

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

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Physicians' Clinical Support System – Buprenorphine (PCSS-B) increasing training resources

The Physicians' Clinical Support System – Buprenorphine (PCSS-B), located at PCSSB.org, is in the midst of some restructuring. Previously, its focus was mentoring, but the paucity of buprenorphine training available has motivated the organization to provide some of its own. The half-and-half training course is a new format for the DATA-2000 training; 3.75 hours are completed individually with a DVD, then 4.25 hours are completed in a classroom. This time consists mostly of discussions about case studies.

In addition to DATA-2000 trainings, PCSS-B offers webinars and clinical tools. The mentoring service is still in place, too.

In-services are back!

Mark your calendar for these in-services, and look for details about the January event soon:

Friday, January 28, 2pm Eastern: Patient Experiences on Buprenorphine

Friday, March 25, 2pm Eastern: New Formulations and Guideline Revisions

Friday, May 27, 2pm Eastern: VA Buprenorphine Use Updated

SAMHSA offering new patient brochure: “Should You Talk to Someone About a Drug, Alcohol, or Mental Health Problem?”

This brochure is based on SAMHSA's Treatment Improvement Protocol (TIP) 42: *Substance Abuse Treatment for Persons With Co-Occurring Disorders*. It is a quick self-screening for patients that also includes suggestions for how to get help. Up to 25 hard copies can be ordered at a time for free [here](#), and it can also be downloaded.

Research Update

Mouse-over for abstract

Neonatal abstinence syndrome after methadone or buprenorphine exposure. Jones HE, Kaltenbach K, Heil SH, Stine SM, Coyle MG, Arria AM, O'Grady KE, Selby P, Martin PR, Fischer G. *N Engl J Med*. 2010 Dec 9;363(24):2320-31. PMID: 21142534

Opioid substitution therapy in Manipur and Nagaland, north-east India: operational research in action. Armstrong G, Kermode M, Sharma C, Langkham B, Crofts N. *Harm Reduct J*. 2010 Dec 1;7(1):29. [Epub ahead of print] PMID: 21122129

[Free Article](#)

Buprenorphine and opioid antagonism, tolerance, and naltrexone-precipitated withdrawal. Paronis CA, Bergman J. *J Pharmacol Exp Ther*. 2010 Nov 4. [Epub ahead of print] PMID: 21051498

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Training Brush-Up: Judging level of physical dependency

Asking about the amount and frequency of use (for example, \$5 twice per day of heroin versus \$20 five times per day of heroin use) can help in this assessment.

The three important points to keep in mind are:

- The person's level of physical dependence (lower is better)
- The time since the last use of illicit opioids (longer is better, and ideally, the person is showing some signs of opioid withdrawal)
- The first dose of buprenorphine given (avoid higher doses, which for sublingual dosing would be 8 mg or more of buprenorphine)

Adapted from AAPA DATA2000 training CD-ROM.