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

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)
Volume 2 Issue 10—May 2009

Comparing the costs of buprenorphine to methadone

A new article published in *Addiction* compares the costs of treatment with buprenorphine versus methadone in a VA setting. Recognizing that the much higher cost per dose of buprenorphine is often a barrier to its use in favor of methadone, Paul G. Barnett of the Menlo Park VA takes a more nuanced approach to evaluating how much each treatment ultimately costs. After taking into account the infrastructure and staff needed for each type of treatment, time required of staff to provide each, and healthcare utilization of patients on each, buprenorphine came out ahead as the less expensive option for patients who are more compliant with treatment.

Barnett PG. Comparison of costs and utilization among buprenorphine and methadone patients. *Addiction*. 2009 June;104:982-92.

New guide for nurses

The Center for Substance Abuse Treatment (CSAT) and Substance Abuse and Mental Health Services Administration (SAMHSA) have just released a new Technical Assistant Publication (TAP) that aims to give nurses of all types information about buprenorphine and guidance on what their roles can be when working with physicians who prescribe buprenorphine for opioid dependence. The PDF can be downloaded for free here.

Research update

- Bell JR, Butler B, Lawrance A, et al. **Comparing overdose mortality associated with methadone and buprenorphine treatment.** Drug Alcohol Depend. 2009 May 12. [Epub ahead of print] PMID: 19443138
- White J, Bell J, Saunders JB, et al. **Open-label dose-finding trial of buprenorphine implants (Probuphine) for treatment of heroin dependence.** Drug Alcohol Depend. 2009 Jul 1;103(1-2):37-43. Epub 2009 Apr 28. PMID: 19403243

Tip of the month

If a patient experiences precipitated withdrawal during induction, there are a couple possible courses of action.

1. Give another dose (or doses) of buprenorphine in order to provide enough partial-agonist effect to suppress the withdrawal.
2. Stop the induction, provide symptomatic treatment for the withdrawal symptoms, and have the patient return the next day.

The latter places the patient at high risk of relapse and is generally not preferred. It may be indicated in cases when the provider doubts the reality of the symptoms. The clinical opiate withdrawal scale (COWS) may be especially useful in such cases since it assesses signs as well as symptoms.

Next in-service: Buprenorphine and Pain Syndromes—Friday, May 29

Semi-monthly cyber in-services. Save the date (and spread the word)!

Our next buprenorphine in-service, *Buprenorphine and Pain Syndromes*, will be held on **Friday, May 29** at **2pm (EDT)**.

To add it to your Outlook calendar, click here.

To view slides and submit questions during the meeting, log on to Live Meeting here: https://www.livemeeting.com/cc/vaoi/join?id=bupandpain&role=attend and enter meeting ID *bupandpain*.

To hear audio during the in-service, dial 1-800-767-1750 and enter 13881#.

Did you miss the last in-service about starting a clinic? Email Margaret Krumm at margaret.krumm@va.gov to request the Windows Media File containing slides and audio.

Did this get forwarded to you?

Email margaret.krumm@va.gov and request to be added to distribution list.

This information is supported and provided to you 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.