

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

Rosanne T. Guerriero, MPH
Boston Medical Center
Boston, MA

February 2008

Volume 1 No. 3

Contents

Observed Versus Unobserved Administration of
Buprenorphine-Naloxone

Reviewed by Mike Boyle, MA

Methadone Maintenance Plus Syringe Exchange Reduces
HIV and HCV Incidence

Reviewed by Tom Delaney, MSW, MPA

Impact of Substance Use on Adherence to HIV Medications

Reviewed by James Harrison, MHS, CADC

Trauma Interventions for Women With Co-Occurring Disorders

Reviewed by Norma Finkelstein, Ph.D., LICSW

Prescription Opioid Use and Diversion

Reviewed by Tommie Ann Bower, MA

Characteristics of Adolescents Who Use Cannabis But
Not Tobacco

Reviewed by Michael Levy, Ph.D.

Produced by



JOIN TOGETHER

ADVANCING EFFECTIVE ALCOHOL AND DRUG POLICY,
PREVENTION, AND TREATMENT

A Program of Boston University School of Public Health

Contact Information

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

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

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.

The Treatment Practitioner's Research Bulletin is online at: www.jointogether.org/news/research/tprb

Observed Versus Unobserved Administration of Buprenorphine-Naloxone

In order to receive methadone treatment in the United States, patients generally have to visit a treatment center and be observed taking the drug (observed dosing). Some patients can take these medications at home if they meet certain criteria set by the treatment centers.

In this randomized trial, researchers in Australia examined the differences between observed and unobserved dosing of another opioid replacement therapy — buprenorphine-naloxone — on treatment outcomes and costs. Treatment was dispensed to 61 subjects in the observed group daily, on alternating days, or 3 times per week depending on the stability of the subject. The 58 subjects in the unobserved group were provided take-home medication weekly. All subjects met weekly with a nurse case-manager and participated in intensive treatment services.

At the 3-month follow-up, the observed dosing and unobserved dosing groups did not significantly differ on:

- Retention in treatment services
- Self-reported heroin use
- Use of other drugs
- Improvement in psychological symptoms or quality of life

However, the unobserved group had significantly lower treatment costs (\$1445 versus \$1858), travel costs (\$116 versus \$392), and combined medical costs (treatment, travel, and health care use; \$2073 versus \$3357).*

*U.S. dollars converted from Australian dollars

Comments by Michael G. Boyle, MA

While replication of these study results is needed, we may have to reconsider observed dosing practices. The burden and costs of daily visits to clinics did not add value in this study. Perhaps the time and travel costs would be better spent in activities such as pursuit of employment or education. Further, the savings in treatment costs per person could be used to expand treatment capacity for substitution therapy.

Reference

Bell J, Shanahan M, Mutch C, et al. A randomized trial of effectiveness and cost-effectiveness of observed versus unobserved administration of buprenorphine-naloxone for heroin dependence. *Addiction*. 2007;102(12):1899-1907.

Methadone Maintenance Plus Syringe Exchange Reduces HIV and HCV Incidence

Sharing syringe and other injection equipment places injection drug users (IDUs) at risk for bloodborne infections like HIV and HCV. Needle exchange *plus* methadone maintenance may lower the chance of these infections, although few studies have examined this possibility. Therefore, researchers in Amsterdam assessed the effects of the combination of these strategies among 714 injection drug users at risk for HIV or HCV.

- Over 20 years of follow-up, neither methadone maintenance alone nor needle exchange alone was significantly associated with HIV or HCV seroincidence,
- However, daily methadone maintenance of ≥ 60 mg plus no drug injection or injection only with exchanged needles (all in the past 6 months) significantly reduced both HIV and HCV seroincidence (adjusted incidence rate ratios 0.43 and 0.36, respectively, when compared with no methadone maintenance and drug injection without exchanging needles).

