

ADDICTION TREATMENT FORUM

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#31 May 1999

High Dose Methadone Optimizes Response

CHICAGO, IL — "Optimizing Response to Methadone Maintenance Treatment: Use of Higher-Dose Methadone"; *Journal of Psychoactive*

Drugs; April-June 1999, Vol 31, No 2 (Sarz Maxwell, MD and Marc Shinderman, MD) — Working at the Center for Addictive Problems (CAP) in Chicago, researchers enrolled 164 recalcitrant patients in a special group receiving methadone doses exceeding 100 mg/day: mean 211 mg/d (range 110-

780 mg/d). A comparison group randomly selected from the general clinic population received a mean dose of 65 mg/d.

There was a relative risk reduction (RRR) of 97% (87% vs 3%; $p < .001$) in toxicologies positive for illicit drugs in the HD group, compared to a 67% RRR

(55% vs 37%) in the control group receiving standard treatment. Sixty-three percent of the high dose (HD) group had comorbid psychiatric diagnoses versus 32% of the controls. Response to pharmacologic treatment for psychiatric conditions was enhanced in the HD patients by increasing methadone dose.

The authors concluded that methadone doses in excess of 100 mg/d are not only safe but necessary to prevent illicit opiate use, stabilize psychiatric symptoms, and diminish abuse of alcohol and benzodiazepines in many patients.

MMT Patients Face Discrimination, Prejudice

TUCSON, AZ — Exclusive to *AT Forum*; May 12, 1999 (Nancy Neman, MA) — 80 methadone maintenance treatment (MMT) program patients at New Hope Behavioral Health Center's three Arizona locations in Tucson and Mesa, AZ, responded to an anonymous, voluntary questionnaire researching discrimination and prejudice experienced by patients in the community. Questionnaire categories included: 1) Employment, 2) Professional/Medical, 3) Financial, 4) Family, 5) Social Life, and 6) Self-Perception. A “yes,” “no,” “does not apply” format was used, including opportunities for respondents to add comments.

Significant results ($p < 0.05$) included: 1) **EMPLOYMENT**— 2/3 of respondents reported denial of jobs or termination from existing employment due to methadone positive urine screenings, even with letters from clinics and despite the Americans with Disabilities Act prohibiting such actions; 2) **PROFESSIONAL**— 95+% of respondents reported physician refusal to treat and physician denial of pain medications (even in cases of major surgeries) when learning that the patient was on a methadone program; and 3) **SELF-PERCEPTION**— over 50% of respondents reported feeling ashamed of being in an MMT program due to ongoing experiences with prejudice such as the above.

According to Nancy F. Neman, Clinical Director, Tucson clinics - New Hope

Behavioral Health Center, the study appears to confirm the misinformation and discrimination towards methadone and those on MMT programs.

Additionally, it appears reminiscent of prohibition, when alcoholism was thought to be a “morality problem.” Professional and community education appears to be an obvious initial solution.

For additional information, contact Neman at 520-297-3329 or New Hope Behavioral Health Center-2001 W. Orange Grove, Suite 240-Tucson, AZ 85704.

Drug Treatment Cuts Crime, Saves Money

PHOENIX, AZ — Associated Press; April 21, 1999 (Patrick Graham) — Arizona's voter-approved program of sentencing nonviolent, first- and second-time drug offenders to treatment rather than prison reduces crime and saves tax money, according to a state Supreme Court study.

The program is part of a 1996 law also allowing doctors to prescribe marijuana and some other outlawed drugs to severely or terminally ill patients. It was repealed by the legislature but re-approved last fall in a public referendum. The study, ordered by the Legislature, found the drug offender program saved taxpayers more than \$2.56 million, and that 78% of the participants later tested drug-free.

“The outcome benefits of this intervention over time will reveal not only fiscal and crime reduction benefits, but an increase in quality of life conditions of this population such as improved family and social relationships, increased work productivity and wages, and decreased health system costs,” the high court said. “As it turns out, the (law) is doing more to reduce drug use and crime than any other state program — and saving taxpayer dollars at the same time,” said Judge Rudy Gerber of the Arizona Court of Appeals in Tucson. However, the Supreme Court study didn't fully gauge the success of treatment programs because it excluded recidivism rates. Court officials said they'll look at those rates after the end of the current fiscal year.

Cheap, Deadly 'Crank' Hits U.S. Heartland

PLEASANTVILLE, NY — Business Wire Features; April 12, 1999— From its West Coast foothold, methamphetamine (‘crank’) is sweeping across the heartland, reaching deep into the middle class. And women are particularly susceptible to its deadly charms, warns the April 1999 issue of *Reader's Digest* magazine.

There were an estimated 5 million-plus users age 12 and over in 1997, and methamphetamine-related deaths in the U.S. tripled between 1991 and 1996, the magazine reports in “A Dangerous Drug Hits the Heartland.”

Known as speed, ice, glass, or *crank* (outlaw bikers would smuggle the stuff in motorcycle crankcases), methamphetamine is usually available in a yellowish powder or rock-like chunk. It can be smoked, snorted, injected, or ingested. Teens report using it as commonly as cocaine, and its use among recently arrested women is building in every age bracket, especially the mid-20s.

Methamphetamine helps users stay awake and alert for long stretches of time. And the drug's appetite-suppressing ability is another feature that appeals to women. It also raises blood pressure and pulse rate, increasing the risk of heart attack or stroke. Prolonged use can lead to severe psychoses, including paranoia.

A legal prescription drug until 1970, meth became scarce and costly until “cookers” learned they could make it with ephedrine and pseudoephedrine, common nasal decongestants. As methamphetamine labs sprang up in the late 1980s, the drug became a cheap alternative to cocaine. But users soon find that as meth stimulates the brain to release more dopamine it takes larger and larger doses to achieve the same high.

Government Releases TIP On Stimulants

WASHINGTON, DC — SAMHSA Press Release; May 4, 1999 — Recent findings from federal and private studies provide a better understanding on how/why stimulants (cocaine,

methamphetamine) affect human behavior, and this state of the art knowledge is the basis for new treatment guidelines from the Substance Abuse and Mental Health Services

Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT).

Called "Treatment for Stimulant Use Disorders," it is number 33 in CSAT's Treatment Improvement Protocol (TIP) Series. The 225 page book offers practitioners factual information on what is known today about treating the medical, psychiatric, and substance abuse/dependence problems associated with cocaine, methamphetamine, and other stimulants. Also included are 44 patient worksheets and nine screening tests for cognitive impairment to assist providers in treating people with stimulant use disorders.

CSAT TIPs are available at www.samhsa.gov or they can be ordered by calling 1-800-729-6686 (TDD for hearing impaired: 1-800-487-4889).

Cocaine Alters Brain Structure & Chemistry

MADISON, WI — Wisconsin Symposium on Emotion; April 23, 1999 — Cocaine can produce long-lasting changes in the structure of nerve cells in certain areas of the brain, according to new data presented by Dr. Terry Robinson of the University of Michigan. Speaking at the Fifth Annual Wisconsin Symposium on Emotion, Robinson and his colleague, Dr. Bryan Kolb of the University of Lethbridge, reported that rats exposed over time to either amphetamines or cocaine displayed abnormally elongated and densely packed dendrites — the branched portions of nerve cells that receive the majority of signals from other neurons — in brain regions where processes involving reward, learning, and memory normally take place. The changes were remarkably persistent, well outlasting the acute effects of the drug and withdrawal from it.

"We propose that the increased synaptic connectivity resulting from repeated exposure to cocaine and amphetamines produces a hypersensitivity, or neural sensitization, in these areas of the brain, stimulating animals and people to

constantly work harder for the drug," he said. "This neural sensitization stands in contrast to the better known phenomenon of drug tolerance, which is reduced responsiveness."

Circumstances surrounding drug taking (environmental cues) exert a powerful influence over sensitization, he added. His studies have shown that sensitization is diminished when drugs are administered "out of context."

Research under way in UW Medical School's psychiatry department is yielding related results. Dr. Ann Kelley is studying rats that become sensitized to repeated morphine exposure and show enhanced activity even when they are presented only cues associated with the drug. The cues alone can trigger neuronal activity-expression of the nuclear protein c-fos in the nucleus accumbens, the prefrontal cortex, and other brain regions associated with learning and emotion.

"The fact that classical conditioning may produce alterations in neuronal gene expression suggests that the craving and relapse associated with addiction may have molecular underpinnings," she said.

Study Examines Drug Abuse Patterns Across U.S.

WASHINGTON, DC — PRNewswire; April 29, 1999 — Cocaine use among adult male arrestees has declined over the past year, according to a Department of Justice report. Cocaine remains the drug most commonly found in test results of female arrestees, but is now second to marijuana among male arrestees.

The report, Arrestee Drug Abuse Monitoring (ADAM) Program: 1998 Annual Report on Drug Use Among Adult and Juvenile Arrestees, was released by the National Institute of Justice (NIJ), Office of Justice Programs (OJP).

The ADAM study reveals that drug use trends tend to be localized. In Miami, for example, 53% of adult male arrestees tested positive for cocaine use, while in San Jose only 8% of that group tested positive. Among adult female arrestees, more than two-thirds tested positive for cocaine in New York City

compared to less than 10% in San Jose. In San Diego, Sacramento and Salt Lake City, more than 20% of both the male and female arrestee populations tested positive for methamphetamine use. But, in Anchorage, Laredo and Minneapolis, methamphetamine was almost undetectable among the arrested population.

"ADAM provides local information that helps law enforcement officials and treatment providers address the drug use and abuse problems that are specific to their communities," said NIJ Director Jeremy Travis. "Data collected under the ADAM program reveal the unique drug abuse problems throughout this country and, more importantly, the need to develop appropriate, related interventions and treatment approaches."

The National Institute of Justice (NIJ), the research arm of the Department of Justice, is the primary sponsor of criminal justice research and evaluations of programs to reduce crime. Copies of the 1998 ADAM Annual Report, as well as separate reports on methamphetamine, opiates, cocaine, and marijuana are available on the Internet at <http://www.ojp.usdoj.gov/nij/>, or from the National Criminal Justice Reference Service (NCJRS) by calling toll-free, 1-800-851-3420

WHO Cautious On Swiss Heroin Experiment

BERN, SWITZERLAND — Associated Press; April 16, 1999 (Matthias Bruellmann) — Switzerland says its controversial program to give heroin to addicts leads to health gains, but those claims must be tested carefully before other countries copy the program, a U.N.-sponsored study has concluded.

The World Health Organization, under whose auspices 16 independent experts examined the Swiss program, said the approach should be considered only in rich countries and under rigorous scrutiny. People who were given "prescribed heroin evidenced significant improvement in their physical and mental health over 18 months," said the 15-page study by the health, drug and legal experts, all from outside Switzerland. But the absence from Swiss studies of a control group not given the

drug made it impossible to judge whether the heroin prescription was a factor in that improvement, they said.

WHO said there were “limitations to the interpretations of the results” from the Swiss studies and that the findings couldn’t be generalized. Heroin prescription “should not be considered as a proven therapeutic alternative for heroin addicts.”

Spain Offers LAAM For Opioid Addicts

LONDON, UK — *Lancet*; April 10, 1999; Vol. 353, No. 9160, p. 1252 — Spain’s Ministry of Health has approved the administration of levo-alpha-acetylmethadol (LAAM) as a substitute for methadone for opioid abusers. The approval follows promising results of a three-month study conducted by the National Commission of Agonists (NCA) in 224 opioid addicts.

LAAM’s advantages include the fact that it is only taken a couple times a week, there are decreased physical withdrawal effects, fewer cravings for opioids, and the absence of side effects, according to NCA President Guillermo Guigou. He also noted that LAAM has an 80% success rate, but disadvantages include precautions against use during pregnancy and in patients with serious liver irregularities, and the high price of \$2 per dose. The Ministry of Health is raising awareness of LAAM through training courses given to 500 health-care professionals who treat drug addicts.

Naltrexone Pellet Promoted As Heroin Cure

PHILADELPHIA, PA — *Philadelphia Inquirer*; April 23, 1999 (Jon Stenzler) — A 5-inch pellet surgically implanted in the abdomen of a heroin addict is being presented as a recent weapon in the fight against addiction.

The pellet is based primarily on a drug called naltrexone, which prevents an addict from getting high on opiates such as heroin by blocking the drug’s path, much like gluing the keyhole of a lock. Already, local justices are requiring addicts to use naltrexone implants as a condition of probation.

