

Addiction Medicine

The 21st Century

November 22–23, 1996

Jointly sponsored by: American Society of Addiction Medicine, Region III
International Society of Addiction Medicine, and National Library of Addictions



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CME Credit Information

The American Society of Addiction Medicine is accredited by the Accreditation Council for Continuing Medical Education to Sponsor continuing medical education for physicians.

The American Society of Addiction Medicine designates this continuing medical education activity for 6.5 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

The Massachusetts Board of Substance Abuse Counselor Certification designates this continuing education activity for 6.5 contact hours.

This program is being jointly sponsored by the American Society of Addiction, the International Society of Addiction Medicine and the National Library of Addictions.

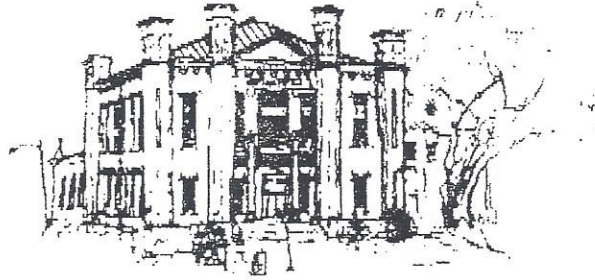
City of Northampton,
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Northampton, MA 01060

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Welcome

3



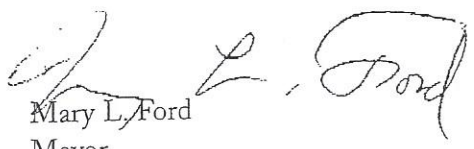
Mary L Ford
Mayor

Dear Friends:

Welcome to the City of Northampton! I am very pleased that you have chosen our city as a site for the American Society of Addiction Medicine's Region III Conference. I am excited about the theme of Addiction Medicine in the 21st Century. Our city has attempted to address issues of addiction by providing multiple avenues of counseling and treatment. Without the continued research and support by professionals and organizations such as the American Society of Addiction Medicine we wouldn't be able to provide services as effectively as we do.

I know the guests will find the accommodations at the Hotel Northampton to be most comfortable. I would suggest that your members spend some time exploring our city's many art galleries, book shops and eateries. The region's college campuses and natural surroundings also beckon you. Northampton provides a well rounded experience for all of its visitors. Once again I welcome you to Northampton, and I hope you enjoy your visit.

Sincerely,


Mary L. Ford
Mayor

Dear Conference Participant:

Please accept my sincere thanks for attending the 1996 New England (Region III) ASAM Conference. Dr. Wartenberg and the program committee are to be complimented on preparing an excellent conference program and recruiting a highly respected faculty to address issues that affect your practice of Addiction Medicine.

I want to assure you that the ASAM Board of Directors wholeheartedly support your efforts and those of your colleagues throughout the country to accomplish ASAM's mission. Our mission is to make treatment of alcohol, nicotine and other drug dependencies an integral part of every American's basic health benefit, and education about prevention, research and treatment an integral part of medical education at all levels, from undergraduate through residency and post-residency training.

To focus all of ASAM's energies and resources on achieving that goal, the Board recently established the Task Force on Addiction Medicine in the 21st Century. The Task Force's seven workgroups will address issues on delivery system structures and access; the scope and process of treatment; treatment effectiveness and research; education and training; the benefit structure, financing and payment; certification and specialty status, and advocacy for ASAM members.

If you are not an ASAM member, I invite you to join today and help us in this very important endeavor. The Society is growing each year. We now have 28 state chapters and 3300 members. The New England Region, in particular, is to be congratulated. Thanks to Dr. Wartenberg's work, and that of the state chairs, Region III attained 138% of its new member goal for 1996, the largest percentage in the country, and 88% of the 1995 members have renewed their 1996 membership. My thanks to Dr. Wartenberg and to each state chair and their staffs who have helped organize this conference. My thanks also to all of the conference participants for your work on behalf of Addiction Medicine.

Peace and Health,



David E. Smith
M.D., President



BROWN UNIVERSITY
CENTER FOR ALCOHOL AND ADDICTION STUDIES

David C. Lewis, M.D.
Professor of Medicine
and Community Health

Dear Colleagues:

Welcome to the ASAM Regional Conference. We have excellent presentations to give you a clear sense of the future prospects for improved treatment and prevention. The findings in genetics, neuroscience, psychopharmacology, and behavioral science have the potential for providing a big breakthrough in addiction treatment.

