

TREATMENT PRACTITIONER'S RESEARCH BULLETIN

Alcohol and drug research treatment advances and best practice summary

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ADVANCING EFFECTIVE ALCOHOL AND DRUG POLICY,
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Brief Intervention Decreases Risky Alcohol Use in Postpartum Women

To determine whether the postpartum period is an effective time to counsel women about alcohol use, researchers screened 8706 women at their 45-day postpartum visit and randomized 235 women who met inclusion criteria* to either usual care (receipt of a booklet on general health issues but no specific counseling) or brief intervention (BI). The intervention consisted of two 15-minute counseling visits with a nurse or obstetrician, each 1 month apart, and a follow-up phone call 2 weeks after each visit. Past 28-day alcohol use was assessed at baseline and by phone interview at 6 months.

- Twenty-three of 122 women (19%) in the BI group did not receive an intervention because they failed to show up for scheduled counseling visits.
- An additional 23 women (19%) in the intervention group and 5 women (4%) in the usual care group (n=113) did not complete the 6-month follow-up interview.
- Women in the BI group, compared with controls, reported significantly greater reductions from baseline to 6 months in number of standard drinks consumed (14.2-drink reduction versus 5.1), number of drinking days (3.4-day reduction versus 1.2), and number of heavy drinking days** (1.8-day reduction versus 0.5).

*Eligible women reported at least 1 of the following in the 28 days prior to baseline interview: ≥ 20 standard drinks, ≥ 4 drinks on 4 or more occasions, or ≥ 20 drinking days.

**4 or more drinks per day.

Comments by Tom Delaney, MSW, MPA

While postpartum BI cannot prevent fetal alcohol spectrum disorders (FASDs) in prior births, it may be a highly promising strategy for preventing FASDs in subsequent children. In this study, nurses and interviewers trained for the project conducted the intervention, so it remains unknown whether BI can be effectively delivered by obstetricians. Advocates for substance abuse prevention should take steps to ensure that postpartum medical care providers become aware of this effective evidence-based intervention.

Comments by Kevin L. Kraemer, MD, MSc

These findings suggest that BI can decrease alcohol use in postpartum women. It is important to note that 1209 women (14%) screened positive for at-risk drinking (including before and during pregnancy) but did not have sufficient alcohol use in the 28 days prior to the postpartum visit to meet the study criteria. This indicates that many women with at-risk drinking may be slow to return to drinking after delivery and will need to be re-screened periodically during the postpartum period and beyond.

Reference

Fleming MF, Lund MR, Wilton G, et al. The Healthy Moms Study: the efficacy of brief alcohol intervention in postpartum women. *Alcohol Clin Exp Res*. 2008;32(9):1600-1606.

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

Buprenorphine for Opioid Dependence: Why Is It Underprescribed?

Overwhelming evidence has demonstrated that opioid agonist treatment reduces adverse consequences of opioid dependence. To improve access to pharmacotherapy, the Food and Drug Administration approved buprenorphine, a partial μ -opioid agonist, to treat patients with opioid dependence in 2002. To date, however, there has been limited uptake of buprenorphine by physicians, particularly in general practices. In this study, investigators asked 172 physicians involved in 1 of 2 buprenorphine initiatives to complete surveys assessing factors likely to affect their willingness to prescribe buprenorphine. Respondents included 49 trained nonprescribers, 45 novice prescribers (prescribed buprenorphine to 30 or fewer patients), and 78 experienced prescribers.

- Factors rated by all respondents as strongly affecting their willingness to prescribe buprenorphine included:
 - lack of clinical training on buprenorphine,
 - lack of behavioral health services support (such as substance abuse counseling and mental health services),
 - absence of an effective referral system for additional drug treatment,
 - lack of adequate time per patient visit,
 - limited availability of buprenorphine, and
 - concerns about patients on chronic pain medications.
- Experienced prescribers were less concerned than novice or nonprescribers about most factors, particularly induction logistics, access to consultation with a buprenorphine expert, and access to clinical guidelines.
- Experienced prescribers were more concerned than novice or nonprescribers about reimbursement.

Comments by James Harrison, MHS, CADC

Buprenorphine treatment for opioid abuse and dependence has been on the rise since its introduction in 2002. Yet, surprisingly, only 15% of those needing such treatment receive it. Since this physician survey was limited to those involved in buprenorphine initiatives, it probably provides an underestimate of dissemination barriers. The obstacles listed above suggest systemic drug-treatment education and policy changes are necessary if widespread implementation of office-based buprenorphine treatment is to be fully employed.

Reference

Netherland J, Botsko M, Egan J, et al. Factors affecting willingness to provide buprenorphine treatment. *J Subst Abuse Treat*. 2008 [Epub ahead of print].