The prospect of helping addicts, while making a tidy profit, has lured Lance L. Goberman, a physician who operates

an addiction clinic in Merchantville, into the mix. Goberman, 47, creator of the pellet and a recovering addict, specializes in addiction medicine. He also has appeared on numerous television talk shows — chatting with Montel, Geraldo and Ricki Lake — and his name appears on eight billboards, including signs in Philadelphia and Camden.

Goberman, who charges \$375 for the pellet implant and conducts the half-hour surgery in his Merchantville office, said he had performed about 2,800 implants in the last three years. He is seeking approval from the Food and Drug Administration to market the device worldwide.

Goberman said his naltrexone implant blocked the path of opiate drugs for 60 days. He said it was a more efficient form of heroin treatment than methadone, which is administered through a drink, because the implant takes the human element out of the equation.

Slow Release Naltrexone Injection Explored

MENLO PARK, CALIFORNIA — *BW HealthWire*; April 21, 1999 — DrugAbuse Sciences, Inc., a privately held specialty pharmaceutical company announced the initiation of its first pharmacokinetic human trial with NALTREL™ for the treatment of alcoholism and heroin addiction. NALTREL is a slow release form of naltrexone for administration by intramuscular injection on a monthly basis. It has been developed to help alcoholics and heroin addicts overcome the compliance problems they experience with the currently available tablet form of naltrexone, which must be taken daily.

The initial clinical trial is designed to test several NALTREL formulations to determine the polymer composition that provides the optimal drug delivery profile of naltrexone; the acceptance of the administration procedure; the incidence of side-effects vs. the existing oral tablet form; and the correlation with animal models for future optimization studies. The trial will be conducted in

healthy human volunteers in the United States.

According to David E. Smith, M.D., founder and President of the Haight Ashbury Free Clinics and Medical Director for DrugAbuse Sciences. “By reducing the required frequency of administration of naltrexone, NALTREL could guarantee a therapeutic blood level of naltrexone, which may help improve compliance and ultimately result in better outcomes when combined with effective psychosocial programs.”

AIDS Top Infectious Killer

GENEVA, SWITZERLAND — Associated Press; May 11, 1999 (Geir Moulson) — AIDS has become the world’s most deadly infectious disease in the last year, overtaking tuberculosis and moving up to fourth place among all causes of death worldwide, the World Health Organization reported.

A decline in deaths attributed to TB accounted for AIDS moving up from last year’s seventh-place ranking. The estimated number of deaths caused by AIDS in 1998 remained comparable to the previous year’s death count, about 2.28 million worldwide.

The WHO’s list is topped by heart disease, which killed almost 7.38 million people last year. Strokes and acute respiratory infections accounted for 5.1 million and 3.45 million deaths respectively, the agency said.

Needle Exchange Does Not Increase HIV Transmission

VANCOUVER, BC — Reuters Health Information Services; April 16, 1999 (Deborah Mitchell) — Canadian researchers are attempting to correct distorted interpretations of their study on needle-exchange programs in Vancouver. The earlier study has often been cited as evidence that needle-exchange programs lead to an increase in HIV infections; however, Martin T. Schechter of the British Columbia Centre for Excellence asserts that the needle exchange simply attracts higher risk users.

Schechter’s group notes that misinterpretation of the first study has led to incorrect conclusions regarding needle exchanges and, reportedly, even

jeopardized funding for some of the programs. In the April 16 issue of *AIDS*, Schechter et al. presented findings that show very little evidence to back the conclusion that the Vancouver needle exchange was causally linked to a higher rate of HIV.

Heroin Soars In Far East, As Does HIV

LONDON, UK — Radio Free Europe/Radio Free Liberty Online; April 9, 1999 (Lisa McAdams) — Although persons infected with HIV may not be symptomatic for several years after infection, it only takes minutes for infection to occur, often from a contaminated syringe. In countries where intravenous opiate use is increasing, such as Central Asia, Russia, and Eastern Europe, experts are including that factor in harm-reduction efforts.

In the newly-independent states of the former Soviet Union, for instance, data show the number of intravenous drug users is doubling every one to two-and-a-half years. Consequently, HIV infection has risen, increasing six-fold since 1994.

Chris Fitch, an outreach worker with the Center for Research into Drugs and Health Behavior at London's Imperial College, says the distribution and availability of drugs is contributing to the problem. In the Russian Federation, Central Asia, and Eastern Europe, some drug users are fond of "chorney" or black heroin, which is often combined with users' blood or a liquid amphetamine. Fitch notes the drug is cheap at \$2, giving a high that can last as long as 24 hours.

Elders Binge On Booze

LOS ANGELES, CA — Reuters Health Information Services; April 5, 1999 — About 25% of people over 65 years of age drink alcohol daily, and just under 10% of the same age group can be called "binge" drinkers, according to a report appearing in the April issue of the *Journal of the American Geriatrics Society*. Co-author David B. Reuben of the University of California, Los Angeles says he is not surprised by the results but notes that older people may be at greater risk than young people;

60% of those studied used alcohol regularly at some point in their lives, and 79% of the regular users were still habitual drinkers. The report shows the results of a National Health and Nutrition Examination Survey I, in which the rates of alcohol use were studied in more than 3,400 people 65 and older.

Social Maladjustment Raises Alcoholism Risk

PITTSBURG, PA — *Science News*; April 10, 1999, p. 230 (B. Bower) — Previous studies have documented that active children who routinely misbehave and quarrel with others have an increased risk of experiencing alcohol problems as young adults. Now, a study by researchers at the University of Pittsburgh Medical Center indicates that children from families with a history of alcohol abuse are more likely to be introverted and socially inhibited, which sometimes leads to alcohol use as a relief for anxiety.

In the study, published in April's *Journal of the American Academy of Child and Adolescent Psychiatry*, researchers observed children of similar age, sex, and race playing and recorded their behavior. They found that children from families with high rates of alcoholism were more inhibited and less likely to engage their peers than other kids. The researchers speculated that children from families with a history of alcohol abuse may develop sensitized biological reactions to stress and use alcohol to relieve the anxiety when they reach adolescence. The researchers said that future studies should investigate potential biological factors contributing to this behavioral pattern and the psychological impact of growing up with an alcoholic parent.

Federal Research Halted At Drug Treatment Network

LOS ANGELES, CA — *Los Angeles Times* Online; April 20, 1999 (Terence Monmaney) — The federal Office for Protection from Research Risks recently shut down a group of West Coast drug treatment centers that are part of the Friends Research Institute, a Maryland-based private nonprofit group that

involves renowned addiction specialist Walter Ling.

In closing the centers, the government cited conflict of interest issues due to Ling's network of research enterprises, critical research decisions being made without the consultation of a physician, misleading information given to subjects about the effects of experimental treatment, as well as patient's rights to withdraw from the program, and poor record keeping. Experts say that shutting down the research of the Friends group will cripple many facilities that are already having trouble dealing with a burgeoning population of addicts. Ling responded by saying that the issues brought forth involved research years ago, and he asserted they were not sufficient to justify stopping current research.

FDA Warns Against 'Party Drugs'

WASHINGTON, DC — Associated Press; May 11, 1999 (Lauran Neergaard) — Americans should avoid more than a half-dozen sleep aids and "party drugs" sold in health food stores and on the Internet because they can send people into comas or even kill, the Food and Drug Administration warned. Consumers are warned not use products containing the ingredients GBH (gamma hydroxybutyrate); GBL (gamma butyrolactone); or BD (1,4 butanediol). Such products are sold under the names Revitalize Plus, Serenity, Enliven, GHRE, SomatoPro, NRG3, Thunder Nectar, and Weight Belt Cleaner. The chemicals also may be disguised under the names tetramethylene glycol or 2(3H)-Furanone di-hydro.

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Substance Abuse Parity Debate Threatens Methadone

PROVIDENCE, RI — PRNewswire; May 24, 1999 — Word from the National Association of Addiction Treatment Providers (NAATP) annual conference that House and Senate versions of federal substance abuse parity legislation will split over the issue of abstinence-based addiction treatment is stirring fears of division in the treatment field.

The debate threatens to widen the rift between supporters of pharmacological treatment for substance abuse, such as methadone, and those who say one addictive drug should not be used to combat addiction to another.

William Cope Moyers, vice president for public affairs at Hazelden Foundation told NAATP conference attendees that U.S. Rep. Jim Ramstad (R.-Minn.) is preparing to introduce a modified version of parity legislation he and Sen. Paul Wellstone (D.-Minn.) sponsored in their respective chambers last year. While Wellstone plans to reintroduce last year's legislation, which would have mandated nondiscriminatory coverage for all types of addiction treatment in private insurance plans, Ramstad will support a bill that specifies parity only for coverage of abstinence-based treatment programs. Moyers told conference attendees that Ramstad's bill represents the field's best chance for achieving parity, since the bill could garner crucial Republican backing.

Some advocacy groups, however, including the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), the Legal Action Center, and the American Society of Addiction Medicine (ASAM), have indicated that they would oppose any parity legislation that disenfranchises clients receiving non-abstinence-based treatment.

Methadone-Nevirapine Interaction Reported

USA — Reuters Health Information Services; Nevirapine Interacts With Methadone and May Induce Opiate Withdrawal; June 4, 1999 — Researchers at Yale have found that nevirapine [Viramune®] may cause withdrawal symptoms in HIV-infected patients receiving maintenance treatment with methadone. The investigators, who reported their findings in the May 28 issue of *AIDS*, noted that seven patients developed withdrawal symptoms within seven days of beginning nevirapine treatment and another 24 unpublished cases support their observations.

It is recommended that patients taking methadone be counseled about the potential interaction it may have with nevirapine and that methadone dosage

be increased if withdrawal symptoms occur. Investigators also caution doctors to monitor such patients if nevirapine is discontinued, because when CYP3A4 isoenzyme activity returns to normal, a methadone overdose may occur.

Adulterated P-dope Subverts Methadone Benefits

NEW YORK — *New York Times*; Getting Hooked Faster, But Why?; May 9, 1999, p. 28 (Christopher S. Wren) — P-dope, a form of heroin, has been around for a long time but many current users believe dealers are mingling the drug with adulterants to make the drug more powerful than methadone, the heroin blocker. If the drug is made stronger to resist methadone, dealers will not lose users who go to treatment clinics.

Medical experts, however, are skeptical about the speculation, countering that the drug is more addictive because of its purity. Jon Struan-Parker, who heads up the AIDS Brigade, an outfit that distributes clean syringes, says P-dope is cut with anesthetics such as lidocaine or procaine to get users addicted faster and intensify cravings. However, Dr. John P. Morgan, professor of pharmacology at the City University of New York Medical School, says heroin would not be more addictive if anesthetics were added. But, if the purity of the drug is high enough, it will override methadone, Morgan notes.

Cheap Heroin Provokes Greater Addiction

NEW YORK — *American Journal of Public Health*; Methadone Dosing, Heroin Affordability, and the Severity of Addiction; May 1999, Vol. 89, No. 5, P. 662 (Peter B. Bach, John Lantos) — Some law enforcement officials have suggested that instituting policies that would increase the price of illicit drugs would have a positive impact on the war on drugs. In an effort to determine the effect price changes have on drug consumption, researchers conducted a study of U.S. heroin prices between 1988 and 1995 and analyzed the data to see whether a change in price influenced the habits of heroin users seeking methadone treatment.

Heroin price data was collected through the Drug Enforcement Agency's Domestic Monitor Program. Using methadone dose data from 100 methadone maintenance centers, researchers sought to determine whether those receiving high doses of methadone were more likely to be from cities where the heroin was expensive. The researchers discovered that heroin addicts need higher doses of methadone when heroin prices are lower, which suggests they are using more heroin and need more help stabilizing their addiction. Based on their findings, the researchers concluded lower heroin prices lead to more drug use and that higher prices result in less heroin consumption.

New Class of Medication - NRI - Treats Depression

WASHINGTON, DC — Doctor's Guide to Medical & Other News; May 18, 1999 — During the 152nd annual meeting of the American Psychiatric Association (APA) researchers presented the results of clinical studies showing that reboxetine mesylate tablets, a new antidepressant, is effective in treating the symptoms of depression. Reboxetine, a selective norepinephrine reuptake inhibitor (NRI), is the first in this new class of medications that increase the brain's supply of the neurotransmitter norepinephrine. Norepinephrine depletion has been demonstrated to affect most core symptoms of depression, including lack of energy and interest and loss of motivation. Addressing these symptoms of depression is an important treatment goal for many patients.

Two randomized, controlled, double-blind trials enrolling 549 patients compared reboxetine with fluoxetine or placebo over 8 weeks. The primary outcome measure was mean reduction in Hamilton Depression Scale (HAM-D) total scores. This scale is a standardized instrument used to diagnose and evaluate depression.

