



# A Tool for Buprenorphine Care

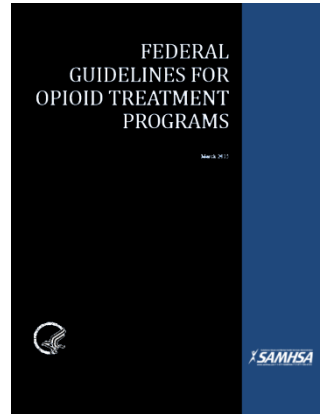
A series of monthly newsletters about buprenorphine treatment  
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## REVISED SAMHSA OTP GUIDELINES

In March 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated the 2007 edition of its *Federal Guidelines for Opioid Treatment Programs*. These guidances are an “expectation of how the federal opioid treatment standards found in Title 42 of the Code of Federal Regulations Part satisfied by opioid treatment programs (OTPs).” Since a portion of the federal regulations for OTPs require SAMHSA certification, these guidelines are a valuable resource.

In their words: “Although the federal regulations have not changed since their original adoption in 2001, the real-world issues of opioid use disorders, the delivery of healthcare, and the problems impacting the health of the public change continuously. By updating the Guidelines periodically, SAMHSA is not reinterpreting the regulations, but rather is expressing how these regulations may be applied in the context of clinical and medical issues confronted by OTPs today.”

From the [announcement](#): “There are several important changes to the guidelines. [...] updated information on new ways to assess and counsel patients, treatment of pregnant patients, patient withdrawal from medication assisted treatment, and management of patients with multiple health conditions, including chronic pain. [...] new information on topics like telemedicine, electronic health records, prescription drug monitoring programs, recovery, and the role of physicians, nurses, and other program staff in OTPs.”



## BIV'S MONTHLY WEBINAR SERIES:

The BIV's monthly webinar series continues on Tuesday, September 8th at 1:00pm EST with the topic of *Overdose Education and Naloxone Distribution (OEND) to Prevent Opioid Overdose Mortality*. Look for a Microsoft Outlook calendar invite to the webinar.

We will be joined by guest presenters Elizabeth M. Oliva, Ph.D. (VA Opioid Overdose Education and Naloxone Distribution (OEND) Coordinator, VA Program Evaluation and Resource Center, VA Office of Mental Health Operations) and Daina L. Wells, Pharm.D., BCPS, BCPP (National Program Manager, VA Academic Detailing Program, VACO Pharmacy Benefits Management).

If you have a question you would like to have addressed, please submit it to [John.HardingJr@va.gov](mailto:John.HardingJr@va.gov). Previous webinars (including slides and audio) can be found on the BIV Sharepoint site [here](#).

## MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [A Court Ordered A Heroin Addict To Quit All Drugs. Here's Why That Cost Him His Life.](#)
2. [HHS Unveils \\$100M Effort To Combat Drug Addictions](#)

## RESEARCH UPDATE

1. Martin PR, Finlayson AJ. [Opioid use disorder during pregnancy in Tennessee: expediency vs. science](#). Am J Drug Alcohol Abuse. 2015 Jul 17:1-4. [Epub ahead of print]. TAKE HOME POINT: “Buprenorphine can be used during pregnancy with little risk to the fetus, and pregnancy outcomes are not significantly different from those obtained with methadone. [...] Additionally, there is less placental transfer of buprenorphine than methadone.”
2. Marteau D, McDonald R, Patel K. [The relative risk of fatal poisoning by methadone or buprenorphine within the wider population of England and Wales](#). BMJ Open. 2015 May 29;5(5):e007629. doi: 10.1136/bmjopen-2015-007629. TAKE HOME POINT: “During this 6-year period, a total of 2366 methadone-related deaths and 52 buprenorphine related deaths were registered, corresponding to 17,333,163 methadone and 2,602,374 buprenorphine prescriptions issued. Our analysis of the relative safety of buprenorphine and methadone for opioid substitution treatment reveals that buprenorphine is six times safer than methadone with regard to overdose risk among the general population. Clinicians should be aware of the increased risk of prescribing methadone, and tighter regulations are needed to prevent its diversion.”

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

This information is supported and provided by the Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI), Center of Excellence in Substance Abuse Treatment and Education (CESATE), the Mental Illness Research, Education and Clinical Centers (MIRECC), and the Program Evaluation and Resource Center (PERC) within the Department of Veterans Affairs. Please contact Dan Harding at [John.HardingJr@va.gov](mailto:John.HardingJr@va.gov) or 412-360-2207 with questions or comments.