A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment) Volume 1 Issue 11—April 2008

A successful site visit

The old med school mantra of "See one, do one, teach one" —though <u>questioned fiercely</u>—is spot-on inasmuch as it implicitly acknowledges that simply reading about a new procedure is not enough. In watching, we see caveats that we had not thought to consider before, and watching imparts some confidence.

Recently, two members of the Huntington, West Virginia VAMC substance abuse treatment team visited buprenorphine providers in primary care at the Pittsburgh VA. Social worker Deborah Sull-Lewis briefly describes the Huntington substance abuse program and how the visit went:

We have a very energetic substance abuse treatment team at the Huntington, WV VAMC, and we are quickly learning the benefits of treatment with buprenorphine. We have a small Opioid Substitution Group in addition to our Intensive Outpatient Substance Abuse Treatment Program. The Pittsburgh, PA VA staff were very helpful during our visit on Mar 11th, 2008. . . . The processes that we wanted to observe were: 1) dosing procedures/induction, 2) referrals, and 3) patient education. Mary Pat Acquaviva, Dr. Gordon, and their patients allowed us to observe the processes they utilize when prescribing buprenorphine. . . . Our goals for the visit were all met. We sought to: 1) understand how to introduce expectations for tapering off buprenorphine and 2) how to handle positive drug screens for illicit drugs and noncompliance with appointments.

Would watching how another site handles buprenorphine be helpful? Is your buprenorphine program already up and running, and are you willing to let members from other sites shadow you for a day? Email <u>Margaret Krumm</u> and include your location, contact information, and a description of your existing buprenorphine program (if willing to be shadowed) and goals (if wishing to shadow), and we will try to match you up.

Upcoming Buprenorphine Training Events

Live training events are being held all across the United States in the coming months. Below is a partial list; find the full list and complete details <u>here</u>.

- Boston, Massachusetts April 25
- Sacramento, California April 26
- Albuquerque, New Mexico April 29
- Livonia, Michigan May 3
- Washington, DC May 4
- Phoenix, Arizona May 9
- Lexington, Kentucky May 10

- Providence, Rhode Island May 10
- Dearborn, Michigan May 17
- Minneapolis, Minnesota May 17
- Greensboro, North Carolina May 17
- Troy, Michigan May 31
- Philadelphia, Pennsylvania May 31
- Harrisburg, Pennsylvania June 7

Updates in Research

- Fiellin DA., et al. Long-term treatment with buprenorphine/naloxone in primary care: results at 2-5 years. Am J Addict. 2008 Mar-Apr;17(2):116-20.
- Stitzer ML, Vandrey R. Contingency management: utility in the treatment of drug abuse disorders. Clin Pharmacol Ther. 2008 Apr;83(4):644-7. Epub 2008 Feb 27.

Tip of the Month

Patients who have a history of opioid abuse but are not currently using (e.g. recently incarcerated) may be maintained on a very small dose of Suboxone—as little as 2/0.5 mg.

Source: VA Buprenorphine Resource Guide