

# 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, PhD, LICSW**

Executive Director, Institute for Health  
and Recovery, Cambridge, MA

**James Harrison, MHS, CADC**

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

**Michael Levy, PhD**

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

## January 2009

### Volume 2 No. 1

## Contents

Longer Treatment with Buprenorphine-Naloxone Improves Outcomes in  
Opioid-dependent Young Adults

**Reviewed by Tommie Ann Bower, MA**

Universal Screening, Assessment, and Treatment of Substance Use at  
Prenatal Visits Improves Obstetric Outcome

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

The Effectiveness of a Brief Intervention for Illicit Drugs in Primary Health  
Care Settings

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

Crack Cocaine's Effect on HIV Disease Progression in Women: What Are the  
Major Outcomes?

**Reviewed by Norma Finkelstein, PhD, LICSW**

Effectiveness of a Smoking Cessation Intervention in Substance Abuse  
Treatment Programs

**Reviewed by Michael Levy, PhD**

Reduction in Drinking During Alcohol Treatment Reduces Hypertension

**Reviewed by Michael G. Boyle, MA**

## 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 © 2009.

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

### **Longer Treatment with Buprenorphine-Naloxone Improves Outcomes in Opioid-dependent Young Adults**

The use of long-term opioid agonist and partial agonist medication (e.g., methadone or buprenorphine-naloxone) is often reserved for older opioid-dependent individuals, while a brief detoxification with medication or medication-free treatment is offered to younger individuals. In a randomized trial, researchers evaluated the efficacy of buprenorphine-naloxone tapers of 2 versus 12 weeks in 152 younger subjects (mean age, 19 years) at 6 community programs around the country. Subjects had a median of 1 year of opioid dependence. All were offered weekly individual and group counseling. The primary findings were as follows:

- Twelve-week treatment with buprenorphine-naloxone was associated with greater treatment retention and decreased illicit opioid use, but only during the period that medication was provided.
- Patients in the 2-week taper group had more opioid-positive urine tests at weeks 4 and 8 but not at week 12.
- Self-reported opioid use was higher in the 2-week taper group than in the 12-week taper group (55% versus 38%) at 12 weeks, but not at 6-month follow-up (63% versus 72%).

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

This important work clearly demonstrates that opioid dependent youth do better on buprenorphine-naloxone — until it is discontinued. As the authors conclude, neither youth nor shorter periods of dependence should be a barrier to extended buprenorphine-naloxone support. Because relapse was the most likely outcome for tapers of 2–12 weeks, treatment providers should consider longer maintenance use.

#### **Reference**

Woody GE, Poole SA, Subramaniam G, et al. Extended vs short-term buprenorphine-naloxone for treatment of opioid-addicted youth: a randomized trial. *JAMA*. 2008;300(17):2003–2011.

---

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

## **Universal Screening, Assessment, and Treatment of Substance Use at Prenatal Visits Improves Obstetric Outcome**

Substance use during pregnancy remains a serious problem. This study examined whether Early Start, a coordinated program of prenatal substance abuse screening, treatment, and patient/ provider education, including a licensed substance-use treatment specialist onsite in the obstetric clinic, improved perinatal outcomes. Investigators compared obstetric outcomes among 2073 women treated by Early Start; 1203 women who screened positive for alcohol or drug use and were assessed by Early Start, but did not receive treatment; 156 women who screened positive but were never assessed or treated; and 46,553 women who screened negative for substance use.

- Adjusting for maternal age, ethnicity, and number of prenatal visits, women who screened positive but were not treated had more preterm deliveries, placental abruption, and intrauterine fetal demise compared with women treated by Early Start.

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

Substance abuse treatment advocates have long lobbied for screening and treatment of pregnant women for drug and alcohol use. In this study, linking substance abuse treatment with comprehensive prenatal care significantly reduced placental abruption and intrauterine fetal demise. These results should encourage substance abuse counselors and policy advocates to focus on integrating substance abuse treatment with OB/GYN services not only to improve mother and child health but also to reduce the burden of untreated maternal substance abuse on families and communities.

