



SHORT-TERM OPIOID WITHDRAWAL USING BUPRENORPHINE: FINDINGS AND STRATEGIES FROM A NIDA CLINICAL TRIALS NETWORK (CTN) STUDY

Your Challenge: Increasing the success rate among opioid-dependent patients seeking detoxification.

An Evidence-Based Approach: A 13-day buprenorphine taper intervention.

Where to Start: A resource package, described below, is available online at no cost from the NIDA/SAMHSA Blending Initiative.

Short-Term Opioid Withdrawal Using Buprenorphine is a package of tools and training resources to help substance abuse treatment providers assist their clients. It provides the information and resources needed to implement a unique 13-day buprenorphine taper intervention for clients dependent on opioids. The resource package is based on findings from two clinical trials conducted by the National Drug Abuse Clinical Trials Network (CTN) that compared short-term use of buprenorphine versus clonidine to help patients withdraw from opioids.

The U.S. Food and Drug Administration (FDA) approved buprenorphine for the treatment of opioid addiction in 2002. Recent results from NIDA clinical trials support its short-term use for medically assisted withdrawal treatment.

Why Is the Buprenorphine Taper Intervention a Good Choice?

When patients receive buprenorphine instead of clonidine to help them with opioid withdrawal, they are more likely to succeed. Study outcomes from the CTN have shown this success in both inpatient and outpatient settings. Significantly more inpatients assigned to buprenorphine (77%) completed the 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 much lower ($p < 0.0001$).

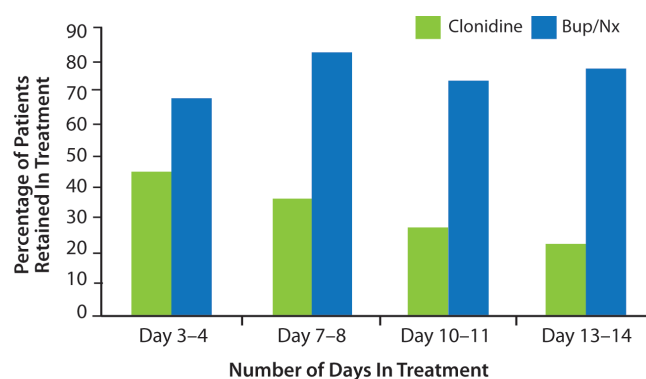
How Can the Short-term Opioid Withdrawal Using Buprenorphine Resource Package from The Blending Initiative Help?

The resources in this package help treatment providers understand and adopt evidence-based practices for medically assisted opioid withdrawal and detoxification. The package

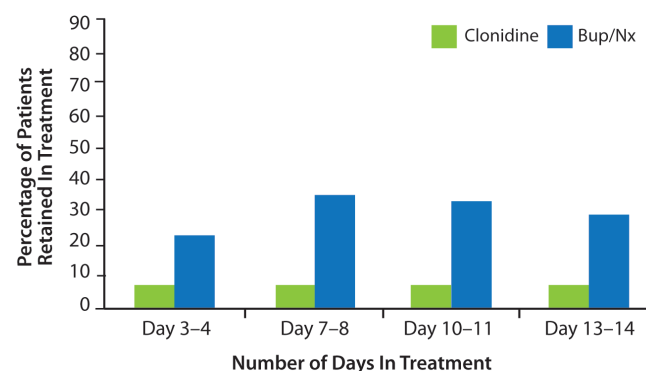
- Reviews the research supporting buprenorphine detoxification;
- Provides instruction on the use of buprenorphine for opioid-dependent patients;

THE RESULTS OF THE CTN STUDIES SUGGEST THAT BUPRENORPHINE IS SIGNIFICANTLY BETTER THAN CLONIDINE FOR OPIOID DETOXIFICATION

Percentage of opioid-negative patients retained over time in an inpatient setting



Percentage of opioid-negative patients retained over time in an outpatient setting



Ling et al. (2005)

- Describes opioid withdrawal and symptoms;
- Describes the role of buprenorphine in managing withdrawal symptoms; and
- Explains the implementation of buprenorphine detoxification in treatment settings, including methods of evaluation and induction, the taper schedule, and use of ancillary medications.

Tools Included in the Package

Short-Term Opioid Withdrawal Using Buprenorphine includes a training program supported by research-based materials such as

- A step-by-step training manual.
- A PowerPoint presentation reviewing the research and history of the medications.
- Background research articles.

The Science Behind The Blending Initiative's Short-Term Opioid Withdrawal Using Buprenorphine

The need for effective opioid withdrawal treatment has never been greater. 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.

Unfortunately, relapse rates are high when opioid-addicted patients get the usual treatment for easing withdrawal symptoms during detoxification. The "usual treatment" includes

short-term detoxification using a nonopioid medication rather than buprenorphine.

The diversity of clinics in the CTN has provided an unparalleled opportunity to conduct clinical trials, and the positive research findings support the use of buprenorphine for treating withdrawal symptoms in opioid-dependent patients undergoing medically assisted detoxification.

Implementing the Buprenorphine Taper Intervention in Your Practice

How do I make this intervention part of my practice?

You will need to establish evaluation and induction procedures. Most opioid-dependent patients who are interested in medication-

assisted withdrawal can be considered for treatment with buprenorphine. You will also need to become familiar with the dosing and taper schedule. Visit SAMHSA's Center for Substance Abuse Treatment (CSAT) Buprenorphine Information Center at <http://buprenorphine.samhsa.gov>.

What else can I do to bolster my patients' success rates?

Appropriate use of ancillary medications can help. Psychosocial treatment can also be an important part of your treatment protocol. The training materials address both of these issues. ■

5 STEPS TO STARTING THE BUPRENORPHINE TAPER INTERVENTION

1. Have the patient abstain from opioid use, or impose an 8-hour interval between prior opioid use and buprenorphine administration.
2. Begin treatment when the patient has mild-moderate withdrawal symptoms.
3. Verify that the patient has not used methadone, oxycontin or long acting opioid analgesic.
4. Select an appropriate maintenance dose, starting with a low dose.
5. Increase the dosage over several days, if needed.

References

- Amass, L., Ling, W., Freese, T. E., Reiber, C., Annon, J. J., Cohen, A. J.,...Horton, T. (2004). Bringing buprenorphine-naloxone detoxification to community treatment providers: The NIDA Clinical Trials Network field experience. *American Journal on Addictions*, 13(Suppl 1), S42-66.
- Ling, W., Amass, L., Shoptaw, S., Annon, J. J., Hillhouse, M., Babcock, D.,...Ziedonis, D. (2005). A multi-center randomized trial of buprenorphine-naloxone versus clonidine for opioid detoxification: Findings from the National Institute on Drug Abuse Clinical Trials Network. *Addiction*, 100(8), 1090-1100.
- 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>

SAMHSA TIP on Buprenorphine: <http://www.ncbi.nlm.nih.gov/books/NBK64245>

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