In the comparator trial, the mean reduction in HAM-D scores was 19.2 for patients on reboxetine and 16.8 for patients on fluoxetine. In the placebo-controlled study, the mean reduction in

scores was 13.4 for reboxetine, 13.3 for fluoxetine, and 8.7 for placebo. Additional study results showed that reboxetine treatment led to more patients achieving a normal Social Adaptation Self-evaluation Scale (SASS) score than did fluoxetine treatment.

Reboxetine is marketed outside the United States as Edronax and Norebox tablets and is available in the United Kingdom, Ireland, Italy, Finland, Germany, Sweden, Belgium, Denmark, Spain, and Austria.

Brain Shocks to Cure Depression? Addiction?

BOSTON — Associated Press; May 12, 1999 — Accidental electrical stimulation of the brain during medical treatment can trigger bouts of deep depression that come and go almost instantly.

French doctors made the discovery while treating a woman with Parkinson's disease. They implanted electrodes deep in her brain to stimulate the parts that malfunction and, to their surprise, they found that turning on one of these electrodes made the woman profoundly depressed. Ninety seconds after the electrical stimulation was stopped, the woman's depression disappeared. Stimulating another electrode implanted nearby dramatically relieved the woman's Parkinson's disease, enabling her to give up taking her medicine.

Dr. Boulos-Paul Bejjani and others from INSERM, the French research organization, published a report on the case in the May 13th *New England Journal of Medicine*. The report raises important questions about depression and the potential use of electrical treatments. Is depression hard-wired into the brain? Can brain stimulation also trigger symptoms of mania, and would this be a possible treatment for manic-depression? Could stimulation of other parts of the brain treat such disorders as alcoholism or drug abuse?

Medication Approved for Social Anxiety Disorder

PHILADELPHIA — PRNewswire; May 11, 1999 — the U.S. Food and Drug Administration (FDA) has approved paroxetine HCl (Paxil®) for the

treatment of social anxiety disorder, making it the first medication approved for this disorder in the United States.

Affecting over 10 million Americans, social anxiety disorder, also known as social phobia, is the most common type of anxiety disorder and the third most common psychiatric disorder after depression and alcoholism. Social anxiety disorder is also considered one of the most neglected psychiatric disorders, with only 5% of patients receiving some form of treatment.

People with social anxiety disorder have an intense fear of being scrutinized by other people in social or performance situations and of negative evaluation. They literally become "sick with fear" and are afraid of acting in a way that will be embarrassing or humiliating, causing them to avoid such situations in the future or endure these "everyday" situations with dread. Such situations may include speaking in public, initiating or maintaining a conversation with strangers or people in authority, participating in meetings or classes, attending parties or dating.

Gene Discovered for Panic Disorder

CANADA — PRNewswire; May 21, 1999 — Twelve years of painstaking research by Canadian clinical scientists from the Royal Ottawa Hospital has resulted in the identification of a gene for panic disorder. Funded by the Medical Research Council of Canada, these findings announced in the May issue of the *Journal of Molecular Psychiatry* represent the first evidence of a genetic link to this common anxiety disorder.

The gene discovery is pivotal to the understanding of panic disorder which has been trivialized up until now as a symptom of stress or a weak character. The disorder is characterized by recurrent panic attacks, which are episodes of sudden fear or anxiety accompanied by physical symptoms such as breathing difficulties, palpitations, and dizziness.

Panic disorder is linked to a number of secondary complications such as alcoholism, agoraphobia (fear of unfamiliar surroundings), chronic

anxiety, and depression. This gene discovery has significant implications for future treatment of this psychiatric condition, including the eventual possibility of a cure through gene therapy.

Search Continues for Roots of Addiction

USA — *Nature*; April 15, 1999; Drug Addiction: Bad Habits Add Up; Vol. 398, p. 567 (Trevor W. Robbins, Barry J. Everitt) — In the United States alone, experts say addiction costs average about \$80 billion. Many Western nations are increasing investments in research geared at understanding, treating, and preventing addiction.

Genetic and cell-biological approaches have yielded many molecular targets for drugs of abuse, but the value of these methods are dependent on an integrative framework of systems and cognitive neuroscience. The framework would give experts the ability to unearth new ideas about the factors that influence addiction and treatment.

Earlier in the decade, experts determined that many—if not all—drugs of abuse act through the brain neurotransmitter dopamine and the neural systems that it governs. Researchers discovered that the nucleus accumbens, found at the base of the striatum, is a principal factor mediating the rewarding effects of drugs such as amphetamine and cocaine. Research on dopamine has been the basis for other studies, such as molecular genetics and functional neuroimaging. Some scientists, for instance, have been looking at dopamine receptors for "candidate" genes to explain why drug abuse often runs in families.

Treating Addiction Critical in HIV-Infected Women

USA — Reuters Health Information Services; May 3, 1999 — A study published in the April 15th issue of the *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* indicates that controlling illicit drug use is very important in the care of HIV-infected women. The longitudinal study found that HIV-positive women who used drugs were poorer, older, more likely to be born in the United States.

They also were more likely to test positive for at least one sexually transmitted disease at baseline than women who did not use drugs. Female drug users reported slightly earlier first intercourse, more male partners, and less consistent use of condoms.

Easy, Legal Needle Access Supported

BOSTON — *Boston Phoenix* Online; April 26, 1999 — the editors of the *Boston Phoenix* voiced their support for two proposals before Massachusetts lawmakers that would make it legal for adults to purchase hypodermic needles at pharmacies without a prescription, which they claim will help slow the spread of HIV. Currently, the state offers only a few clean-needle exchange programs in larger cities, leaving those not near a program to fend for themselves. In 1997, the editors noted, about 43% of new AIDS cases in the state were linked to unclean needles. Only seven other states require adults to have a prescription to purchase needles, but together the eight states have 59% of all needle-related AIDS cases.

Study Compares Drug Use in England, United States

WASHINGTON, DC — PRNewswire, May 14, 1999 — The use of opiates/heroin, methadone, and amphetamine tends to be lower among arrestees in the United States than in England, according to a study sponsored by the National Institute of Justice (NIJ), the research arm of the Department of Justice.

The report, “Comparing Drug Use Rates of Detained Arrestees in the United States and England,” also notes that crack/cocaine use is higher among arrestees in the United States, and marijuana and depressant use in the two countries is comparable.

“Comparing drug use across national boundaries is another step toward understanding the worldwide drug problem,” said NIJ Director Jeremy Travis. “Identifying patterns of drug abuse in different countries can give us insight into cultural and environmental influences on drug use, as well as trends in international drug trafficking.”

The study reveals a number of similarities in drug use between the two countries:

- A large proportion of arrestees in both countries tested positive for one or more drugs — 68% in the United States and 59% in England.
- More than 80% of the arrestees in each country reported illegal drug use at some point in their lives.
- In both countries, arrestees age 21 or older are more likely to test positive for drugs other than marijuana than those 20 or younger, but younger arrestees are more likely than older arrestees to test positive for marijuana use.
- Unemployed arrestees in both countries are significantly more likely to test positive than employed arrestees.
- Few differences are found between the two countries in the percentage of arrestees who had ever received drug treatment.

The NIJ is the primary sponsor of criminal justice research and evaluations of programs to reduce crime. For the full report or additional information the Internet address is <http://www.ojp.usdoj.gov/nij> or from the National Criminal Justice Reference Service (NCJRS) by calling toll-free, 1-800-851-3420.

U.K. Youth Ignorant of Heroin Harm

LONDON — *U.K. Independent* Online, May 11, 1999 (Jason Bennetto) — A new group of British young people is being lured into addiction by heroin dealers who convince the youths that heroin is a cheap, lifestyle drug. The youths believe heroin is no different from cannabis or amphetamines.

Howard Parker, a professor at Manchester University, says lack of education is partly to blame. Kids are taught about the dangers of ecstasy but given little data regarding heroin. He points out that youths from the communities destroyed by heroin in the 1980s stay away from the drug because they know the dangers; however, clubbers and other novice drug users view heroin as an acceptable alternative.

Experts say dealers are also promoting the drug as useful for coming down from a “high” from ecstasy and speed. The result is that some groups of users are smoking heroin at the end of their evening of partying. Mike Goodman, director of the British drug helpline Release, says a high-impact heroin campaign has not been conducted for some time now and many youths fail to realize how dangerous the drug can be.

U.S. Youth Seduced by Heroin Snorting

NEW YORK — *New York Times*; For Heroin’s New Users, A Long, Hard Fall; May 9, 1999, p. 27 (Christopher S. Wren) — While more urban African Americans are staying away from heroin, sociologists and doctors say the drug is becoming more popular among whites because the drug’s purity allows inhalation rather than injection. However, the purity has increased the potency and risk.

Dr. Stephan G. Lynn, a senior emergency-medicine doctor at St. Luke’s-Roosevelt Hospital Center, says more affluent and younger persons are being treated after using the drug. One factor influencing the new users is the misconception that inhaling heroin does not lead to addiction. According to Don Des Jarlais, head of the Chemical Dependency Institute at Beth Israel Medical Center, more than half of those patients seeking treatment for heroin addiction are sniffing the drug. Up to 40% of those who initially sniff heroin end up injecting the drug, he notes.

John Galea, director of the street studies unit of the New York State Office of Alcohol and Substance Abuse Services, notes that younger users are ignorant of the damage heroin wreaked during the 1970s epidemic. Those users are willing to sniff or snort the drug because they believe they will not end up like those previous addicts.

Treatment Lacking for Addicted Kids in HMOs

ALBUQUERQUE, NM — *Albuquerque Journal* Online; May 2, 1999 (Brendan Smith) — Doctors, state officials, and families in New Mexico are trying to come to terms with a health maintenance organization system that they believe

does not always provide the inpatient care that young drug addicts need. Moreover, they say the ineffective drug treatment that HMOs provide pushes kids into less expensive outpatient programs. In many instances, doctors, social workers, and parents see kids needing treatment, but HMOs are determining that none is needed.

Connie Qualls, director of the behavioral health network of Presbyterian Medical Services, an HMO under state contract to provide Medicaid care, acknowledges that there is a shortage of facilities with the skills needed to deal with young heroin addicts in New Mexico. Dr. Jim Jacobson, of a behavioral health organization that is subcontracted by Presbyterian, asserts that doctors, judges, and parents must do a better job of articulating what treatment is medically necessary.

Still, there are observers who are not as convinced that HMOs will have any success treating young drug addicts. Among other things, critics point out that the system provides no follow-up after young users attend treatment facility programs to see if the youths have returned to drugs once they go home.

Ecstasy, Parkinson's Disease Linked

USA — *Washington Times*; Ecstasy May Be Linked to Parkinson's Disease; May 6, 1999, p. A8 — A new study in the *New England Journal of Medicine* suggests that prolonged use of the hallucinogenic drug "ecstasy" may cause Parkinson's disease. The authors linked the two because of a case of a 29-year-old man who took the illegal drug nine times in 1997 and once in May 1998. Three months after the last dose, he began showing symptoms of the disease, which was later confirmed by tests.

HCV Tests Needed for Million in U.S.

USA — Reuters, May 6, 1999 (Maggie Fox) — The Centers for Disease Control and Prevention announced that so far, only 6,500 people out of a possible 1 million have been notified that they may be at risk for infection with the hepatitis C virus. The government "look-back"

program, designed to notify those who had blood transfusions before 1992, is moving slowly; however, experts are encouraging those who could be at risk for HCV to not wait for a letter and to go ahead and be tested. People at-risk for the virus, which is transmitted via bodily fluids like blood or semen, include those who had blood transfusions prior to 1992, injection drug users, and individuals who had sex with someone at risk for the disease. The Food and Drug Administration recently approved the first home test kit for HCV, Home Access Health's Hepatitis C Check, which will enable users to take their own blood sample and send it in anonymously to be tested.

Ritalin Focus of Addiction Debate

CHICAGO — *Chicago Sun-Times*; May 23, 1999 — Ritalin, the stimulant drug prescribed to millions of young people with attention deficit hyperactivity disorder, ADHD, is at the center of a new debate. A controversial study from the University of California at Berkeley contends that Ritalin and other stimulants further raise the risk of drug abuse.

Nadine Lambert, a professor of education, followed almost 500 children for 26 years. She argues that exposure to Ritalin makes the brain more susceptible to the addictive power of cocaine and doubles the risk of abuse.