On the other hand, it is well to keep our progress in perspective. I have been hearing that the "appetite suppressant" for addictions is just around the corner, a corner I have been rounding for five years. The translation of basic findings into clinically relevant treatment takes time and patience.

With important new scientific developments, we must also consider the costs to the patient. The lessons from the breakthroughs in treatment of AIDS can be very instructive. New therapies are potentially lifesaving, but they are also expensive. Unfortunately, not all insurance benefits in the United States will cover their use, and, of course, whole countries, because of their health and economic status, will be excluded from the benefits of new therapies. Consideration of important advances in basic research, both biomedical and behavioral, should include how these advances will be made available to our patients and their families.

We have witnessed this year a clear bipartisan assault on the health and social safety net. Since poverty and disease are so closely linked, it is the health of the poor that shows the wounds of this attack. Furthermore, not even middle class insurance plans contain basic benefits for addiction treatment and it's doubtful that much addiction treatment will be provided under Medicaid reform. While it is important for clinicians to incorporate new treatments for addiction, it is equally important for ASAM and it's members to work toward an adequate and fair insurance benefit for addiction treatment. As the notable research presented at this conference illustrates, we should have much optimism for the future, and optimism buoyed by the willingness of physicians to play a larger role in all aspects of the health policy debate.

Sincerely,



David C. Lewis, M.D.
ASAM Board of Directors

Welcome



1153 Centre Street • Boston, MA 02130 • (617)983-7000

Dear Colleague:

On behalf of the American Society of Addiction Medicine (ASAM), I would like to welcome you to the New England (Region III) Conference. I would especially like to thank Dr. P. Kishore and his staff for all of their hard work in putting this meeting together, and also extend my thanks to all the presenters and representatives of the New England states who will share developments in their respective states.

This meeting's theme, that of Addiction Medicine into the 21st century, will be reflected in a number of state-of-the-art presentations about the principles and practice of the science and art of medicine for those afflicted with chemical dependency. I am confident that each of us will pick up new and timely information which will help us improve our practice. We will also learn of the political and social events in our field which are also of great importance to us and those whom we serve.

I would urge all of those who are members of ASAM to continue their membership and support, and to consider increasing their involvement in their states, in the region, and nationally. For those physicians who are not members, membership information is available in your packets, including information on the publications and other services made possible by ASAM. To my other colleagues here, I urge you to provide this information to any physicians with whom you work. I would like to see every physician involved in the care of chemically dependent patients become members of ASAM. This would allow them to network with other similarly interested physicians, as well as increase ASAM's ability to represent them and their patients on the local, regional and national level. It also provides the beginning of the certification process, which allows physicians to demonstrate their competence and skills in Addiction Medicine. For my colleagues who are members of, or certified through, the American Academy of Addiction Psychiatry, I ask you to consider dual membership in ASAM and AAAP, since both serve to complement each other as voices of organized Medicine in the advocacy for our patients.

I trust you will enjoy the physical surroundings of Northampton in the late Autumn, and the collegiality and stimulation of the company and fine program.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alan A. Wartenberg'.

Alan A. Wartenberg, M.D., FACP
Region III Chair, American Society of Addiction Medicine

Medical Director
Addiction Recovery Program
Faulkner Hospital

International Society of Addiction Medicine

28 Route 6A, Suite #7, Sandwich, MA 02563 • Telephone (508) 833-8851

Dear Colleagues:

It is a great pleasure to participate as your host, and as a co-sponsor of this conference, "Addiction Medicine in the 21st Century." We have an excellent group of speakers and topics in important areas of the work that we are all engaged in. The speakers have given selflessly of themselves to spend this Northampton weekend with us, and I wish to extend my personal thanks to each of them.

Addiction Medicine is under pressure. We, and more importantly, our patients regularly deal with pressure from managed care, and more pressure from societal misconceptions. It is important that we continue to join together in groups such as ASAM, and to solidly link research with practice to ensure the public's awareness of successful treatment modalities for addictive disorders. We know that treatment is effective. We need to help others to know it too.

In closing, I welcome you to "Addiction Medicine in the 21st Century".

Sincerely,



Punyamurtula Kishore, M.D., M.P.H.

