

# A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 4 Issue 12—June 2011



## Spanish-Language Buprenorphine Brochure

New from SAMHSA are several brochures in Spanish regarding buprenorphine and naltrexone for the treatment of opioid dependence, as well as one for family and friends of patients.

Download the brochures by clicking these links:

[The Facts About Buprenorphine for Treatment of Opioid Addiction \(Spanish\)](#)

[The Facts About Naltrexone for Treatment of Opioid Addiction \(Spanish\)](#)

[Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends \(Spanish\)](#)

## CME Opportunity

From Medscape: Buprenorphine, Collaborative Care Key to Success in Treating Opioid Addiction, located [here](#) and valid until March 28, 2012.

## Research Update

Mouse-over to see abstract

Do methadone and buprenorphine have the same impact on psychopathological symptoms of heroin addicts? Maremmani AG, Rovai L, Pani PP, Pacini M, Lamanna F, Rugani F, Schiavi E, Dell'osso L, Maremmani I. *Ann Gen Psychiatry*. 2011 May 15;10:17. PMID: 21569624

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Efficacy of continuing medical education to reduce the risk of buprenorphine diversion. Lofwall MR, Wunsch MJ, Nuzzo PA, Walsh SL. *J Subst Abuse Treat*. 2011 Jun 9. [Epub ahead of print] PMID: 21664789

Management of women treated with buprenorphine during pregnancy. Alto WA, O'Connor AB. *Am J Obstet Gynecol*. 2011 Apr 13. [Epub ahead of print] PMID: 21640969

Differential antinociceptive effects of buprenorphine and methadone in the presence of HIV-gp120. Palma J, Cowan A, Geller EB, Adler MW, Benamar K. *Drug Alcohol Depend*. 2011 May 18. [Epub ahead of print] PMID: 21600706

## Training Brush-Up: Confidentiality and Questioning Guidelines

An issue of concern for some patients is the confidentiality of the interaction with the provider, which may be magnified with addicted patients. Patients should be assured that all the information they provide about alcohol and other drug use will be kept strictly confidential, as required by law\*, which mandates that information regarding substance abuse treatment be handled with a greater degree of confidentiality than general medical information. This reassurance may enhance the validity of the information obtained from a patient.

Several guidelines for questioning may be helpful:

- Questioning should be direct and straightforward.
- Simple language should be used.
- Street terms should be avoided.
- Patients should be asked 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 (such as: When was the last time you were high? At what age did you first use? How many times did you use last month?).

\* 42 Code Federal Regulations, Chapter I, Part 2, Appendix C

Adapted from DATA-2000 AAAP Training CD-ROM.