



A Tool for Buprenorphine Care

A series of monthly newsletters about buprenorphine treatment
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HHS ANNOUNCES MAJOR CHANGE IN REGULATIONS

A few weeks ago, the U.S. Department of Health and Human Services (HHS) hosted representatives from all 50 states to collaborate on the best ideas to curb the opioid epidemic. The focus of the conference was on the prevention of opioid use disorder and opioid overdose. Specifically, the major themes were that of “improving opioid prescribing practices, increasing access to naloxone, and expanding the use of medication-assisted treatment.” These themes have been part of a department-wide initiative since spring 2015.

Most notably, HHS announced that it would seek to expand access to medication-assisted treatment by increasing the 30/100 patient limits for buprenorphine providers. This addresses HHS’ figures that fewer than 1 million people are receiving opioid use disorder treatment out of the 2.5 million who are in need of such treatment in the U.S. Additionally, \$1.8 million in awards was announced for naloxone access expansion in rural areas.

Read more about HHS’ announcement [here](#).



“Because we need good ideas to spread faster and farther than this epidemic.”

Secretary Burwell

BIV’S MONTHLY WEBINAR SERIES:

The BIV’s monthly webinar series continues on Tuesday, October 13th at 1:00pm EST with the topic of *Home and Remote Buprenorphine Care*. 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. [HHS Announces Loosening of Buprenorphine Patient Limit](#)
2. [Treating Opioid Dependence With Methadone Significantly Increases Risk Of Death In First Month](#)

RESEARCH UPDATE

1. Gunderson EW, Hjelmström P, Sumner M. [Effects of a Higher-Bioavailability Buprenorphine/Naloxone Sublingual Tablet Versus Buprenorphine/Naloxone Film for the Treatment of Opioid Dependence During Induction and Stabilization: A Multicenter, Randomized Trial](#). Clin Ther. 2015 Sep 24. pii: S0149-2918(15)01098-X. doi: 10.1016/j.clinthera.2015.08.025. [Epub ahead of print]. TAKE HOME POINT: “The findings from this study suggest that the higher-bioavailability [buprenorphine-naloxone] sublingual tablet formulation is an efficacious and well-tolerated option for induction and early stabilization treatment of opioid dependence. Overall, the findings from this study provide important information for guiding informed treatment decisions by prescribers and patients during the induction and maintenance phases of treatment, as well as potentially to lessen the public health epidemic of opioid dependence.”
2. Jacobs P, Ang A, Hillhouse MP, Saxon AJ, Nielsen S, Wakim PG, Mai BE, Mooney LJ, S Potter J, Blaine JD. [Treatment outcomes in opioid dependent patients with different buprenorphine/naloxone induction dosing patterns and trajectories](#). Am J Addict. 2015 Oct;24(7):667-75. doi: 10.1111/ajad.12288. Epub 2015 Sep 24. TAKE HOME POINT: “[Buprenorphine/naloxone] induction dosing was guided by an objective measure of opioid withdrawal. Participants with higher baseline [Clinical Opioid Withdrawal Scale] (COWS) whose [buprenorphine/naloxone] doses were raised more quickly were less likely to drop out in the first 7 days than those whose doses were raised slower. [...] This study supports the use of an objective measure of opioid withdrawal (COWS) during [buprenorphine/naloxone] induction to improve retention early in treatment.”

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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