

## A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)  
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### Helpful New Website – [buppractice.com](http://buppractice.com)

While not tailored to VA practitioners, this site offers a lot. There are a number of resources about buprenorphine and closely related topics, resources tailored to physicians at different stages of practice, information to give to patients, training information, a space to create your own free webpage to promote your buprenorphine practice, forums, and groups to join and create based on practice setting, specific addiction issues, and geographic region. The site is still very new, so there is plenty of opportunity to be a part of shaping its creation if you choose to become involved.

BupPractice.com was developed by Clinical Tools, Inc (CTI) with funding from the National Institute on Drug Abuse.

### Buprenorphine in the News

After a series of stories about buprenorphine in *The Baltimore Sun*, a grand jury was charged with the responsibility to investigate “certain aspects” of buprenorphine and to specifically answer the following questions:

1. Is the drug buprenorphine being properly utilized?
2. Is its use being properly controlled so that it itself does not become a substitute for heroin?
3. If the answer to the above is ‘no’, what can be done to improve the dispensing of buprenorphine?

The grand jury interviewed several people involved in treating opioid dependence with buprenorphine, social workers, law enforcement personnel, and people who were currently taking buprenorphine for opioid dependence. They concluded that Yes, buprenorphine is being used properly and that the controls in place (in Baltimore) to prevent its diversion are actually more stringent than for opioids that are abused more often. They also noted that when people take buprenorphine without a prescription, they most often do it to control withdrawal symptoms, not to get high. Those people sometimes enter a treatment program after trying buprenorphine on the street too.

Read the whole report [here](#). Its narrative style is easy and enjoyable to read.

### Research Update

- Katz EC, et al. **Brief vs. extended buprenorphine detoxification in a community treatment program: Engagement and short-term outcomes.** Am J Drug Alcohol Abuse. 2009 Feb 6:1. [Epub ahead of print] PMID: 19199166.
- Sansone RA, et al. **The prevalence of childhood trauma among those seeking buprenorphine treatment.** J Addict Dis. 2009;28(1):64-7. PMID: 19197597.
- Ling W, et al. **Buprenorphine tapering schedule and illicit opioid use.** Addiction. 2009 Feb;104(2):256-65. PMID: 19149822.

### Tip of the Month

When inducing a patient, the first dose of buprenorphine should be:

- 2/0.5 mg of sublingual buprenorphine/naloxone
- or
- 4/1 mg of sublingual buprenorphine/naloxone.

### Save the Date (and spread the word)! Semi-monthly cyber in-services.

Our next buprenorphine in-service, *Starting a Buprenorphine Clinic*, will be held on **Friday, March 13 at 2pm (ET)**.

To view slides and submit questions during the meeting, log on to Live Meeting here:

<https://www.livemeeting.com/cc/vaoi/join?id=S89G3Q&role=attend> and enter meeting ID S89G3Q.

To hear audio, dial 1-800-767-1750 and enter 13881#.

The official Outlook invitation will be sent soon.