

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 6, Issue 10 — July 2013



INSIDE/OUTSIDE THE VA

For those suffering with opioid dependence, a broad evidence base has emerged with the conclusion that opioid agonist therapy (OAT) is the most effective means of treatment. Buprenorphine and buprenorphine/naloxone were FDA-approved for OAT in 2002 and became available for office-based providers to expand care availability to those seeking an alternative to traditional clinic-based OAT. Since approval, buprenorphine has attempted to reduce the barriers of a clinic-based approach, but due to a growing treatment population the need for office-based OAT has increased. Last year, several authors sought to uncover indications of the current state of VHA opioid treatment trends in order to determine what proportion of opioid-dependent patients had received treatment.¹ The VHA is aware that opioid abuse is a problem for veterans but only 38% of its 140 clinics have direct access to clinic-based OAT. Therefore, access to office-based OAT could greatly increase care availability.

The study used VHA administrative data to identify the number of patients receiving office-based OAT, the number of providers prescribing buprenorphine, and the number of facilities with providers who prescribed buprenorphine from Fiscal Year (FY) 2004-2010. The results indicated a 45% increase in patients with an opioid use disorder between FY2004-2010 (30,093-43,713), a twentyfold increase in patients who were prescribed buprenorphine (300-6147), a tenfold increase in prescribing providers (61-694), and a fourfold increase in prescribing facilities (27-118). Notably, after implementation of office-based OAT in 2002, the proportion of opioid use disorder patients receiving OAT changed only slightly from 25% to 27%.

The study sought to understand why diagnosed patients, patients seen, and prescribing facilities all increased but the proportion of patients receiving OAT remained steady. It is noted that these results are not unusual as compared to other similar studies. These similar studies agree that gains have been made to extend access to OAT with buprenorphine, but that there is room for improvement. It is possible that increased awareness about opioid disorders have resulted in greater numbers of patients being diagnosed who otherwise may not have, or that overall demand for OAT is increasing and given limited clinic-based OAT, office-based OAT is helping to keep up with the demand. Either of these scenarios could keep the ratio stabilized.

The study concluded that while the number of veterans treated with OAT and the use of office-based OAT are increasing at the same rate, the results are encouraging and suggest that office-based OAT may be one way the VA is meeting increased demand for opioid treatment. Research is needed to understand how to engage a greater proportion of patients, especially considering that an increase in opioid disorders is expected.

¹ Drug Alcohol Depend. 2012 May 1;122(3):241-6. Receipt of opioid agonist treatment in the Veterans Health Administration: facility and patient factors. Oliva EM, Harris AH, Trafton JA, Gordon AJ. *Special thanks to author Dr. Elizabeth Oliva for her interview for this article.*

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [IntelGenx Announces Submission of ANDA for Buprenorphine/Naloxone Sublingual Film Product for the Treatment of Opiate Addiction](#)
2. [FDA Approves Zubsolv for Maintenance Treatment of Opioid Dependence](#)

RESEARCH UPDATE

1. Isr Med Assoc J. 2013 Feb;15(2):89-93. [Patterns of opioid consumption in cancer patients](#). Freud T, Sherf M, Battat E, et al. TAKE HOME POINT: "Only a few patients had an opioid early enough to relieve their pain."
2. Pain Physician. 2013 Jan;16(1):89-100. [Doctor shopping reveals geographical variations in opioid abuse](#). Nordmann S, Pradel V, Lapeyre-Mestre M, Frauger E, Pauly V, Thirion X, Mallaret M, Jouanjus E, Micallef J. TAKE HOME POINT: "Opioids with the highest Doctor Shopping Indicator were buprenorphine maintenance (8.0%), oral morphine (5.5%), dihydrocodeine (3.7%), buprenorphine painkiller (2.9%), and oxycodone (2.7%)."

