PRESIDENT OBAMA ANNOUNCES NEW OPIOID INITIATIVES

On March 29th President Obama traveled to Atlanta to attend the National Rx Drug Abuse and Heroin Summit and spoke of his next steps in addressing the opioid epidemic (video snippet here). He spoke of treatment for addiction as an appropriate medical necessity, and his proposals include a $1.1 billion budget in new funding to combat the epidemic. This funding involves expansion of access for medication-assisted treatments, an increase in the patient prescription cap limit for providers, and rural outreach and building initiatives.

His remarks included the following: “Today we are seeing more people killed because of opioid overdose than traffic accidents,” he said. “This is not something that is restricted to a small set of communities. This is affecting everybody.”

BIV’S MONTHLY WEBINAR SERIES:
The BIV’s monthly webinar series continues on Tuesday, May 10th at 1:00pm EST with the topic of Stigma and the Language of Addiction. Look for a Microsoft Outlook calendar invite to the webinar.

If you have a question you would like to have addressed, please submit it to John.HardingJr@va.gov. Previous webinars (including slides and audio) can be found on the BIV Sharepoint site here.

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. Buprenorphine Offers Hope to Vets Who Suffer from PTSD, Pain, SUDs (Thanks to Barry Goggin for sharing).
2. Buprenorphine: A Key Ingredient in the Fight to Solve America’s Pain Crisis

RESEARCH UPDATE

1. King JB, Sainski-Nguyen AM, Bellows BKJ. Office-Based Buprenorphine Versus Clinic-Based Methadone: A Cost-Effectiveness Analysis. Pain Palliat Care Pharmacother. 2016 Mar;30(1):55-65. doi: 10.3109/15360288.2015.1135847. TAKE HOME POINT: “In conclusion, the results of this analysis suggest that MMT [methadone maintenance treatment] is a cost-effective alternative to BMT [buprenorphine maintenance treatment] for newly initiated opioid-dependent adults for opioid maintenance treatment in the United States from the perspective of a third-party payer. Although both MMT and BMT are effective at reducing total health care costs, decisions regarding choice of maintenance medication are more complex than costs alone. For many dependent patients, MMT is not a viable treatment option because of lack of access, the burden of daily dosing in a clinic, or the social stigma associated.”

2. Tsai LC, Doan TJ. Breastfeeding Among Mothers on Opioid Maintenance Treatment: A Literature Review. J Hum Lact. 2016 Apr 6. pii: 0890334416641909. [Epub ahead of print]. TAKE HOME POINT: “The most successful breastfeeding interventions for this group were those tailored specifically to the unique needs of mothers on OMT (opioid maintenance treatment). With maternal opiates use on the rise, hospitals and clinics will see more and more mothers already on OMT or mothers currently on illicit opiates wanting to get on OMT. As this happens, hospitals will see a corresponding increase in infants with NAS (neonatal abstinence syndrome). Therefore, it is imperative that hospitals and health care providers seek out all avenues that may support addiction recovery and improve infant outcomes. Breastfeeding during OMT is a cost-effective intervention that benefits the health of the infant as well as the sobriety and attachment of the mother and reduces the cost burden of hospitals.”

WEBSITE

For resources, guidances, past newsletters and presentations, visit our Office of Mental Health Services (OMHS) SharePoint site: http://1.usa.gov/1hKnrYE

BIV: Improving Implementation and Outcomes of Office-Based Treatment of Opioid Dependence in the VA

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