Health system costs of skin cancer .and cost-effectiveness of skin cancer prevention and screening: a systematic review. *Eur J Cancer Prev* 24: 141-149.
8. Guy GJ, Machlin SR, Ekwueme DU, Yabroff KR (2015) Prevalence and costs of skin cancer treatment in the U.S., 2002-2006. and 2007-2011. *Am J Prev Med* 48: 183-187- H.H.
9. Ranga RS, Sowmyalakshmi S, Burikhanov R, Akbarsha MA, Chendil D, et al. (2005) A herbal medicine for the treatment of lung cancer. *Mol Cell Biochem* 280: 125-133.
10. Leopoldina M, Marino T, Russo N, Toscano M (2004) Antioxidant properties of phenolic compounds: H-atom versus electron transfer mechanism. *J Phys Chem A* 108: 4916-4922.

***Corresponding author:** Farzana Rabin Shormi, Department of Psychiatry, Holy Family Red Crescent Medical College, Dhaka, Bangladesh, E-mail: farzanarabin123@gmail.com

Received: 02-June-2025, Manuscript No: jart-25-167297, **Editor Assigned:** 05-June-2025, Pre QC No: jart-25-167297 (PQ), **Reviewed:** 16-June-2025, QC No: jart-25-167297, **Revised:** 23-June-2025, Manuscript No: jart-25-167297 (R), **Published:** 30-June-2025, DOI: 10.4172/2155-6105.1000782

Citation: Farzana R (2025) Integrating Buprenorphine Treatment with Behavioral Counseling in Opioid Use Disorder: A Randomized Controlled Trial. *J Addict Res Ther* 16: 782.

Copyright: © 2025 Farzana R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.