

TREATMENT PRACTITIONER'S RESEARCH BULLETIN

Alcohol and drug research treatment advances and best practice summary

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March 2009

Volume 2 No. 3

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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
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Available online at www.jointogether.org/news/research/tprb

Pain and the Nonmedical Use of Prescription Opioids

Prescriptions for opioid analgesics are increasing. Simultaneously, there has been an increase in the prevalence of nonmedical use of these medications by patients and the public, leading to more patients with prescription opioid abuse and dependence. This population-based survey* collected demographic, psychiatric, and substance use data from 42,734 US adults to determine whether nonmedical use of prescription opioids is driven by untreated pain. Respondents were questioned about past-year nonmedical use of prescription opioids and the extent to which pain interfered with their activities of daily living (i.e., low, moderate, high). Primary findings were as follows:

- The past-year rate of nonmedical use of prescription opioids was 1.8%. Twenty percent of these individuals met criteria for opioid abuse/dependence.
- Pain was positively associated with an increased probability of nonmedical use and prescription opioid abuse/dependence.
- Within each level of pain, the odds of past-year nonmedical use and abuse/dependence were significantly higher for those with unhealthy alcohol use.

* The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)..

Comments by James Harrison, MHS, CADC

This study helps raise clinician awareness that individuals who meet criteria for opioid abuse/dependence may have untreated pain. Pain and unhealthy alcohol use should be assessed in patients reporting nonmedical use of prescription opioids. This study was limited to adults only; it is not known if a link between physical pain and nonmedical prescription analgesic use exists among youth.

Reference

Novak SP, Herman-Stahl M, Flannery B, et al. Physical pain, common psychiatric and substance use disorders, and the non-medical use of prescription analgesics in the United States. *Drug Alcohol Depend.* 2009;100(1-2):63-70.

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

Intensive Case Management Improves Abstinence and Employment among Substance Dependent Women Receiving Temporary Assistance for Needy Families

Women with substance use disorders (SUDs) receiving Temporary Assistance for Needy Families (TANF) have high rates of co-occurring mental health and social problems and experience severe and persistent barriers to employment. Researchers examined 2-year differences in abstinence and employment outcomes among 302 women with substance dependence receiving TANF. Participants were randomized into 2 groups: usual care (screening and referral to treatment with limited outreach if patients failed to attend the first treatment session), and intensive case management (ICM) (a manual-guided intervention involving identification of barriers to treatment, assistance getting into and during treatment, coordination of needed services, weekly meetings with a case manager, and incentive vouchers for attending treatment).

- Although the usual care group had higher rates of employment than the ICM group during the first year, this relationship reversed in year 2, with the rate of improvement significantly higher over time in the ICM group.
- The mean abstinence rate across 24 months was also significantly higher in the ICM group (47%) than in the usual care group (24%).
- At 24 months, abstinence was higher among ICM participants who were working (3 of 5) compared with participants in the usual care group (1 of 3).

Comments by Norma Finkelstein, PhD, LICSW

This study provides support for those who advocate that ongoing treatment is critical to successful employment outcomes for women with SUDs. In addition, ICM appears to yield significantly better outcomes in both abstinence and employment for this population. Most government agencies providing financial assistance offer limited screening and treatment referral for clients with SUDs, usually with limited success. These results demonstrate that more intensive interventions can significantly improve employment outcomes in this group.

Reference

Morgenstern J, Neighbors C, Kuerbis A, et al. Improving 24-month abstinence and employment outcomes for substance-dependent women receiving temporary assistance for needy families with intensive case management. *Am J Public Health*. 2009;99(2):328–333.

Methadone Patients Fare as Well as Other Patients in Therapeutic Community Treatment for Opioid Dependence

Many therapeutic communities (TCs) adhere to a drug-free philosophy and refuse to admit patients receiving methadone maintenance treatment (MMT). Many drug-treatment professionals also believe MMT patients do less well in treatment. To learn whether MMT and non-MMT patients benefit equally from participation in a TC, researchers compared outcomes in 125 patients receiving MMT and 108 patients not receiving MMT who participated in a 12-month treatment program for opioid dependence. Psychiatric history, criminal justice pressure to undergo treatment, and expected lengths of stay were similar between groups. Interviews and urine testing were conducted at baseline, 6, 12, 18, and 24 months.