### **Comments by Peter D. Friedmann, MD, MPH**

This study suggests that screening and treatment of substance-involved pregnant women during prenatal visits improves obstetric outcomes. The authors correctly note that the study design cannot eliminate the possibility that greater motivation, not the intervention, improved outcomes in the treatment group. That said, this study adds to a growing literature demonstrating that substance-involved patients are more likely to receive needed services in medical settings with routine screening, trained staff, and on-site access to a substance-use treatment specialist.

### **Reference**

Goler NC, Armstrong MA, Taillac CJ, et al. Substance abuse treatment linked with prenatal visits improves perinatal outcomes: a new standard. *J Perinatol*. 2008;28(9):597–603.

---

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

## The Effectiveness of a Brief Intervention for Illicit Drugs in Primary Health Care Settings

Brief intervention (BI) can decrease alcohol consumption among some patients with nondependent unhealthy use. But does BI have efficacy for illicit drugs? The World Health Organization published the first randomized trial of drug BI among 731 primary-care patients identified with the >70-item Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Patients with current cannabis, cocaine, other stimulant, or opioid use were recruited from sexually-transmitted disease and walk-in clinics, a dental clinic, and community primary care sites in Australia, Brazil, the US, and India. Few patients had other drug use (e.g., hallucinogens), but most reported recent tobacco and alcohol use. Patients scoring in the moderate-risk range for drug use were randomly assigned to BI (up to 60 minutes; median, 8–20 minutes) or no intervention until after the study. Patients scoring in either the low- or high-risk range for drug use were excluded.

- Brief intervention was associated with a 3-point greater decrease (compared with no BI) in a substance use score with a maximum of 336 points.
- Cannabis and stimulant scores also decreased more for BI subjects (by about 2–3 points on scales with a maximum of 39 points); opioid scores did not.
- Substance use was not significantly impacted by BI in the US.

### Comments by James Harrison, MHS, CADC

The overall results of this study show that participants in the BI group did change their substance-taking behaviors compared with the control group. However, the effect of BI may have been underestimated since the control participants also changed their behaviors. Also, negative results in the US suggest that cultural factors might be at play. Nonetheless, screening with the ASSIST tool coupled with BI could be valuable for reducing illicit drug use in primary health-care settings.

### Comments by Richard Saitz, MD, MPH

These results suggest that BI for drugs may have some benefit in general health settings, although the clinical significance is unclear. The use of the same interviewers for the BI and follow-up assessments at most sites could introduce a bias favoring BI, and since the source of most patients was not what is usually considered primary care (meaning longitudinal, continuous comprehensive care), whether or not it will have important clinical benefits remains unknown. Nor has the clinical meaning of small differences in substance use scores been established. Screening and BI for illicit drug use is clearly more complex than it is for alcohol.

### Reference

Humeniuk R, Dennington V, Ali R, et al. The Effectiveness of a Brief Intervention for Illicit Drugs Linked to the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in Primary Health Care Settings: A Technical Report of Phase III Findings of the WHO ASSIST Randomized Controlled Trial. Geneva, Switzerland: WHO, 2008.

---

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

## **Crack Cocaine's Effect on HIV Disease Progression in Women: What Are the Major Outcomes?**

Despite the central role of substance use in the acquired immunodeficiency syndrome (AIDS) epidemic, the role of individual substances on human immunodeficiency virus (HIV) disease progression has been a complicated puzzle. Cook and colleagues studied the impact of crack cocaine use among 1686 HIV-positive women in the Women's Interagency Cohort Study between 1996 and 2004, the era of highly active antiretroviral therapy (HAART). Outcomes examined included the following measures of HIV disease progression: death, AIDS-defining illness, CD4 count, and HIV viral load.

To identify the impact of crack cocaine specifically, researchers controlled for potential confounders including age, race/ethnicity, education, income, tobacco, heroin and injection drug use, baseline HIV viral load and CD4 cell count, year of HIV diagnosis, study site, HAART adherence, depressive symptoms and problem drinking. Analyses were based on patterns of use: 1203 women (71.4%) were nonusers of crack cocaine, 429 (25.4%) were intermittent users, and 54 (3.2%) were persistent users (use reported at every study visit).

- Persistent users had a significant increase in death, AIDS-defining illness, and HIV viral load and a decrease in CD4 count compared with nonusers.
- Intermittent users had an increase in AIDS-defining illnesses compared with nonusers and had intermediate CD4 counts and HIV viral loads.
- Lack of access to health care was not a factor; 100% of participants reported seeing a health-care provider within the past 6 months.

