

# 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

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Tom Delaney, MSW, MPA  
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Boston Alcohol and Substance Abuse  
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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

## Contact Information

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

## January 2008 Volume 1 No. 2

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A Program of Boston University School of Public Health

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

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## Buprenorphine Treatment in Less Specialized Settings: Can It Work?

The effectiveness of buprenorphine treatment is usually evaluated in resource-rich settings (e.g., with research staff) or among patients with some social support. The treatment's effectiveness in everyday practice settings and for patients without support remains unclear and is the focus of two recent studies.

Researchers in the Boston area studied 99 patients receiving buprenorphine treatment in (1) a hospital-based primary care center with an on-site pharmacy but no on-site addiction counselor, or (2) a neighborhood health center with an on-site addiction counselor but no on-site pharmacy. At 6 months, 54% of patients were "sober" (determined by the treating physician and based on urine toxicology, self-reported drug use, and clinical assessment). Results did not differ across the two treatment settings. Staff reported no instances of disruptive behaviors among any of the patients receiving buprenorphine treatment.

Other Boston researchers compared the effectiveness of buprenorphine in 44 patients treated at a clinic for the homeless and in 41 housed patients treated at a general primary care setting. A nurse care manager was actively engaged in patients' care at both sites. Although homeless patients had many more comorbidities (particularly self-reported psychiatric illness, Hepatitis C, and HIV) than did housed patients, treatment outcomes were similar between the groups:

- Twenty-one percent of homeless patients and 22% of housed patients "failed treatment".\*
- Both groups remained in treatment for a median of 9 months.
- Of patients in treatment for 12 months, 4% in both groups used illicit opioids.
- Employment rates increased in both groups and 36% were no longer homeless.

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\* Left during treatment initiation or was discharged because of either disruptive behavior (which was rare) or ongoing alcohol or other drug use while not adhering to intensified substance abuse treatment.

### Comments by Tommie Ann Bower, MA

These studies should encourage programs, even those without a full range of supports, to expand access to buprenorphine. Particularly promising is the use of buprenorphine with more compromised patients. It may be useful to provide education and support to staff to achieve their buy-in when new treatment regimens to new populations are introduced.

### References

Mintzer IL, Eisenberg M, Terra M, et al. Treating opioid addiction with buprenorphine-naloxone in community-based primary care settings. *Ann Fam Med*. 2007;5(2):146-150.  
Alford DP, LaBelle CT, Richardson JM, et al. Treating homeless opioid dependent patients with buprenorphine in an office-based setting. *J Gen Intern Med*. 2007;22(2):171-176.

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

### Testing the Self-Medication Hypothesis of Substance Use

Khantzian's revised self-medication hypothesis of substance use suggests that people use substances to relieve feelings of depression, anxiety, hostility, and anhedonia. To test this hypothesis, researchers assessed the above negative states along with substance use in the past 30 days among 70 people on a methadone maintenance program.

No relationship between negative affect and alcohol or drug use severity was observed.

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

Substance use is a complicated and multifaceted issue with many roots. While the self-medication hypothesis may be relevant for some people, it may not be for many others, as indicated in this study. Treatment practitioners must assess each person they work with in an effort to understand the many factors that may play a role in that person's substance use; they should then develop a unique treatment plan that considers those variables.

#### Reference

Hall DH, Queener JE. Self-medication hypothesis of substance use: testing Khantzian's Updated Theory. *J Psychoactive Drugs*. 2007;39(2):151-158.

**Brief MI in Emergency Rooms Reduces Problem Drinking in Young Adults**

American adults aged 18 to 25 years have the highest rates of alcohol consumption, problem drinking, and alcohol-related traumatic fatalities. In this study, researchers studied whether a brief motivational interview (MI) in the emergency department could reduce drinking and later harm.

Researchers randomized 198 young-adult, emergency-department patients with a positive alcohol screen\* to receive either (1) a MI session with a counselor that included personalized written feedback or (2) feedback only. Both groups received a booster telephone call 1 and 3 months later.

At the 12-month follow-up, the MI group (versus the feedback only group),

- drank on fewer days in the past month (5 versus 7);
- had fewer heavy drinking days ( $\geq 5$  drinks in a day for men,  $\geq 4$  for women) in the past month (3 versus 4);
- drank fewer drinks per week in the past month (6 versus 9).

Both groups had fewer driving violations and alcohol-related injuries, and were more likely to seek alcohol treatment at follow-up. However, no differences between groups were detected.

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\*Blood alcohol concentration of  $>0.01\%$ , reported drinking alcohol in the 6 hours before the event that caused their visit, or a score of  $\geq 8$  on the Alcohol Use Disorders Identification Test.

**Comments by James Harrison, MHS, CADC**

This study highlights the need for early recognition of problem drinkers and emphasizes the effectiveness of brief motivational interviewing in the emergency-department setting. Each admission suspected to be alcohol-related should be treated as an opportunity to reduce both drinking and further harm among young adults. To achieve these outcomes, treatment counselors should consider offering brief motivational interviewing and follow-up.

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

"Near misses" and other nonfatal events that lead young people to seek emergency care represent "teachable moments" that could lead to lasting behavioral change. Without a no-intervention control group, this study could not determine whether these low-intensity interventions reduced harms beyond the assessments or the events themselves; therefore, the findings beg replication. However, brief counseling appeared to have helped young adults to reduce their drinking. Insofar as reduced problem drinking is a worthwhile goal for young people, these findings suggest that recent mandates for brief interventions in trauma centers merit consideration for young adults in other emergency settings.

