

ADDICTION TREATMENT FROM A BEHAVIORAL & PHARMACOLOGICAL PERSPECTIVE

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The Caribbean Basin Hispanic Addiction Technology Transfer Center (CBHATTC) held a timely and well-attended symposium on February 7, 2003, entitled, ***A Holistic Approach to Pharmacological and Behavioral Treatment of Addiction***. The Symposium focused on the treatment of addiction to heroin and other opioids. It emphasized both the benefits of methadone maintenance treatment (MMT) when prescribed correctly and the critical importance of combining behavioral and psychological therapies with pharmacological approaches. Special issues related to treatment of drug use in women, particularly violence and past trauma in women's lives, were also addressed.

Three experts in the field were invited to share their knowledge and experience:

- **MARK PARRINO, MPA**, President of the American Association for the Treatment of Opioid Dependence based in New York, and past Chair of the CSAT Consensus Panel for State Methadone Treatment Guidelines;
- **J. THOMAS PAYTE, MD**, Corporate Medical Director of Colonial Management Group, operator of 40 MMT programs, and co-chair of the American Society of Addiction Medicine's Committee on Opioid Agonist Treatment; and
- **JOAN E. ZWEBEN, PHD**, clinical psychologist and Executive Director of the East Bay Community Recovery Project and The 14th Street Clinic & Medical Group, as well as Clinical Professor of Psychiatry at the University of California, San Francisco.

Following an opening presentation on recent research in Puerto Rico, Mr. Parrino presented an overview of recent trends impacting opioid use and methadone treatment, and data on individual and social outcomes seen with MMT. Dr. Payte discussed safe and effective medical management of methadone treatment. Dr. Zweben elaborated on psychosocial approaches such as Motivational Enhancement, cognitive-behavioral therapy, and self-help programs that can be used in conjunction with MMT as well as in other drug treatment settings.



The Symposium cited overwhelming science-based evidence supporting the benefits, and cost-effectiveness to society, of methadone maintenance treatment for opioid addiction. Therapeutic doses of methadone can relieve or reduce withdrawal symptoms

and opiate cravings, and allow a return to normal functioning. However, doses must be in the therapeutic range, which averages 80 to 120 mg per day or higher in patients tolerant to high-purity heroin. Doses which do not reach the therapeutic range will result in drug cravings, withdrawal symptoms, and likely relapse to illicit opioid use. To be effective, MMT must be part of a comprehensive treatment program, and treatment length should not be limited, but should be continued “long enough,” i.e., as long as the patient desires and benefits from continued MMT.

An important message from the symposium speakers was that “methadone is a medication, not a treatment solution.” It will not treat cocaine addiction or co-occurring disorders such as depression and anxiety. However, MMT enables the person to be available for these other needed interventions, which he or she cannot be when constantly in search of relief from opioid cravings and withdrawal symptoms.

The need for a combined approach in all drug use treatment is also evident from recent research on the efficacy of various behavioral approaches. This was illustrated in CBATTC Director Dr. Rafaela R. Robles’ study presentation (given by Mr. Juan Carlos Reyes) on the impact of Motivational Interviewing strategies on drug injection, sexual HIV risk behaviors, and initiation of drug treatment among injection drug users in Puerto Rico. This outreach intervention study found that interventions using Motivational Interviewing techniques led to a reduced frequency of drug injection, an increase in drug use discontinuation, and an increase in drug treatment initiation. However, Motivational Interviewing

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approaches were not effective for injection drug users who displayed symptoms of moderate to severe depression. The message is that these patients, who make up a large percentage of drug users according to recent research, are not likely to benefit from counseling and behavioral approaches without concomitant treatment for depression, most likely utilizing antidepressant medications. In addition, as with other types of treatment, methadone maintenance and behavioral interventions will be effective to the degree that they are implemented according to scientifically proven parameters, taking into account the specific requirements of each stage of recuperation in which the patient may be found.

The Symposium, organized by CBHATTC and sponsored by the CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)/SAMHSA; MEDICAL CARD SYSTEMS, INC. (MCS); and PFIZER, INC., was attended by over 150 health professionals including: Medical Doctors, Psychiatrists, Psychologists, Social Workers, Counselors, etc., as well as state and private direct service providers, program administrators, researchers, and policy makers.



FOR MORE INFORMATION ON THIS TOPIC, VISIT ANY OF THE FOLLOWING WEBSITES:

Caribbean Basin & Hispanic ATTC
cbattc.uccaribe.edu

American Association for the Treatment Opioid Dependence
www.aatod.org/

National Institute on Drug Abuse
www.nida.nih.gov

Center for Substance Abuse Treatment
www.samhsa.gov/centers/csats2002/csats_frame.html