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

Alcohol Contributes to Fall Risk among Working-aged Individuals

The public-health impact of falls at home is substantial, resulting in a number of emergency department visits, hospitalizations, and deaths among working-aged individuals. Investigators conducted a population-based case-control study to investigate the role of acute alcohol use* in falls at home among individuals aged 25 to 60. Individuals who were admitted to a hospital or died as a result of a fall injury at home (n=335) were compared with controls (n=352) randomly selected from the same geographic region in New Zealand. Analyses were adjusted for various factors likely to explain falls, including hazardous alcohol use (Alcohol Use Disorders Identification Test score ≥ 8).

- A significant association was seen between acute alcohol consumption and risk of fall injury in the next 6 hours:
 - Individuals who consumed 2 drinks were 3.7 times more likely to have a fall injury compared with individuals who did not drink.
 - Individuals who consumed 3 or more drinks were 12.9 times more likely to have a fall injury compared with individuals who did not drink.
 - Assuming a causal relationship, 20% of all fall injuries in the study population were attributable to acute alcohol consumption.

*Consumption of 2 or more standard alcoholic drinks in the preceding 6 hours.

Comments by Tommie Ann Bower, MA

This study provides clinicians with a predictable consequence of increased alcohol consumption. As the population ages, such data points can bolster the resolve of families, employers, and healthcare workers to intervene with risky alcohol use. The 20% number is something of a call to arms, given the huge costs associated with falls, and the anticipation that a large proportion of the population will soon be elderly.

Reference

Kool B, Ameratunga S, Robinson E, et al. The contribution of alcohol to falls at home among working-aged adults. *Alcohol*. 2008;42(5):383–388.

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

What Is the Impact of High-Quality Clinical Supervision on Substance Abuse Treatment Staff Turnover?

Clinical staff turnover is high in addiction treatment programs and is associated with disrupting the clinical relationship and lowering the quality of care. Efforts to implement evidence-based practices may be hampered by staff turnover, and replacing personnel is costly. The relationship between substance abuse counselors' perceptions of clinical supervision and their intent to leave employment was studied among community treatment programs participating in the National Institute of Drug Abuse Clinical Trials Network. A total of 1643 questionnaires were mailed, and 1001 were returned (response rate, 60.9%). Of these, 823 met inclusion criteria. Results indicated that high-rated clinical supervision was associated with:

- Less intention on the part of counselors to leave their jobs.
- Less emotional exhaustion.
- Greater feelings of autonomy.
- Higher perception of procedural justice (i.e., fairness of decision making within their organization).
- Higher perception of distributive justice (i.e., fairness of job demands and rewards).

Comments by Michael G. Boyle, MA

Training clinical supervisors and reviewing the quality of clinical supervision is time-consuming and expensive. However, opening the "black box" of supervision to observe its impact and modifying it as necessary may be worth this investment. The counselors surveyed in this study were part of a unique research network, and their situation may not be representative of other programs in the United States. Nonetheless, high-quality clinical supervision can improve the quality of addiction treatment while simultaneously reducing the financial costs that result from staff turnover. Addiction counselors should advocate for it within their organizations.

Reference

Knudsen HK, Ducharme LJ, Roman PM. Clinical supervision, emotional exhaustion, and turnover intention: a study of substance abuse treatment counselors in the clinical trials network of the National Institute of Drug Abuse. *J Subst Abuse Treat.* 2008;35(4):387-395.

Overdose Management Training and Take-home Naloxone for Opiate-Using Persons May Save Lives

Opiate overdose is the cause of most drug-related mortality, and witnesses are commonly present. An initiative to provide training in the management of overdose was delivered to staff in 20 drug treatment facilities across England during 2005/2006. These staff then provided 239 opiate-using addiction treatment patients with training in management of overdose and a take-home supply of naloxone. The patients completed surveys before, immediately after, and 3 months after the training. At baseline, more than 90% of patients could recognize some signs of opioid overdose. Among the 186 patients (78%) who completed 3-month follow-up:

- 90% reported still using illicit opiates.
- Over 96% recalled the correct intramuscular injection sites for the naloxone, 77% retained knowledge of the recovery breathing position, and almost 98% remained confident in their ability to recognize and manage an overdose.
- Close to 80% retained their naloxone, and 28% had trained a friend or family member to administer it should the participant overdose.
- 18 reported witnessing or experiencing an overdose during the 3-month period. Patients used their naloxone to revive other people on 10 occasions, and 2 received naloxone from ambulance staff.
- 1 death resulted among the 6 overdoses where naloxone was not administered.
- No adverse reactions were reported.

Comments by Michael Levy, PhD

Despite a short follow-up period, this study suggests that patients in addiction treatment can be taught to recognize and treat opiate overdose with intramuscular naloxone. Many of the patients also taught friends and family how to administer naloxone. Providing such training may prevent fatal opiate overdose and, as such, should be considered both for addicts as well as for their friends and family members.

Reference

Strang J, Manning V, Mayet S, et al. Overdose training and take-home naloxone for opiate users: prospective cohort study of impact on knowledge and attitudes and subsequent management of overdoses. *Addiction*. 2008;103(10):1648–1657.

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

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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*.

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