



A Tool for Buprenorphine Care

A series of monthly newsletters about buprenorphine treatment
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DYING TO BE FREE

In January 2015, *The Huffington Post* published “[Dying To Be Free](#)” by Jason Cherkis. The article is an in-depth exploration of pharmacological treatment for opioid use disorders with a specific focus on the exclusion of buprenorphine treatments in the state of Kentucky, where abstinence-based treatments are normative.

The article gives an historical overview of opioid proliferation and the advent of pharmacotherapy, noting the lack of availability of buprenorphine due to governmental, societal, and medical restrictions. The growth of abstinence-based treatment programs are portrayed as being to the detriment of pharmacotherapy, despite the lack of effectiveness of the abstinence treatments at correcting the opioid epidemic. Regardless of buprenorphine’s effectiveness, safety profile, evidence base, and support of the scientific medical community, it continues to lag behind as a de facto treatment.

Subsequently, Kentucky experienced a number of changes to the availability of buprenorphine (see articles [1](#), [2](#), [3](#), [4](#), [5](#)). While *The Huffington Post* article was only one of a number of ongoing conversations, it appears that it may have furthered the cause, and at the very least, brought a spotlight to this issue.

Additionally, *The Huffington Post* produced an accompanying [video](#).

BIV’S MONTHLY WEBINAR SERIES:

The BIV’s monthly webinar series continues on Tuesday, July 14th at 1:00pm EST with the topic of *Buprenorphine Q&A*. Please submit questions in advance that you would like to be addressed to John.HardingJr@va.gov. Look for a Microsoft Outlook calendar invite to the webinar.

Previous webinars (including slides and audio) can be found on the BIV Sharepoint site [here](#).

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [Hospitals Adapt As Opioid Epidemic Hits Infant Victims](#)
2. [How Doctors Think: Addiction, Neuroscience and Your Treatment Plan](#)

RESEARCH UPDATE

1. Knudsen HK. [The Supply of Physicians Waivered to Prescribe Buprenorphine for Opioid Use Disorders in the United States: A State-Level Analysis](#). *J Stud Alcohol Drugs*. 2015 Jul;76(4):644-54. TAKE HOME POINT: “This analysis from late 2013 revealed that buprenorphine physician supply varies considerably between states, with much of this variance attributable to regional differences between the Northeast and other parts of the country. Four additional state characteristics—the proportion of the population covered by Medicaid, the supply of [opioid treatment programs], the supply of [substance use disorder] treatment programs, and the rate of overdose deaths—were associated with buprenorphine physician supply in the final multivariate model.”
2. Harris S. [To Be Free and Normal: Addiction, Governance, and the Therapeutics of Buprenorphine](#). *Med Anthropol Q*. 2015 Jun 23. doi: 10.1111/maq.12232. [Epub ahead of print]. TAKE HOME POINT: “The sense of freedom from all aspects of methadone treatment presented by buprenorphine [...] is central to liberal modes of governance, which rely on the promotion of freedom and the ability to make individual choices. With the freedom to make decisions about their treatment, such as choice of doctor and dosing schedule, buprenorphine patients are responsible for monitoring their behaviors and obligated to adhere to the prescribed medical regime. They govern themselves through their everyday choices and self-care around their health and treatment. With increased autonomy and flexibility to make medical decisions, buprenorphine providers are also afforded more responsibility over choices regarding medical practice and patient care. In a sense, the coupling of buprenorphine and [office-based opioid treatment] is no different from [methadone maintenance therapy] (MMT) in that both treatment modalities are about governance. The distinction, however, is that, while MMT is often characterized as more overtly controlling, buprenorphine treatment governs through the very freedom and normalcy it confers to patients and providers.”

BIV: Improving Implementation and Outcomes of Office-Based Treatment of Opioid Dependence in the VA

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