

# TREATMENT PRACTITIONER'S RESEARCH BULLETIN

Alcohol and drug research treatment advances and best practice summary

## MEDICAL EDITOR

**Richard Saitz, MD, MPH, FASAM, FACP**  
Professor of Medicine and Epidemiology,  
Boston University Schools of Medicine and  
Public Health, Boston, MA

## ASSOCIATE EDITORS

**Tommie Ann Bower, MA**  
Director of Program Development and  
Quality, Gosnold, Inc., Falmouth, MA

**Michael G. Boyle, MA**  
President & CEO, Fayette Companies,  
Peoria, IL

**Tom Delaney, MSW, MPA**  
Executive Director, Boston Alcohol and  
Substance Abuse Programs, Inc.,  
Boston, MA

**Norma Finkelstein, Ph.D., LICSW**  
Executive Director, Institute for Health  
and Recovery, Cambridge, MA

**James Harrison, MHS, CADC**  
Lancaster Site Director, Brandywine  
Counseling, Inc., Wilmington, DE

**Michael Levy, Ph.D.**  
Director of Clinical Treatment Services  
CAB Health & Recovery Services, Inc.,  
Peabody, MA

## MANAGING EDITOR

**Donna Vaillancourt**  
Boston Medical Center, Boston, MA

## CONTACT INFORMATION

Treatment Practitioner's Research Bulletin  
Join Together  
580 Harrison Ave. 3rd Floor  
Boston, MA 02118  
tprb@jointogether.org

## APRIL 2008

### Volume 1 No. 5

## Contents

Limbic System Activated by Drug and Sexual Cues Even Before Conscious Recognition

**Reviewed by Tommie Ann Bower, MA**

Referral to Mandated Alcohol Intervention with College Students Suggests Policy and Clinical Options

**Reviewed by Tom Delaney, MSW, MPA**

Relapse Risk in People with Remitted Alcohol Dependence

**Reviewed by Michael Levy, PhD**

Inpatient Medical Care Plus Substance Use Treatment Improves Health Services Utilization

**Reviewed by Michael Boyle, MA**

The Value of Screening for Pain in Patients with Opioid Dependence

**Reviewed by James Harrison, MHS, CADC**

## Produced by



## JOIN TOGETHER

ADVANCING EFFECTIVE ALCOHOL AND DRUG POLICY,  
PREVENTION, AND TREATMENT

A Program of Boston University School of Public Health

Supported by an unrestricted educational grant from Alkermes, Inc., Cephalon, Inc., and Reckitt Benckiser.

Additional support provided by the Robert Wood Johnson Foundation.

The Treatment Practitioner's Research Bulletin is a project of Join Together and is produced in cooperation with the Boston University School of Public Health. Copyright © 2008.

Available online at [www.jointogether.org/news/research/tprb](http://www.jointogether.org/news/research/tprb)

### **Limbic System Activated by Drug and Sexual Cues Even Before Conscious Recognition**

The human brain responds to recognizable signals for sex and drugs of addiction by activating the limbic reward circuitry. To determine whether the brain responds in similar ways to these signals even when they are "unseen" — i.e., presented in a way that prevents their conscious recognition — researchers in an NIDA-funded study tested the brain response to cocaine, sexual, aversive, and neutral cues (33 milliseconds duration each) in 22 male patients with cocaine dependence. Brain response to each visual cue was measured by magnetic resonance imaging (MRI).

- Cocaine-related images triggered the emotional centers of the brains of patients, even when subjects were unaware they had seen anything.
- Greater brain activity to "unseen" cocaine cues predicted a stronger positive response to visible versions of the same stimuli in later testing.

#### **Comments by Tommie Ann Bower, MA**

Results of this study supports years of anecdotal evidence that relapse can be triggered outside of awareness. As with any new finding, the generalizability of these results will depend on additional studies. In the long run, the complicated nature of craving in the brain must be further understood. In the short run, clinicians must redouble efforts to educate patients about the specific triggers for craving, to activate awareness, and to redirect impulses to use.

#### **Reference**

Childress AR, Ehrman RN, Wang Z, et al. Prelude to passion: limbic activation by "unseen" drug and sexual cues. *PLoS ONE*. 2008;3(1):e1506.

