A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)
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How to Prepare for a Visit from the DEA

From the American Academy of Addiction Psychiatry:

DATA 2000 requires the Drug Enforcement Agency to inspect settings where buprenorphine treatment is offered in office-based practices. The DEA has prepared to inspect a greater number of offices, and several AAAP Board members recently spoke with DEA staff about the purpose of these visits and procedures to be used. The following information is based on those discussions and is meant to assist you in preparing for a visit.

1. DEA is required by law to conduct regular inspections of physicians providing office-based treatment of opioid dependence. If you are contacted for such a visit, **do not think it is because you have done something wrong**; it is simply part of their process of carrying out DATA 2000 requirements.
2. It is important to understand the difference between an audit and an inspection. In most of these visits, the **practitioner will be inspected, not audited**. With an “inspection,” the DEA will issue a notice of inspection and will look only at the records required to be kept for patients receiving buprenorphine treatment. If the practitioner also *dispenses* buprenorphine, then an audit of the controlled substances received and dispensed will be conducted. An "audit" determines the accountability of the controlled substances received and dispensed. The audit is one component of the "inspection" process.
3. DEA policy is to have **at least 2 agents** visit any office. One agent will be from DEA; the second agent may be from DEA or FBI depending on their staffing for that day. The presence of an FBI agent does not imply any suspicion of criminal activity.
4. DEA will **not review clinical practices/procedures**; their role is to determine that buprenorphine is being used according to regulations.
5. DEA **will specifically look at** prescription records, dispensing records, and adherence to patient limits.
6. Determination of **adherence to patient limits**:
   (NOTE: DEA does not stipulate the way the prescription records have to be maintained. A log or file would be an efficient way to maintain the record, but DEA cannot mandate this format.)
   a. DEA will determine how many patients are being treated or have been treated at one time.
   b. If your state has a prescription-monitoring program, DEA cannot directly access it. However, DEA may request access to those records as one means of determining your adherence to the law.
   c. It is recommended you keep any log of patients who are treated with buprenorphine, as well as copies or records of prescriptions for each patient in the location listed on your DEA registration (i.e., if you are treating patients at more than one practice location, you must maintain copies of prescriptions/patient logs from each location and store those at the location listed on your DEA registration). This means that not only will you have information in an individual patient record for your buprenorphine-treated patients, but you will also need to keep a separate log of all patients/prescription copies at the location listed on your DEA registration.
   d. If you have all of this information easily accessible, the inspection should be quick. A physician does not have to be with them as they check the logs. A staff person/office manager, etc. can do this.

Buprenorphine and Opioid Dependence in the News

What the media is saying and what the public is hearing.

This new feature of the newsletter highlights recent news coverage. If you spot buprenorphine or opioid dependence making the news, feel free to send a tip.

"Overdose Deaths and Drug Use Drop Sharply in New York." Nina Mandell and Gabriela Resto-Montero. dnaInfo.com. March 1, 2010.

"Physician Assistants Go To Washington Looking For Respect." Andrew Villegas. NPR. March 5, 2010.

"Fighting Drug Addiction with Drugs." TransWorldNews. March 10, 2010.

"Reckitt Benckiser Buys Suboxone, Subutex Rights For GBP100M." Ian Walker. Wall Street Journal. March 19, 2010.

"Something New." Denise M. Baran-Unland. The Bolingbrook Sun. March 21, 2010.

This information is supported and provided by the Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI), Center of Excellence in Substance Abuse Treatment and Education (CESATEs), the Mental Illness Research, Education and Clinical Centers (MIRECC), and the Program Evaluation and Resource Center (PERC) within the Department of Veterans Affairs. Please contact Margaret Krumm at margaret.krumm@va.gov or **412-954-5229** with questions or comments.

Cyber In-Services

Semi-monthly education about buprenorphine

Next in-service topic: INDUCTION

Please join us on **Friday, May 21 at 2pm Eastern** for a presentation by Dr. Laura McNicholas and friends.
Click here to add the event to your Outlook calendar.
Click here to enter the meeting and view slides. (If needed to log on, meeting ID is 'induction'.)
To hear audio, call 1-800-767-1750 then enter 13881#.
Slides are available for download from the online meeting interface.

Past presentations are available in the buprenorphine folder at the SUD SharePoint site:
Buprenorphine Enhancement to an Existing Substance Abuse Treatment Program (Sheafe, et al.; December 2007)
Induction Procedures and Perioperative Considerations (Gordon, McNicholas; January 2009)
Models of Care and Office Management of Buprenorphine for the Treatment of Opioid Dependence (Gordon; March 2009)
The Use of Buprenorphine in Patients with Co-occurring Pain Syndromes (Gordon; May 2009)
Buprenrophine and Methadone: Initiation and Transfer considerations (Saxon, McNicholas, Gordon; July 2009)
A Primer on Establishing Buprenorphine Care at VA Sites (Gordon; November 2009)
Buprenorphine Questions and Answers: An Expert Roundtable (Allen, et al.; January 2010)
Buprenorphine in Primary Care: Evidence and emerging trends (Gordon; March 2010)

Research Update

Mouse-over for abstract

The January-February issue of *The American Journal on Addictions* is dedicated to drug interactions involving methadone and buprenorphine. It is available for free viewing and download here.

Opioid maintenance treatment during pregnancy: occurrence and severity of neonatal abstinence syndrome. A national prospective study. Bakstad B, Sarfi M, Welle-Strand GK, Ravndal E. Eur Addict Res. 2009;15(3):128-34. Epub 2009 Mar 31. PMID: 19332991

Improved quality of life, clinical, and psychosocial outcomes among heroin-dependent patients on ambulatory buprenorphine maintenance. Ponizovsky AM, Margolis A, Heled L, Rosca P, Radomislensky I, Grinshpoon A. Subst Use Misuse. 2010;45(1-2):288-313. PubMed PMID: 20025454.

Training Brush-Up: Appropriateness for Office-Based Treatment

In general, 10 factors help determine if a patient is appropriate for office-based buprenorphine treatment:

- Does the patient have a diagnosis of opioid dependence?
- Is the patient interested in office-based buprenorphine treatment?
- Is the patient aware of the other treatment options?
- Does the patient understand the risks and benefits of buprenorphine treatment and that it will address some aspects of the substance use (for example, withdrawal suppression and blockade) but not all aspects (such as triggers and cravings that may be elicited by events and circumstances in the environment)?
- Is the patient expected to be reasonably compliant? Are there indicators from his or her life that suggest he or she is reliable, such as steady employment, following through in taking medications for other medical conditions, or showing up on time for office appointments?
- Is the patient expected to follow safety procedures?
- Is the patient psychiatrically stable?
- Are the psychosocial circumstances of the patient stable and supportive?
- Are there resources available in the office to provide appropriate treatment? Are there other physicians in the group practice? Are there treatment programs available that will accept referral for more intensive levels of service?
- Is the patient taking other medications that may interact with buprenorphine, such as naltrexone, benzodiazepines*, or other sedative-hypnotics?

***** Many providers are comfortable prescribing buprenorphine to patients who take therapeutic doses of prescribed benzodiazepines. *Abuse* of benzodiazepines is a contraindication to buprenorphine treatment.

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