Alcoholics Anonymous
Cooperation with the Professional
Community Committee
P.O. Box #6818
474 Pleasant Street
Holyoke, Mass. 01041

Dear Friend:

I am writing this letter to introduce you to the Cooperation with the Professional Community Committee of Alcoholics Anonymous in Western Massachusetts, and to inform you of the services we provide.

The primary purpose of this committee is to inform the professional community about Alcoholics Anonymous and the disease of Alcoholism.

Alcoholics Anonymous is, as you know, a worldwide fellowship of men and women who help each other to maintain sobriety through sharing their recovery experience with others. We would welcome the opportunity to share with you our experience with alcohol and our recovery through the fellowship of Alcoholics Anonymous. From that opportunity we receive the greatest reward of all, the hope of maintaining the gift of sobriety. Alcoholics Anonymous is fully self-supporting and declines any outside contributions. There is *no charge* for any of our services.

We have talked to many programs in the Springfield area. Our presentation lasts from 30 to 40 minutes, with a 15 to 20 minute period devoted to questions and answers. Our speakers are all recovering alcoholics of all ages, from the greater Springfield area. We are *not* professional speakers, but because of our experience with Alcoholics Anonymous we feel qualified to talk about the subject and share our own experience.

In addition to providing A.A. members to speak about alcoholism and the program, we can provide you with a schedule of A.A. meetings, dates, times, and locations, if you are interested. We also have available several videos describing the A.A. program and individuals experience.

We look forward to hearing from you. If you have any questions, or would like further information, please call the A.A. telephone number — (413) 538-5822 and direct your message to the C.P.C. Committee and your call will be returned as soon as possible. Or write to: Cooperation with the Professional Community, Western Mass Intergroup, P.O. Box #6818, 474 Pleasant Street, Holyoke Mass. 01041.

Thank you

A.A. Cooperation with the Professional
Community Committee
Western Mass. General Service

Norman Alpert
State of Massachusetts

Topic of Lecture: Alcoholism and Naltrexone

Dr. Alpert is the Medical Director of NorCap at Southwood Community Hospital where he is chair of the Utilization Review Committee. He is a member of Southwood's Medical Records, Joint Practice, Ethics and Medical Executive Committees. Dr. Alpert earned his M.D. at Tufts University School of Medicine. He began his career in at the William Beaumont Army Hospital followed by extensive practice in pediatric medicine, emergency medicine, family practice and addiction medicine. Dr. Alpert is well known for his work with naltrexone in alcoholism and will be presenting a lecture on that topic at the conference.

Dr. John Femino
Rhode Island ASAM Chair

Topic: ASAM Update for Rhode Island

Dr. John Femino earned his undergraduate degree and M.D. at Brown University where he is now a Clinical Assistant Professor of Medicine, and a Core Faculty Member of the Brown University Center for Alcohol and Addiction Studies. He serves on the Board of Directors for Rhode Island's Council on Alcoholism and Other Drug Dependencies, consults to BCBS of RI, is a contributing editor to DATA. Dr. Femino is the Medical Director and President of Meadows Edge Recovery Center, a member of the Active Medical Staff at Roger Williams General, and ASAM's Rhode Island Director. He has a lengthy history in addiction medicine at several top RI treatment facilities. Beyond his medical practice, Dr. Femino has added a great deal to the field through his lectures and publications in the print, video and television mediums. He is ASAM's Chair in Rhode Island and will provide an update on Rhode Island ASAM.

Dr. Punyamurtula Kishore
Conference Director, ASAM Member Founder
President, International Society of Addiction Medicine
State of Massachusetts

Topic: Opening and Closing Remarks

Dr. Punyamurtula Kishore is a primary care and addictions medicine specialist in private practice in Brighton and Chestnut Hill, Massachusetts. He earned his M.D. at Andhra University and completed pediatric surgery and general surgical residencies at the All India Institute of Medical Sciences in New Delhi. He followed those up with residencies in preventive medicine and community oriented primary care at Carney Hospital, and presently holds appointments at a number of Boston and outlying area hospitals. Dr. Kishore has practiced addiction medicine serving as a physician and acting medical director at the Washingtonian Center for Addictions in the late '70s. His subsequent work has been carried out in private and public

sector programs including Spectrum Addiction Services, High Point, and Commonwealth of Massachusetts Department of Public Security. He has consulted to a number of other addictions programs and research projects. His special interest is home detoxification.

