2010 Buprenorphine Summit presentations available

The slides from the 4th SAMHSA/NIDA buprenorphine summit have been posted [here](http://buprenorphine.samhsa.gov). Presentation topics were diverse and addressed DEA inspections, models of care, economics, efficacy, counseling, best practices, and more.

Do you need to increase your patient limit?

One year after applying for the waiver to prescribe buprenorphine, physicians may submit a request to increase their patient limit from 30 to 100.

Submit your notification [online](http://buprenorphine.samhsa.gov).

or

Fill out this [form](http://buprenorphine.samhsa.gov) and send it in.

SAMHSA/CSAT will formally acknowledge your submission of the second notification by letter; however, unless you are notified of the contrary, the "good faith" submission of the second notification permits treatment of up to 100 patients. For more information, contact the CSAT Buprenorphine Information Center at 866-BUP-CSAT (866-287-2728) or at info@buprenorphine.samhsa.gov.

Cyber In-Services

Semi-monthly education about buprenorphine

Past presentations are available in the buprenorphine folder at the [SUD SharePoint site](http://buprenorphine.samhsa.gov).

Next in-service topic: "Buprenorphine Regulations in the VA: DEA inspections and Joint Commission issues"

Please join us on [Friday, July 16 at 2pm Eastern](http://buprenorphine.samhsa.gov).

Click [here](http://buprenorphine.samhsa.gov) to add the event to your Outlook calendar.

Click [here](http://buprenorphine.samhsa.gov) to enter the meeting and view slides. (If asked when logging on, the meeting ID is 'bupregs'.)

To hear audio, call 1-800-767-1750, then enter 13881#.

Slides will be available for download from the online meeting interface, as well as the [SUD SharePoint site](http://buprenorphine.samhsa.gov).

Research Update

Mouse-over for abstract


Training Brush-Up: Less-than-daily dosing

Some patients may respond better to less-than-daily dosing regimens of buprenorphine naloxone, and less-than-daily dosing may be advantageous under circumstances where all dose ingestions are being supervised. Studies have shown the efficacy of alternate-day or thrice-weekly buprenorphine administration (Bickel et al. 1999; Petry et al. 1999; Amass et al. 2000; Perez de los Cobos et al. 2000).

The method employed in all the studies for determining the dose for less-than-daily dosing regimens was to double (for every-other-day dosing) or triple (for every 3-day dosing) the required daily dose for the patient. For example, increase the dose on the dosing day by the amount not received on intervening days: if on 8/2 mg daily, switch to 16/4, 16/4, 24/6 mg on Monday, Wednesday, and Friday, respectively. Source: AAAP DATA-2000 Training