

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

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Our most frequently asked question: “We’re starting up. What do we need?”

The perceived need for a structured program replete with policies and procedures is a common barrier to starting treatment. In an office-based practice, relatively few things are needed. Besides at least one DATA-2000-trained physician holding the DEA waiver, the following should be in place:

1. Referral resources
 - a. Different levels of substance abuse treatment resources
 - b. Psychiatric or medical services
 - c. Other community resources, such as AA and NA
2. Capacity to obtain valid urine test results (sent out or in-house)
3. Back-up coverage by another trained and waived physician
4. Medication security and storage for inductions

It is also strongly recommended that patients sign an agreement stating understanding of the health consequences of concomitant alcohol or benzodiazepine abuse when taking buprenorphine, as well as the implications that use of these substances and other drugs may have on their continued buprenorphine maintenance therapy. (For examples of such forms, email [Margaret Krumm](mailto:Margaret.Krumm@va.gov).)

Advanced training available

The American Society of Addiction Medicine (ASAM) offers free advanced buprenorphine training, available at www.OpioidDependenceTxCME.com. The videos address several topics, including *Acute and Chronic Pain Management in Patients on Buprenorphine Maintenance*, *Management of Co-Occurring Psychiatric Disorders in Buprenorphine Treatment*, *Misuse and Diversion*, and more.

Research update

- Soeffing JM, et al. **Buprenorphine maintenance treatment in a primary care setting: Outcomes at 1 year**. *J Subst Abuse Treat*. 2009 Jun 22. [Epub ahead of print] PMID:19553061
- Gordon, et al. [Models for Implementing Buprenorphine Treatment in the VHA](#). *Fed Pract*. 2009;26(5):48–57. (Includes CME activity.)

Tip of the month

When interviewing a patient about past or present drug use, these guidelines may be helpful:

- Questions should be direct and straightforward.
- Use simple language.
- Avoid street terms.
- Ask targeted, open-ended (quantifiable) questions about their use of legal and illicit drugs rather than simple, closed-ended, yes-or-no questions.
- Assumptive questioning may yield more accurate responses (e.g., When was the last time you were high? At what age did you first use? How many times did you use last month?).

Source: AAAP CD-ROM-based training course

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.

Look for details in next month’s newsletter.

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