



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)

Volume 8, Issue 3 – October 2014

### LENGTH OF TREATMENT EVIDENCE

There is no general requirement that a taper must be conducted after any particular length of buprenorphine treatment. Policies which dictate such a taper do exist, but these are usually limitations in care due to drug costs and number of reimbursable visits and are namely in place in Medicaid and other insurance/HMO/pharmacy plans.

While such policies exist there is no evidence as to the benefits of such policies. In fact, there is evidence to the contrary.

[Weiss et al](#) examined tapers at 10 sites with 653 randomized participants. Phase 1 included 2-week buprenorphine stabilization, a 2-week taper, and an 8-week follow-up. Patients with successful outcomes exited the study; unsuccessful outcome patients began Phase 2 which included a 12-week buprenorphine treatment, 4-week taper, and an 8-week follow-up. Phase 1's successful outcome rate was 6.6%. During the 12-week medication treatment in Phase 2, success rates were at 49.2% but fell to 8.6% after the Phase 2 taper.

After a 2-week stabilization, [Sigmon et al](#) randomized illicit prescription opioid-using participants to a 1-week, 2-week, or 4-week taper (Phase 1). Abstinence at the end of the taper was 29%, 29%, and 63% respectively. After the taper, participants received a placebo for Phase 2 for the addition remaining weeks up to week 12, with abstinence rates at 20%, 16%, and 50%. Treatment response and retention were also higher for the 4-week taper group. Taper duration was the strongest predictor of treatment response.

The long term costs for care interruption are potentially dangerous and the financial costs are potentially not worthwhile.

If you are curious about this topic, here at the BIV Monthly Webinar Series we have produced a number of webinars that go in-depth into this topic. The general folder is [here](#), but specifically, take notice of [Withdrawing Buprenorphine Care](#) and [Withdrawal, Detoxification, and Maintenance](#). Of note is the emphasis on patient centered care.

### BIV'S MONTHLY WEBINAR SERIES

The BIV's monthly webinar series continues on Tuesday, October 14th at 1:00pm EST. The topic will be *VA Mandates and Guidelines*. You are invited to submit questions, comments, suggestions or topics to [John.HardingJr@va.gov](mailto:John.HardingJr@va.gov).

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. [Anti-addiction Medication Poses Poisoning Risk for Kids](#)
2. [BioDelivery Sciences International, Inc. \(NASDAQ: BDSI\) to Ring The NASDAQ Stock Market Opening Bell](#)

### RESEARCH UPDATE

1. J Addict Med. 2014 Jan-Feb;8(1):40-6. [A novel community-based buprenorphine program: client description and initial outcomes](#). Daniels AM, Salisbury-Afshar E, Hoffberg A, Agus D, Fingerhood MI. TAKE HOME POINT: "That a majority of clients from the present study remained buprenorphine compliant and opiate free and that close to half successfully transitioned to ongoing treatment suggest that a community center-based buprenorphine program may hold promise for increasing access to and improving substance use outcomes among the most underserved."
2. Drug Alcohol Depend. 2014 Jan 1;134:414-7. [Neonatal outcomes and their relationship to maternal buprenorphine dose during pregnancy](#). Jones HE, Dengler E, Garrison A, O'Grady KE, Seashore C, Horton E, Andringa K, Jansson LM,. TAKE HOME POINT: "There was no relationship between maternal buprenorphine dose at delivery and NAS severity, as measured by peak NAS score, total amount of morphine needed to treat NAS, duration of treatment for NAS, or duration of neonatal hospital stay, or with any of 6 other neonatal clinical outcomes, including estimated gestational age at delivery, Apgar scores at 1 and 5 min, neonatal head circumference, length, and weight at birth."

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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 (CESATE), 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 Dan Harding at [John.HardingJr@va.gov](mailto:John.HardingJr@va.gov) or 412-954-5207 with questions or comments.