



A Tool for Buprenorphine Care

A series of monthly newsletters about buprenorphine treatment
Volume 8 | Issue 11 | June 2015

NALOXONE FOR OPIOID OVERDOSE

Naloxone kits are furnished for emergency use in preventing opioid-related overdose and related fatalities. The medication is a polarizing topic which includes supporters who broadcast its life-saving capabilities and detractors who claim that it enables opioid users.

As providers interested in buprenorphine care, this newsletter makes the bold assumption that our readership likely supports naloxone aids. It was therefore encouraging to see a supporter's view take a national front-and-center stance in a recent NPR article ([A Lifesaving Medicine That My Patient Didn't Get In Time](#)). In it, [Leana Wen](#), emergency physician and Health Commissioner of Baltimore City, advocates for the provision of naloxone and the adoption of its use. She challenges a number of arguments against naloxone and provides rationale for pursuing its availability.

Within the VA, our Opioid Overdose Education and Naloxone Distribution (OEND) group heads these efforts. Their [Sharepoint](#) site includes the new addition of well-made [videos](#) available as an introduction to naloxone.

Perhaps these resources will serve as a good overview and front-line explanation for you to share with colleagues or patients.

BIV'S MONTHLY WEBINAR SERIES:

The BIV's monthly webinar series continues on Tuesday, July 14th at 1:00pm EST with the topic of *Buprenorphine Q&A*. Please submit questions in advance that you would like to be addressed to John.HardingJr@va.gov. Look for a Microsoft Outlook calendar invite to the webinar.

Previous webinars (including slides and audio) can be found on the BIV Sharepoint site [here](#).

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [New Regulations in the Administration of Buprenorphine, Part One](#) (Specific to Kentucky)
2. [Senate Bill Would Dramatically Alter Treatment For Heroin Addiction](#)

RESEARCH UPDATE

1. Weiss RD, Potter JS, Griffin ML, Provost SE, Fitzmaurice GM, McDermott KA, Srisarajivakul EN, Dodd DR, Dreifuss JA, McHugh RK, Carroll KM. [Long-term outcomes from the National Drug Abuse Treatment Clinical Trials Network Prescription Opioid Addiction Treatment Study](#). Drug Alcohol Depend. 2015 May 1;150:112-9. doi: 10.1016/j.drugalcdep.2015.02.030. Epub 2015 Mar 6. TAKE HOME POINT: "This 3.5-year follow-up of prescription opioid dependent patients participating in a clinical trial showed marked improvement: use of illicit opioids and other substances declined substantially from study entry. For example, although all trial participants had a DSM-IV diagnosis of opioid dependence at baseline, only 7.8% of those in the follow-up sample met current criteria for opioid dependence at Month 42, whereas another 29.4% met criteria for opioid dependence on agonist therapy.
2. Metzger DS, Donnell D, Celentano DD, Jackson JB, Shao Y, Aramrattana A, Wei L, Fu L, Ma J, Lucas GM, Chawarski M, Ruan Y, Richardson P, Shin K, Chen RY, Sugarman J, Dye BJ, Rose SM, Beauchamp G, Burns DN; HPTN 058 Protocol Team. [Expanding substance use treatment options for HIV prevention with buprenorphine-naloxone: HIV Prevention Trials Network 058](#). J Acquir Immune Defic Syndr. 2015 Apr 15;68(5):554-61. doi: 10.1097/QAI.0000000000000510. TAKE HOME POINT: "The study was designed to assess the durability of the long-term medication-assisted treatment intervention after 1 year of treatment and it is apparent that relapse to opioid use commenced as soon as the tapering began. Thrice-weekly access to buprenorphine/naloxone achieved significant reductions in opioid use and injection during treatment. Since these reductions were not sustained after cessation of buprenorphine/naloxone and counseling, our data clearly demonstrate the necessity of continued access to medication beyond 1 year to sustain reductions in opioid use for many people who inject drugs.

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 or 412-360-2207 with questions or comments.

