



THE PRESCRIPTION OPIOID ADDICTION TREATMENT STUDY (POATS): TREATMENT STRATEGIES FOR PRESCRIPTION OPIOID DEPENDENCE

Your Challenge: Improving outcomes among adult patients treated for prescription opioid dependence.

An Evidence-Based Approach: A buprenorphine taper intervention that includes an extended stabilization period prior to taper.

Where to Start: The NIDA/SAMHSA Blending Initiative offers a suite of tools and training materials that address opioid addiction, including the one described below.

POATS: Treatment Strategies for Prescription Opioid Dependence is a package of tools and training resources for substance abuse treatment providers. The package describes how buprenorphine works and presents the results of a National Drug Abuse Clinical Trials Network (CTN) study that compared brief and extended buprenorphine treatments. The results of the study have implications for the treatment of adults dependent on prescription opioids. The POATS package is designed to help treatment providers incorporate study findings and recommendations into their practice.

This package is the latest addition to a suite of the Blending Initiative awareness and training products that address the effective use of buprenorphine to treat opioid dependence.

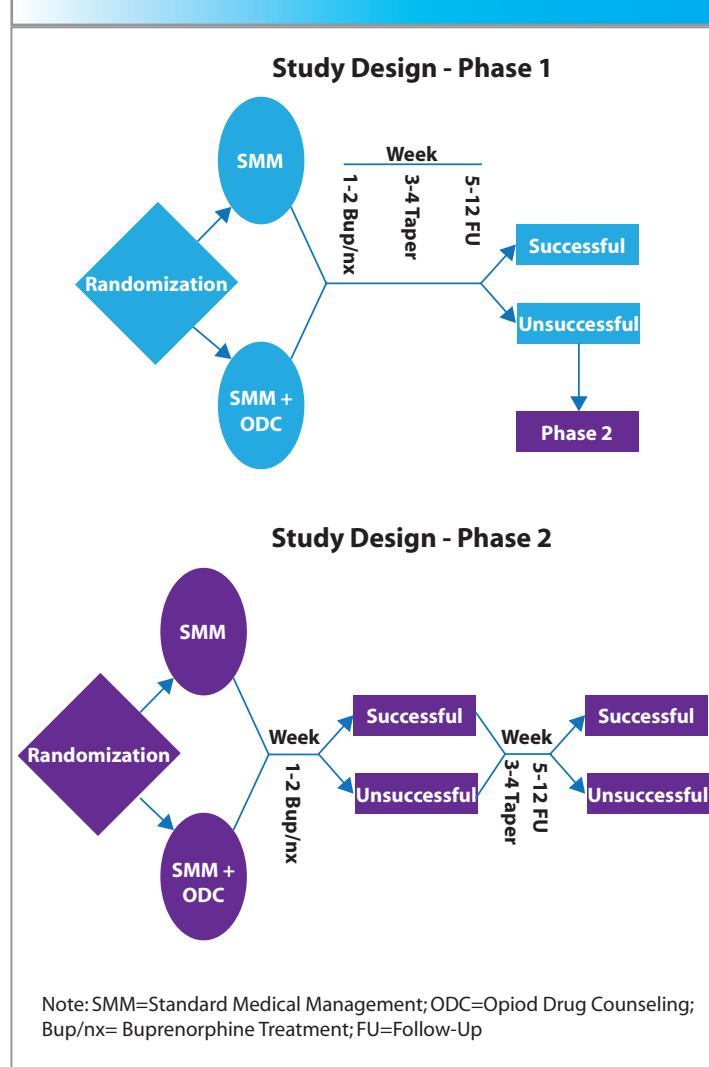
Why Buprenorphine for Prescription Opioid Dependence?

Opioids have been used for decades to treat chronic pain. However, concerns about prescription opioid abuse have increased in recent years. Several studies have examined treatment strategies for addressing this growing problem, but those studies have focused exclusively or predominantly on heroin users rather than prescription drug users. Recent research by the CTN has addressed the knowledge gap by including prescription drug users in studies of treatment strategies for opioid dependence.

What Does POATS Suggest About Length of Buprenorphine Treatment?

The Prescription Opioid Addiction Treatment Study (POATS) compared brief and extended buprenorphine treatments, with and without counseling, for prescription opioid dependence. All patients began the study with a less-intensive (detoxification) treatment, and were given a more intensive (stabilization) treatment if required. Successful outcomes were indicated via patients' self-reports as confirmed by urine tests indicating minimal or no opioid use (see figures, 1 and 2). Researchers found that the success rate improved with increased length of treatment.