Dr. Kishore is the Executive Director of the National Library of Addictions, and the founder of the International Society of Addiction Medicine. Dr. Kishore is a Lecturer at Northeastern University and has held previous faculty appointments to UMASS Medical School, Carney Hospital, Harvard Medical School and Simmons College. Dr. Kishore's primary research interests include addiction medicine, community and prevention oriented primary care medicine, addiction training for physicians and clinical epidemiology.

**Dr. Michael Fox Mayo-Smith,
ASAM Chair for New Hampshire**

**Topic: ASAM Guidelines for Pharmacological Management of Alcohol Withdrawal
ASAM Update for New Hampshire**

Dr. Mayo-Smith is the Associate Chief of Staff for Ambulatory Care at the VA Medical Center in New Hampshire. Dr. Mayo-Smith has a history in the development of substance abuse treatment in New England. Having earned his M.D. From Hahnemann University in Philadelphia, Dr. Mayo-Smith began his career at the Miriam Hospital in Providence, Rhode Island. He later earned an M.P.H. in Epidemiology at the Harvard School of Public Health. Dr. Mayo-Smith's interest in substance abuse treatment was sparked while working as a medical consultant. The challenge of working with all aspects of patient psychological, social and spiritual well-being convinced him to continue his work in addiction medicine. He hopes to see addiction medicine move toward a stronger scientific base and become more involved with the healthcare delivery system. He hopes that the government will recognize the importance of substance abuse treatment and support more scientific and health-based research. Dr. Mayo-Smith is the current chairman of the Working Group on Practice Guidelines on Pharmacological Management of Alcohol and will present at the Conference on "ASAM Guidelines for Pharmacological Management of Alcohol Withdrawal."

**Dr. Christopher Nicodemus
State of Massachusetts**

Topic: Therapeutic Vaccine for Cocaine Addiction

Dr. Christopher Nicodemus is the Vice President, Medical Affairs at ImmuLogic Pharmaceutical Corporation in Waltham, MA. He holds appointments as a clinical instructor with the Department of Medicine of Harvard Medical School, and with the Brigham & Women's Hospital Department of Rheumatology and Immunology. Dr. Nicodemus completed clinical and research fellowships at Harvard Medical School. His internship in Medicine, and his residency in Internal Medicine were at New England Deaconess Hospital, followed by a fellowship in Allergy and Immunology at the Brigham. Before joining ImmuLogic, he was Senior Associate Medical

ector with Pfizer Laboratories. He has carried out a great deal of research in molecular biology and has made extensive contributions to the scientific literature. Dr. Nicodemus will present on the topic of a "Therapeutic Vaccine for Cocaine Addiction."

**Dr. Peter Rostenberg, ASAM State Chair
State of Connecticut**

Topic: ASAM Update for Connecticut

Dr. Peter Rostenberg has a private practice in Connecticut. He earned his M.D. at the University of Arkansas, and completed his internship and residency at Columbia University College of Physicians and Surgeons, Harlem Hospital Division. He was the chair of the Federal Consensus Panel: "Screening and Assessment of Alcohol and Other Drugs in Hospitalized Trauma Patients." Dr. Rostenberg was a CSAT Treatment Consensus Panelist regarding "Applied Research Agenda for the Next 5 Years." Currently, Dr. Rostenberg serves as ASAM Chair for Connecticut, Co-Chair of ASAM's Trauma Committee, and as Chair of the Connecticut Medical Society's Committee on Alcohol and Drug Education. He has been a speaker and presenter at ASAM and MAAA conferences, and served as Principal Presenter at Yale Trauma Center's Grand Rounds, "Identification of Alcohol and Other Drug-related Injuries."

Dr Rostenberg believes that it is important for ASAM members to educate legislators and policymakers about the cost effectiveness of hospital AOD screening. Since experience has shown that hospital staffs will go to great lengths to not screen (including a CDC-funded Yale alcohol screening study showing that patients were far more willing to be screened than the staff was to perform the screening) the creation of a value-added structure will be needed to see that these patients receive the care and outcomes they deserve. In Connecticut ASAM members are working with government leaders to find new ways to help addicted citizens; this movement began as the result of contacts between an ASAM member and Governor Rowland.

