

# 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 M. Vaillancourt  
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

## March 2008 Volume 1 No. 4

### Contents

Extended-Release Naltrexone Works Particularly Well for  
Abstinent Patients with Dependence  
Reviewed by Michael Levy, PhD

Impact of Early Trauma on Residential Treatment Outcomes  
for Women  
Reviewed by Norma Finkelstein, Ph.D., LICSW

Training Improves Generalist Physicians' Confidence in  
Treating Opiate Misuse  
Reviewed by James Harrison, MHS, CADC

Managing Addiction as a Chronic Condition  
Reviewed by Michael Boyle, PhD

Comparison of Withdrawal Symptoms during Abstinence from  
Cannabis, Tobacco, and Both Substances  
Reviewed by Tommie Ann Bower, MA

The Presence — or Absence — of mu-Opioid Receptor as a  
Predictor of Naltrexone Response in the Treatment of Alcohol  
Dependence  
Reviewed by Tom Delaney, MSW, MPA

### 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.

The Treatment Practitioner's Research Bulletin is online at: [www.jointogether.org/news/research/tprb](http://www.jointogether.org/news/research/tprb)

### **Extended-Release Naltrexone Works Particularly Well for Abstinent Patients with Dependence**

Many patients with alcohol dependence do not receive the full benefits of treatment because they do not adhere to it. In part to address issues with adherence, extended-release (ER) naltrexone, which is released over a month after one injection, was developed. Researchers assessed ER-naltrexone efficacy in a subgroup of 82 subjects in a larger clinical trial who had  $\geq 4$  days of abstinence.

In that subgroup, 380 mg of ER-naltrexone in 28 subjects versus placebo in 28 subjects

- increased the time to first drink (median days, 41 versus 12);
- increased continuous abstinence over 6 months (32% versus 11%);
- increased time to first heavy drinking ( $>180$  versus 20 days);
- decreased days with any drinking (median days per month, 0.7 versus 7.2);
- decreased days with heavy drinking (median days per month, 0.2 versus 2.9).

Smaller benefits, which were not always statistically significant, were found among 28 subjects treated with 190 mg of ER-naltrexone.

#### **Comments by Michael Levy, PhD:**

In this industry-sponsored secondary analysis of a small subgroup of subjects who had achieved just 4 or more days of abstinence before entering treatment, those who received ER-naltrexone in conjunction with psychosocial treatment had better treatment outcomes than those who received placebo. Medications with proven benefit for the treatment of alcohol dependence tend to be underutilized in general. This study suggests that ER-naltrexone is another treatment option for clients with alcohol dependence who have achieved even a short duration of abstinence.

#### **Reference:**

O'Malley SS, Garbutt JC, Gastfriend DR, et al. Efficacy of extended-release naltrexone in alcohol-dependent patients who are abstinent before treatment. *J Clin Psychopharm.* 2007;27(5):507-512.

---

This summary was adapted from text published in the Jan-Mar 2008 issue of *Alcohol, Other Drugs, and Health: Current Evidence* ([www.aodhealth.org](http://www.aodhealth.org)).

## Impact of Early Trauma on Residential Treatment Outcomes for Women

A growing body of research is demonstrating that exposure to early childhood physical and sexual abuse is associated with adult outcomes including revictimization, substance use disorders, and numerous mental and physical health problems. A recent study examined the impact of early childhood abuse, including effects on 12-month treatment outcomes, in a population of 146 homeless women with children undergoing residential substance abuse treatment.

The study was a secondary analysis of data from the SAMHSA Homelessness Prevention Project and used the statistical technique of propensity scores to control for differences between women who had experienced early abuse and those who had not. Results of the study were as follows:

- 69% reported some form of childhood abuse, and most reported exposure to multiple forms of abuse (physical, sexual, emotional);
- 89% reported being abused at some point in their lives;
- women with early childhood abuse reported greater severity of dysfunctional psychological symptoms and functioning as well as poorer treatment outcomes in the areas of substance use, mental health, and recent trauma;
- no differences were found in either time (number of days) in treatment or treatment completion between abused and nonabused women. The differential response to treatment appeared due instead to a history of early childhood trauma.

