

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

MAY/JUNE 2008

Volume 1 No. 6

Contents

Opioid Maintenance Therapy Saves Lives
Reviewed by Michael Levy, PhD

Computerized Alcohol Screening and Brief Intervention May Reduce
Hazardous Drinking
Reviewed by Tommie Ann Bower, MA

The Impact of Peer and Adult Modeling on Impaired Driving in Teenagers
Reviewed by Tom Delaney, MSW, MPA

Co-Occurring Substance Use Disorders Common in Youth with Psychotic
Disorders
Reviewed by Michael Boyle, MA

Integrated Trauma and Substance Abuse Treatment and Occurrence of
Adverse Events
Reviewed by Norma Finkelstein, PhD

Availability of Smoking Cessation Treatment for Patients in Substance Abuse
Treatment Programs
Reviewed by James Harrison, MHS, CADC

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.

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

Opioid Maintenance Therapy Saves Lives

Opioid-dependent patients are 13 times more likely to die than their age- and sex-matched peers in the general population. To examine predictors of long-term mortality, Australian researchers conducted a 10-year follow-up study of 405 heroin-dependent patients who had participated in a randomized trial comparing methadone and buprenorphine.

- Overall mortality was 8.8 deaths per 1000 person-years of follow-up (0.66 during opioid maintenance treatment and 14.3 while out of treatment).
- Each additional opioid maintenance treatment episode lasting more than 7 days decreased mortality by 28%.
- Subjects who were using more heroin at baseline had a 12% lower mortality rate overall, likely because they spent more time in opioid maintenance treatment.

Comments by Michael Levy, PhD

Although some controversy over opioid maintenance therapy exists, the reality is that untreated opioid dependence has a high fatality rate. The selection of the treatment episode as greater than 7 days strongly suggests that opioid maintenance, not detoxification, reduces mortality (also known from the results of published controlled trials). Counselors working with opioid dependent patients should recommend either buprenorphine or methadone as the standard of care, particularly for those patients who cannot achieve abstinence without pharmacological treatment.

Reference

Gibson A, Degenhardt L, Mattick RP, et al. Exposure to opioid maintenance treatment reduces long-term mortality. *Addiction*. 2008;103(3):462-468.

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

Computerized Alcohol Screening and Brief Intervention May Reduce Hazardous Drinking

Web-based strategies have the potential to improve delivery of alcohol screening and brief intervention. In a recent controlled study, researchers randomized 429 university students who screened positive for hazardous or harmful drinking* to either a single web-based brief intervention, a web-based brief intervention with follow-up interventions at 1 and 6 months, or a control group receiving an educational pamphlet only. Interventions included alcohol assessments and personalized feedback. Participants completed web-based outcome assessments at 6 and 12 months.

- Compared with controls, participants in the single intervention group reported significantly lower frequency of drinking at 6 months (rate ratio [RR], 0.79), lower total alcohol consumption at 6 and 12 months (RR, 0.77 at both times), and fewer academic consequences at 6 and 12 months (RR, 0.76 and 0.80, respectively).
- Participants in the multidose group had similar results as the single-dose group but also reported fewer drinks on drinking days at 6 months (RR, 0.85), lower frequency of heavy drinking episodes at 6 months (RR 0.65), and fewer adverse consequences of heavy drinking at 12 months (RR, 0.81).

*Subjects scored 8 or higher on the Alcohol Use Disorders Identification Test (AUDIT).

Comments by Tommie Ann Bower, MA

Screening and Brief Intervention (SBI) methodologies are gaining recognition as tools to reach the 95% of people estimated to need, but not have access to, treatment for drug and alcohol use. Furthermore, SBI alone can help decrease use in those who drink hazardous amounts but do not have alcohol dependence. These people are also often not reached by in-person interventions. Screening in this study was not administered online, but the motivational intervention was. A single dose "e-SBI" had a positive impact on consumption and on academic problems. Although the authors acknowledge some limitations to the study, the results are promising enough to make us look at creating more pathways to treatment and prevention through expansion of web-based options.

Reference

Kypri K, Langley JD, Saunders JB, et al. Randomized controlled trial of web-based alcohol screening and brief intervention in primary care. *Arch Intern Med*. 2008;168(5):530-536.

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

The Impact of Peer and Adult Modeling on Impaired Driving in Teenagers

Motor vehicle accidents are the leading cause of death for young people, and up to 40% involve substance-related impairment. To better understand the factors contributing to impaired driving in this age group, investigators administered anonymous questionnaires to 994 urban and 1600 rural 10th and 12th grade students on Vancouver Island, Canada. Of the sample, 1192 students had driving permits that required adult supervision and limitations on the number of nonrelatives in the car.

- Just over half of students reported riding in a car with an adult who had been drinking, and one-fifth to one-third reported driving with an adult who had smoked cannabis.
- One-fifth to one-third of students reported riding with a peer driver who had been drinking, and about one-third had ridden with a cannabis-impaired peer driver.
- Of students with driving permits, up to one-fifth reported driving after drinking or after smoking cannabis. More favorable attitudes towards these substances were associated with increased driving after use.
- Riding with impaired peers was independently associated with increased driving after substance use.
- Driving after substance use was highest in youth who reported more frequent experiences of riding with adults who drank alcohol or used cannabis while driving.

Comments by Tom Delaney, MSW, MPA

Although this large study analyzes how drug use and drinking behavior by adults can influence the driving decisions of young people, it has important implications for the prevention and treatment of alcohol and drug addiction in other populations. Peers influence many decisions across the life span. This article reminds counselors of the importance of recognizing the role of peer influence in treatment and prevention.