## **Referral to Mandated Alcohol Intervention with College Students Suggests Policy and Clinical Options**

This article reports on the findings of a study of college students who were sanctioned for alcohol-related incidents and referred to a university-sponsored alcohol and drug assistance program. The aim of the study was to examine whether mandated assistance programs significantly reduced drinking in the time between the alcohol-related violation and the start of the assistance program. Only those students with a 30 day or longer interval between the 2 events were included in the study. The sample consisted primarily of white students attending a large state college in the Northeast, 15% of whom were referred by police, emergency medical services, or hospital emergency services, and 85% of whom were referred by Resident Assistants (RAs).

- Students referred to the treatment program significantly reduced their drinking after the violation and before the time of assessment in the program.
- Students who had received a legal or medical referral reduced their alcohol consumption significantly more than those referred by RAs.

### **Comments by Tom Delaney, MSW, MPA**

These findings suggest that referral to a student assistance program after an alcohol incident reduces drinking in college students. These findings may help college administrators better allocate resources to reduce student drinking that results in alcohol-related violations on college campuses. In addition, as the authors point out, knowing such students had already made significant changes in their drinking habits at intake provides counselors with a valuable opportunity to reinforce successful harm reduction strategies and adapt the type and intensity of intervention based on that knowledge.

### **Reference**

Morgan TJ, White HR, Mun EY. Changes in drinking before a mandated brief intervention with college students. *J Stud Alcohol Drugs*. 2008;69(2):286-290.

### Relapse Risk in People with Remitted Alcohol Dependence

There is little information on the stability of abstinent and nonabstinent remission from alcohol dependence in the US population. To examine this, researchers assessed alcohol use and alcohol use disorder (AUD) symptoms over 3 years among 1772 adults who had participated in a national alcohol survey and who were in remission from alcohol dependence at baseline.

At the baseline interview, 25% of subjects drank risky amounts,\* 38% engaged in low-risk drinking,\*\* and 37% abstained. During follow-up, 51% of subjects who drank risky amounts, 27% of those who engaged in low-risk drinking, and 7% of those who abstained reported a recurrence of AUD symptoms at some point during the three years; 10%, 4%, and 3%, respectively, met criteria for recurrence of alcohol dependence at some point over the course of the study.

Although the differences in recurrence rates of AUD symptoms were significant between the 3 groups, the overall rates of recurrence for alcohol dependence did not differ between low-risk drinkers and abstainers. Recurrence of AUD symptoms or alcohol dependence was more likely in younger subjects and less likely among patients with a longer duration of remission at baseline.

---

\* >14 drinks per week (>7 for women) or >4 drinks on any day (>3 for women).

\*\* Subjects who engaged in low-risk drinking had no current symptoms of alcohol abuse or dependence and did not meet criteria for risky drinking.

#### Comments by Michael Levy, Ph.D.

This study demonstrates the complexity of AUD. Although an abstinent recovery is more stable and, thus, should be supported, some individuals may be able to achieve a recovery through a nonabstinent remission. Although the risk for relapse always needs to be monitored, individuals in recovery through a nonabstinent remission need even more careful monitoring, as the risk for recurrence of AUD symptoms is greater.

#### Reference

Dawson DA, Goldstein RB, Grant BF. Rates and correlates of relapse among individuals in remission from DSM-IV alcohol dependence: a 3-year follow-up. *Alcohol Clin Exp Res.* 2007;31(12):2036–2045.

---

This summary was adapted from text previously published in *Alcohol, Other Drugs, and Health: Current Evidence* (www.aodhealth.org).

## **Inpatient Medical Care Plus Substance Use Treatment Improves Health Services Utilization**

During hospitalization for medical conditions related to substance use (e.g., abscess, endocarditis), the underlying substance use is rarely addressed, and post-discharge referral for substance use treatment often goes uncompleted. Consequently, frequent readmissions and deterioration in health status are common.

In an attempt to break this cycle, researchers evaluated the impact of a special 12-bed unit in an inpatient day hospital (DH) that addressed patients' medical as well as substance-use treatment needs. Patients were assigned to DH (n=63) or usual care (n=327) based on the availability of beds. Patients predominately used heroin (77%) or cocaine (66%), and the majority (69%) were unemployed.