Studies heading for publication later this year will reach exactly the opposite conclusion, finding that Ritalin and other drug treatments actually reduce the risk of drug abuse. Untreated kids are more prone to self-medicate and abuse chemicals, they conclude.

Harvard psychiatrist Tim Wilens and his colleagues at Massachusetts General Hospital studied 500 children from age 10 to age 15 and exonerate Ritalin. The study is scheduled to be published in the August issue of the journal *Pediatrics*.

James Swanson, professor of pediatrics and cognitive science at the University of California, Irvine, said ADHD might be rooted in the receptor for the neurotransmitter dopamine. Ritalin is a dopamine reuptake inhibitor — meaning it keeps more of the substance in circulation. Swanson said Ritalin, while

effective for many, fails to help 20% to 30% of patients. Moreover, it wears off in two hours, requiring children to take medicine at school. A newer stimulant, Adderal, is active longer.

Other conventional ADHD drug treatments include the stimulants Dexedrine and pemoline (Cylert), the drug clonidine (Catapres) and a variety of antidepressants.

Cocaine Raises Heart Attack Risk

DALLAS — Associated Press; June 1, 1999 (Troy Goodman) — Cocaine users are 24 times more likely to have a heart attack during the first hour after taking the drug, according to a Harvard study appearing in the journal *Circulation*.

The research was based on interviews at 64 hospitals across the United States with 3,946 patients, ages 20 and 92, who had suffered heart attacks. Thirty-eight reported cocaine use in the year prior to their attack, with nine reporting use of the drug within an hour before their heart attack.

The cocaine users who had a heart attack were 44 years old on average. By comparison, the average age for all heart attack patients in the United States is 61. Research over the past decade has shown adrenaline-like drugs such as cocaine can trigger health problems such as increased heart rate, high blood pressure, and stroke.

More than 30 million Americans are believed to have tried cocaine, with an estimated 5 million becoming regular users.

New Research Targets Heroin, Cocaine Addiction

NEW YORK — *New York Times*; In battle against heroin, scientists enlist heroin; June 8, 1999 (Christopher S. Wren) — Researchers at Columbia University are offering free heroin to addicts and paying them to use it under a federally authorized program aimed at finding a cure for their drug habits.

Addicts receive regular doses of pure heroin after being given naltrexone, buprenorphine, or methadone, which are medications found to be effective in neutralizing heroin's high. Because increasingly pure heroin is being sold on the streets, the researchers want to learn

whether stronger doses of these medications are needed and can be prescribed without risk.

“A [methadone] dose that was probably good enough 15 years ago may not be good enough for heroin now,” said Dr. Herbert D. Kleber, a professor of psychiatry at Columbia who directs the medical college’s division on substance abuse and is medical director of the National Center on Addiction and Substance Abuse at Columbia.

One study, involving buprenorphine and methadone, gives participants who have received a dose of either drug the chance to perform laboratory tasks for heroin or for money. If the drug works properly, the addict will logically choose the cash. Another study financed under the federal grant focuses on heroin users who are given naltrexone, but no heroin, as outpatients, with a spouse or friend as a monitor. The volunteers are paid \$25 a week, plus \$3 for transportation, if they keep taking the naltrexone and produce clean urine in a drug test.

Three other studies at Columbia are looking at cocaine and how its use is affected by desipramine, an antidepressant; risperidone, an antipsychotic, and memantine, a drug marketed in Europe for dementia and Alzheimer’s disease. Earlier studies have suggested that such medications may be useful in blocking or diluting a cocaine high. However, no cocaine is dispensed in these studies.

“No one has been successful in developing a drug for cocaine,” Kleber said, “so we’re looking at treatment for sub-groups of addicts whose underlying emotional and mental problems may have led them to cocaine abuse.”

Grants Approved to Treat Addicted Prisoners

WASHINGTON, DC — PRNewswire; May 24, 1999 — Vice President Al Gore announced that states are receiving Justice Department grants totaling more than \$57 million to continue providing substance abuse treatment to offenders at state and local correctional facilities.

These grant awards come on the heels of President Clinton’s announcement of his new Crime Bill, which includes \$100 million for the Zero Tolerance Drug

Supervision initiative. This initiative creates a new competitive grant program to assist states and local and tribal governments develop and create comprehensive drug testing policies and practices for suspects and offenders as part of pretrial release, treatment in prison, and treatment while on parole.

The Office of National Drug Control Policy reports that providing treatment to inmates during incarceration and after their prison stay can reduce recidivism by approximately 50%. Another study completed by the National Center on Addiction and Substance Abuse at Columbia University reports that treatment could lead to the reduction of 1 million crimes per year for every 10,000 drug-addicted inmates who stay off drugs and stop committing crimes after release.

Yet, only a fraction of the substance-abusing offenders in the nation’s correctional facilities have access to much-needed treatment. A 1997 study sponsored by OJP’s Corrections Program Office shows that approximately 70% to 80% of all state prison inmates are in need of substance abuse treatment. However, on average about 12.7% of the inmates in the states surveyed were receiving treatment on any given day, and only about 15.3% complete a prescribed substance abuse treatment program prior to release from confinement. Additional information on OJP and its programs is available at: <http://www.ojp.usdoj.gov>

State-Funded Methadone Nixed in Central Florida

ORLANDO, FL — *Orlando Business Journal*; May 31, 1999 — Despite an epidemic level of heroin deaths, the state of Florida refuses to provide funding for methadone treatment in the Orlando area.

The Center for Drug-Free Living in Orlando was Central Florida’s only state-supported methadone program. But three years ago, the state eliminated its methadone funding. Since then, the number of deaths from heroin addiction in the area have nearly tripled.

According to surveys, the number of Central Floridians who said they use heroin has increased 433%. According

to a recently released report from the Florida Department of Law Enforcement, Orlando has the highest number of heroin deaths per capita statewide. To address the situation, the state plans to establish a new methadone program in Central Florida, but it is doubtful that it will be state-funded. Instead, existing methadone clinics will have to continue to operate on private donations and payments from addicts who can afford to pay for treatment.

Funds Short for Australian Addiction Treatment

AUSTRALIA — Australian Associated Press; April 22, 1999 — Opposition leaders in Australia said recently a government proposal to treat an additional 300,000 drug addicts may not be feasible because of a lack of funds. Senator Brenda Gibbs said the AU\$55 million [US\$34.7 million] the government said it would spend annually for the next four years to treat more drug addicts was not sufficient. Gibbs argued that the average cost of treatment for heroin addiction was about AU\$5,000 [US\$3,150], which meant only an additional 10,000 addicts could be treated per year. Senior minister John Herron, however, said it was difficult to determine the average cost of treatment.

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New Report: Cultural Issues in Addiction Treatment

WASHINGTON, DC — SAMHSA Press Release; July 7, 1999 — *Cultural Issues in Substance Abuse Treatment* — a new report from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT) — is designed to shed light on the critical role that cultural perspectives play in successful substance abuse treatment strategies.

The report provides background on demographic, social, and treatment needs for African American, Hispanic, Asian American/Pacific Islander and American Indian/Alaska Native populations in the U.S. The report notes that some substance abuse problems are more prevalent among certain racial and ethnic minority populations. Members of

these groups are disproportionately affected by diseases associated with alcohol and drug abuse, such as HIV/AIDS, cirrhosis and other liver ailments like hepatitis, and sexually transmitted diseases. Ignoring these factors, the report warns, can lead to a one size fits all mentality that may set the stage for more costly and acute treatment needs in the future.

Cultural Issues in Substance Abuse Treatment is available on the CSAT Web page at www.samhsa.gov or by calling the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

Treating Opiate Dependence: Clinician Course Announced

NEW YORK, NY — American Methadone Treatment Association, Press Release; June 28, 1999 — To further the education of health care workers throughout the U.S. in treating opiate dependence, a Physician Training Symposium is scheduled for September 22, 1999 at the Hyatt Regency Hotel in Atlanta, GA.

The course will serve as a primer for clinicians working in methadone treatment programs, plus other physicians wanting to learn more about methadone treatment practices. Physician assistants and nurses are also encouraged to attend. Cosponsored by the American Methadone Treatment Association, the American Society of Addiction Medicine, and the American Academy of Addiction Psychiatry, the one-day program costs \$125.

Further information is available from the American Methadone Treatment Association by calling 212-566-5555 (Fax: 212-349-2944) or visiting their Web site at www.assnmethworks.org.

Anti-Cocaine Vaccine Offers Promise

CAMBRIDGE, UK — PRNewswire; June 15, 1999 — Thomas Kosten, MD, (VA Medical Center, West Haven, CT) presented results from a Phase I clinical trial with an anti cocaine vaccine, called TA-CD, at the 61st Annual Scientific Meeting of the College on Problems of Drug Dependence (CPDD) in Acapulco, Mexico.

The trial, designed to demonstrate the safety and immunogenicity of TA-CD, was a double blind placebo-controlled dose escalation study run at a drug rehabilitation facility in New England. Thirty-four subjects, all with a history of cocaine addiction, were enrolled in the trial.

TA-CD was shown to have a positive safety and tolerability profile, and no serious vaccine-associated adverse events were reported. All patients receiving the vaccine mounted an antibody response that was dose related and persisted at least 84 days. This antibody was shown to be capable of recognizing free cocaine in the blood.

“We were encouraged by the evidence that the vaccine was very well tolerated and able to generate sustained antibody responses at all dose levels,” said Kosten. “I am very keen to see this vaccine development program move forward into more advanced trials.”

This trial received funding support from NIDA. A randomized placebo-controlled Phase II clinical trial is planned to commence in the second half of 1999.

Combination Therapies Best for Cocaine Addicts

NEW YORK, NY — *Archives of General Psychiatry*; June 1999, Vol. 56:493-506 (Paul Crits-Christoph, et al) — Researchers at the University of Pennsylvania in Philadelphia compared the effectiveness of four types of therapeutic strategies in fighting cocaine addiction: individual counseling plus “12-step” group therapy, one of two types of professional psychotherapy plus group therapy, and group therapy alone. A total of 487 cocaine addicts received one of these four treatment options for a period of 6 months.

The combination of counseling plus group therapy achieved the best results. After 6 months of therapy, about 60% of patients receiving counseling/group therapy reported cocaine abstinence during the previous month, compared with between 42% to 50% of those receiving either psychotherapy/group therapy or group therapy alone.

And the investigators note that more than 38% of patients in the

counseling/group therapy cohort went without cocaine for a period of at least 3 months, compared with just 18% to 27% of individuals enrolled in either of the other three treatment options.

The study suggests that counseling — often performed by social workers — may be a more cost-effective means of treating cocaine addiction than psychotherapy with psychologists or psychiatrists. In his commentary on the study, Dr. Eric Strain of Johns Hopkins University School of Medicine notes that “individual drug counseling treatment was provided by less expensive staff, for a shorter period of time, with better outcomes” compared with treatments involving psychotherapy.

Longer Treatment Needed for Severe Cocaine Addiction

NEW YORK, NY — *Archives of General Psychiatry*; June 1999, Vol. 56:507-514, 516-518 (D. Dwayne Simpson, et al) — The severity of an individual’s cocaine addiction and other life problems should be assessed when decisions are being made about treatment for addiction, a NIDA-sponsored report suggests. For patients with moderate to severe problems, a minimum of 3 months of treatment is needed to achieve long-term positive benefits.

In a study of over 1,600 cocaine addicts treated in community-based treatment programs between 1991 and 1993, researchers found that those who underwent a short-term inpatient program were more likely to be using cocaine a year later compared with those who underwent long-term residential treatment.

Researchers then looked at a “problem severity index,” taking into account other factors, such as multidrug use, alcohol-dependence, criminal activity, unemployment, lack of support from family and friends, and symptoms of depression or anxiety. They found that 20% of patients with low scores on the problem severity index reported continued cocaine use after treatment, compared with 32% of those with medium or high problem severity.

Further analysis showed that 15% of those with severe problems prior to treatment relapsed to weekly cocaine use after long-term residential treatment (longer than 90 days). Patients with severe problems placed in shorter or nonresidential treatment programs had relapse rates of 38% and 29%, respectively, according to the report.

“The treatment of cocaine dependence ... appears to be increasingly effective when delivered in a graduated response to problem severity,” the authors conclude.

Buprenorphine Could Receive Regulatory Boost

USA — *Alcoholism & Drug Abuse Weekly*; June 15, 1999 — Supporters of pharmacological treatments for substance abuse are applauding proposed legislation that would give physicians greater authority to prescribe federally regulated drugs to treat addictions. The proposal would significantly affect the opiate agonist buprenorphine, which has shown promise in clinical trials and in other countries but has not yet received FDA approval.

