INSIDE THE VA

**Barriers to Use of Pharmacotherapy for Addiction Disorders and How to Overcome Them**
Pharmacotherapy addiction treatment options are readily available and effective, yet have been slow in adoption. The barriers are complex and they are interwoven at the patient, provider, and system levels. In *Barriers to Use of Pharmacotherapy for Addiction Disorders and How to Overcome Them*, four VA researchers explore and name these difficulties and offer suggestions on how pharmacotherapies can be implemented. While data exist to show that alcohol and opioid dependence are prevalent problems, and that pharmacotherapy is a reliable alternative, only a small percentage of Veterans receive medication-assisted treatment, and many VA locations do not support such treatment to the extent that it is not available as an option. Specific barriers are discussed at each level and specific suggestions are made on how to approach them.

OUTSIDE THE VA

**SAMHSA Resources**
SAMHSA’s (Substance Abuse & Mental Health Services Administration) website contains many useful resources for physicians who provide buprenorphine, and we thought it helpful to have them listed here:
- **Home Page**
- **Buprenorphine Home Page**
- **KAP (Knowledge Application Program) Clinical Guidelines**
- **Buprenorphine Facts for Patients**
- Treatment Improvement Protocols (TIP):
  - **TIP 43:** Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs
  - **TIP 40:** Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction
  - **TIP 24** A Guide to Substance Abuse Services for Primary Care Clinicians

**MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS**
1. Accidental exposure to buprenorphine can make children extremely sick
2. Cognitive behavioral therapy adds no value to drug treatment for opioid dependence

**RESEARCH UPDATE**
1. Drug and Alcohol Dep. 2013 Jan 1, Vol. 127 Iss. 1-3, Pg 200-206
   - [http://www.sciencedirect.com/science/article/pii/S037687161200275X#](http://www.sciencedirect.com/science/article/pii/S037687161200275X#). Welle-Strand G. **TAKE HOME POINT:** “This study indicates that both methadone and buprenorphine are acceptable medications for use in pregnancy. If starting OMT in pregnancy, buprenorphine should be considered as the drug of choice, because of the more favorable neonatal growth outcomes.”
2. J Subst Abuse Treat. 2012 Dec 21. Psychiatric and medical comorbidities, associated pain, and health care utilization of patients prescribed buprenorphine. Mark TL. **TAKE HOME POINT:** “The comorbidities observed in this population strongly suggest that these patients would benefit from integrated treatment that addresses their needs in a coordinated and comprehensive manner.”

**VOLUNTARY BUPRENORPHINE PROVIDER LISTING**
For those looking for providers in other cities, we have compiled a voluntary national list, located on Sharepoint. The folder is [here](#) and the spreadsheet is [here](#). The list is not exhaustive and not meant to replace the DATA locator – it is intended to provide a voluntary VA-only list of providers. Since it is not exhaustive, it may not contain information for the area in which you are interested, but it may be a good first step to take. If you would like to add a site that you do not see listed here, please contact John.HardingJr@va.gov.