FIGURE 1



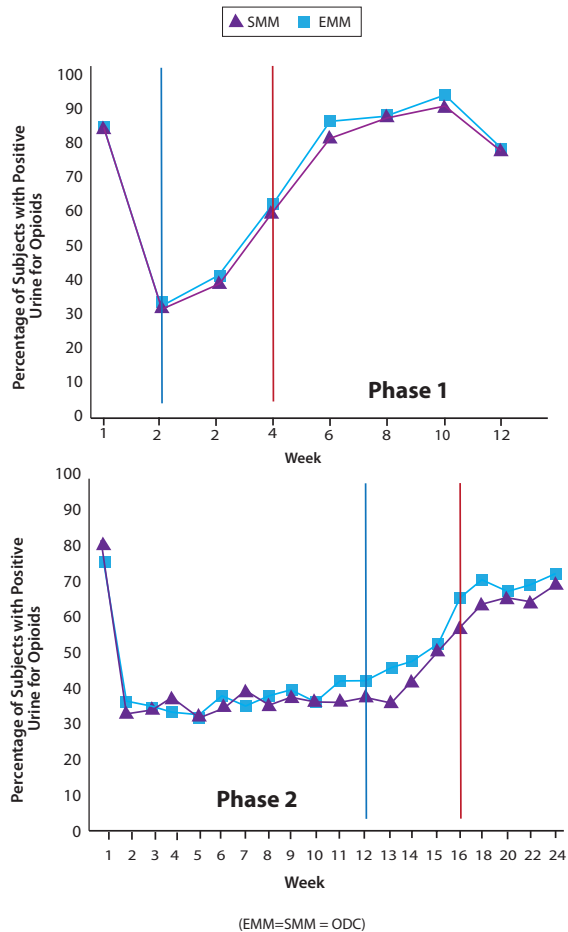
The study findings support the national trend toward treatment of opioid dependence by physicians in office-based practice. Implications for practice are as follows:

- Long-term medication-assisted treatment is a viable option for treating opioid dependence. Buprenorphine works well, and long-term treatment is more effective than short-term treatment.
- Physicians can use the buprenorphine treatment successfully in individuals who are dependent on prescription opioids, including those with and without chronic pain. Treatments include brief weekly medical management visits.
- Patients who are dependent on prescription opioids are most likely to reduce their opioid use during the first several

months of buprenorphine treatment. If tapered off this medication, the likelihood of relapsing or dropping out of treatment is very high.

FIGURE 2

Percent Opioid-Positive Urine Over Time



Note: SMM=Standard Medical Management; ODC=Opioid Drug Counseling; Bup/nx=Buprenorphine Treatment; FU=Follow-Up

What Does POATS Suggest About Inclusion of Opioid Drug Counseling?

The primary research question the NIDA study addressed was what benefit Standard Medical Management plus Opioid Drug Counseling (SMM + ODC) might offer over Standard Medical Management (SMM), whether the patient received brief or extended treatment with buprenorphine. Researchers found that the addition of ODC did not improve outcomes for opioid use. They also found that individuals dependent on prescription opioids might have better outcomes than those dependent on heroin, with or without intensive counseling, when they receive the longer stabilization treatment.

How Can Treatment Providers Use the POATS Package?

The materials in this package were designed to help substance abuse treatment providers understand and adopt evidence-based treatment interventions. It provides awareness and training materials that focus on effective use of buprenorphine treatment for adults who are dependent on prescription opioids. The POATS package can be used as a stand-alone product or in conjunction with other NIDA/SAMHSA Blending Initiative products that address opioid addiction. All are available online at no cost.

Tools Included in the Package

Prescription Opioid Addiction Treatment Study (POATS): Treatment Strategies for Prescription Opioid Dependence includes a complete set of training materials, supported by research-based information. The package includes

- A clinician training program and manual.
- A PowerPoint Presentation.
- Fact sheets for clinicians (e.g., buprenorphine, methadone, and naltrexone).
- A Resource List.
- Additional research and resources about buprenorphine treatment.
- Much more! ■

References

- Amass, L., Ling, W., Freese, T. E., Reiber, C., Annon, J. J., Cohen, A. J., et al. (2004). Bringing buprenorphine-naloxone detoxification to community treatment providers: the NIDA Clinical Trials Network field experience. *Am J Addict*, 13, Suppl 1:542–66.
- Weiss, R. D., Potter, J. S., Fiellin, D. A., Byrne, M., Connery, H. S., Dickinson, W., et al. (2011, December). Adjunctive counseling during brief and extended buprenorphine-naloxone treatment for prescription opioid dependence: a 2-phase randomized controlled trial. *Arch Gen Psychiatry*, 68(12), 1238–1246.

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 Product and Additional Resources from:

National Institute on Drug Abuse: <http://www.nida.nih.gov/blending>

SAMHSA ATTC: <http://www.nattc.org/explore/priorityareas/science/blendinginitiative/>

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