



Buprenorphine Initiative in the VA

BIV: Improving Implementation and Outcomes of Office-Based Treatment of Opioid Dependence in the VA
Compiled and hosted by the [VISN 4 MIRECC](#)

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

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INCREASED AWARENESS IN THE VA FOR NALOXONE TO PREVENT OPIOID OVERDOSE

In May, among various handbook and directive updates, the VHA released an information letter entitled “[Implementation of Opioid Overdose Education and Naloxone Distribution \(OEND\) to Reduce Risk of Opioid-Related Death](#)” which describes the need for overdose education and the usage of naloxone kits. This need is cited due to an increase in drug poisoning deaths to VA patients that are related to opioid analgesics, which reflects trends in the general US population.

OEND kits contain naloxone formulations either as intramuscular injection or intranasal spray. Naloxone is used in emergency situations to quickly stay the effects of opioid overdose, similar to the need of an epinephrine application in the event of anaphylaxis.

The VA information letter leads to more information about OEND kits as part of the VA National Formulary, which can be accessed [here](#). The two documents listed here contain information specific to providers in order to clinically assess a patient’s need for a naloxone kit. Clinical judgment can be aided by the given examples of increased risk for opioid overdose. Educational resources for the patient and the patient’s friends, family, and caretakers are cited as these individuals may be needed to administer the medication in the event of an emergency. Potential benefits and harms are listed and while there are many benefits, the precipitated withdrawal is a particular risk to note. More training documents and sample materials are available via the [Mental Health Services](#) department.

Located within the VA National Formulary documents is a helpful link to the [SAMHSA Opioid Overdose Toolkit](#). This is a helpful and in-depth primer which details the overdose problem, the role of various preventive strategies, instructions for loved ones, first responders, and prescribers, safety advice, and resources for help and education. This document is well-suited for providers and patients alike.

BIV’S MONTHLY WEBINAR SERIES

The BIV’s monthly webinar series continues on Tuesday, July 8th at 1:00pm EST. The topic will be *Withdrawing Buprenorphine Care*. You are invited to submit questions, comments, suggestions or topics to John.HardingJr@va.gov.

The webinar will be held in Lync online meeting and VANTS conference call formats. The slides used in the presentation will be made available after the call for those that are not able to connect via Lync. Look for a Microsoft Outlook calendar invite to the webinar.

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [Feds Seek Ways to Expand Use of Addiction Drug](#)
2. [BioDelivery Sciences Receives FDA Approval for BUNAVAIL™ Film for the Treatment of Opioid Dependence](#)

RESEARCH UPDATE

1. *Anesthesiology*. 2014 May;120(5):1262-74. [Buprenorphine-naloxone therapy in pain management](#). Chen KY, Chen L, Mao J. TAKE HOME POINT: “Bup/nal, as a weak analgesic, seems to be not as effective in non-opioid-dependent patients with chronic pain. However, it has been successfully used for pain relief in opioid-dependent patients with chronic pain possibly due to the reversal of OIH [opioid-induced hyperalgesia].”
2. *Am J Obstet Gynecol*. 2014 Apr;210(4):302-10. [Clinical care for opioid-using pregnant and postpartum women: the role of obstetric providers](#). Jones HE, Deppen K, Hudak ML, Leffert L, McClelland C, Sahin L. TAKE HOME POINT: “Obstetrics providers have an ethical obligation to screen, assess, and provide brief interventions and referral to specialized treatment to pregnant women and women in the postpartum period who have substance-use disorders.”

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