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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REVIEW OF THE RECENT EXPERT ROUNDTABLE

Over the past few months, the BIV has revived its monthly webinar series in order to fill the need for education, dissemination of current events, and creation of a community that are experts in the emerging field of medication-assisted opiate treatment. Past presentations are located on Sharepoint. March's webinar featured a panel of experts who fielded questions from the audience about a wide range of buprenorphine topics and some of these answers are highlighted below.

Are there any major themes in buprenorphine care that are pertinent right now?

Laura McNicholas (LM): Buprenorphine and pain is a major concern at the moment. The concern is how to deal with it in primary care and not just in a specialty clinic – this is a good thing, but they will need help. Chris Stock (CS): Yes, this is a major concern. Additionally, the main questions are related to people in the hospital and how they can be managed for opiate withdrawal or dependence from a buprenorphine clinic or elsewhere.

Some patients have cravings after being stabilized. Is 16mg a usual dose for most prescribers?

LM: If it's less than 16mg, I would increase dose. If you go past 16-20mg it doesn't do any good. I would also increase psychosocial support. Craving is psychological. Try increasing group/meeting attendance. I ask those that use about what exactly happened – let's break down what happened from your craving because you may not know you triggers. We're not talking about pain. We're talking about addiction. 16-20mg gets you 95% of the brain's opioid receptors. 24-32mg doesn't improve that much – it begs the question - are they selling, or passing the drug through urine? Medication is not the answer. If receptors are occupied, then what else are you medicating for?

BIV'S MONTHLY WEBINAR SERIES

The BIV's monthly webinar series continues on Tuesday, May 13th at 1:00pm EST. The topic will be *Buprenorphine and Pain.* You are invited to submit questions, comments, suggestions or topics to John.HardingJr@va.gov. Every attempt will be made to address these during the webinar.

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. Saving Lives By Calling for Help: Overdose and Bon Jovi's Daughter
2. TEDx: "Drugs, 'Thugs,' and other Things We're Taught to Fear"

RESEARCH UPDATE

1. Psychiatr Serv. 2014 Feb 1;65(2):158-70. Medication-assisted treatment with buprenorphine: assessing the evidence. Thomas CP, Fullerton CA, et al. TAKE HOME POINT: "Evidence for the effectiveness of BMT: high evidence clearly shows that BMT has a positive impact compared with placebo on: Retention in treatment and illicit opioid use. Evidence is mixed for its impact on: Nonopioid illicit drug use."
2. J Subst Abuse Treat. 2014 Mar 3. pii: S0740-5472(14)00035-X. Abuse and diversion of buprenorphine sublingual tablets and film. Lavonas EJ, Severtson SG, Martinez EM, Bucher-Bartelson B, Le Lait MC, Green JL, Murrelle LE, Cicero TJ, et al. TAKE HOME POINT: "Rates of abuse and diversion of buprenorphine tablets, with or without naloxone, consistently exceed those of buprenorphine/naloxone combination film."

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