

## A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

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### ANNOUNCING BIV'S MONTHLY WEBINAR SERIES

As the utilization of medications for the treatment of opiate use disorders increases, programs such as the Buprenorphine Initiative in the VA (BIV) fill the need for education, dissemination of current events, and creation of a community that are experts in a newly emerging field. The BIV has helped with the formation of new treatment sites, the expansion of knowledge in this growing area, and the transmission of newsworthy topics that are relevant to regular practice. The BIV will continue these responsibilities with the formation of a monthly webinar series. You are cordially invited to join other prominent members of the medication-assisted opiate treatment community for topics that may impact your daily interactions. Topics will include items such as buprenorphine history, formulary options, latest regulations, dealing with pain, and tapering off of medications. This month's topic will be *A History of Buprenorphine Care in the VA*.

The first webinar will be on Tues, Dec 10 at 1:00pm EST and it will be held in Lync online meeting and conference call formats. This newsletter's subscription list will be invited via Microsoft Outlook email. In the event that you are not able to join the slide presentation, a reference copy will be attached for attendees who RSVP. The conference call will be held via the VANTS conference call system and will be available to anyone who wishes to join.

Additionally, your comments, suggestions and questions are welcome and time will be set aside during the presentation to address them. The topic list will be finalized in an ongoing fashion and submitted questions will be addressed during each webinar. Please submit to [John.HardingJr@va.gov](mailto:John.HardingJr@va.gov).

### DSM-5 CHANGES

The updated Diagnostic and Statistical Manual for Mental Disorders includes [changes](#) that are directly pertinent to opiate agonist therapy. The DSV-IV listed separate disorders for substance abuse and substance dependence. The DSM-5 removes these separate disorders and places them under the shared diagnosis of "Opiate Use Disorder". The diagnosis is intended to cover all types of opioid use and is to be specified for the opioid substance of choice (e.g., Heroin Use Disorder). The criteria lists for the separate disorders have been combined and updated. A drug craving criteria has been added and the criteria for difficulty with law enforcement has been removed. The single diagnosis will indicate a severity of either mild, moderate, or severe and will disrupt confusion that was caused by the separate dependence diagnosis. The authors indicate that the single diagnosis "will better match the symptoms that patients experience."

### MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [Buprenorphine Works in Initial Opioid Detox](#)
2. [Is Suboxone a Wonder Drug that Helps Heroin Addicts Get Clean--Or Just Another Way to Stay High?](#)

### RESEARCH UPDATE

1. MMWR Morb Mortal Wkly Rep. 2013 Jan 25;62(3):56. [Emergency department visits and hospitalizations for buprenorphine ingestion by children--United States, 2010-2011](#). Centers for Disease Control and Prevention (CDC). TAKE HOME POINT: "Ingestions of buprenorphine-containing products by children are serious and have increased rapidly nationally."
2. J Opioid Manag. 2012 Nov-Dec;8(6):369-82. doi: 10.5055/jom.2012.0137. [Sublingual buprenorphine/naloxone for chronic pain in at-risk patients: development and pilot test of a clinical protocol](#). Rosenblum A, Cruciani RA, Strain EC, Cleland CM, Joseph H, Magura S, Marsch LA, McNicholas LF et al. TAKE HOME POINT: "The pilot suggests that a sublingual formulation of buprenorphine, which contains 2 mg of this drug (its lowest dose form available in the U.S.), can be efficacious in reducing severity of pain among chronic pain patients."

