



BUPRENORPHINE TREATMENT: TRAINING FOR MULTIDISCIPLINARY ADDICTION PROFESSIONALS

Your Challenge: Involving nonphysician professionals in interventions that can help opioid-dependent patients stop using opioids.

An Evidence-Based Approach: Training on the use of buprenorphine to treat opioid dependency.

Where to Start: Use awareness and training materials from the NIDA/SAMHSA Blending Initiative to help multidisciplinary professionals administer and support buprenorphine treatment.

Buprenorphine Treatment: Training for Multidisciplinary Addiction Professionals is a package of awareness and training materials on the effective use of buprenorphine to treat opioid dependency. Designed with nonphysicians in mind, the package provides a broad overview of buprenorphine, its effects in clinical settings when used to treat opioid addiction, and the role of nonphysician practitioners in providing and supporting such treatment.

"A very positive, eye-opening alternative presented in easily understandable and comprehensive language."

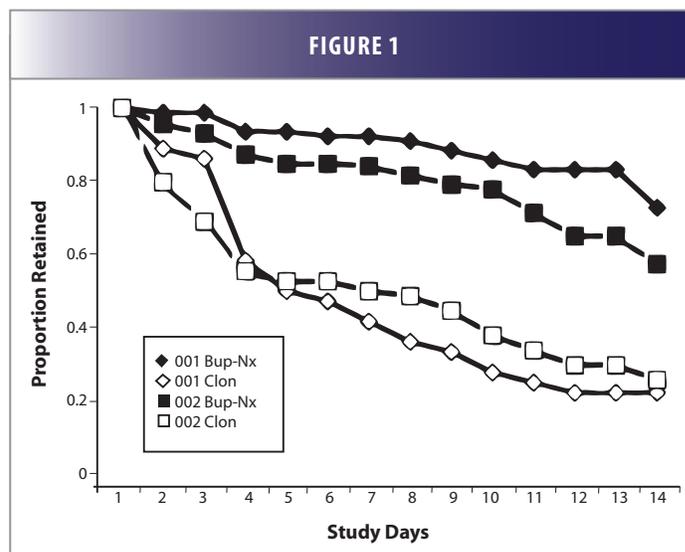
2009 Training Participant

Why Is Increased Understanding of Buprenorphine Treatment Timely and Important?

Multidisciplinary professionals need to be informed about all effective opioid treatment options, because addiction continues to pose a significant public health problem across the country. Consider these facts from the National Survey on Drug Use and Health, administered by the Substance Abuse and Mental Health Services Administration:

- In 2010, an estimated 12 million people abused prescription pain relievers in the past year and more than 600,000 abused heroin.
- About 2 million people aged 12 or older used a prescription pain reliever nonmedically for the first time in 2010. Initiation rates for prescription drug abuse were second only to marijuana rates.
- Treatment admissions for primary abuse of prescription pain relievers surged from 18,300 in 1998 to 113,506 in 2008.
- The number of unintentional overdose deaths from prescription pain relievers has soared in the U.S., quadrupling since 1999.

Tablet formulations of buprenorphine were approved by the Food and Drug Administration in 2002 for the long-term treatment of opioid addiction following the Drug Abuse Treatment Act of 2000. The Act made buprenorphine eligible



Proportion of patients retained over time for in-patient (diamond symbols) and out-patient (square symbols) protocols as a function of assignment to buprenorphine-naloxone (closed symbols) or clonidine (open symbols).

to be prescribed by certified physicians in office-based settings. This approval eliminates the need to visit specialized treatment clinics, expanding treatment access. Buprenorphine can also be dispensed by Opioid Treatment Programs.

Why Is Buprenorphine Treatment a Good Choice?

- Buprenorphine is just as effective as moderate (60 mg per day) doses of methadone.
- Buprenorphine is mildly reinforcing, encouraging good patient compliance.
- Compared to placebo plus counseling, the majority of patients receiving buprenorphine plus counseling continue with treatment after one year (75% retention).

Buprenorphine is also effective for opioid detoxification. When patients receive buprenorphine instead of clonidine to help them withdraw from opioid abuse, they are more likely to succeed. Study outcomes from the National Drug Abuse Clinical Trials Network (CTN) have shown this success in both inpatient and outpatient settings. Significantly more inpatients assigned to buprenorphine (77%) completed a 13-day taper program and provided opioid-negative urine samples than those assigned to clonidine ($p < 0.0001$). In the outpatient setting, 29% of participants assigned to buprenorphine completed the 13-day program and provided opioid-negative urine samples. Among outpatients assigned to clonidine, the retention/success rate was significantly lower ($p < 0.0001$).

Figure 1 shows the proportion of patients retained at each of the evaluation points from two CTN studies. In both studies, the buprenorphine groups had significantly better retention than the clonidine groups over the entire study period (in-patient: $p < 0.0001$; out-patient: $p < 0.0001$).

These study findings provide strong evidence that a representative community-based sample of opioid-dependent participants receiving short-term buprenorphine treatment is significantly more likely to complete detoxification episodes and to be free of illicit opioids at that time. Participants also reported fewer withdrawal and craving effects during a dose taper than participants receiving clonidine. The findings demonstrate that all medications administered during the study period were safe, with few adverse events.

How Can The Blending Initiative's Training for Nonphysician Treatment Providers Help?

Buprenorphine Treatment: Training for Multidisciplinary Addiction Professionals addresses the concerns of nonphysician treatment providers and provides instruction on the use of buprenorphine for opioid-dependent patients. The package

- Discusses legislation that permits office-based buprenorphine treatment;

- Examines the science of addiction;
- Explains how buprenorphine works;
- Offers an overview of patient selection issues; and
- Reviews various patient, counseling, and therapeutic issues.

Tools Included in the Package

The package includes a six-module training program supported by research-based materials. The first module can be used to support a standalone awareness presentation on the use of buprenorphine to treat opioid dependency. The package includes

- A training manual.
- A PowerPoint presentation.
- A short video (*Put Your Smack Down!*).
- An annotated bibliography.
- Research articles.
- Much more! ■

References

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- Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of national findings* (NSDUH Series H-41, HHS Publication No. (SMA) 11-4658). Retrieved from <http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm>
- U.S. Food and Drug Administration. (2002). *Subutex and Suboxone* approved to treat opiate dependence (FDA Talk Paper T0238). Retrieved from <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm191521.htm>

THE BLENDING INITIATIVE

Accelerating the dissemination of research-based drug abuse treatment into clinical practice is a priority for the National Institute on Drug Abuse (NIDA) and represents the core mission of the **Blending Initiative**. NIDA and the Substance Abuse and Mental Health Services Administration (SAMHSA) joined together to create the **Blending Initiative** in 2001 to reduce the gap that exists between the publication of research results and impact on treatment delivery. This initiative incorporates collaboration between clinicians, scientists, and experienced trainers to catalyze the creation of user-friendly treatment tools and products and facilitate the adoption of research-based interventions into front-line clinical settings. Through this initiative, NIDA and SAMHSA's Addiction Technology Transfer Centers (ATTCs) disseminate treatment and training products based on results from studies conducted by the National Drug Abuse Clinical Trials Network (CTN) as well as other NIDA-supported research.

Get the Products and Additional Resources from:

National Institute on Drug Abuse: <http://www.drugabuse.gov/blending-initiative>

SAMHSA ATTC: <http://www.attcnetwork.org/blendinginitiative>

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