U.S. Rep. Thomas J. Bliley Jr. (R.-Va.), chairman of the House Commerce Committee, and Sen. Orrin G. Hatch (R.-Utah) are spearheading a legislative modification of the Controlled Substances Act that would give physicians greater freedom to use Schedule IV and V drugs to treat addiction. The legislation would allow individual physicians to write a limited number of prescriptions for buprenorphine — a Schedule V drug that has been used with success in Europe and Asia — once it receives FDA approval.

In a letter to John D. Dingell (D.-Mich.), the ranking Democratic member of the House Committee on Commerce, NASADAD president John Gustafson notes that widespread use of buprenorphine may depend ultimately on whether it is approved for use by Medicaid, managed care organizations and other third party payers.

Gustafson states that much of the impact of the legislation will also depend on what regulations are adopted to

implement it. In addition, he writes that it is unclear how dispensing buprenorphine from an office setting might affect the larger delivery of substance abuse services.

Mark Parrino, executive director of the American Methadone Treatment Association, cautioned that because studies have shown buprenorphine to be most effective with adolescents or those with less long-standing opiate addictions, the drug is not a valid substitute for methadone.

Parrino explained that in the United States, unlike in other countries where the drug is used, buprenorphine generally would be combined with the opiate antagonist naloxone to minimize the chance for diversion of the narcotic substance. However, he said that doing so would set a dosage ceiling that is insufficient for many longtime addicts.

NIDA, having focused significant research efforts on buprenorphine in recent years, is reportedly offering strong support for the Bliley/Hatch legislation. If physicians are given authority to prescribe the drug, SAMHSA’s Center for Substance Abuse Treatment (CSAT) would have to draft guidelines on its usage. In addition, Parrino said that physicians, many of whom are unfamiliar with treating addictions, would have to be adequately trained in how to employ the drug most effectively.

Dopamine Agonists Associated With Sleep Attacks

USA — *Neurology*; 1999, Vol. 52: 1908-1910 (Stephen Frucht, et al) — Results from a small study of patients taking dopamine agonists for Parkinson’s disease suggest that these drugs could cause sudden irresistible attacks of sleepiness that are potentially dangerous.

Stephen Frucht (Neurological Institute, New York City) and colleagues identified nine male patients with Parkinson’s disease who had been involved in car accidents after they had fallen asleep while driving. Each was later interviewed to find out about the accident and about other sleep attacks.

Eight of the nine men (average age 65 years) had been taking pramipexole, one

had been taking ropinirole. Frucht believes that the drugs taken, rather than the underlying Parkinson’s disease, were responsible for the sleep attacks because “this form of sleep attack has not, to our knowledge, been described in patients with Parkinson’s disease. It is possible that these drugs trigger sleep by down-regulating dopaminergic input to the reticular activating system but more work is needed to discover the exact mechanism.”

Depression Linked to Physical Changes in Brain

ST. LOUIS, MO — *Journal of Neuroscience*, June 1999:19:5034-5043 — Depression appears to affect the size of an area of the brain involved in learning and memory, report U.S. researchers. This area, called the hippocampus, tends to be smaller in people with a history of depression.

In a study of 24 women ranging in age from 23 to 86 with a history of depression and 24 women with no such history, those with a history of depression had 9% to 13% smaller hippocampal volumes. Study participants who had more bouts with depression had even smaller hippocampal volumes than those women who reported fewer episodes of depression, reported a research team led by Dr. Yvette L. Sheline, a psychiatrist at Washington University School of Medicine in St. Louis.

They also found that a specific area in another brain structure associated with emotion, the amygdala, was smaller in women with a history of depression.

Women with a history of depression also scored lower on a test measuring verbal memory, a key function of the hippocampus. Researchers speculated that advanced age may promote volume loss in the hippocampus, but the new results suggest that depression alone is responsible for the smaller volumes.

Exactly how smaller hippocampal volumes are linked to depression is unclear, but previous research suggests that depressed people make too much cortisol, a stress hormone needed for hippocampal function. Sheline and colleagues hypothesize that high levels

of stress hormones may have toxic effects on the hippocampus.

Treating Addiction Helps Everyone: Leshner

LOS ANGELES, CA — *Los Angeles Times*; Why shouldn't society treat substance abusers?; June 11, 1999 (Alan I. Leshner) — Imagine a debilitating disease for which there are effective treatments. Imagine that this treatable disease costs society \$110 billion a year. Can you imagine not using the treatments? It seems unfathomable, but that often is the case with the treatment of drug addiction, writes Alan Leshner, PhD, Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health.

Addicts are frequently denied treatment that would not only improve their lives, but also would improve our own lives by cutting crime, reducing disease and improving the productivity of employees and the economy. People are polarized on the issue of treatment: They are either strong advocates for treating addiction or they hate the idea. People debate with passion whether treatment works or not, which approaches are best, and whether treatments such as methadone simply substitute one addiction for another.

From my observation post, the core of the issue cannot be simply whether drug treatments are effective or not, since there already is abundant scientific data showing that they are. In fact, research shows that drug treatments are as, or more, effective than treatments for other chronic disorders, such as forms of heart disease, diabetes, and some mental illness.

A variety of studies from the National Institutes of Health, Columbia University, the University of Pennsylvania, and other institutions all have shown that drug treatment reduces use by 50% to 60%, and arrests for violent and nonviolent criminal acts by 40% or more. Drug abuse treatment reduces the risk of HIV infection, and interventions to prevent HIV are much less costly than treating AIDS.

Treatment tied to vocational services improves the prospects for employment, with 40% to 60% more individuals

employed after treatment. The case is just as dramatic for prison and jail inmates, 60% to 80% of whom have serious substance abuse problems. Science shows that appropriately treating addicts in prison reduces their later drug use by 50% to 70% and their later criminality and resulting arrests by 50% to 60%. These data make the case against warehousing addicts in prison without attending to their addictions.

Successful drug treatment takes a person who is now seen as only a drain on a community's resources and returns the individual to productive membership in society. Best estimates are that for every \$1 spent on drug treatment, there is a \$4 to \$7 return in cost savings to society. This means that dwelling on moralistic questions, such as who deserves what kind of help, blocks both the individual and society from receiving the economic and societal benefits that can be achieved from treating addicts.

Delaware Prison Program Makes Streets Safer

WILMINGTON, DE — PRNewswire; July 2, 1999 — Delaware inmates who complete substance abuse treatment and aftercare programs are more likely to remain drug- and arrest-free after their release from prison. Those are the results of a study funded by NIDA and conducted by the Center for Drug and Alcohol Studies at the University of Delaware. Highlights of the study include:

- Nearly 70% of those inmates who completed the entire substance abuse treatment program and aftercare were not re-arrested within 42 months of release from prison. Only 30% of those who did not go through any treatment program remained arrest-free during the same time period.
- 42% of those inmates who completed treatment were likely to stay off drugs 42 months after release — that's 6 times the number who do not undergo any treatment, and more than twice the number who did not complete all 3 phases of the program.

The Delaware treatment program is based on the therapeutic community

concept — a total treatment environment isolated from the rest of the prison population. The program is comprised of 3 phases: prison-based treatment, work release, and aftercare. Spectrum Behavioral Services provides Delaware's treatment program in four prisons and three community-based programs. Currently, more than 1,000 Delaware inmates are going through the treatment program.

Support Groups Boost Substance Abuse Recovery

USA — *Annals of Behavioral Medicine*; July 1, 1999 (Keith Humphreys, et al) — Support groups work to help individuals overcome substance abuse by increasing active coping responses, general quality of friendships, and support received from friends for abstaining, a new study shows.

"Many studies have tried to determine whether or not support and self-help groups are effective," says Keith Humphreys, PhD, head of the study. "But hardly any of studies have tried to analyze the mechanisms through which self-help groups exert their effects."

This study followed 2,337 veterans through the year after their discharge from inpatient treatment for substance abuse. A year after treatment, 84.4% of the men reported engaging in at least one of the following activities: attending Alcoholics/Cocaine or Narcotics Anonymous (AA/CA/NA) meetings, reading their literature, and attempting to incorporate at least some of "12 steps" of these organizations into their lives.

"Individuals who became involved in self-help groups were less likely to use drugs and alcohol after treatment, developed richer friendship networks, and reported coping more effectively with stress," says Humphreys.

"It seems that positive cycles develop among self-help group members over time, so that active coping, richer social networks, reduced stressors, and abstinence reinforce each other."

The new research leaves many points unanswered, however, the scientists say. It doesn't speak to the issues of spiritual change, which AA, CA and NA all emphasize. Nor does it deal with such

potentially important factors as self-efficacy, morale, motivation and exposure to role models. That leaves plenty of room for future research into how support groups achieve their effectiveness, the scientists said.

Heroin 'Cure' Has Its Dangers

SIDNEY, AUSTRALIA — *Sydney Morning Herald*; July 5, 1999 (Judith Whelan) — Naltrexone, hailed by many as a “miracle cure” for heroin addiction, can be an ineffective and often dangerous way of getting addicts off heroin, the latest Australian study of the drug has found.

The study, published in the *Medical Journal of Australia*, found that 3 months after detoxification with naltrexone, fewer than 1 in 4 addicts were heroin- or methadone-free. It also raised concerns about the safety of the drug, which blocks the effects of heroin, but also lowers patients' resistance to heroin once they stop taking naltrexone. Three months after the 30 patients in the study were given naltrexone under light sedation in a hospital, 1 had died from an overdose and 2 others at least had overdosed but survived.

According to Dr James Bell, the study team leader, this latest research showed naltrexone-assisted detoxification was helpful for some people, but for the majority it was ineffective; many found it unpleasant to take, and stopped. Three quarters of those studied had returned to heroin or methadone 3 months after their detox.

“It is not all negative news,” he said, “but nor is it a magical cure.” Claims that have been made for this treatment, that there's an 80% to 90% success rate, were not borne out by this study.

Restrictions Eased on Medicinal Marijuana Byproduct

WASHINGTON, DC — Associated Press; July 3, 1999 — A government decision to ease restrictions on Marinol, a byproduct of marijuana used to counter symptoms of AIDS and side effects of chemotherapy, has unlikely allies: the nation's drug czar and proponents of medical marijuana.

Barry McCaffrey, director of the White House Office of National Drug Control

Policy, said the capsule form of Marinol is the “safe and proper way” to make components of marijuana available to the public. “This action will make Marinol, which is scientifically proven to be safe and effective for medical use, more widely available,” He said.

Marinol is the only agent, or cannabinoid, in marijuana that has undergone research and been developed into a prescription drug. First brought onto the market in 1985, Marinol has been used to treat anorexia and weight loss associated with AIDS and nausea and vomiting associated with cancer chemotherapy.

The DEA reclassified Marinol from a “Schedule II” drug to the less restrictive “Schedule III” category. This essentially means that instead of being classified with drugs like morphine, Marinol is now classified with more widely used drugs like Codeine. Marijuana is classified as a “Schedule I” drug, and thus cannot be prescribed by doctors.

However, supporters of medical marijuana say patients who use it are able to get the benefits of dozens of other agents in marijuana that are not in Marinol.

Gabapentin Reduces Symptoms of Social Phobia

MORRIS PLAINS, NJ — PRNewswire; July 12, 1999 — Results of a new study on patients suffering from social phobia demonstrated a 31% decrease in symptoms following treatment with the drug gabapentin (Neurontin®), compared to a 14% reduction for the placebo. Reported in the July/August edition of the *Journal of Clinical Psychopharmacology*, the study also showed that Neurontin was generally well tolerated.

The 14-week study involved 69 patients afflicted with social phobia — also known as social anxiety disorder — a condition that may affect as many as 35 million Americans at some point in their lifetime. Typically beginning in childhood or early adolescence, social phobia was among the most common disorders observed in one study in the United States, along with major depressive episode, alcohol dependence, and simple phobia. It is found in women

twice as often as in men. While recent epidemiologic studies on social phobia suggest a lifetime prevalence of 13%, only 5% of these patients actually receive medical treatment.

Historically, social phobia has been treated with a number of drugs, most notably selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs), and anti-anxiety agents (benzodiazepines). In this study, gabapentin was shown to significantly reduce the symptoms of social phobia although it has not been approved by the FDA for the condition.

Drink-A-Day Alcohol Health Benefits Questioned

LONDON, UK — *British Medical Journal*; Alcohol consumption and mortality from all causes, coronary heart disease, and stroke: results from a prospective cohort study of Scottish men with 21 years of follow up; June 26, 1999, Vol. 318:1725-1729 (Carole L. Hart, et al) — This study seems to question the widely reported health benefits of moderate — a drink or two a day — consumption of alcoholic beverages.

