



Buprenorphine Initiative in the VA

BIV: Improving Implementation and Outcomes of Office-Based Treatment of Opioid Dependence in the VA
Compiled and hosted by the [VISN 4 MIRECC](#)

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 7, Issue 5 — January 2014

BIV'S MONTHLY WEBINAR SERIES

Over the past months, the BIV has revived its monthly webinar series. Past presentations are located on [Sharepoint](#). This month's issue of *A Tool for Buprenorphine Care* is devoted to summarizing the recent topics.

December 2013: A History of Buprenorphine in the VA presented by Adam J. Gordon, MD MPH

The state of opiate use in the VA was addressed and the case was made for an increase in treatment. Buprenorphine was introduced as an effective and evidence-based pharmacologic treatment for opioid use disorder which allowed physicians to treat outside of methadone facilities. The VA was at the forefront of buprenorphine leadership and integration. A number of VA-specific studies were reviewed which demonstrated VA's uptake in buprenorphine care. Currently, we find 10,042 (FY2013) Veterans on buprenorphine and 843 (FY2012) prescribers.

January 2014: Update in Induction presented by Adam J. Gordon, MD MPH

The bonding properties of buprenorphine were reviewed and full agonist, partial agonist, and antagonist terms were defined. Common problems with induction were mentioned and remedies, along with patient approaches, were suggested. The changes in DSM 4 and 5 editions were addressed. Practical issues such as withdrawal, clinical appropriateness, induction preparation, patient education, types of induction settings, and goals of induction were outlined. A comparison was made between the TIP40 and PCSS guidances.

February 2014: Let's Establish a Buprenorphine Clinic presented by Adam J. Gordon, MD MPH

This presentation reviewed the items needed to begin buprenorphine treatment. Based on formulary status, every VA facility should have buprenorphine available. Provisions for treatment are allowed for by the Drug Abuse Treatment Act of 2000 and the Uniform Mental Health Services Package. These laws dictate the DEA and VA qualifications for practitioners, patient limits, and the models for care for each possible treatment setting type.

BIV'S MONTHLY WEBINAR SERIES

The BIV's monthly webinar series continues on Tuesday, March 11th at 1:00pm EST. Look for a Microsoft Outlook calendar invite which will invite you to the webinar. The topic will be *Buprenorphine Questions and Answers: An Expert Roundtable*. **You are invited to submit questions, comments, suggestions or topics to John.HardingJr@va.gov**. Every attempt will be made to address these during the webinar.

QUESTION OF THE MONTH

Do you have a specific question or general topic that you'd like to see covered in this space? Please email John.HardingJr@va.gov to have your idea considered for next month's publication.

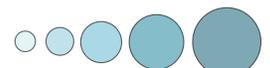
MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [\[Vermont\] Amendment Would Crack Down On Street Sales Of Opiate Treatment Drug](#)
2. [Could Drug-Replacement Therapy Have Saved Philip Seymour Hoffman's Life?](#)

RESEARCH UPDATE

1. JAMA Psychiatry. 2013 Dec;70(12):1347-54. [A randomized, double-blind evaluation of buprenorphine taper duration in primary prescription opioid abusers](#). Sigmon SC et al. TAKE HOME POINT: "...a subset of [prescription opioid] abusers may respond favorably to a brief but carefully crafted outpatient treatment involving buprenorphine detoxification, naltrexone maintenance, and behavioral therapy.
2. J Pediatr. 2013 Nov;163(5):1377-83.e1-3. [Root causes, clinical effects, and outcomes of unintentional exposures to buprenorphine by young children](#). Lavonas EJ et al. TAKE HOME POINT: "The most commonly identified root causes were medication stored in sight, accessed from a bag or purse, and not stored in the original packaging."

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