- The mean number of days in treatment was similar between groups (166.5 days for the MMT group and 180.2 days for the comparison group).
- At each assessment, the proportion of the MMT group testing positive for illicit opioids was indistinguishable from the proportion testing positive in the comparison group.
- Stimulant and alcohol use, injection, and sex-risk behaviors were similar between the 2 groups.
- Benzodiazepine use was similar between groups for all assessments except at 24 months, where 7% of the MMT group and none of the comparison group tested positive for benzodiazepines.

Comments by Michael Levy, PhD

These results demonstrate that MMT patients in TC treatment do as well as non-MMT patients with opioid dependence. Although members of the TC in this study had the benefit of prior training and experience working with MMT patients, results suggest residential treatment programs should accept MMT patients. Prior staff training and preparation should occur.

Reference

Sorensen JL, Andrews S, Delucchi KL, et al. Methadone patients in the therapeutic community: a test of equivalency. *Drug Alcohol Depend.* 2009;100(1-2):100-106.

Heavy Drinking and Spousal Smoking Reduce Smoking Cessation

This 7-year longitudinal investigation focused on the influence of spousal heavy drinking and smoking on smoking cessation among their partners. Participants included 634 heterosexual couples (mean age 29 years for men and 27 for women) who were literate and had not been in a previous marriage. Couples were surveyed by mail on their first, second, fourth, and seventh wedding anniversaries regarding past-year smoking, frequency of past-year alcohol problems, and frequency of heavy drinking.

- Husbands and wives were both more likely to quit smoking if their spouses were nonsmokers; however, heavy drinking on the part of spouses was not related to smoking cessation.
- Husbands and wives who smoked fewer cigarettes and who reported less frequent heavy drinking were more likely to quit smoking.

Comments by Tom Delaney, MSW, MPA

This study sheds important light on the link between smoking and alcohol use among spousal partners. Practitioners and policymakers should link alcoholism and smoking cessation treatments to improve health outcomes. These results underscore that healthy spousal behaviors play a large role in successful treatment.

Reference

Dollar KM, Homish GG, Kozlowski LT, et al. Spousal and alcohol-related predictors of smoking cessation: a longitudinal study in a community sample of married couples. *Am J Public Health*. 2009;99(2):231–233.

Characteristics Associated with Adherence to Oral Naltrexone for Alcohol Use Disorders

To determine what patient characteristics and healthcare use patterns are associated with adherence to treatment for alcohol use disorders, researchers analyzed pharmacy records over 6 months from a nationally distributed treatment population to determine prescription adherence* to oral naltrexone. They then measured patient characteristics and health services utilization associated with adherence.

- Of the 1138 persons who filled an initial prescription, only 116 (14.2%) adhered to their prescriptions. More than half (51.8%) did not refill a single prescription.
- Persons who adhered to medication, compared with those who did not, were significantly more likely to be older, to have salaried versus hourly jobs, to be retired, and to be college educated. They were also significantly less likely to have prior alcohol-related pharmacy claims or to have used detoxification services, they had fewer emergency department visits and inpatient admissions for nonalcohol-related health problems, and they had attended more psychotherapy sessions.

* Defined as having filled prescriptions $\geq 80\%$ of the time over the 6-month review period.

Comments by Michael G. Boyle, MA

Nonadherence with medications is common. Many of us have not completed a full course of antibiotic treatment after filling the prescription. Yet, the very high rate of nonadherence to naltrexone in this study suggests that clinicians should learn and apply evidence-based psychosocial interventions (e.g., the community reinforcement approach, couples behavioral treatment) with an increased focus on medication adherence as a component, and also take into account the higher risk of nonadherence associated with some demographic factors.

Reference

Kranzler HR, Stephenson JJ, Montejano L, et al. Persistence with oral naltrexone for alcohol treatment: implications for health-care utilization. *Addiction*. 2008;103(11):1801-1808.

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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

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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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