A prospective cohort study included 5,766 men who were originally screened in the early 1970s to assess weekly alcohol consumption and then followed over 21 years. Main outcome measures were mortality from all causes, or due to coronary heart disease, stroke, or alcohol-related causes as correlated to units of alcohol consumed per week.

Alcohol consumption was categorized by spirits, beer, and wine. This was converted to units of alcohol by taking one measure of spirits as 1 unit, one pint (about 1/2 liter) of beer as 2 units, and one bottle of wine as 6 units.

Risk for all cause mortality was *similar* for non-drinkers and men drinking up to 14 units a week — eg, 2.33 bottles of wine, 7 pints of beer, 14 cocktails. Beyond that amount, mortality risk increased with alcohol consumption. A strong positive relationship was seen between alcohol consumption and risk of mortality from stroke, with men drinking 35 or more units having double the risk of non-drinkers.

The authors concluded that the overall association between alcohol consumption and death is unfavorable for men drinking over 22 units a week, and there is no clear evidence of any protective effect for men drinking less than that.

NSAID Death Toll Rivals AIDS

TORONTO, CANADA — *Toronto Star*; June 17, 1999, “Pain killers deadly: death toll said to rival AIDS — Aspirin and related drugs kill almost as many people every year as AIDS and are responsible for a “silent epidemic,” researchers say.

Ulcers caused by such drugs kill about 16,500 people in the United States each year, they report in the June 17, 1999 *New England Journal of Medicine*. AIDS killed 16,685 Americans in 1997.

If those deaths were given their own category, the report states, the effects of NSAJD drugs “would constitute the 15th most common cause of death in the United States.” NSAIDs include acetylsalicylic acid (ASA, sold generically and as Bayer’s Aspirin), ibuprofen, and the active ingredients in Aleve, Naproxen, Voltaren and Indocin.

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New Federal Regs Proposed to Improve Methadone Treatment

WASHINGTON, DC — U.S. HHS News Release; July 22, 1999 — Methadone programs will have to be accredited under a new proposal announced by the U.S. Department of Health and Human Services.

The new accreditation program will be managed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and replaces a 30-year-old inspection program conducted by the Food and Drug Administration (FDA). The new program mirrors the recommendations that have been made over the last decade by several independent groups, such as the Institute of Medicine, the congressional General Accounting Office, and a consensus conference of the National Institutes of Health.

Under the proposed rule, published in the Federal Register, narcotic treatment

programs would be accredited by independent agencies in accordance with standards established by SAMHSA’s Center for Substance Abuse Treatment (CSAT). These proposed standards emphasize improving the quality of care, such as individualized treatment planning, increased medical supervision, and assessment of patient outcomes.

This new program relies on “best practice guidelines” developed by CSAT over the past 10 years. “Treatment, along with research and prevention, is an essential part of the national strategy to reduce drug addiction and its consequences,” HHS Secretary Donna E. Shalala said. “The regulatory changes we are proposing today will help improve federal oversight of narcotic treatment programs that use methadone by bringing the full force of our medical and clinical knowledge to bear on treating heroin addiction. These reforms will help ensure a treatment system that is good for patients, practitioners, providers and our communities.”

While the White House Office of National Drug Control Policy (ONDCP) estimates that there are 810,000 heroin addicts in the United States, only 138,000 to 170,000 people currently receive methadone or Levo-Alpha-Acetyl-Methadol (LAAM), as part of an addiction treatment program. There are approximately 900 methadone treatment programs in the U.S., including programs approved for LAAM treatment.

Accreditation has been proven over the years to produce effective outcomes and is a widely adopted external quality assessment system used by the federal government, states, managed care firms, insurers, and others to ensure accountability for quality treatment.

The HHS proposal details accreditation standards and the requirements for accrediting organizations. When the rule is final, CSAT will enforce these regulations. Until the program is transferred, FDA will continue to monitor programs in accordance with existing regulations. The Drug Enforcement Administration is not proposing any changes to its oversight and monitoring activities and

responsibilities as a result of this proposal.

CSAT is conducting a study on a representative group of treatment facilities that are implementing accreditation standards developed by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Accreditation standards will be modified, if needed, to insure the best quality of care for patients.

The proposed rule is available on the Web at http://www.access.gpo.gov/su_docs by clicking on Federal Register. Written comments on the rule may be submitted by November 19, 1999 to Documents Management Branch (HFA-305) Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, Md. 20857.

Bliley Introduces Bill to Help Treat Heroin Addiction

WASHINGTON, DC — PRNewswire; July 30, 1999 — A bill making it easier for physicians to treat patients addicted to heroin and other opiates, was introduced by House Commerce Chairman Tom Bliley (R-VA). The bipartisan bill, H.R. 2634, The Drug Addiction Treatment Act, would ease requirements for qualified physicians to prescribe anti-addiction medications in their offices without an additional Drug Enforcement Administration (DEA) registration if certain conditions are met.

“Today dangerous drugs like heroin are plaguing many Americans,” said Bliley. “Heroin eats away at the lives of those addicted, their families and society. Heroin addiction can be treated, but we must make it easier for anyone who uses heroin to have access to the newest and best treatments available. The bill I’ve introduced will do just that.”

The Commerce Health and Environment Subcommittee was to hold a legislative hearing July 30th on Chairman Bliley’s bill. Witnesses from the drug addiction community, including a recovering heroin addict, addiction experts, and treating physicians were expected to testify.

Opiate Addicts Misjudge Their HCV/HBV Status

LONDON, UK — *British Medical Journal*; July 31, 1999; Vol. 319, pp. 290-291 (David Best, et al) — Infection with hepatitis C and hepatitis B viruses is common among injecting drug users. Researchers tested and reported on 90 opiate addicts receiving methadone maintenance treatment for markers of hepatitis B and hepatitis C infection and compared the results with patients' beliefs about their viral status.

Seventy seven were positive for hepatitis C virus, and 46 were positive for hepatitis B virus. Of the 79 who reported having previously been tested for hepatitis C virus, 58 thought they were positive, 16 thought they were negative (of whom half were wrong), and 5 were uncertain. Of the 70 addicts previously tested for hepatitis C virus who were found to be positive, 12 did not know or were wrong about their status. Of the 41 previously tested for hepatitis B virus who were found to be positive, 16 thought themselves to be negative.

The finding of 86% seropositivity for hepatitis C virus was consistent with previous findings of 67% among Australian injecting drug users and 75% among UK addicts receiving maintenance treatment. The participants' perceptions of their viral status were often inaccurate — for both hepatitis B and hepatitis C virus, they tended to believe they were negative when they were positive.

If untested drug users assume they are positive and act accordingly they pose no threat to public health. If they mistakenly presume negative status, this may have serious public health consequences. Clinicians should encourage testing in all patients who are injecting drug users and use this as a catalyst for interventions. Drug treatment alone is not sufficient in reducing hepatitis seroconversion and clinicians must be more vigorous in encouraging drug users to reduce risk behaviors.

Prisoner Wins Right to Begin Methadone Treatment in Jail

VANCOUVER, CAN — *The Vancouver Sun*; July 19, 1999; B7(Celia Sankar) — Canadian Federal officials will allow an addict to begin a program to address his drug problem during his incarceration. A 42-year-old man who has spent 25 years in prison — mostly for robberies to get money to buy drugs — has won a year-long battle with corrections authorities to receive methadone treatment in jail.

Dwight Lowe says the two months he's been on methadone to kick his drug habit have been like a new lease on life. "For me it's great," Lowe said. "I'm not using heroin any more. This is the answer for me because I'm tired of coming to jail for heroin."

Lowe also said, now that he is taking the orally administered methadone, he is free of the fear of sharing needles and contracting HIV/AIDS. "I'm not bringing heroin into the institution to use, which was a problem for the authorities. This is in the best interest of everybody."

Corrections Canada started the methadone maintenance program in April 1998 in a move to stem the number of HIV infections in prisons. Lowe applied to receive treatment to beat his heroin habit, but was refused. Officials said the first 18-month trial of the program was open only to prisoners who had started methadone treatment before being incarcerated.

Six months ago, federal officials changed the rules to allow prisoners in "exceptional circumstances" to start methadone treatment in the prisons. An official of the College of Physicians and Surgeons, the authority in charge of all methadone treatment in B.C., said no doctors were authorized to administer such a program in prisons until just over a year ago. Now at least 15 are available.

A Darwinian View of the Mind's Maladies

LONDON, UK — *The Lancet*; July 17, 1999; Vol. 354, NO. 9174 (Kelly Morris) — Since the publication of *On The Origin of Species by Means of Natural Selection*, Charles Darwin's

ideas have been applied successfully in many diverse fields. Recently, says Stephen Stearns (University of Basle, Switzerland), evolutionary thinking has proved useful in medicine, helping us to understand antibiotic resistance, pathogen virulence, and the degenerative diseases of aging. Now, experts are applying an evolutionary perspective to psychiatry.

Randolph Nesse (University of Michigan, Ann Arbor, MI) argues that many symptoms that we consider defects might have evolved as defense mechanisms. Anxiety, perhaps the best example, would in the right circumstance prepare an individual for danger. Like a smoke-detector, false alarms are less problematic than failure to respond to a true emergency, which could result in harm.

Depression may also be an exaggeration of a useful reaction — sadness. Sadness is adaptive, explains Lewis Wolpert (University College London, UK), "because it helps to maintain attachment, and attachment is adaptive." But depression, he suggests, is pathological sadness.

Given that depression is so common now, some experts think the trait may be selected for by some new aspect of our environment. Others believe that depression itself may sometimes be useful — for example, to "allocate effort away from enterprises that are not paying off," suggests Nesse. He is now investigating the hypothesis that people who cannot stop pursuing important goals that they know are unattainable "should be depressed or at least have low mood."

There are difficulties with providing complete evolutionary explanations for psychiatric problems, says Stearns. The complex interaction between behavior and environment, in a particular culture, is one area of difficulty. Consider the modern disorder of anorexia nervosa. "The root cause, from an evolutionary perspective, may be the desire to look attractive in competition for mates," he speculates, "but the destructive realization of that desire in the form of suicidal thinness is elicited by artificial standards of beauty propagated by the fashion industry and reinforced by peer

pressure.” Thus, the disorder arises from an interaction of evolutionary forces and culture.

Nesse warns against explaining human behavior with overly simplistic analyses but adds that evolutionary explanations for psychiatric disorders already have useful therapeutic consequences. “An explanation of the utility of panic,” he says, “helps patients to realize that their symptoms are not from heart disease, they are just a protective response that is going off at the wrong time.” For some, this explanation is sufficient to reduce their anxiety. For others, it offers a reason why medication is useful to readjust the body’s threshold for expression of panic.

Darwin might even hold the key to changing attitudes about psychiatry, enthuses Nesse. “One hope I have is that an evolutionary approach to disease in general can finally begin to embrace mental disorders as medical illnesses like any others, because so many of the problems people bring to psychiatrists are in fact defenses that are abnormally expressed or are dysregulated.” Ultimately, adds Stearns, “if doctors want to be able to heal their patients, they need to understand the causes of their conditions at all levels.”

Cannabinoid Receptors May Play Role in Schizophrenia

NEW YORK, NY — Reuters Health; July 16, 1999 — Cannabinoid receptors (specialized proteins in the brain that respond to the active ingredient in marijuana) may also play a role in the psychiatric disease schizophrenia, an international team of researchers reported in the June 1999 issue of the journal *NeuroReport* (Vol. 10, pp.1665-1669).

Characterized by persistent disturbances in the way a person thinks, sees, and hears, schizophrenia affects approximately 1% of the population. Currently, the illness is treated with drugs that block the action of the brain chemical dopamine. However, these drugs “are only partially effective in preventing [schizophrenia’s] diverse manifestations,” study authors F.M. Leweke, of Heinrich Heine University in

Dusseldorf, Germany, and colleagues noted.

In examining the cerebrospinal fluid of 10 schizophrenia patients, Leweke and colleagues found elevated levels of two brain chemicals: anandamide and palmitylethanolamide. Both are members of a group of chemicals known as endogenous cannabinoids, which play a role in the brain’s processing of the drugs marijuana and hashish.

The fact that levels of these chemicals were significantly higher in the brains of schizophrenics suggests that they may play a role in the disease, the team concludes.

New Drug May Break Cocaine Addiction

NEW YORK, NY — Associated Press; July 21, 1999 (Chris Kahn) — European scientists have developed a drug that uses a promising new approach to ease cravings for cocaine. Their research, using addicted rats as subjects, was published in the July 22, 1999 issue of the journal *Nature*.