Comments by Tom Delaney, MSW, MPA

This study supports HIV and HCV prevention strategies that include both methadone treatment and needle exchange. Counselors can use these findings as evidence-based advice to clients who may be otherwise inclined to use only methadone treatment or clean needles, but not both.

Comments by Peter D. Friedmann, MD, MPH, Associate Editor of *Alcohol, Other Drugs, and Health: Current Evidence*

This study provides prospective evidence that a long-term, comprehensive public strategy to reduce bloodborne infections among IDUs must include both syringe exchange and opioid agonist therapy at effective dose levels. Although most relevant to policy in countries with recent outbreaks of HIV and HCV among IDUs, these findings are also applicable to communities in the United States that lack adequate access to opioid treatment programs and/or syringe exchange.

Reference

Van Den Berg C, Smit C, Van Brussel G, et al. Full participation in harm reduction programmes is associated with decreased risk for human immunodeficiency virus and hepatitis C virus: evidence from the Amsterdam Cohort Studies among drug users. *Addiction*. 2007;102(9):1454-1462.

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

Impact of Substance Use on Adherence to HIV Medications

High levels of adherence to highly active antiretroviral therapy (HAART) are associated with improved outcomes for patients with HIV. Through interviews with 659 patients with HIV, researchers in this study assessed whether illicit substance use and receiving substance use treatment influence adherence to HAART.

Forty-two percent of the patients had used illicit drugs in the past 6 months (current use); 30% had used illicit drugs but not in the past 6 months (former use), and 28% had never used illicit drugs.

Adherence was:

- Significantly less common among subjects with current use (60%) than among subjects with former (68%) or no (77%) use
- Similar between subjects with former use who had received recent substance use treatment and subjects with no use
- Lower in subjects with former use who had not received recent substance use treatment than in subjects with no use
- Lower in subjects with current use than in subjects with no use, regardless of receipt of substance use treatment

Comments by James Harrison, MHS, CADC

This study on HAART adherence highlights the negative impact of current illicit drug use as well as the benefits of substance use treatment. Elements of substance use treatment that may improve HAART adherence include direct observation therapy (when patients report to a substance use treatment program daily) and breathalyzers to assess alcohol use at each treatment visit. Further research is needed to evaluate the efficacy of substance abuse treatment, particularly those programs that provide direct observation therapy as an intervention for adherence to HAART (see *Observed Versus Unobserved Administration of Buprenorphine-Naloxone* summary on page 1).

Reference

Hicks PL, Mulvey KP, Chander G, et al. The impact of illicit drug use and substance abuse treatment on adherence to HAART. *AIDS Care*. 2007;19(9):1134-1140.

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

Trauma Interventions for Women With Co-Occurring Disorders

Research has demonstrated a significant relationship between interpersonal trauma (physical or sexual abuse) and mental health and substance use disorders. This study, based on data from a national, multi-site trial, examined the impact of an intervention that integrated care for these disorders among 2729 women with varying levels of symptom severity.

Integrated care, consisting of 12 to 33 brief group sessions that were not standardized across sites, was compared with usual care. Severity of post-traumatic stress disorder (PTSD) and substance use symptoms was determined with standardized instruments.

- In most instances, both the intervention and control groups showed improvements in their PTSD symptoms, alcohol and drug problems, and mental health problems over a year.
- Improvements were generally greater in the intervention group, particularly among women with the most severe PTSD and substance use symptoms.
- However, the intervention had little effect on women with the least severe symptoms.

Comments by Norma Finkelstein, Ph.D., LICSW

This study provides a valuable look at the issue of targeting trauma interventions and is particularly important because studies of trauma interventions for women with co-occurring disorders are rare. The impact of the intervention was similar to that reported in other PTSD intervention studies. But, given the preliminary and exploratory nature of the original study, the authors' conclusion to reserve integrated trauma-related interventions to women with the most severe symptoms seems premature. Also, it is important to note that this study did not compare specific trauma interventions (sites were free to choose one from several models). The field would benefit immensely from additional well-designed experimental studies on this critical issue.