**Reference**

Monti PM, Barnett NP, Colby SM et al. Motivational interviewing versus feedback only in emergency care for young adult problem drinking. *Addiction*. 2007;102(8):1234-1243.

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This summary was adapted and the physicians' comments were reproduced from text originally published in *Alcohol, Other Drugs, and Health: Current Evidence* ([www.aodhealth.org](http://www.aodhealth.org)).

## How Common Is Comprehensive Addiction Treatment Across the U.S.?

The National Institute on Drug Abuse (NIDA) has specified a research-based set of core and wraparound services that should be provided in addiction treatment to enhance retention and outcomes. This study examined the extent to which 754 treatment centers across the United States made these services available to people they treated.

- The average organization provided only 6.6 of the 14 services examined: 3.2 of the 5 core services (intake/assessment, random drug testing, self-help groups, pharmacotherapy, and continuing care services) and 3.4 of the 9 wraparound services (childcare, transportation assistance, treatment for HIV/AIDS, integrated care for dual diagnoses, and linkage with medical, employment, financial, family, and legal services).
- None of the organizations provided all 14 services examined.
- Government-operated and publicly funded nonprofits provided significantly more core and wraparound services than did privately funded nonprofits.

### Comments by Mike Boyle, MA

Claims of comprehensive addiction treatment services in the United States are far from reality. Since core and wraparound services increase retention and outcomes, clients, their families, and funding bodies (most importantly) should demand these services be provided. To increase receipt of these services, payors may need to add billing codes or change rate structures to cover the cost of providing wraparound services, and treatment organizations may need to strengthen collaboration with other providers of these services in their communities.

### Reference

Ducharme LJ, Mello HL, Roman PM, et al. Service delivery in substance abuse treatment: reexamining "comprehensive" care. *J Behav Health Serv Res.* 2007;34(2):121-137.

**Smoking Among Patients with Alcohol or Drug Use Disorders**

Smoking is much more common in people with alcohol or drug use disorders. But, the specific relationship between smoking and other substance use, as well as the effects of gender on this relationship, is not clear. Therefore, researchers analyzed data from a nationally representative sample of 42,565 U.S. adults who had participated in a survey on alcohol and related conditions.

- Prevalence of daily smoking was 21% among the total sample, 40% among people with a current alcohol use disorder, and 55% among people with a current drug use disorder.
- Ex-smokers made up about 20% of the total sample, 13% of people with a current alcohol use disorder, and 8% of people with a current drug use disorder.
- The likelihood of daily smoking, versus never smoking, was highest among women with a current drug use disorder (odds ratio [OR], 6.5), followed by men with a current drug use disorder (OR, 4.6), women with a current alcohol use disorder (OR, 3.5), and men with a current alcohol use disorder (OR, 2.9).
- The likelihood of occasional smoking, versus never smoking, was also highest among women (e.g., OR, 5.2 for those with a current alcohol use disorder).

**Comments by Norma Finkelstein, Ph.D, LICSW:**

While the use of tobacco is more common in men than women in the general population, gender differences in smoking among people diagnosed with substance use disorders has not been widely studied. These findings suggest that the association between substance use disorders and smoking is moderated by gender, and they reinforce the critical importance of addressing tobacco use within substance use disorder treatment. Specific smoking prevention and treatment strategies targeted to women might prove to be more effective than universal approaches.

**Reference:**

Husky MH, Paliwal P, Mazure CM, et al. Gender differences in association with substance use diagnoses and smoking. *J Addict Med.* 2007;1(3):161-164.

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

## Feasibility of a Smoking Cessation Intervention in Substance Abuse Treatment Programs

Many patients in treatment for substance use disorders smoke. However, treatment for nicotine dependence in substance abuse treatment settings is uncommon.

Researchers in this study evaluated the feasibility of implementing a smoking cessation intervention in substance abuse treatment programs. They surveyed the program directors, research directors, and 1442 patients from 13 different sites.

- Smoking prevalence was 76%. It was higher at sites that provided methadone (87% versus 66% at sites without methadone) and at sites located in a setting with medical services (85% versus 63% at sites without medical services).
- Most (78%) smokers were interested in quitting, and 64% were willing to enroll in smoking cessation treatment. Interest in quitting and willingness to enroll in smoking cessation treatment were both more common at the sites that provided methadone (e.g., 77% versus 48% willing to enroll) and at sites located in a setting with medical services (e.g., 73% versus 45% willing to enroll).
- Obstacles to performing a smoking cessation intervention identified by the sites included the time commitment by staff, and scheduling conflicts and low motivation among patients.

### Comments by Tom Delaney, MSW, MPA

These findings are useful for alcohol and drug counselors looking to implement smoking cessation efforts in different treatment settings. Such counselors should be encouraged by the high proportion of patients who want to quit smoking and should be mindful of and address the potential obstacles identified in this study as they design cessation interventions.

### Comments by Julia H. Arnsten, MD, MPH, Associate Editor of *Alcohol, Other Drugs, and Health: Current Evidence*

Smoking is highly prevalent among patients in substance abuse treatment. Although barriers to implementing smoking cessation interventions may exist, these patients, particularly those receiving methadone, are very interested in quitting smoking. Methadone maintenance programs may offer a unique means of integrating nicotine dependence treatment with substance abuse treatment.

### Reference

Reid MS, Fallon B, Sonne S, et al. Implementation of a smoking cessation treatment study at substance abuse rehabilitation programs: smoking behavior and treatment feasibility across varied community-based outpatient programs. *J Addict Med.* 2007;1(3):154-160.

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This summary was adapted and the physicians' comments were reproduced from text originally 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**

**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