A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)
Volume 3 Issue 2—July 2009

Buprenorphine care as a human rights issue

<u>Human Rights Watch</u> (HRW), "one of the world's leading independent organizations dedicated to defending and protecting human rights," has been reporting on and advocating for expansion of buprenorphine care all over the world since 2004. Here are a few:

- January 2006 HRW wrote to the World Health Organization upon hearing that the Expert Committee on Drug
 Dependence was considering placing buprenorphine under a stricter schedule that would have "serious public
 health and human rights implications".
- March 2009 HRW publishes report about how various countries respond to the UN's drug policy (e.g., public extrajudicial executions, detention of suspected offenders without trials), and suggests resources that might be useful in reforming those policies (e.g., harm reduction policy and practice).
- July 2009 A report on drug treatment in New York state prisons praises Tompkins County jail for its effective medication-assisted drug addiction therapy program—the only prison in the state outside of New York City that uses buprenorphine.
- Many reports mention or focus on the importance of opioid agonist treatment in reducing the spread of HIV/AIDS.

To find these and many more informative and well-researched reports about buprenorphine and the human rights issues surrounding it, simply search for 'buprenorphine' at www.hrw.org.

Tip of the month

Remember to take into account what type of opioid a patient is dependent on when telling him or her how long to abstain before coming in for induction.

Short-acting (e.g., heroin, Vicodin, Percocet): 12-24 hours of abstinence in order to ensure withdrawal (depending on level of dependence)

Long-acting (e.g., methadone, fentanyl patch, Oxycontin): 24 hours of abstinence

Next in-service: Friday, August 21, 2pm EDT

Mark your calendar for this cyber in-service, **Buprenorphine and Methadone: Initiation and Transfer Considerations**. Dr. Laura McNicholas and Dr. Andrew Saxon—experts in both methadone and buprenorphine care—will be presenting, and there will be Q&A.

To join on the web and view slides, click here.

To hear the audio, call 1-800-767-1750 +13881#.

To add to your Outlook calendar, click here.

Research update

- Soyka M, et al. Cognitive functioning during methadone and buprenorphine treatment: results of a randomized clinical trial. J Clin Psychopharmacol. 2008 Dec;28(6):699-703. PMID: 19011441
- Nunn A, et al. Methadone and buprenorphine prescribing and referral practices in US prison systems: Results from a Nationwide Survey. Drug Alcohol Depend. 2009 Jul 20. (Epub ahead of print.) PMID: 19625142

Newest Resource Guide

The consult service Resource Guide is available for viewing and download from the Office of Mental Health Services' SUD SharePoint site. Broken links have been fixed in it.