**Dr. Brian F. Sands
State of Massachusetts**

Topic: Benzodiazepine—Use and Misuse in Special Populations

Dr. Brian Sands is the Medical Director of Substance Abuse Treatment Programs at the VA Outpatient Clinic in Boston. Prior to this work, he was the unit director of an inpatient psychiatry unit at the Veterans Administration Hospital. He is in private practice in Brookline and also consults to the UMASS Boston Counseling Center. Dr. Sands is a Clinical Instructor at Harvard Medical School Department of Psychiatry, and an Assistant Professor with Tufts University School of Medicine's Psychiatry Department. He has contributed a number of works to the literature in the areas of substance abuse and drug interactions.

Dr. Sands holds an M.D. degree from SUNY at Syracuse, is a Diplomat in Psychiatry and Neurology with an additional qualification in Addiction Medicine. He completed fellowship in psychopharmacology and a residency in Adult Psychiatry at Tufts New England Medical

Center in addition to Internal Medicine internships at Jamaica Plain VA and Lawrence Memorial Hospital.

**Dr. Alan Wartenberg, ASAM Region III Director
State of Massachusetts**

**Topic: New Developments in the Treatment of Opiate Dependence
ASAM Update for Massachusetts**

Dr. Wartenberg is the Medical Director of Faulkner Hospital's Addiction Recovery Program, the Addiction Treatment Center of New England, CBH-RI, and Discovery House in Providence. He is an Assistant Professor of Medicine at Tufts University Medical School. He has been active in community service for a number of years and is presently Chair of ASAM's Medical Specialties Section, Director of ASAM Region III, is active with the Ruth Fox Course, and with several Boston area committees. The author of numerous journal articles and publications, Dr. Wartenberg is a reviewer for several journals. He also serves on the Editorial Boards of both the *Journal of Substance Abuse*, and the *Journal of the Addictions*.

A Brooklyn social worker in the 60's, Dr. Wartenberg earned his M.D. at the Medical College of Wisconsin, completing postgraduate internships and residencies in Medicine and Internal Medicine at Wisconsin and UCLA. This physician, teacher, author, researcher and volunteer will present on recent developments in the pharmacological treatment of opiate dependence.

**Dr. Valery Yandow, ASAM Member
State of Vermont**

**Topic: Difficult Management Decisions with Dual Diagnosis Patients
ASAM Update for Vermont**

Valery Worth Yandow, M.D. is currently a psychiatrist in private practice in Brattleboro, VT. She is an adjunct Associate Professor of Psychiatry at Dartmouth Medical School and was Medical Director of the Addictions Division of Brattleboro Retreat. During that time, the Dual Diagnosis Program was developed and flourished, receiving national recognition.

She was a member of the Vermont Board of Medical Practice from 1989-1995 and served on the Board of Directors and faculty of the N.E. Institute for Addiction Studies from 1987-1994. Currently she is a member of the Vermont Medical Society on Physician Recovery.

She is board certified in Psychiatry with added qualifications in Addiction Psychiatry, as well as being certified by ASAM and by the American Psychiatric Assoc. in Administrative Psychiatry.

In 1995, she was a co-author of the "APA Guidelines for the Treatment of Patients with Substance Abuse." In the autumn of 1996, she was highlighted by Vermont Magazine in their feature on the Best Doctors in Vermont. She has presented widely on all aspects of dual diagnosis, most recently a day long workshop in Worcester, MA (11-7-96).

Addiction Medicine: The 21st Century
Schedule of Events

Friday, November 22

- 6:00-8:00 pm Registration - Meet Your Colleagues
8:00 pm Entertainment - TBA

Saturday, November 23

- 8:00-8:30 am Breakfast
- 8:15-8:30 am **Opening Remarks, Welcome and Announcements**
Punyamurtula Kishore, M.D., M.P.H.
- 8:30-9:30 am **New Developments in the Treatment of Opiate Dependence**
Alan Wartenberg, M.D.
- 9:30-10:30 am **Benzodiazepines — Use and Misuse in Special Populations**
Brian Sands, M.D.
- 10:30-10:45 am *Refreshment Break*
- 10:45-11:45 am **ASAM Guidelines for Pharmacological Management of Alcohol Withdrawal**
Michael Fox Mayo-Smith, M.D.
- 11:45 - 12:45 pm **Alcoholism and Naltrexone**
Norman Alpert, M.D.
- 12:45-2:00 pm **Lunch and ASAM Updates from the States**
CT Peter Rostenberg, M.D.
MA Alan Wartenberg, M.D.
RI John Femino, M.D.
NH Michael Fox Mayo-Smith, M.D.
VT Valery Yandow, M.D.
ME TBA
- 2:00-3:00 pm **Difficult Management Decisions with Dual Diagnosis Patients**
Valery Yandow, M.D.
- 3:00-3:45 pm **Development of a Cocaine Vaccine**
Christopher Nicodemus, M.D.
- 3:45-4:00 pm **Closing Remarks**
Punyamurtula Kishore, M.D., M.P.H.

