



The National Alliance of Advocates for Buprenorphine Treatment

~Keeping you informed~

Volume 7, No. 2 • December, 2011

Copyright © 2011, NAABT, Inc.

This is an interactive Newsletter. As you scroll over the Newsletter, if the hand turns into a pointing finger, that means – with a click of your mouse – your browser will open to the website which relates to that item.



There is a tragedy unfolding in Maine

[A cost-cutting task force is considering a two-year limit on Medicaid coverage for buprenorphine treatment for addiction](#) which would force many current, stable patients to taper off this lifesaving medication within 30 days. Maine's proposal is especially disturbing when you consider these two very important news releases last month. First, the [CDC reports prescription drug overdose deaths are on the rise](#), with opioid painkiller overdoses accounting for 40 deaths a day nationwide. Second, the largest study to date of [Suboxone used for the treatment of prescription drug addiction](#) produced positive results. The study clearly shows that when this effective treatment is discontinued, and thus no longer suppressing the symptoms of addiction, symptoms return placing patients at risk of death from overdose. This confirms that chronic treatment may be appropriate for the chronic condition of addiction. These results will not come as a surprise to medical professionals or patients involved with opioid addiction or buprenorphine treatment, but appear to not even be a consideration of Maine's task force.

Dr. Mark Publicker, one of 245 Maine physicians who possess the credentials to prescribe buprenorphine for addiction, warns that 90% of his patients will relapse and a significant portion of them will die if Maine carries through and cuts off Medicaid patients. The data supports his warning. The proposal being considered will come into effect retroactively, forcing stable patients in sustained addiction remission for two years or more to begin a 30 day taper.

This kneejerk reaction to cost cutting ignores the evidence and sets the stage for a human disaster. Patients who have been in treatment two years or more are generally stable patients who are benefiting immensely from the treatment, living productive healthy lives and contributing to society. Many are parents who are able to remain in addiction remission and care for their children because of the treatment. (Con't)



SAMHSA

SAMHSA seeks applicants for the Science and Service Awards for OTPs and OBOT Providers – SAMHSA (Substance Abuse and Mental Health Services Administration) is seeking applications from qualified opioid treatment programs (OTPs) and office-based opioid treatment providers (OBOT) for the 2012 Science and Service Awards Program. This national awards program promotes excellence in the treatment of opioid addiction by honoring OTPs and OBOT providers using pharmacotherapy and other innovative approaches to enhance patient outcomes. All winners will receive national recognition and a Science and Service award and will be prominently highlighted on SAMHSA's web site. Application deadline 1/12/12 at 5:00pm ET. [Find out more.](#)

naabt.org

Patients and Prescribing Physicians.

Patients and prescribing physicians can now order a free "in case of emergency" wallet card that alert healthcare workers that buprenorphine can affect opioid pain medication. The card also lists a link to this web page:



www.naabt.org/emergency

with important relevant links useful if opioid pain treatment becomes necessary. Simply email us a mailing address to send the card to at MakeContact@naabt.org

TreatmentMatch.org

If you need to help someone find treatment, TreatmentMatch is a free and anonymous way to help. People seeking treatment can reach out 24/7. 41,857 have been connected to one or more of the 3,346 participating physicians so far.

[Patients register](#)

[Physicians register](#)

There is a tragedy unfolding in Maine (continued)

Even if the task force ignores the human cost, which appears to be the case, the fiscal cost of not treating addiction effectively will far outweigh the savings. Untreated addiction costs society in many ways such as emergency room visits, child services, unemployment compensation, welfare, food stamps, elevated crime, and transmission of disease, i.e. HIV, HEP-C. Not to mention the loss of productivity and tax contributions by those currently able to work because of the treatment. Nobody benefits from cutting off this effective life-saving treatment. If this tragedy is allowed to unfold it might set a precedent and be implemented in more states across the country.

[Click here to read more.](#)

A hearing is scheduled for December 13th, 14th or 15th Voice your opinion or support by contacting us at MakeContact@naabt.org

Subutex® discontinued for 2012

[Click to see full announcement and Prescribing Information as posted on SAMHSA.](#)

Correction and update

Update: The June 2011 newsletter "15 ways to save money on buprenorphine treatment" has an update. The manufacturer's copay card set to expire in September, 2011, has been renewed and is now set to expire March 31, 2012.

[Print out savings card here.](#)

Correction: In item 11 of the 15 ways, it was originally stated that the DEA requires in-person office visits every 6 months for schedule III drugs. This is an error as there is no such regulation. The Controlled Substance Act allows for 5 refills within a 6 month period for schedule III medications, but does not require in-person visits to renew the prescription.

The National Alliance of Advocates for Buprenorphine Treatment is a 501(c)3 non-profit organization formed to help people, in need of treatment, find treatment providers who are willing and able to treat opioid dependency in the privacy of a doctor's office. Our website offers answers to frequently asked questions, actual patient experiences, information on the history and treatments of opioid addiction, current news on the subject and more. [Donate](#)

This newsletter is provided to keep you informed on matters relating to Buprenorphine Treatment. Please feel free to contact us at newsletter@naabt.org with feedback, suggestions, or perhaps you would like to contribute a story. Also feel free to photocopy or print as many as these newsletters as you wish for distribution.

To add yourself or someone you know to the mailing list, please either write us or email us at subscribe@naabt.org.

**THE NATIONAL ALLIANCE OF ADVOCATES
FOR BUPRENORPHINE TREATMENT**

NAABT, Inc. • P.O. Box 333 • Farmington, CT 06034
Fax: 860.269.4391

naabt.org

AddictionSurvivors.org

Addiction Survivors goes mobile.

Get the App for your iPhone or Android-based phone and have access to the Addiction Survivors community whenever and wherever you need it, and its free.



[iPhone](#) | [Android](#)



Voluntary Disclosure: Some of the funding for this organization is provided by anonymous donors whose lives were touched by evidence-based addiction treatment and were willing to help support our mission. NAABT, Inc. has also accepted funding from pharmaceutical companies in the form of "Unrestricted Educational Grants." The grants are "unrestricted" so that there are no "strings" attached. NAABT, Inc. has complete control over how the funds are used, there are no restrictions on the content or mission of this site, and donors have no control over the content of the site or NAABT's activities. NAABT, Inc. is solely responsible for all of its activities.

[Click here](#) to learn more about NAABT.