- Forty-nine percent of patients assigned to DH completed the 2-week program.
- In the 6 months following discharge, those patients who completed DH treatment were less likely than patients who received usual care to visit emergency departments and were more likely to have  $\geq 1$  ambulatory care visit. Hospital admissions did not differ significantly between the groups.
- Patients who were assigned to but did not complete the DH program demonstrated no post-discharge improvements in health service utilization.

### **Comments by Michael Boyle, MA**

Addiction treatment providers could potentially increase engagement in substance abuse treatment through partnering with a hospital to develop integrated medical and substance-use care models. Having treatment resources readily available may encourage diagnosis and treatment referrals for persons with drug problems. Reducing emergency department visits from uninsured individuals and increasing the use of ambulatory care may be an incentive for hospitals to pursue such collaborations.

### **Reference**

O'Toole TP, Pollini RA, Ford DE, et al. The effect of integrated medical-substance abuse treatment during an acute illness on subsequent health services utilization. *Med Care*. 2007;45(11):1110-1115.

---

This summary was adapted from text previously published in *Alcohol, Other Drugs, and Health: Current Evidence* ([www.aodhealth.org](http://www.aodhealth.org)).

## The Value of Screening for Pain in Patients with Opioid Dependence

Pain is prevalent among people with opioid dependence, and its association with psychosocial stressors (e.g., depression) may threaten clinical gains achieved through substance abuse treatment. A rationale exists, therefore, for screening treatment-seeking patients with opioid dependence for potentially destabilizing pain.

Researchers in this study examined the effectiveness of a streamlined pain screening instrument among people with opioid dependence who sought inpatient opioid detoxification in Massachusetts. Following admission, 110 adults completed a brief questionnaire, including the Brief Pain Inventory–Short Form, to assess physical pain during the last week.

- Ninety-one percent of patients reported some pain during the previous week. Forty-three percent reported chronic pain (lasting  $\geq 6$  months), and 70% of those with chronic pain rated their pain as "severe" ( $\geq 7$  on a scale of 1 to 10).
- Patients with severe chronic pain, versus patients with less severe or no pain, had worse depressive symptoms and were more likely to be receiving occupational disability benefits.

### Comment by James Harrison, MHS, CADC

A simple screen can be useful for evaluating the presence and severity of pain in people with opioid dependence. But because withdrawal is often accompanied by pain and depressive symptoms, the etiology and long-term management of pain in patients with addictions usually requires more comprehensive assessment.

### Comments by Marc N. Gourevitch, MD, MPH, Associate Editor of *Alcohol, Other Drugs, and Health: Current Evidence*

Severe chronic pain was common among people with opioid dependence seeking inpatient detoxification and was associated with conditions (depressive symptoms, disability) that complicate recovery from drug dependence. Limitations of this study include the high-acuity patient population (seeking inpatient treatment) and lack of detail about the timing of pain assessment, sequencing of screening steps, and potential for opioid withdrawal symptoms to be reported as pain. Nonetheless, this study suggests that assessing pain severity among patients in opioid dependence treatment could help clinicians identify which of their patients might benefit from pain-related intervention. Additional research is needed to define the impact of simple pain screening algorithms on clinical outcomes among people in treatment for opioid dependence.

### Reference

Potter JS, Shiffman SJ, Weiss RD. Chronic pain severity in opioid-dependent patients. *Am J Drug Alcohol Abuse*. 2008;34(1):101–107.

---

This summary was adapted from text previously published in *Alcohol, Other Drugs, and Health: Current Evidence* ([www.aodhealth.org](http://www.aodhealth.org)).

**TREATMENT PRACTITIONER'S RESEARCH BULLETIN****Editorial Board****MEDICAL EDITOR****Richard Saitz, MD, MPH, FASAM, FACP**

Professor of Medicine and Epidemiology

Boston University Schools of Medicine and Public Health, Boston, MA

At Boston University Medical Center, Dr. Saitz is a Professor of Medicine and Epidemiology, Associate Director of the Office of Clinical Research, Director of the Clinical Addiction, Research and Education Unit, Scientific Director of the NIH Youth Alcohol Prevention Center, and a primary care general internist and health services researcher. He is also Immediate Past President of the Association for Medical Education and Research in Substance Abuse. He mentors research trainees and is the associate director of the Boston University K30 clinical research training program.

