

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

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BUPRENORPHINE IN THE VA

In 2006-2007, interviews were conducted with key administrators and clinical personnel at 17 VA facilities. These facilities were selected due to a high prevalence of opioid dependencies (at least 100 patients in 2004-2005). One hundred one (101) VA personnel were contacted, 62 volunteered, and 61 interviews were conducted. Eighty-eight percent (88%) of the facilities were approved to prescribe buprenorphine, but 47% of the respondents reported having no provider licensed to offer the prescription. Provider and system barrier discussions dominated the interviews. Suggestions from providers regarding how to best facilitate buprenorphine care concentrated on new staff (“champions”) who facilitated changing the culture of the facility. The findings suggest that implementation of buprenorphine within the VHA, while difficult, is achievable. [Gordon AJ, Kavanagh G, Krumm M, Ramgopal R, Paidisetty S, Aghevli M, Goodman F, Trafton J, Liberto J. [Facilitators and barriers in implementing buprenorphine in the Veterans Health Administration](#). Psychol Addict Behav. 2011 Jun;25(2):215-24.]

OUTSIDE THE VA

The [Erowid Experience Vaults](#) are an online haven for categorizing the wide variety of experiences that occur in individuals using various drugs and medications. While not created to be used as a clinical resource, there is information on this website that may be of interest to providers. The main focus of the site is psychoactive plants and chemicals and the Full Substance List boasts 22,000 personal reports occurring under the influence of many varieties of drugs. The drugs range from relatively benign and available substances such as caffeine to illicit street and prescription narcotics. Perspectives are offered on various aspects of usage including general impressions, summaries, first usages, and combinations with other drugs. Searching for Buprenorphine yielded 98 results (including Suboxone and others). Interestingly, many users indicate that they were not aware of the effects of Buprenorphine/Suboxone and were sorely disappointed to later learn of the negative results that were to be expected – those searching for a different high experienced opiate withdrawal, an inability to get high from other sources, and intense vomiting and nausea. However, there are also many reports of Buprenorphine being used as intended for opiate withdrawal therapy, with very positive reviews of Buprenorphine as a “blessing”, “miracle cure”, and a “life saver”. While both the positive and negative reviews are likely to be common knowledge among experienced Buprenorphine-licensed providers, they may be very enlightening to those providers considering such licensure.

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

- 1) [Clinic treats pain with “addiction drug”](#)
- 2) [A snapshot of methadone and buprenorphine treatment in Australia](#)

RESEARCH UPDATE

- 1) Journal of Addiction Medicine. Dec 2011, Vol. 5, Iss. 4, p254–263 [Statement of the American Society of Addiction Medicine Consensus Panel on the Use of Buprenorphine in Office-Based Treatment of Opioid Addiction](#). Kraus, Mark L. MD, FASAM; et al. **TAKE HOME POINT:** “Current literature demonstrates promising efficacy of buprenorphine...”
- 2) Drug Alcohol Depend. 2012 Jul 6. [Epub ahead of print] [Prevalence of mood and substance use disorders among patients seeking primary care office-based buprenorphine/naloxone treatment](#). Savant JD et al. **TAKE HOME POINT:** “...clinicians providing primary care office-based buprenorphine/naloxone treatment should consider screening for and addressing comorbid mood and substance use disorders to possibly help improve treatment outcomes.”