BP 897 is the first drug to target the “conditioning” effect of cocaine, or the way, for example, that the mere sight of a street corner where the addict used to buy cocaine can evoke a craving, said Maria Pilla, a psychologist at the University of Cambridge in England who led the study. The only other drugs available either mimic cocaine so much that they themselves can become addictive, or block its effects so well that addicts overload on cocaine to deal with the pangs of withdrawal.

BP 897 eases the cravings associated with cocaine withdrawal by mildly stimulating the brain while regulating dopamine levels, a brain chemical that can create intense pangs for the narcotic. This is the first drug that creates a balance in the brain to help addicts deal with withdrawal, said Gary Aston-Jones, a University of Pennsylvania neuroscientist who co-wrote an accompanying commentary.

Cocaine is particularly hard to kick because of its ability to “condition” users and evoke cravings the way an old song or a whiff of perfume can trigger a flood of memories. An addict in rehab can get a craving for cocaine just by

returning to the room where he used to snort it.

Pilla and her colleagues reported that BP 897 helped rats addicted to cocaine break away from the effects of conditioning. Whether BP 897 works in humans remains to be seen. Full-scale tests could begin as early as next year.

“CRACK” Birth Control Program Goes National

CHICAGO, IL — Associated Press; July 24, 1999 (Martha Irvine) — Drug-addicted women are being offered \$200 to get sterilized or use long-term birth control under a controversial program that is gaining momentum in several cities across the country.

“IF YOU ARE ADDICTED TO DRUGS get birth control - get \$200 cash. Stop the cycle of addicted newborns now!” read two billboards in Chicago, where social worker Lyle Keller is trying to establish the program known as CRACK, Children Requiring a Caring Kommunity.

Critics have called the Anaheim, Calif.-based program short-sighted, racist and a source of drug money for users. But founder Barbara Harris calls it a response to a system that often fails to punish women who give birth to drug-addicted babies. Since 1994, CRACK has paid \$200 each to 57 California women who had given birth a total of 262 times. Harris said some men have inquired about vasectomies but never followed through.

To get the cash, women must have a form signed by doctor detailing the form of birth control they are using. CRACK does not pay for the procedures, but Harris said they often are covered by state-funded health care programs. The program is catching on in Chicago, Minneapolis, Fort Pierce, Fla., and Dallas.

Among the acceptable forms of long-term birth control are Norplant, which is capsules that are inserted under the skin in the upper arm, and the IUD, or intrauterine device. Tube-tying is the most controversial method because it is not always reversible.

Steve Trombley, president of Planned Parenthood in Chicago, who calls the program a form of bribery, said he

doubts most addicts have the judgment to make such a big decision. And Constance Jackson, president of Altgeld Health Clinic, which serves poor patients on Chicago's South Side, questioned whether a program like CRACK would be gaining momentum if most drug-addicted babies were white.

Harris, who is white, countered that most of the mothers who have been paid in California are white. "Race shouldn't even be the issue," she said. "It's about child abuse — and black babies matter, too."

Heavy Coke Use Associated With Persistent Impairments

WASHINGTON, DC — PRNewswire; August 1, 1999 — The detrimental effects of heavy cocaine use on an individual's manual dexterity, problem solving, and other critical skills can last for up to a month after the drug was taken, according to a study reported in the Summer issue of *The Journal of Neuropsychiatry and Clinical Neurosciences*.

The study, which was conducted by researchers at the Intramural Research Program of the National Institute on Drug Abuse (NIDA) and Johns Hopkins University School of Medicine, found that heavy cocaine users were outperformed by moderate users and non-users on most tests measuring verbal memory, manual dexterity, and other cognitive skills. Heavy cocaine use was defined as two or more grams a week.

"These findings underscore the connection between cocaine use and neurobehavioral effects," says Dr. Karen I. Bolla, Associate Professor of Neurology at Johns Hopkins. "While the intensity (grams per week) of cocaine use was more closely associated with decreased performance than the duration of use, all cocaine users in the study experienced reduced cognitive function."

This is the second recent study in which Bolla has identified persistent cognitive problems in former heavy drug users. In the December 1998 issue of *Neurology*, she published results showing memory impairment associated with the heavy use of the drug Ecstasy, also known as

MDMA. In that study, too, the problem was related to the amount of the drug taken and lasted at least two weeks after stopping use.

Childhood Stimulant Meds Not Linked to Later Drug Abuse

WASHINGTON, DC — PRNewswire; August 2, 1999 — Boys with attention deficit hyperactivity disorder (ADHD) who are treated with stimulants such as Ritalin are significantly less likely to abuse drugs and alcohol when they get older, according to a new study funded by NIDA and the National Institute of Mental Health (NIMH). The study, which appeared in the August 2, 1999, issue of *Pediatrics*, compared three groups of boys — those with ADHD who had been treated with stimulants, those with ADHD who had not been treated with stimulants, and those without ADHD — and their susceptibility to substance use disorder.

ADHD is usually treated with stimulants, such as methylphenidate (Ritalin) or dextroamphetamine (Dexedrine, Adderall) because these drugs reduce the behavioral and attention problems connected to their ADHD. Research indicates that between three and five percent of all school-age children have ADHD, and that the disorder is about four times more prevalent among boys than girls.

"While some clinicians have expressed concern about giving stimulants to children with ADHD because they fear it might increase the risk that these children will abuse stimulants and other drugs when they get older, this study shows exactly the opposite," says NIDA Director Alan I. Leshner. "Treating the underlying disorder, even if with stimulants, significantly reduces the probability they will use drugs later on."

Results of the study showed that 75% of the non-medicated ADHD boys had at least one substance use disorder, compared to 25% of the medicated ADHD boys and 18% of the boys without ADHD. The researchers — J. Biederman, T. Wilens, E. Mick, T. Spencer, and S. Faraone — calculated that treating ADHD with medication (stimulants were used in over 90% of cases) was associated with an 84%

reduction in risk of developing a substance use disorder. These researchers will continue to study this entire group of boys in a follow-up study funded by NIDA.

In previous studies, these same researchers had found that nearly twice as many adults with ADHD also had developed at least one substance use disorder at some point in their lives, compared to adults without ADHD. The adults with ADHD had developed the disorder in childhood and, in most cases, the disorder was neither diagnosed nor treated until much later.

Cigarette Smoking Alters Endogenous Opioid System

NEW YORK, NY — *Archives of General Psychiatry*; July 1999; Vol. 56, pp. 663-668 (Suchitra Krishnan-Sarin, Marc I. Rosen, Stephanie S. O'Malley) — An opioid antagonist challenge procedure was used to evaluate the responsiveness of the endogenous opioid system in nicotine-dependent individuals, as evidenced by naloxone-induced alterations in both behavioral (withdrawal, craving) and neuroendocrine (cortisol levels) parameters.

Twenty subjects (9 smokers and 11 nonsmokers) participated in 4 laboratory sessions during which they were challenged with 0, 0.8, 1.6, or 3.2 mg/70 kg of naloxone and then monitored for 1 hour for subjective signs and symptoms of opiate-like withdrawal, nicotine craving, and alterations in cortisol levels. Nicotine-dependent subjects evidenced naloxone dose-dependent increases in withdrawal signs and symptoms. Lower doses of naloxone also produced increases in urges to smoke (craving) and tiredness in smokers. Smokers, when compared with nonsmokers, had lower pre-naloxone baseline levels of cortisol and attenuated cortisol release in response to challenge with naloxone.

These results provide preliminary evidence to suggest that long-term exposure to cigarette smoke is associated with alterations in the responsiveness of the endogenous opioid system and the hypothalamic-pituitary-

adrenal axis that may contribute to the development of nicotine dependence.

Genetic Basis for Alcohol, Nicotine Addiction

NEW YORK, NY — *Archives of General Psychiatry*; July 14, 1999; Vol. 56, pp. 655A-661A — Dependency on both alcohol and nicotine — two vices that often go hand-in-hand — may be due to a common genetic factor. Inherited factors were responsible for 60.3% of nicotine dependence and 55.1% of alcohol dependence, according to the results of a study of male twins.

In the study, Dr. William E. True of St. Louis University, St. Louis, Missouri, and colleagues examined 3,356 male-male pairs in the Vietnam Era Twin Registry and found there was a “substantial genetic correlation” between the two addictions. “There is the possibility of a gene for dual dependence,” he said.

When it comes to encouraging teenagers to abstain from smoking and drinking, it may be helpful to note that genes can play a “powerful role” in determining risk for addiction, according to the report.

“We may need to stress [to teenagers] the understanding of the genetic vulnerability,” True said. “Teenagers tend to think they can stop [smoking and drinking] anytime they want. If we stress the genetic component of each, that may make them feel less like they can stop any time. ... The risks are multiplicative and not independent,” he said.

How Risk Affects The Brain

LONDON, UK — *The Guardian Weekly*; August 5, 1999 (Tim Radford) — Experts on risk talk of danger as an addiction, a drug. Absolutely true, says Professor Colin Blakemore, an Oxford neuroscientist, but there is a lot more to it than just the empty thrill of a pounding heart. Risk makes sense in biological terms: how else would animals discover any new activity?

The instant reward comes in the form of dopamine, the chemical transmitter that pushes the neurological levers marked “gratification.” Drugs play on the mesolimbic reward system of the brain: the consensus among brain scientists is that such pleasures are dependent on

dopamine signals into parts of the hypothalamus and the limbic system involved in reinforcement. But, although dopamine signals are involved in almost every aspect of pleasure, no one knows why one form of behavior manifests itself as one kind of pleasure, while a different set of actions fires off a different burst of reward.

“Presumably you have particular pathways for each particular activity,” says Blakemore. “It wouldn’t make sense to have only one reward system, otherwise you wouldn’t be able to sort out which behavior was generating the real reward and which wasn’t. [The reward systems] can habituate or sensitize separately, so you could get addicted to one drug, but that wouldn’t mean you could get addicted to all drugs.”

New Study Discredits D.A.R.E. Program

LOUISVILLE, KY — Associated Press; August 3, 1999 (James Ritchie) — The drug education program D.A.R.E. (Drug Abuse Resistance Education), widely used at schools across the U.S., has little effect on whether children use drugs, alcohol or cigarettes, a new study suggests.

Donald R. Lynam and other researchers at the University of Kentucky tracked more than 1,000 students in Fayette County who participated in the D.A.R.E. program in the sixth grade. The students were re-evaluated at age 20, 10 years after their involvement with the program.

D.A.R.E. resulted in some initial improvements in the students’ attitudes about drug use, the researchers said. But those changes failed to last, and they did not influence the decisions the students made. Lynam said the results of the study, published in the August issue of the American Psychological Association’s *Journal of Consulting and Clinical Psychology*, replicate the findings of several other recent studies.

D.A.R.E. was started in 1983 in Los Angeles. An officer teaches 17 lessons in the classroom, usually for an hour a week. About 80% of U.S. school districts have the programs. But in the last few years, cities across the country,

including Seattle, Houston, Omaha, NE., and Rochester, NY, have dropped D.A.R.E. in the wake of critical studies.

One reason D.A.R.E. might not be effective, Lynam said, is that it emphasizes the role of peer pressure in drug use. He said many youths might be motivated by other factors, such as curiosity or thrill-seeking. And D.A.R.E. may teach children drug resistance skills years before they need them, he said. While the program was administered in the sixth grade, most drug use begins in high school.

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San Francisco Considers Vast Expansion of Methadone

SAN FRANCISCO, CA — Associated Press; August 11, 1999 (Scott Andrews) and *Las Vegas Review-Journal* (Las Vegas, NV) August 23, 1999, Sec. B, p. 6B (Editorial) — The shortage of methadone treatment in San Francisco — 2,000 clinic slots for 13,000 to 15,000 addicts — has led city officials to look at expanding the drug’s availability. The Board of Supervisors is considering whether to seek state and federal permission to allow doctors in private offices to prescribe the drug.

Under current law, private physicians are not permitted to prescribe methadone to addicts. Most addicts in the methadone program must travel to a clinic each morning and consume their daily (liquid) dose there, on the spot. Only the most trusted, long-time methadone maintenance patients are permitted to take home enough supply to last a few days.

The San Francisco Board of Supervisors would like to expand to methadone program by allowing private doctors to prescribe the drug, but federal law prohibits it. At the city’s request, the federal Substance Abuse and Mental Health Administration announced it will finance a feasibility study to see if San Francisco’s methadone plan is workable and the prohibition can be waived.