**ASSOCIATE EDITORS****Tommie Ann Bower, MA**

Director of Program Development and Quality

Gosnold, Inc., Falmouth, MA

Tommie Ann Bower is the Director of Program Development and Quality at Gosnold on Cape Cod. Tommie has been running programs for many years. Beginning in 2005, she became a Process Improvement Coach with NIATx, and has coached on several other projects in Massachusetts and Maine. She is a Certified ARISE Interventionist and is currently working on creating a continuum of family services for Gosnold.

**Michael G. Boyle, MA**

President &amp; CEO

Fayette Companies, Peoria, IL

Michael G. Boyle is President and CEO of Fayette Companies, a behavioral health management firm that provides comprehensive mental health and substance abuse services. Michael is the Director of the Behavioral Health Recovery Management project, serves as a coach to the State of Florida for the Robert Wood Johnson Foundation's Advancing Recovery project, is on the NASADA/NASMHPD National Task Force on Co-occurring Disorders, and is actively involved in the Network for the Improvement of Addiction Treatment and the American College of Mental Health Administration.

**Tom Delaney, MSW, MPA**

Executive Director

Boston Alcohol and Substance Abuse Programs, Inc., Boston, MA

Tom Delaney is the Executive Director of Boston Alcohol and Substance Abuse Programs, Inc., a non-profit outpatient clinic. He is the vice-president of the Massachusetts Organization for Addiction Recovery and chair of the DUI/Second Offender committee of the Mental Health and Substance Abuse Corporations of Massachusetts. Tom is a Massachusetts Licensed Certified Social Worker and a Licensed Alcohol and Drug Counselor (LADC I). He has a MPA in addition to his MSW degree from the State University of New York at Albany.

**Norma Finkelstein, Ph.D., LICSW**

Executive Director

Institute for Health and Recovery, Cambridge, MA

Norma Finkelstein is founder and Executive Director of the Institute for Health and Recovery, a statewide policy, program/systems development, training, services and research organization. Prior to this, Dr. Finkelstein was the founder and Executive Director of the

Women's Alcoholism Program/CASPAR, Inc., a comprehensive prevention, education, and treatment program for chemically dependent women and their families. She received her MSW from the University of Michigan and her Ph.D. from the Florence Heller School, Brandeis University.

**James Harrison, MHS, CADC**

Lancaster Site Director  
Brandywine Counseling, Inc., Wilmington, DE

James Harrison, process improvement coach, serves as the Site Director for Brandywine Counseling's Opioid Treatment Program in Wilmington, Delaware, and oversees the agency's administrative and clinical services. He serves as the Change Leader for Brandywine Counseling, an early member of NIATx. A licensed and certified Drug and Alcohol Counselor, he holds a Master's in Human Services from Lincoln University in Pennsylvania.

**Michael Levy, Ph.D.**

Director of Clinical Treatment Services  
CAB Health & Recovery Services, Inc., Peabody, MA

Michael Levy is the Director of Clinical Treatment Services at CAB Health & Recovery Services, Inc. He is a lecturer in psychiatry at the Cambridge Health Alliance and at Harvard Medical School, and he maintains a private practice in psychotherapy. He writes extensively on substance abuse and its treatment.

**MANAGING EDITOR**

**Donna M. Vaillancourt**

Boston Medical Center, Boston, MA

Donna Vaillancourt is the Managing Editor of *Alcohol, Other Drugs, and Health: Current Evidence*. She has nearly two decades of experience editing and publishing in the medical and social sciences and has launched publications for a broad range of audiences including oncologists, pain management specialists, recreation therapists, dementia researchers, and hospice clergy and caregivers. Donna has extensive experience in print production and website management, and most recently served as Editor-in-Chief of the independent peer-reviewed quarterly, *Journal of Forensic Anthropology and Archaeology*.

**Contact Information:**

Treatment Practitioner's Research Bulletin  
Join Together  
715 Albany Street, 580-3rd Floor  
Boston, MA 02118  
editor@jointogether.org