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

The influence of peers and parents on adolescent behavior is well-described, but this study suggests that peer and adult modeling of risky driving has synergistic effects on adolescents' likelihood of impaired driving. Although this study cannot discern whether the adults drove after drinking "under the limit," children riding with them are unlikely to make such distinctions. In addition to counseling teens about the dangers of driving alone or with peers under the influence of drugs or alcohol, physicians are in a good position to counsel parents about driving after substance use and its risks to themselves and their children, regardless of amounts.

Reference

Leadbeater BJ, Foran K, Grove-White A. How much can you drink before driving? The influence of riding with impaired adults and peers on the driving behaviors of urban and rural youth. *Addiction*. 2008;103(4):629-637.

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

Co-Occurring Substance Use Disorders Common in Youth with Psychotic Disorders

To examine patterns of substance use in youth with psychotic disorders, researchers assessed 69 youths between the ages of 6 and 17 (mean age, 14.8 years) undergoing treatment for early onset psychosis. Subjects were assessed annually over 2 years using standardized diagnostic and symptom rating measures. Results were as follows:

- Forty-five percent of subjects met criteria for substance abuse or dependence. An additional 7% did not meet criteria for a diagnosis of substance use disorder but had used illicit drugs.
- Of these youths, only 26% had received substance abuse treatment.
- Youths diagnosed with schizophrenia had used substances prior to their first psychotic episode and were significantly older than other youths in the study at onset of psychotic symptoms.
- No significant associations were found between substance use disorder and other hypothesized risk factors such as attention deficit hyperactivity disorder, socioeconomic status, maltreatment, or family history of substance abuse.

Comments by Michael Boyle, MA

Youth experiencing a first episode of psychosis should be assessed for a substance use disorder and provided treatment for it when present. Unfortunately, research and development of evidence-based practices for treating co-occurring disorders have focused mainly on adults. Additional research is needed to develop effective practices for young persons with these dual problems.

Reference

Hsiao R, McClellan J. Substance abuse in early onset psychotic disorders. *J Dual Diagn.* 2007;4(1): 87-99.

Integrated Trauma and Substance Abuse Treatment and Occurrence of Adverse Events

Although research has demonstrated a significant relationship between physical/sexual abuse and substance use disorders, there is a dearth of studies exploring whether symptoms of post-traumatic stress disorder, depression, or anxiety increase in programs that integrate trauma therapy with substance abuse treatment. In this multisite clinical trial, researchers recruited 353 women to examine whether adverse events were more common in patients enrolled in a combined treatment program compared with women enrolled in non-trauma-focused treatment.

- No difference was seen in the number of women reporting study-related adverse events between the 2 groups.
- Of the 353 participants, only 17% experienced any study-related adverse events.
- Only 8 of all participants reported increased substance use while undergoing treatment.
- No relationship was demonstrated between number of study-related adverse events and length of treatment.

Comments by Norma Finkelstein, PhD, LICSW

Substance-abuse treatment providers frequently express concern that simultaneously addressing trauma will open a Pandora's box, contributing to increased mental health symptoms, substance use, and other negative consequences. This study provides evidence that this is not the case. It is important to note that the trauma intervention in this study was cognitive-behavioral rather than exposure-based, which may have resulted in the observed outcomes. Further research on the efficacy of various kinds of trauma treatment for women with substance use disorders is needed.

Reference

Killeen T, Hien D, Campbell A, et al. Adverse events in an integrated trauma-focused intervention for women in community substance abuse treatment. *J Subst Abuse Treat*. 2008 Feb 20 [e-pub ahead of print]. <http://dx.doi.org/10.1016/j.jsat.2007.12.001>.

Availability of Smoking Cessation Treatment for Patients in Substance Abuse Treatment Programs

Patients in treatment for drug use disorders have a high prevalence of smoking, but treating nicotine dependence in outpatient substance abuse treatment (OSAT) facilities is uncommon. To evaluate the availability of smoking cessation services in US OSAT programs and to identify factors associated with offering such services, researchers analyzed interviews with 550 pairs of OSAT administrative directors and clinical supervisors completed between 2004 and 2005 from a nationally representative sample of programs.

- 41% of all programs offered either counseling or pharmacotherapy to help patients quit smoking, and 16.5% of all programs offered pharmacotherapy.
- Among programs offering pharmacotherapy, approximately one-third offered bupropion or other antidepressants, one-third offered nicotine replacement therapy, and one-third offered both.
- Factors independently associated with the availability of smoking cessation counseling or pharmacotherapy included hospital affiliation, breadth of services (more medical staff was associated with greater availability of smoking cessation medications), smoking assessment, and physical health as an important treatment goal.
- The availability of addiction treatment medications other than methadone was associated with a twofold increase in the availability of both smoking cessation counseling and pharmacotherapy services.
- Overall, 98% of OSAT programs were smoke-free.

Comments by James Harrison, MHS, CADC

This study points out that, although limited treatment for smoking cessation exists in OSAT settings, patients could benefit from more integrated services. Many states mandate smoke-free facilities, which have been shown to increase smoking cessation. Increased medical staff coupled with pharmacotherapy should be more broadly implemented to ensure effective delivery of smoking cessation programs for OSAT patients.

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

Smoking is highly prevalent among patients in substance abuse treatment, but smoking cessation treatment in OSAT settings remains limited. To better integrate treatment for tobacco dependence with substance abuse treatment, new policies are needed at state and federal levels. Such policies, already implemented in some states, should include staff training and support of smoke-free OSAT programs.

Reference

Friedmann PD, Jiang L, Richter KP. Cigarette smoking cessation services in outpatient substance abuse treatment programs in the United States. *J Subst Abuse Treat.* 2008;34(2):165-172.

This summary was adapted from text previously published in *Alcohol, Other Drugs, and Health: Current Evidence* (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 & 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