

Short Term Opioid Withdrawal Using Buprenorphine



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Introduction to the Training

Background Information: NIDA-SAMHSA Blending Initiative

In order to disseminate information to the addiction treatment field, the National Institute on Drug Abuse (NIDA) has created a partnership with the Addiction Technology Transfer Center (ATTC) Network. The ATTCs are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The fourteen regional ATTCs throughout the country and the ATTC National Office provide specialized training and technical assistance to substance abuse treatment professionals in order to create a more effective treatment workforce. NIDA provided additional support to the ATTC Network and thereby established the NIDA-SAMHSA Blending Initiative. Through this initiative, special groups called Blending Teams composed of NIDA researchers and ATTC representatives meet to design dissemination strategies.

Focus on Buprenorphine

In the year 1999, NIDA created the Clinical Trials Network (CTN). The CTN conducts studies of behavioral, pharmacological, and integrated behavioral and pharmacological treatment interventions in rigorous, multi-site clinical trials to determine effectiveness across a broad range of community-based treatment settings and diverse patient populations. Once research is completed, the CTN will work to transfer the research results to physicians, providers, and their patients to improve the quality of drug abuse treatment throughout the country.

In 2002 tablet formulations of buprenorphine were approved by the FDA for the treatment of opiate addiction. Additionally, the CTN has implemented and completed two clinical trials comparing a short-term opioid withdrawal using buprenorphine versus clonidine in both inpatient and outpatient settings. The results of these trials suggest that buprenorphine is substantially better than clonidine for opioid detoxification.

The results of these trials strongly supported this method of using buprenorphine.

In order to prepare the field to effectively integrate this treatment method into their current practice, NIDA formed a Blending Team to develop a package of training materials to instruct providers to implement the procedures evaluated through these research protocols.

This training assumes some basic information about what buprenorphine is and how it is used. One way that this information can be attained is by participating in another training developed through the NIDA/SAMHSA Blending Initiative-- ***Buprenorphine Treatment: A Training for Multidisciplinary Addiction Professionals (Buprenorphine Awareness)***. This awareness training is designed for multidisciplinary (non-physician) addiction professionals to educate them about buprenorphine and its use in the treatment of opioid addiction. This training was designed to provide a broad overview of the medication, its effects, and the role of non-physician practitioners in providing and supporting the treatment of individuals receiving this medication.

Blending Team Members

Thomas Freese, Ph.D. – Pacific Southwest ATTC – Blending Team Chair
Greg Brigham, Ph.D. – CTN Ohio Valley Node
Beth Finnerty, M.P.H. – Pacific Southwest ATTC
Kay Gresham-Morrison, LCSW, ACSW – Southeast ATTC
Judith Harrer, Ph.D. – CTN Ohio Valley Node
Dennis McCarty, Ph.D. – CTN Oregon Node
Susan Storti, Ph.D., R.N. – ATTC of New England

What Does the Training Package Contain?

- PowerPoint Training Slides
- Trainer's Manual
- Marketing Brochure

What Does This Trainer's Manual Contain?

This training manual, ***Short Term Opioid Withdrawal Using Buprenorphine***, is the product of the NIDA/SAMHSA Blending Team. The manual is designed to support a half-day face-to-face training to review the results from research conducted by the NIDA Clinical Trials Network examining a 13-day buprenorphine versus clonidine in both inpatient and outpatient settings. The training will then provide instruction for implanting this protocol into treatment settings including methods of evaluation and induction, the taper schedule and use of ancillary medications during treatment. The training may be incorporated into the Buprenorphine Awareness training or adapted in other ways by ATTC and other trainers across the country to meet the needs of their local region. Therefore, detailed speaker notes, not a word-for-word script, are provided to allow for maximum flexibility. Comments in italics are for the trainer only, and are not meant to be read aloud.

How Are the PowerPoint Training Slides Organized?

The training package is designed to provide information and content for a four-hour training. The training should be adapted by adding additional information to meet the needs of the audience.