### **Comments by Norma Finkelstein, PhD, LICSW**

This study details the independent relationship between crack cocaine use and the progression of HIV disease in women. Although multi-sited in 6 urban cities, the study sample was primarily composed of African-American women (80%), which makes its generalizability to other populations at least questionable. Nevertheless, treatment practitioners working with HIV-infected female crack cocaine users should let clients know about the specific effects of crack on their HIV disease, and intensify treatment as needed to help them achieve abstinence.

### **Reference**

Cook JA, Burke-Miller JK, Cohen MH, et al. Crack cocaine, disease progression, and mortality in a multicenter cohort of HIV-1 positive women. *AIDS*. 2008;22(11):1355-1363.

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

Patients in treatment for substance use disorders have a high prevalence of smoking. Treating nicotine dependence in substance abuse treatment (SAT) settings, however, is uncommon. Researchers conducted a randomized trial to evaluate the effectiveness of a smoking cessation intervention in SAT programs. The intervention consisted of nicotine replacement therapy plus 9 weekly cognitive-behavioral group counseling sessions and was compared with treatment-as-usual (TAU). Participants included 225 smokers ( $\geq 10$  cigarettes per day) from 5 methadone maintenance programs and 2 drug- and alcohol-dependence treatment programs. Counseling attendance was highest in the first 3 weeks (40–60%).

- In addition to significantly better smoking abstinence rates during treatment (see table, below), participants in the intervention arm had significantly greater reductions in cigarettes smoked per day, exhaled carbon monoxide levels, cigarette craving, and nicotine withdrawal.

Smoking Abstinence Rates (%)		
	Intervention arm	TAU arm
Weeks 2–7 (treatment period)	10–11	<1
Week 13 follow-up*	5.5	0
Week 26 follow-up*	5.7	5.2

- There was no difference between groups on rates of SAT retention, abstinence from primary substance of abuse, or craving for primary substance of abuse.

---

\*Follow-up abstinence rates were not significant.

### Comments by Michael Levy, PhD

Combining nicotine replacement therapy and group counseling in SAT programs is modestly effective in reducing smoking, with impact on number of cigarettes smoked and craving for cigarettes. Treating nicotine dependence did not interfere with the treatment of patients' primary drug or alcohol dependence problem in this study. Given the high rates of smoking among patients with substance use disorders, SAT programs should consider offering nicotine dependence treatment to the clients they serve.

### Reference

Reid MS, Fallon B, Sonne S, et al. Smoking cessation treatment in community-based substance abuse rehabilitation programs. *J Subst Abuse Treat.* 2008;35(1):68–77.

---

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

## Reduction in Drinking During Alcohol Treatment Reduces Hypertension

Controlled studies of persons with hypertension have demonstrated a reduction in blood pressure (BP) if heavy alcohol consumption is reduced or eliminated. However, few studies have focused on persons who met criteria for alcohol dependence. In this study, BP data from participants in the Combining Medications and Behavioral Interventions for Alcoholism (COMBINE) trial, a large multi-center study of alcohol dependence treatment, were analyzed over a 16-week treatment period.

- A reduction in the percentage of drinking days during treatment was associated with:
  - A reduction in BP in persons with higher baseline BP levels.
  - An overall reduction in BP in the first 4 weeks of treatment with a gradual rise over the remaining 12 weeks.
  - No difference in BP among persons whose baseline BP was below the average for the entire sample.

### Comments by Michael G. Boyle, MA

Recent National Academies of Sciences/Institute of Medicine recommendations on improving the quality of behavioral health care call for an increase in integration with primary care. Hypertension is the most commonly diagnosed condition in primary care. The reduction in hypertension achieved by reduced alcohol consumption detailed in this study could provide a quality incentive for primary care physicians to increase referrals to and collaboration with addiction treatment providers.

### Reference

Stewart, SH, Latham, PK, Miller, PM, et al. Blood pressure reduction during treatment for alcohol dependence: results from the Combining Medication and Behavioral Interventions for Alcoholism (COMBINE) study. *Addiction*. 2008;103(10):1622–1628.

**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