Buprenorphine in the VA (BIV PROJECT): Improving Implementation and Outcomes of Office-Based Opioid Dependence Treatment in the VA

A Tool for Buprenorphine Care

(A series of monthly newsletters containing information on buprenorphine)
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Peer Discussion Board

The National Alliance of Advocates for Buprenorphine Treatment has created an online discussion board. This board connects patients who have opioid dependence with other patients, friends and family of opioid-dependant patients with others who are coping with the addiction of a loved one, and healthcare providers treating or interested in treating opioid dependence.

Live chats are held on Tuesdays from 8 to 10pm and Sundays and Thursdays from 7:30 to 9:30pm ET.

The discussion board is at the Alliance's website: www.naabt.org

Clinical Vignettes

#1: What do you do if a patient claims his/her Suboxone was stolen?

A 46-year old male veteran has been maintained on 14 mg of Buprenorphine for 5 months. He regularly attends individual substance abuse visits and counseling groups, and he is involved in work therapy. The patient contacts the substance use clinic and states all his medications including buprenorphine have been stolen from his room in a local motel where many veterans stay. The veteran does not have a police report, but clinic staff knows there are many addicted veterans who are not in treatment staying at this motel.

Response:

Because the clinic staff felt the veteran's explanation was plausible and he had no prior problems with adherence, his prescription was refilled early. Patient is informed that he will need to more closely monitor and secure his buprenorphine, as this is a one-time early prescription. It is important in prescribing buprenorphine to balance clear patient responsibilites with compassionate responses to individual circumstances. A trusting therapeutic alliance is the most improtant tool in preventing misuse or abuse of buprenorphine.

#2: Can I use a full μ-opioid agonist as a temporary substitute for Suboxone®/Subutex® in a patient who requires elective surgery? Are the days before the procedure (pre-acute pain) covered presently under current federal regulations that address treating pain with a secondary diagnosis of addiction in this specific clinical setting? Or would the doctor prescribing a full agonist during this pre-pain period be perceived as maintaining a patient on an opioid, which would be noncompliant with existing federal regulations?

Response:

The law requires that a prescription for controlled substances be issued by a practitioner acting in the usual course of professional practice and for a legitimate medical need. The term "legitimate medical need" is not defined in the law, and the DEA does not set standards as to what constitutes the usual course of professional practice; those standards are set by the medical community. Federal laws or regulations do not prohibit a physician from prescribing any controlled substance that he/she believes is medically necessary to treat a patient. Each physician must decide whether the prescribing of narcotic drugs is medically appropriate within acceptable medical community standards. As long as a physician prescribes controlled substances for a legitimate medical purpose, he/she has no need to fear that the DEA will take action against him/her. Therefore, a qualified physician using buprenorphine to treat a patient undergoing an outpatient surgical or dental procedure that will require the prescribing or dispensing of other opioid medications to alleviate acute pain has demonstrated a legitimate medical need.

Regarding the second question, the federal regulations are clear. The administering or dispensing (not prescribing) of a narcotic drug in any schedule to a narcotic-drug-dependent person for detoxification or maintenance treatment requires a separate registration with the DEA as a narcotic treatment program. This aspect of the regulation is being modified to reflect the provisions of DATA that will allow a physician to prescribe or dispense FDA-approved Schedules III–V addiction treatment medications provided they are "qualified" by CSAT and receive a unique identification number assigned by the DEA. In this instance, the requirement of a separate registration as a narcotic treatment program will be waived. However, prescribing or dispensing opioid medication to a narcotic-addicted patient for the purpose of alleviating pain should be viewed no differently than prescribing or dispensing such medications to any other legitimate pain patients. Confusion occurs when any prescribing or dispensing of controlled substances to a narcotic-drug-dependent person is automatically viewed as detoxification or maintenance treatment.

- Clinical Vignette #2 was taken from an article entitled Dear DEA found on the National Alliance of Advocates for Buprenorphine Treatment website (www.naabt.org).
- Heit HA, Covington E, Good PM. Dear DEA. American Academy of Pain Medicine. 2004; 5(3):303-308.

This information is supported and provided to you by Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI), Center of Excellence in Substance Abuse Treatment and Education (CESATEs), and the Program Evaluation and Resource Center (PERC) within the Department of Veterans Affairs. Feel free to contact Tykia Andrée at tykia.andree@va.gov with questions or comments.

Updates in Research

- Barry DT, Moore BA, Pantalon MV, Chawarski MC, Sullivan LE, O'Connor PG, Schottenfeld RS, Fiellin DA. **Patient Satisfaction with Primary Care Office-Based Buprenorphine/Naloxone Treatment.** AJ Gen Intern Med. 2007 Feb;22(2):242-245. www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1824745
- Alford DP, Compton, P, Samet JH. **Acute Pain Management for Patients Receiving Maintenance Methadone or Buprenorphine Therapy.** Ann Intern Med. 2006 Jan;144(2):127-134. www.annals.org

Tip of the Month

Patients with a history of sleep problems may start having them again after starting buprenorphine treatment. If a patient has difficulty sleeping at night, he or she may be taking buprenorphine too close to bedtime.

- Tip found on the National Alliance of Advocates for Buprenorphine Treatment website (www.naabt.org).

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