



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 2 — September 2014

WHERE DO PEOPLE DRINK THE MOST BEER, WINE AND SPIRITS?

“[Dear Mona](#)” is [FiveThirtyEight's](#) take on letters to the editor. The questions are usually quite broad and writer Mona Chalabi attempts to answer them factually with available data. Recently, two articles concerning worldwide use of alcohol have appeared using data from the National Survey on Drug Use and Health, the World Health Organization (WHO) and The National Institute on Alcohol Abuse and Alcoholism (NIAAA).

The [first article](#) was prompted by a 24-year-old American who had never drunk alcohol and wondered how he compared to the rest of the world. The data support that he is not alone – of the world's population, 48% of those 15 years and older had never consumed alcohol. In America, the percentage share of alcohol abstainers is much lower, but there are approximately 2.5 million Americans aged 20-24 who do not drink.

The [second article](#) was a follow-up to the first and explored WHO data in order to ascertain international alcohol trends - how common is it to drink or abstain from alcohol, who are drinkers, and what are they drinking? Data were presented on a national level and showed the top ten country-wide consumption of beer, wine, and spirits [calculated as Total Liters Pure Alcohol consumed per person (2010)]. Surprisingly, the United States does not break into the top ten for beer, wine, or spirits. It also does not break the top ten for total combined liters. Out of the 193 countries included in the rankings, the U.S. appears as 35th for total combined liters per person.

Even though it does not rank extremely high, the ranking is striking in light of the perceived propensity for alcohol abuse and treatment. This leaves an impression that 1) the problems with alcohol abuse are much higher than previously thought or 2) that not enough abusers are seeking treatment. The questions this article raises merit much further exploration than can be accomplished in this space. However, an encouragement is found in a quote from the WHO report: “because abstention is highly prevalent throughout the world, any diminution in abstention levels could have a significant impact on the global burden of disease caused by the harmful use of alcohol.”

Discussing alcohol specifics is not directly under the banner of buprenorphine care, although many of those in our care do deal with alcohol use and abuse. However, perhaps the type of interesting questions that FiveThirtyEight wrestles with will cause you to rethink a piece of knowledge that you have taken for granted or to view a problem in a new light.

BIV'S MONTHLY WEBINAR SERIES

The BIV's monthly webinar series continues on Tuesday, September 12th 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.

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.

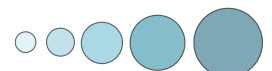
MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [BioDelivery Sciences Announces BEMA Buprenorphine NDA Submission on Track following Pre-NDA Meeting w/FDA](#)
2. [Brown Pushes to Change Drug Legislation](#)

RESEARCH UPDATE

1. Am J Psychiatry. 2014 Jun 1;171(6):691. [Potentiation of the effect of buprenorphine/naloxone with gabapentin or quetiapine](#). Reeves RR, Ladner ME. TAKE HOME POINT: “Clinicians treating opiate-dependent individuals should be aware that some patients may attempt to covertly potentiate the effects of buprenorphine/naloxone by abusing drugs such as gabapentin or quetiapine.”
2. Expert Opin Drug Deliv. 2014 Jul;11(7):995-1004. [Designing a tool allowing for a standardized assessment of resistance to drug diversion](#). Victorri-Vigneau C1, Collin C, Messina-Gourlot C, Raffournier C, Mallaret M, Besse J, Courne MA. TAKE HOME POINT: “The most easily diverted drug according to the scale was buprenorphine.”

BIV: Improving Implementation and Outcomes of Office-Based Treatment of Opioid Dependence in the VA



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 or 412-954-5207 with questions or comments.