This course, ***Short Term Opioid Withdrawal Using Buprenorphine***, begins by providing the results of the research on which the training is based. This sets the stage for the information that is presented later in the course by providing information about why buprenorphine is being used and the outcomes of this methods for tapering people off of opioids. The course will then provide an overview of opioid withdrawal and symptoms that patients experience during withdrawal. The role of buprenorphine in managing withdrawal will then be discussed. Finally, the training will provide a step-by-step guide for delivering this 13-day taper as it was implemented and evaluated in two CTN protocols.

Adaptation of these materials to meet the needs of the specific target audience is expected. It is essential that the trainers identify the extent of the attendees' background and experience with opioid treatment, generally and with using buprenorphine in treatment. For instance, if the training audience is a group of physicians who are already prescribing buprenorphine, extensive discussion about opioid withdrawal may not be warranted. Instead, this section

could be replaced with a discussion of the experience of inducting the patients onto the medication.

The training is designed to be delivered in about four hours. As a rule of thumb, the training should be paced to allow approximately two minutes for each slide.

General Information about Conducting the Training

The training can be conducted in any sized group, but small- to medium-sized groups (10-25 people) are recommended. Smaller sized groups will ensure adequate time for discussion and exploration of questions and concerns with the participants.

Materials Needed to Conduct the Training

- LCD projector to project the PowerPoint training slides OR printed overheads and overhead projector
- Computer, laptop or similar device to run the PowerPoint slideshow
- Flip chart paper and easel/white board, and pens to write down relevant information.


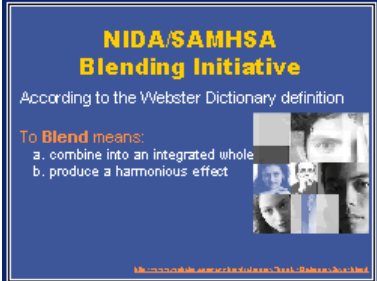

Overall Training Notes


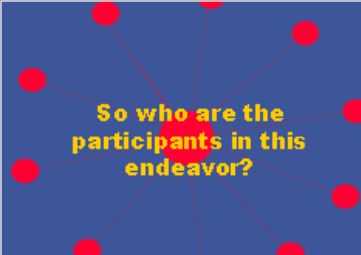
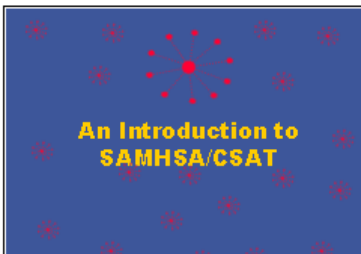
Attempt to find as much out about the trainees as possible prior to the training. This will help the trainer(s) to customize the presentation and avoid reviewing information that will seem elementary or redundant to the participants.

It is highly recommended that training be conducted or co-trained with a physician or other medical personnel who have experience with buprenorphine treatment. If the trainer can pair with one of the physicians who were part of the original CTN studies this would be even better as they would be able to speak directly about their experience with the implementation of the protocol described in this training package. At minimum, the trainer must have adequate knowledge and experience to discuss some of the basic physical symptoms associated with medically assisted withdrawal from opioids and have a relationship with a physician with whom they can consult if more detailed medical questions arise during the training.

Short Term Opioid Withdrawal Using Buprenorphine Slide-By-Slide Trainer Notes

The notes below contain information that can be presented with each slide. This information is designed as a guidepost and can be adapted to meet the needs of the local training situation. Information can be added or deleted at the discretion of the trainer(s).