Alan A. Wartenberg, M.D.

New Developments in the Treatment of Opioid Withdrawal

Traditional methods of opioid withdrawal treatment, including methadone tapers, clonidine regimens, and symptomatic treatment, continue to be commonly used. However, several new treatments, including buprenorphine, clonidine-naltrexone combinations and, most recently, Rapid Opioid Detoxification using general anesthesia and high doses of naloxone or other antagonists have been advocated. In addition, LAAM (levo-alpha-acetylmethadol) is now available as a maintenance/detoxification therapy.

Buprenorphine has been used investigationaly in sublingual forms as a maintenance therapy, in doses from 2mg - 16mg per day. In addition, use of the available intramuscular form in divided doses of 1.2 - 4.8 mg or more per day has become widespread in some programs. Buprenorphine, a partial agonist, generally does not precipitate withdrawal, although in patients who have recently used opioids, including methadone, this may occur. It significantly improves comfort over clonidine regimens, and appears to be effective in shortening the course of acute withdrawal, while not itself resulting in significant dependence (1,2).

Naltrexone can be given to patients pretreated with clonidine, sedatives and other symptomatic medication, resulting in a shorter, but more intense, period of withdrawal, apparently with reasonable patient compliance. Its advantage lies in ease of administration, lack of use of controlled opioids in opioid-dependent patients, and in the patients being on naltrexone at the end of therapy, which can then be continued as a maintenance drug for abstinence (3,4).

ROT, which involves use of general anesthesia, with or without intubation, to allow large doses of naloxone or nalmepine to be given, with or without clonidine, over a 4-6 hour period, where profound withdrawal occurs in a patient who can be controlled by anesthesia, has been advocated as producing detoxification in a very short period of time. Patients may be challenged with naltrexone with little or no signs of withdrawal following ROT. However, severe dysphoria, malaise, myalgias and other symptoms may continue for some time, and relapse rates have not been well studied. This therapy offers some potential advantages to properly selected patients, but safety issues are a major concern with the use of general anesthesia (5, 6).

LAAM will likely have little use as a short-term detoxification agent, since it takes several weeks to reach steady-state levels. However, it can be given three times per week, as can buprenorphine, and may thus improve access to maintenance services. It may also reduce diversion of methadone when given in take-home doses, since take-home doses would not be required when given three times per week (7,8).

1. Parran TV Jr., Adelman CL, Jasinski DR. A buprenorphine stabilization and rapid-taper protocol for the detoxification of opioid-dependent patients. *Amer J Addictions* 3:306-313, 1994.
2. Johnson RE, Fudala PJ, Jaffe JH. A controlled trial of buprenorphine for opioid dependence. *JAMA* 267:2750-55, 1992.
3. Vining E, Kosten TR, Kleber HD. Clinical utility of rapid clonidine-naltrexone detoxification for opioid abusers. *Br J Addict* 83:567-575, 1988.

- O'Connor PG, Waugh ME, Carroll KM, et al. Primary-care based ambulatory opioid detoxification: The results of a clinical trial. *J Gen Intern Med* 10:255-260, 1995.
5. Loimer N, Linzmayer L, Schmid R, Grunberger J. Similar efficacy of abrupt and gradual opiate detoxification. *Am J Drug Alcohol Abuse* 17:307-312, 1991.
 6. Bartter T, Goberman LL. Rapid Opiate Detoxification. *Am J Drug Alcohol Abuse* 22:489-495, 1996.
 7. Ling W, Charuvastra VC, Kain SC et al. Methadyl acetate and methadone as maintenance treatment for heroin addicts. *Arch Gen Psychiatry* 33:709-712, 1976.
 8. O'Connor PG, Oliverto AH, Shi JM et al. A pilot study of primary care-based buprenorphine maintenance for heroin dependence. *Am J Drug Alcohol Abuse* 22:523-531, 1996.

Brian Sands, M.D.

