



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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ASSESSING THE EVIDENCE BASE

In 2014, *Psychiatric Services* unveiled its Assessing the Evidence Base (AEB) series. AEB highlights “14 commonly used, recovery-focused mental health and substance use services” by way of literature reviews. The view at this altitude provides a good sense of the state of buprenorphine maintenance treatment (BMT). The complex web of individual patient and provider scenarios still requires appropriate investigation for utilizing BMT, but a larger body of evidence allows singular situations to enmesh and form a more complete picture of how BMT can best be used.

[Medication-Assisted Treatment With Buprenorphine: Assessing the Evidence](#) reviews “meta-analyses, systematic reviews, and individual studies of BMT.” The review whittled down available research based on the confines of the AEB series (methods, inclusion/exclusion criteria, strength of evidence, and effectiveness of service) and the stated definition of BMT. The review yielded 19 individual studies and 7 systematic reviews. The level of detail is close enough to have a sense of the specifics for each individual study or review.

The results indicate a number of realities. BMT was shown to be more effective than placebo even at low doses. Higher doses are preferred to retain treatment (negative urine samples indicating illicit opioid usage were more often present for those with low buprenorphine doses) but due to the physiological limit occurring around a 32mg dosage, further efficacy does not occur. No difference in reducing non-opioid illicit drug use was found when compared to placebo. Multiple studies pointed to the lack of efficacy in treatment when BMT was not extended. The addition of structured psychotherapy has not been shown to improve outcomes, but arguments have been made concerning the quality of research in this area. Multiple studies compared BMT and methadone maintenance treatment (MMT) and findings seem to indicate that they are not vastly different in terms of efficacy (when evaluating comparable doses), but that BMT is potentially more available and safer. BMT was shown to be preferred to MMT for pregnant women.

To repeat a summary text box: “The evidence for the effectiveness of BMT [is] high [and] clearly shows that it has a positive impact compared with placebo on retention in treatment [and] illicit opioid use. Evidence is mixed for its impact on non-opioid illicit drug use.” The authors pushed for more research but praised the strong evidence for BMT and championed its usage as an important treatment.

BIV'S MONTHLY WEBINAR SERIES

The BIV's monthly webinar series continues on Tuesday, June 10th 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. [Health Officials Call for Better Access to Addiction Treatment](#)
2. [Ohio's New Rules for Opioid Maintenance Treatment](#)

RESEARCH UPDATE

1. Drug Alcohol Depend. 2014 Apr 24. [Who benefits from additional drug counseling among prescription opioid-dependent patients receiving buprenorphine-naloxone and standard medical management?](#) Weiss RD, Griffin ML, Potter JS, Dodd DR, Dreifuss JA, Connery HS. “[P]articipants randomly assigned to receive individual drug counseling in addition to buprenorphine-naloxone and medical management did not have superior opioid use outcomes.”
2. JAMA. 2014 Apr 9; 311(14). [Confronting the stigma of opioid use disorder—and its treatment](#). Olsen Y, Sharfstein JM. “The stigma associated with opioid use disorder and its treatment is unhealthy, but it is not inevitable.”

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