 <p>Short-Term Opioid Withdrawal Using Buprenorphine Findings and strategies from a NIDA Clinical Trials Network Study</p>	<p>Slide 1: Short Term Opioid Withdrawal Using Buprenorphine</p> <p>Welcome participants and take care of housekeeping details such as location of restrooms, turning off cell phones, participate actively, etc.</p> <p><i>Briefly describe the development of the Blending Team product, as well as the purpose of the training as described above in the introduction to this manual.</i></p> <p><i>It is important to note that this training is focused on educating people about one way of conducting opioid detoxification. The training will review some basic information about buprenorphine, but participants will gain a better understanding of these methods if they already have a basic understanding of the medication and its mechanism of action.</i></p>
 <p>NIDA/SAMHSA Blending Initiative According to the Webster Dictionary definition</p> <p>To Blend means: a. combine into an integrated whole b. produce a harmonious effect</p>	<p>Slide 2: NIDA/SAMHSA Blending Initiative</p> <p>Read the definition of “Blend.”</p> <p>Indicate that what NIDA wanted to do with the creation of the Blending Teams was to accomplish these two things. To combine the strengths of NIDA’s research experience with SAMHSA’s expertise in information dissemination to produce a harmonious effect in the field of substance abuse treatment.</p>
 <p>NIDA/SAMHSA Blending Initiative</p> <ul style="list-style-type: none"> Developed in 2001 by NIDA and SAMHSA/CSAT, the initiative was designed to meld science and practice together to improve drug abuse and addiction treatment. “Blending Teams,” include staff from CSAT’s ATTCs and NIDA researchers who develop methods for dissemination of research results for adoption and implementation into practice. With the skills, resources, and knowledge of these two Federal agencies, important scientific findings are able to reach the frontline service providers treating people with substance use disorders. This is imperative to the success of drug abuse treatment programs throughout the country. 	<p>Slide 3: NIDA/SAMHSA Blending Initiative</p> <p>Introduce the concept of the NIDA/SAMHSA Blending Teams – mostly based on research coming out of CTN</p> <p>Other examples of NIDA Blending Team Products currently available include a buprenorphine awareness training targeting non-physician practitioners (Buprenorphine Treatment: A Training for Multidisciplinary Addiction Professionals)</p>

<p>NIDA/SAMHSA Blending Initiative: Blending Team Members</p> <ul style="list-style-type: none"> • Thomas Freese, Ph.D. – chair – PacificSouthwest IATTC • Greg Brigham, Ph.D. – OTR Ohio Valley Node • Beth Finnerty, M.P.H. – PacificSouthwest IATTC • Kay Gresham-Morrison, LCSW, ACSW – Southeast IATTC • Judith Hamer, Ph.D. – OTR Ohio Valley Node • Dennis McCarty, Ph.D. – OTR Oregon Node • Susan Storti, Ph.D., R.N. – ATTC of New England <p>ATTC representative NIDA researcher</p>	<p>Slide 4: NIDA-SAMHSA Blending Initiative: Blending Team Members</p> <p>Acknowledge the members of the Blending Team who created these materials.</p> <p>Note that the membership consisted of a chair from the ATTC network plus three ATTC representatives and three NIDA researchers.</p>
<p>Objectives for the Training</p> <ul style="list-style-type: none"> • By participating in this training you will be able to do the following: • Describe <i>opioid withdrawal</i> and the role of medical interventions in it • Understand the <i>results of new research</i> on one strategy for helping patients withdraw from opioids using buprenorphine • Define the <i>procedures</i> for using buprenorphine to conduct a 13-day opioid taper 	<p>Slide 5: Objectives for the Training</p>
<p>Introductions</p> <ul style="list-style-type: none"> • Introduce yourself by briefly providing the following information: <ul style="list-style-type: none"> • Your name and the agency in which you work • Experience with opioid treatment • What you expect from the training 	<p>Slide 6: Introductions</p> <p><i>Begin the training by asking participants to briefly introduce themselves by providing their name and the agency for which they work, their experience with opioid treatment, and what they expect to gain from the training.</i></p> <p>Example Ice Breaker – Raise your hand if you:</p> <ul style="list-style-type: none"> • Work primarily or exclusively with opioid addicted individuals • Work as a substance abuse counselor • Work as medical personnel
 <p>So who are the participants in this endeavor?</p>	<p>Slide 7: So who are the participants in this endeavor?</p> <p>So now we will introduce the key participants who helped put these materials together.</p>
 <p>An Introduction to SAMHSA/CSAT</p>	<p>Slide 8: An Introduction to SAMHSA/CSAT</p> <p>The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS), was created in October 1992 with a congressional mandate to expand the availability of effective treatment and recovery services for alcohol and drug problems.</p>