Benzodiazepines — Use and Misuse in Special Populations

Since the introduction of chlordiazepoxide in the sixties, the perception of benzodiazepines has varied greatly; among physicians, their patients, and our society as a whole. Today, we know more about the risks of these drugs and also about the course and consequences of untreated anxiety disorders. The benzodiazepines have a therapeutic index which is among the highest for all drugs, with the major risk being dependence. Unfortunately, many have confused risk of dependence relative to other adverse effects with the risk of dependence per se. The goal of this lecture is to provide clinicians with the knowledge necessary to treat benzodiazepine dependence when encountered, and also to provide enough information to enable clinicians to make rational decisions about benzodiazepine prescribing.

The two most common clinical presentations requiring benzodiazepine detoxification are when benzodiazepine use is part of polysubstance dependence, and when patients legitimately prescribed these drugs for anxiety disorders have escalated their dose to high levels without the knowledge of the prescribing physician. In the former situation, it should be noted that benzodiazepine dependence increases risk in detoxification from co-morbid alcohol dependence and that this increased risk may make inpatient detoxification (as compared with outpatient) medically necessary.

In patients where benzodiazepines are the only drugs involved, a general guideline is that detoxification is better accomplished with long half life drugs such as chlordiazepoxide or clonazepam. While there is crosstolerance across the class, difficulties in comparing relative doses of low potency (diazepam) vs. high potency (alprazolam) drugs make it safer to use a high potency drug (clonazepam) to cover alprazolam, triazolam, or lorazepam withdrawal. A low potency drug (chlordiazepoxide) may be used for coverage of diazepam and other low potency drugs. Typically, the patient is stabilized on the longer-acting drug and dose is gradually decreased. An initial cut of 20% is reasonable and most detoxifications can be completed within a week.

Alprazolam is most difficult to withdraw from but this can be facilitated by the use of carbamazepine. Carbamazepine can also facilitate withdrawal from other benzodiazepines. In concurrent alcohol and benzodiazepine withdrawal, the quantity of medication used and duration of detoxification is hard to judge, making the use of treatment based on withdrawal scales especially important.

The risk of benzodiazepine dependence in the general population is not high and should not be the deciding factor in prescribing decisions. In populations already known to be or have been substance dependent, the risk is much higher, but not to the extent of making a history of substance dependence an absolute contraindication to prescribing benzodiazepines. It would, however, be prudent to try treatments with no dependence liability first in all populations.

Norman Alpert, M.D.

Treatment of A Alcoholism with Naltrexone

In February of 1995, the FDA approved Naltrexone for treatment of Alcoholism. The stipulation and intent was that it would be used as part of the Alcoholics' treatment in conjunction with cognitive, behavioral, psychiatric treatment along with 12-step recovery group involvement.

The NORCAP center at Southwood Community Hospital was one of several sites chosen to measure efficacy of this drug in the treatment of patient's with alcoholism. A total of 60 patients were enrolled in the study at our center, 20 of the patients were controls and the others were placed on Naltrexone, 50 mg. daily. The initial study called for 12 weeks of investigation, but amendments to the study allowed patients to remain on the drug for 12 months.

Our conclusions were similar to those who had originally published their findings earlier. We found that patients had a moderate to marked reduction in cravings, that they tended not to fully relapse if they slipped and had a drink or two, and that the relapse rate was much lower in patients on the drug than in the control group.

After the study was completed, the NORCAP center included Naltrexone in the treatment of many of our patients who presented for treatment of their alcoholism. Many case studies can be presented to show that the addition of Naltrexone to the patient's treatment plan has increased recovery periods in many heretofore frequent relapsers. Very few patients discontinued treatment because of side effects, the most common of which were nausea, vomiting and dizziness.

There are no age restrictions for treatment with Naltrexone. Both adolescents and geriatric patients have been successfully treated without serious consequences. Liver functions were monitored in all patients on a regular basis.

NORCAP personnel have worked closely with the recovering community to answer their questions regarding Naltrexone and the rate of acceptance for the use of this drug in recovering alcoholics has been high by the AA community in our area.