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

The study findings reinforce the importance of improving both the identification and assessment of childhood abuse and trauma as well as developing treatment interventions for women that address trauma and co-occurring disorders. Counselors would benefit from increased training in the provision of trauma-informed, integrated treatment models of care.

### Reference:

Sacks JY, McKendrick K, Banks S. The impact of early trauma and abuse on residential substance abuse treatment outcomes for women. *J Subst Abuse Treat.* 2008;34(1):90-100.

### **Training Improves Generalist Physicians' Confidence in Treating Opiate Misuse**

Training is a common component of initiatives that advocate greater involvement of generalist physicians (GPs) in treating opiate use disorders. British researchers measured the effectiveness of training GPs to change knowledge, attitudes, and clinical practices around opiate use disorders.

Sixty-three GPs were randomized to a 6-month training certificate course, while 49 were randomized to a waiting list control (20 of whom bypassed the waiting list and completed the course by paying for it themselves). All GPs were interviewed at study enrollment and 6 months later. Analysis of responses showed that

- GPs who underwent training showed a marked improvement in knowledge;
- the proportion who were "very confident" in prescribing methadone for maintenance increased significantly in both groups but more so in the intervention group (33% to 72% versus 31% to 55% in the control group);
- the proportion of participants who saw patients who misused opiates (about 90% in both groups at enrollment) and prescribed methadone to these patients did not significantly change in either group. However, an increase in methadone prescribing did occur in the intervention group while it decreased in the control group.

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

This study makes a clear case for training generalist physicians in opiate use disorders. Many physicians working with opiate users have acknowledged their frustrations around a lack of opiate misuse knowledge and clinical skills. Improved physician confidence could result in better outcomes for patients presenting in emergency rooms, family practices, and outpatient treatment settings.

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

Even though the level of interest in treating drug use was high and subject to ceiling effects and the control group was contaminated with GPs who paid for their own training, this rigorous study still found positive effects of training on physicians' confidence. Abundant theoretical and empirical work suggests that such confidence is key to physician involvement in the care of substance use disorders. These findings are reassuring in light of the ongoing training initiative to promote the dissemination of office-based buprenorphine maintenance in the United States.

#### **Reference:**

Strang J, et al. What difference does training make? A randomized trial with waiting-list control of general practitioners seeking advanced training in drug misuse. *Addiction*. 2007;102(10):1637-1647.

---

This summary was adapted from text published in the Nov-Dec 2007 issue of *Alcohol, Other Drugs, and Health: Current Evidence* ([www.aodhealth.org](http://www.aodhealth.org)).

## Managing Addiction as a Chronic Condition

Despite decades of using a chronic disease metaphor for alcoholism and, more recently, drug addiction, we continue to provide treatment based on an acute model of care. Is it time to shift to a chronic care approach similar to disease management models?

To explore this question, a recent study analyzed data demonstrating the chronic nature of addiction.

- Over 50% of people who resolve drug problems following treatment receive multiple episodes of care, usually over several years.
- Data from 2003 from programs receiving public funds revealed that 64% of people were readmissions to treatment and 19% had more than four admissions.
- In a study of 448 persons following treatment, 82% transitioned at least once between relapse, treatment re-entry, incarceration, and periods of abstinence over a 2-year period.

Alarming results of a study from 23 states revealed that only 17% of persons discharged from intensive treatment were transitioned to outpatient continuing care.

Several emerging practices for a chronic care model and their results were also reviewed, revealing the following:

- telephonic follow-up resulted in fewer positive cocaine urine tests;
- assertive continuing care for adolescents demonstrated greater access to and participation in continuing care as well as greater abstinence;
- recovery management check-ups at 90-day intervals combined with motivational interventions for those who had relapsed provided a faster return to, and greater participation in, treatment as well as a lesser need for treatment at 2-year follow-up.

The authors discuss the need for substantial system changes required across all elements of the addiction treatment system if a chronic care model is to be implemented.