Reference

Cusack KJ, Morrissey JP, Ellis AR. Targeting trauma-related interventions and improving outcomes for women with co-occurring disorders. *Adm Policy Ment Health*. 2007;Epub ahead of print.

Prescription Opioid Use and Diversion

Prescription opioid analgesics are the most commonly abused prescription medication. Further, these drugs are more frequently abused than heroin. Researchers in this study interviewed 586 street drug users in New York City to determine patterns of prescription opioid use for pain, misuse for euphoria, and sales (diversion).

- Seventy-two percent of subjects used methadone, and 65% sold it.
- Methadone was used and sold by more individuals than was OxyContin, Vicodin, or Percocet.
- Fifty-eight percent of prescription drug users obtained prescription opioids for pain, withdrawal, or euphoria (which they used and/or sold) from doctors; 42% obtained them from dealers.
- Of subjects who reported using OxyContin they obtained from physicians, 83% reported having used the drug primarily for pain; 50% used it primarily to prevent opioid withdrawal symptoms, and 38% used it primarily for euphoria.
- Prescription drug users were less likely to obtain prescription opioids for euphoria than for pain. When they obtained prescription opioids for euphoria, they usually did so from dealers.

Comments by Tommie Ann Bower, MA

The interplay of legitimate need for pain medications, addiction, and sale of medications is explored in this study. While diversion is not surprising, the study underscores the difficulty of sorting out legitimate needs for pain medication in chronic and aging users. It reminds providers to consider chronic pain as an element of a treatment plan and to collaborate with physicians whenever possible.

Reference

Davis WR, Johnson BD. Prescription opioid use, misuse, and diversion among street drug users in New York City. *Drug Alcohol Depend.* 2008;92(1-3):267-276.

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

Characteristics of Adolescents Who Use Cannabis But Not Tobacco

Cannabis is associated with tobacco use and has been described as a "gateway" drug. But, whether adolescents who use cannabis only differ from those who use both cannabis and tobacco is unclear.

To explore these possible differences, researchers assessed social and academic performance among a nationally representative sample of 5263 Swiss adolescents who either used cannabis only, cannabis and tobacco, or neither.

Subjects who used cannabis only, compared with subjects who *used both* cannabis and tobacco, were:

- More likely to practice sports, be on an academic track, and get good grades
- Less likely in the past month to use cannabis ≥ 10 times and get drunk

Subjects who used cannabis only, compared with subjects *who never used* cannabis or tobacco, were:

- More likely to practice sports, be on an academic track, and report good peer relationships as well as be truant, get drunk in the last month, and use other illegal drugs in last month
- Less likely to report a good relationship with their parents

Comments by Michael Levy, Ph.D.

The "take-home message" from this study is that youth who smoke both cannabis and tobacco may be at greater risk than youth who smoke cannabis only. Further, youth who smoke cannabis only may have success in school and good relationships with their peers, but their psychosocial problems should not be ignored or minimized. Youth who smoke cannabis, particularly those who also smoke cigarettes, could be important targets for preventive interventions.

Reference

Suris JC, Akre C, Berchtold A, et al. Some go without a cigarette: characteristics of cannabis users who have never smoked tobacco. *Arch Pediatr Adolesc Med.* 2007;161(11):1042-1047.

This summary was adapted from text previously published in *Alcohol, Other Drugs, and Health: Current Evidence* (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 & 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

Rosanne T. Guerriero, MPH

Boston Medical Center, Boston, MA

Rosanne Guerriero is the Managing Editor of *Alcohol, Other Drugs, and Health: Current Evidence*. She has extensive writing and editing experience and has produced substance abuse-related materials for a range of audiences, including doctors, treatment counselors, parents, and students. Rosanne also has implemented health education campaigns and facilitated community-based initiatives aimed at addressing substance use issues.

Contact Information:

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