**A Notable National Resource:
The National Technical Center for Substance Abuse Needs Assessment**

875 Massachusetts Avenue, 7th Floor, Cambridge, MA 01939
(617) 864-9114

Background and Mission

The National Technical Center for Substance Abuse Needs Assessment (hereafter referred to as the Center) was established to provide technical support to states conducting studies to meet the requirements of the Substance Abuse Prevention and Treatment (SAPT) Block Grant applications and other planning activities. The Center is funded for five years, from October of 1992 through September of 1997, by a contract with the Center for Substance Abuse Treatment (CSAT), and is a division of the Harvard Medical School's Department of Psychiatry at Cambridge Hospital in Cambridge, Massachusetts. It is administratively funded through the North Charles Foundation, and is located a short walk from Harvard Yard and Cambridge Hospital in Cambridge.

The Center has a steering committee of leading experts in the substance abuse needs assessment field, a full-time faculty with many years of experience in state substance abuse planning, epidemiology, treatment and prevention services, and a staff of associates and consultants with special expertise in areas important to our mission.

Specific Objectives

The Center for Substance Abuse Treatment has contracted with the Center to provide expertise and services to the states necessary to achieve the following objectives:

- To help states meet the statutory requirements of the SAPT Block Grant.
- To aid CSAT in responding to Congressional and Administration questions about the need for substance abuse treatment services and how block grant funds are used to meet that need.
- To assist states in obtaining demand and needs assessment data useful for resource allocation.
- To enhance state substance abuse data, management and analysis.
- To coordinate and develop new methodological approaches and advanced needs assessment and planning technologies.
- To disseminate findings.

In carrying out these objectives, the Center researches information on substance abuse needs and demand assessment in order to provide training and technical information to states conducting needs assessment field studies and other planning efforts. To assist states directly, the Center conducts workshops, coordinates meetings of state representatives on technical issues, publishes technical monographs, bulletins and research papers, and has staff available by telephone for technical assistance. Center staff also meet with states at our offices in Cambridge, in regional centers, and at state facilities. The staff members assist states with the design of their family of studies, review individual study protocols, assist with technical issues when studies are underway, and evaluate the studies' results and impact. Center staff may also collaborate with states on special studies and help coordinate regional studies and assistance between the states. The Center

prepares reports for CSAT and Congress that address national issues regarding substance abuse needs and resource allocation.

General Center activities include:

- Collecting existing knowledge on technical aspects of need and demand assessment.
- Investigating, testing, refining, and developing assessment methodologies where no adequate technology exists.
- Producing needs assessment publications that incorporate new and existing methodologies.
- Establishing a library of scientific references on need and demand assessment.
- Collecting existing survey instruments and data collection forms.
- Conducting an evaluation of the effectiveness of the states' studies on improving the structure, funding, and organization of state substance abuse services.
- Providing technical assistance through consultation, meetings and workshops to the states in order to enhance their capabilities for needs assessment on a local level.

Dr. William E. McAuliffe

Director, National Center for Substance Abuse Needs Assessment

William E. McAuliffe is an associate professor in the Department of Psychiatry Harvard Medical School at Cambridge Hospital. He received his doctorate in sociology from the Johns Hopkins University. His research has focused on drug abuse, research methods, and health policy, planning, and regulation. His early work was primarily epidemiological, including surveys and field studies of heroin addicts, impaired physicians and pharmacists, iatrogenic addicts, and college students. Shifting to clinical research, he and his staff then developed a relapse prevention program for heroin and cocaine addiction. The program was tested experimentally in a cross-cultural trial, and it is described in a NIDA monograph, *Recovery Training and Self Help: Relapse Prevention and Aftercare for Drug Addicts* (Rockville, MD: National Institute on Drug Abuse, 1993). He recently completed a second randomized trial testing the efficacy of this program. As part of that study, he developed a new outpatient detoxification program. He and Jeffrey Albert published its treatment manual, *Clean Start: An Outpatient Program for Initiating Cocaine Recovery* (New York: Guilford Press, 1992). Dr. McAuliffe recently completed a study of the effectiveness of street outreach and recovery programs for preventing the spread of AIDS among injection drug users. He is currently the director of the National Technical Center for Substance Abuse Needs Assessment, which provides technical assistance to the states as they do their federally funded statewide substance abuse treatment needs assessments. Prior to assuming this position, he completed drug abuse treatment and prevention plans for Rhode Island, and a treatment plan for Massachusetts. He and his colleagues at the National Technical Center have completed a revised edition of its monograph, *Assessment of Substance Dependence Treatment Needs: A Telephone Survey Manual and Questionnaire* (Cambridge, MA: National Technical Center, 1995). It is being reviewed for publication.

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