### Comments by Michael Boyle, PhD:

Providers do what they are paid to deliver. If we want to change to a potentially more effective model of addiction treatment, the funding bodies must implement new billing codes and rates for continuing recovery management. Providers need to strive to remove any sense of failure, shame, or guilt persons may have regarding their return to use and need for additional assistance.

### Reference:

Dennis M, Scott CK. Managing addiction as a chronic condition. *Addict Sci Clin Pract.* 2007;4(1):45-55.

## **Comparison of Withdrawal Symptoms during Abstinence from Cannabis, Tobacco, and Both Substances**

A cannabis withdrawal syndrome has been characterized, but its clinical significance remains uncertain. One method of assessing the significance of cannabis withdrawal is to compare it directly with an established withdrawal syndrome.

In a recent study (the first to examine abstinence effects following cessation of both cannabis and tobacco in a within-subject design), researchers asked subjects to rate overall withdrawal discomfort for cannabis alone, tobacco alone, and tobacco and cannabis together, and to itemize significant symptoms for each withdrawal period. Subjects completed three 5-day periods of abstinence in randomized order separated by 9 days of usual substance use. They were asked to abstain from using illegal drugs (other than cannabis) and psychoactive medications and to make no significant changes to their diet and exercise habits.

Results indicated that withdrawal symptoms associated with cannabis were nearly as severe as those associated with tobacco. Overall, withdrawal discomfort and individual symptom severity were about the same during cannabis abstinence and tobacco abstinence, although sleep disturbances seemed to be more pronounced during marijuana abstinence, and anxiety and anger were more evident during tobacco abstinence. Interestingly, some people in the study found it easier to withdraw from both substances together than from one alone.

### **Comment by Tommie Ann Bower, MA:**

Treatment professionals supporting patients after detox may find it useful to review the impact of cannabis withdrawal on sleep disturbance. Individuals withdrawing from both cannabis and nicotine can experience increased symptoms of anger and anxiety. Efforts to help during the early recovery period could easily include strategies for coping with discomfort in these areas.

### **Reference:**

Vandrey RG, et al. A within-subject comparison of withdrawal symptoms during abstinence from cannabis, tobacco, and both substances. *Drug Alcohol Depend.* 2008;92(1-3):48-54.

## **The Presence — or Absence — of mu-Opioid Receptor as a Predictor of Naltrexone Response in the Treatment of Alcohol Dependence**

This article reports the results of a large scale study that analyzed the treatment of alcoholism with naltrexone for patients with and without the gene Asp40. The study followed subjects undergoing treatment at 11 academic medical sites. All participants received medical management and some received "combined behavioral intervention." Half of the patients received naltrexone and the other half received placebo.

Patients treated with naltrexone for alcohol abuse who had at least one copy of the Asp40 allele showed an increasing trend in abstinence over time, while results of naltrexone treatment in those without the Asp40 allele was similar to placebo, showing fewer abstinent days over time. No significant differences were seen between outcomes for naltrexone patients with medical management regardless of whether or not they received behavioral counseling.

The study does not make a conclusion as to the impact of combined behavioral intervention but notes that such interventions "may obscure meaningful biological effects of genes on which a specific medication can act."

In summary, the article reports that patients with the gene Asp40 responded positively to naltrexone with or without additional behavioral intervention.

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

Alcoholism counselors are seeing an increasing number of studies, reports, and marketing data indicating that naltrexone is an effective medication for the treatment of alcohol abuse. The question of which patients might be better served by this treatment has often not been raised. Alcoholism counselors should be encouraged that this question is being addressed in large, robust, and controlled studies. This study also provides a window to glance at the potential for gene studies to contribute to the treatment of alcohol abuse.

### **Reference:**

Anton RF, et al. An evaluation of mu-opioid receptor (OPRM1) as a predictor of naltrexone response in the treatment of alcohol dependence: results from the Combined Pharmacotherapies and Behavioral Interventions for Alcohol Dependence (COMBINE) study. *Arch Gen Psychiatry*. 2008;65(2):135-144.

**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