

The Blending Initiative

The blending of resources, information and talent is the distinctive methodology behind a landmark agreement between the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). The interagency agreement established the NIDA•SAMHSA Blending Initiative, a unique partnership that uses the expertise of both agencies to meld science and service together to improve drug abuse and addiction treatment. The Initiative encourages the use of current, evidence-based treatment interventions by professionals in the treatment field.

Blending Teams, comprised of Community Treatment Programs (CTP) and researchers affiliated with NIDA's Clinical Trials Network (CTN) and staff from CSAT's Addiction Technology Transfer Center (ATTC) Network, are charged with the dissemination of research results that are ready for adoption and implementation into practice. These Teams will identify and develop activities and materials (e.g. trainings, self-study programs, workshops and distant learning opportunities) for the addiction treatment field that will provide the tools necessary to access and adopt NIDA research protocols. ●

Opioid Use and Abuse

Opioid use and abuse continues to be a problem across the U.S. Research is showing the use is increasing.

- *More than 3 million people over the age of 12 have used heroin at least one time.*
- *Between 1994 and 2001, the number of new heroin initiates was about 100,000 per year.*
- *Approximately 1.8% of Americans were currently using pain relievers, and approximately 2 million people had used OxyContin at least once in their lives.*

Opioid detoxification is requested by many patients and determined to be appropriate in treatment plans developed by providers for specific patients. However, there is significant variability in the way in which detoxification is handled. The methods detailed in this training result from 2 trials conducted by NIDA's Clinical Trials Network. These trials compared this 13-day buprenorphine taper to a standard treatment (clonidine detoxification) in both inpatient and outpatient settings. More people who received buprenorphine were able to provide an opioid negative urine sample upon completion of the taper when compared to the clonidine group. ●



The Training Package

Training Objectives

- Describe opioid withdrawal and the role of medical interventions in it
- Understand the results of new research on one strategy for helping patients withdraw from opioids using buprenorphine
- Define the procedures for using buprenorphine to conduct a 13-day opioid taper

Training Package Contents

A 4-hour classroom training program providing instruction on using buprenorphine for opioid dependent patients. Including:

- Rationale for providing detoxification to opioid dependent patients
- Characterization of opiate withdrawal
- Goals of detoxification
- Results of the CTN studies
- Implementation training
- Patient and treatment staff perspectives
- Overdose risk following detoxification

For More Information

Contact the ATTC
Regional Center in your
area to arrange for
training on this topic.
See back panel.

Buprenorphine Detoxification Blending Team Members

NIDA

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● Contact the ATTC Regional Center in your area for more information. ●

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Short-Term Opioid Withdrawal Using Buprenorphine: Findings and Strategies from a NIDA Clinical Trials Network Study

The primary goal of this training package is to instruct providers on the administration of a 13-day buprenorphine taper for opioid dependent patients. The training will review the results from research conducted by the NIDA Clinical Trials Network comparing buprenorphine versus clonidine in both inpatient and outpatient settings. The training will then provide instruction for implementing this protocol

into treatment settings. Topics will include methods of evaluation and induction, the taper schedule, and use of ancillary medications during treatment. ●



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