

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 6, Issue 2 — September 2012



BUPRENORPHINE IN THE VA

Buprenorphine became available within VHA in 2003 and added to the national formulary in 2006. VHA Office of Mental Health Services instructed that buprenorphine is a best practice to those sites not offering methadone or patients unable to take methadone. It is of interest to VHA administration to determine if the addition of buprenorphine to a site will entail additional costs and/or an increase in the number of opioid-dependent patients. This study examined buprenorphine and methadone use in the VA in FY2005. Of 4.9 million Veterans served in the VA, 19,160 had an opioid use disorder, 8,191 received methadone treatment only, and 606 received any buprenorphine. The results found no significant difference in the addition of new opioid-dependent patients. The results indicated that buprenorphine is more expensive to implement than methadone, but no more expensive than methadone in the long-term due to lower overall costs. VHA administrators are admonished to be indifferent in their choice of methadone or buprenorphine and to be aware that the addition of buprenorphine opens OAT to additional patients. [Barnett, Paul G. [Comparison of costs and utilization among buprenorphine and methadone patients](#). *Addiction*. Jun2009, Vol. 104 Issue 6, p982-992.]

OUTSIDE THE VA

NPR news recently highlighted buprenorphine concerns in "[Meet The Drug Dealer Who Helps Addicts Quit](#)". The piece is a concise summary of buprenorphine, its purpose, how it came to be developed, and what the difficulties are in treating opioid-dependent patients with it. The report relates the story of a New Mexico street drug dealer who deals Suboxone by paying for prescriptions to be filled by willing participants and distributing the pills at a high mark-up to users who do not have a prescription, are unable to obtain one, or are looking to abuse the drug. Since 1999, prescription drug overdose has tripled in the United States, and New Mexico has experienced the highest rate. Sales of opioid pain relievers there (which are then used for recreationally) have increased 131% from 2001-2010. The article mentions the efficacy of Suboxone and its surprising sales increase since it was made available, and contrasts the hesitancy of physicians to become licensed against the needs of the marketplace, which is a demand fulfilled in the street marketplace.

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

- 1) [BioDelivery Sciences Announces Completion of Enrollment in Pivotal Pharmacokinetic Study of BEMA Buprenorphine/Naloxone Compared to Suboxone](#)
- 2) [Reckitt Benckiser Pharmaceuticals Inc. Announces FDA Approval of Two New Dosage Strengths of Suboxone® Sublingual Film \(C-III\) for Maintenance Treatment of Opioid Dependence](#)

RESEARCH UPDATE

- 1) *American Journal of Drug & Alcohol Abuse*. 2009, Vol. 35 Issue 5, p339-349. [Efficacy of Opiate Maintenance Therapy and Adjunctive Interventions for Opioid Dependence with Comorbid Cocaine Use Disorders: A Systematic Review and Meta-Analysis of Controlled Clinical Trials](#). Castells, Xavier; Kosten, Thomas R.; Capella, Dolores; Vidal, Xavier; Colom, Joan; Casas, Miguel. **TAKE HOME POINT:** "shows that OMT is efficacious for dual heroin-cocaine dependence, although higher OMT doses are preferable to lower ones and methadone to buprenorphine."
- 2) *American Journal on Addictions*. Mar/Apr2008, Vol. 17 Issue 2, p116-120. [Long-Term Treatment with Buprenorphine/Naloxone in Primary Care: Results at 2-5 Years](#). Fiellin, David A.; Moore, Brent A.; Sullivan, Lynn E.; Becker, William C.; Pantalon, Michael V.; Chawarski, Marek C.; Barry, Declan T.; O'Connor, Patrick G. **TAKE HOME POINT:** "nearly 40% of patients who have previously demonstrated significant abstinence over a six-month period of time will remain in treatment or an additional two years."