If the effort is successful, San Francisco would be the first city in the nation to use private doctors for methadone treatment on a widespread basis.

Canada, Denmark, and other nations already allow it, and limited trials are underway in New York City, Baltimore, and Connecticut.

New York Mayor Rudolph Giuliani last year made a high-profile effort to get methadone users to quit. He backed down after only 16 of the city's 2,100 clinic patients successfully stopped using methadone.

No serious opposition has arisen in San Francisco, which has a serious heroin problem. The city ranks third in the nation in heroin-related emergency-room admissions despite being only the 14th most populated city in the nation.

Estimates for the number of addicts in the United States vary, from 810,000 to 1 million, and the number of methadone users range from 115,000 to 180,000.

Treatment for Heroin Surpasses Cocaine

PORTLAND, OR — Associated Press; August 26, 1999 (Hans Greimel) — Between 1992 and 1997, the number of Americans entering treatment centers for heroin surged 29% — from 180,000 to 232,000 — surpassing cocaine and signaling just how pervasive the deadly opiate has become, according to a new federal report by the Substance Abuse and Mental Health Services Administration, a branch of the U.S. Department of Health and Human Services.

About 16% of the 1.5 million treatment admissions in 1997 were for heroin and other opiates, compared with 15% for cocaine. It is the first time since 1992 that heroin has surpassed cocaine.

“People who are using heroin are discovering it is, in fact, a dangerous drug,” said Dr. H. Westley Clark, director of the Center for Substance Abuse Treatment at HHS. Fashion magazines have been accused of glamorizing heroin through use of strung-out-looking models. The perception has been that heroin is only dangerous when it's injected, Clark said, and injecting drugs does add the risk of contracting the HIV virus or hepatitis. The report, which includes data from about two-thirds of the nation's drug and alcohol admissions, also finds heroin

treatments were concentrated in the Far West and Northeast.

The report offered some good news about other drugs: In that same five-year period, the number of people seeking treatment for cocaine use declined by 17%, from 267,000 to 222,000. Alcohol abuse remains the most common reason people seek help, although it is not as dominant as it once was, dropping from 59% of all admissions to about half. And while other surveys indicate marijuana is by far the most popular illegal drug, it accounted for just 13% of admissions to treatment centers in 1997.

Response to Cocaine Linked to Biological Clock Genes

WASHINGTON, DC — PRNewswire; August 12, 1999 — A new study shows that a surprising phenomenon — sensitivity to repeated cocaine exposure — can now be added to the short list of activities linked to genes controlling the biological clock.

Researchers funded by the National Institutes of Health (NIH) unearthed the unexpected connection between circadian rhythms in insects and cocaine sensitization, a behavior that occurs in both fruit flies and vertebrates and that has been linked to drug addiction in humans. In the August 13 issue of *Science*, Dr. Jay Hirsh and his coworkers Rozi Andrejic and Sarah Chaney at the University of Virginia report that fruit flies missing several genes that play a critical role in the insects' internal biological clock did not become sensitized to cocaine, a process in which repeated doses of the drug produce increasingly severe responses.

“This opens up the field of drug studies to thinking about how a totally unexpected set of genes functions in response to drugs,” said Dr. Hirsh, the senior author of the report. Besides enabling the potential development of drugs to treat cocaine addiction, this research holds out the prospect that so-called “clock” genes — which are involved in setting and maintaining the body's internal clock — might have other, as yet undiscovered, roles in the body and brain.

PCP, Cocaine Vaccines on Horizon

NEW ORLEANS, LA — Associated Press; August 23, 1999 (Janet McConnaughey) - Designer antibodies may someday be used to immunize people against cocaine and other drugs to block the rush that users crave. If these vaccines fulfill their promise, they could revolutionize emergency treatment for PCP and amphetamines. And though they won't cure addiction, they could also help people who want to kick the habit, researchers said at a meeting of American Chemical Association in New Orleans.

“Our goal would be to protect against the sudden unexpected urge to use, so that if the patient used it, he wouldn't get the effects,” said Dr. Michael Owen, a pharmacologist at the University of Arkansas for Medical Sciences who hopes to begin tests this year on a PCP overdose treatment.

The illegal drugs all have molecules so tiny they sneak unnoticed through the body's immune system. To create antibodies, researchers must hook the molecule to a protein big enough to set off the immune system's alarms. The drug-plus-protein can be injected directly, to prompt the body to make its own antibodies. Or scientists can create the antibodies by working with laboratory animals and inject them into patients. Either way, the antibody grabs the drug in the bloodstream, before it gets to the brain. At least, that's how it works in animals so far.

Antibodies could be used to treat an overdose or block a drug's effects for a longer period, perhaps a month or more. Both PCP and methamphetamine last for days in the body, unlike cocaine, which is metabolized in 20 minutes or so.

Cocaine addiction is a much bigger and trickier problem. More than 2 million people need treatment. About 900,000 a year start treatment, but at least three-quarters go back to the drug. Already, one cocaine vaccine, developed by a biomedical company in Massachusetts, is being tried on people at a Connecticut clinic. So far, only the safety has been tested, and it had virtually no side effects, said Dr. Thomas Kosten, a

psychiatry professor at Yale University and chief of psychiatry for the Veterans Administration in Connecticut. The study was not designed to look at the effectiveness of the vaccine, but a few of the participants reported that cocaine “doesn’t seem to have the bang that it used to have,” Kosten said.

The National Institute on Drug Abuse (NIDA) estimates that 10% of people who try cocaine go on to become addicted. Surveys show 22 million Americans have tried the drug.

Epilepsy Drug May Help Heroin, Alcohol Addiction

NEW YORK, NY — Reuters Health; August 25, 1999 — An epilepsy drug that appears to be effective in treating nicotine and cocaine addiction may also be useful in the treatment of methamphetamine, heroin, and alcohol addiction, results of a study in animals suggest.

The drug, gamma-vinyl GABA (GVG), blocks the release of dopamine in the brain. Dopamine is a neurotransmitter that is believed to be associated with many types of addictive behaviors, according to the report in the August 19, 1999 issue of *Synapse* (Vol. 84, pp. 11-19). Blocking its release could reduce the addictive tendencies of drugs that boost brain levels of dopamine, such as heroin and alcohol.

GVG, marketed as Vigabatrin, is currently available in Canada and the UK to treat epilepsy but is not yet approved for use in the US.

In the new study, rats given methamphetamine had a 2,700% increase in release of dopamine in the nucleus accumbens, a region in the middle of the brain that acts as a “reward system.” However, GVG inhibited the increase by 61% at the highest dose.

Similarly, rats had a 170% increase in dopamine in response to heroin, a reaction that could be inhibited completely by a higher dose of GVG. Alcohol produced a 140% increase in dopamine that could be completely inhibited by a lower dose of GVG, reported senior investigator Dr. Stephen Dewey, of Brookhaven National

Laboratory in Upton, New York, and colleagues.

However, the researchers note that although dopamine plays a vital role in the reward and reinforcement of behavior associated with addictive substances, other neurotransmitters and factors play a role as well. Studies have suggested that dopamine release in the nucleus accumbens is important, but is “by no means the only relevant marker for the addictive liability of drugs,” the authors write.

Brain Chemistry May Explain Addiction Vulnerability

NEW YORK, NY — Reuters Health; September 10, 1999 — Differences in brain chemistry may lead to addiction in some people who dabble in illicit drugs, while sparing others, according to a team of researchers.

In the study, Dr. Nora Volkow and colleagues at the Brookhaven National Laboratory in Upton, New York, and the State University of New York at Stony Brook found that study subjects who found the effects of a mild stimulant drug to be pleasurable had lower levels of the dopamine D2 receptor in their brains, while those who expressed distaste for the drug’s effects had measurably higher levels of the receptor.

Receptors are structures that bind specific substances to a cell, either on the cell’s surface or in its interior. Dopamine is a chemical produced in the body that participates in the transmission of signals between nerve cells.

“This is the first evidence in humans showing an association between D2 receptor levels in (the) brain and the reinforcing responses to (stimulants),” the study authors write in the September 1999 issue of the *American Journal of Psychiatry*.

In a statement released by Brookhaven National Laboratory, Volkow explained the significance of these findings. “People with fewer dopamine receptors may take drugs to activate... pleasure circuits (in the brain which) may be one of the factors that predisposes a person to drug abuse.”

The researchers used positron emission tomography (PET), an advanced

imaging technique, to measure dopamine D2 receptor levels in 23 healthy young men who participated in the study, which was funded by the National Institute on Drug Abuse and the US Department of Energy. Methylphenidate (Ritalin), known for its stimulant properties, was administered intravenously to the men who were then asked to rate how the drug made them feel.

About half the participants “described (methylphenidate) as pleasant, nine described it as unpleasant and two as neutral,” according to the study results. The researchers note that D2 receptor levels, as determined by PET scans, were “significantly lower” in individuals who liked the effects induced by the drug compared with those who found the effect unpleasant.

Australia: Naltrexone Trial Kept 60% Off Heroin

AUSTRALIA — *Illawarra Mercury*; August 12, 1999 — Drug experts welcomed a successful trial of the anti-craving drug naltrexone, but warned it was no magic cure for heroin addiction. In unprecedented results, 60% of the 160 heroin addicts treated with naltrexone during a 12-month trial at Westmead Hospital remained clean after six months.

While Westmead Hospital drug and alcohol services director Jon Currie said the results were better, he also revealed four addicts suffered fatal overdoses after dropping out of the program and returning to heroin. “This isn’t a cure, it’s not a wonder drug, just another medicine which can help, it’s only one part of the spectrum of treatments,” Dr Currie said.

Family Drug Support spokesman Tony Trimmingham, whose son Damien died of a heroin overdose, said the naltrexone results were very impressive because most rehabilitation methods had success rates of only five to 30%. But Trimmingham said naltrexone treatment was dangerous if not carried out by experts and it should be used to complement, not replace, other drug treatments like methadone.

Report Says Teen Drug Use Is Down

WASHINGTON, DC — Associated Press; August 18, 1999 (Laura Meckler) — Teen drug use fell last year, with about one in 10 teenagers using marijuana and other drugs, the government reported. Officials say it's solid evidence that the nation has turned a corner after rising drug use through the mid-1990s.

Overall, drug use among Americans of all ages remained level, but use among young adults continued its steady rise, according to the annual household survey of 25,500 people ages 12 and up. All told, 78 million Americans had tried illegal drugs at some point in their lives. Marijuana remained far and away the most popular drug, but 41.3 million Americans also had tried heroin, cocaine or some other illegal drug, the survey said. Of them, 13.6 million were current users, about half what it was at its 1979 peak.

The survey is most carefully watched as a gauge of teen drug use. It found 9.9% of 12- to 17-year-olds had used some sort of drugs within the past month, down from 11.4% in 1997. A second government survey, which uses a different method to measure teen drug use, has found that drug use was stable over the past two years after years on the rise.

The portion of teens saying they had ever used drugs was also down, from 18.8% in 1997 to 16.4% last year. The declines were driven by older teens — those ages 16 and 17 — with the percentage having used drugs in the past year falling from 30.7% to 26.8%.

Overall, teen drug use rose through much of the 1990s and is still much higher than it was in 1991 and 1992. Researchers attribute the rise to a relaxing of the intense prevention efforts of the 1980s.

The news was not as good for young adults aged 18 to 25. The survey found 16.1% of them were “current users,” meaning they had used drugs in the past month. That rate has been gradually rising, up from 13.3% in 1994. In particular, cocaine use was up, from 1.2% in 1997 to 2% in 1998.

Overall, a total of 130,000 people were currently using heroin, double the number in 1993. And the age of users was dropping. In 1997, the typical heroin user was 17.6 years old the first time they tried it, down from 18.3% in 1996.

Survey Eyes Youth Substance Abuse

WASHINGTON, DC — Associated Press; August 30, 1999 (David Ho) — Teenagers who don't get along with their fathers in two-parent families are more likely to smoke, drink, and use drugs than those raised by single mothers, according to a new survey that examines how different family types affect youth substance abuse.

Children raised by their mothers alone were 30% more likely to use drugs than those living in supportive two-parent homes. But those with two parents who have poor relationships with their fathers have a 68% greater risk, said a report today by the private National Center on Addiction and Substance Abuse at Columbia University.

“This should be a wake up call for dads across America,” CASA Chairman Joseph Califano said in a statement. “Every father should look in the mirror and ask: ‘How often do I eat meals with my children? Take them to religious services? Help them with their homework?’”

In the survey of 2,000 youths aged 12 to 17 and 1,000 parents, more than twice as many teens said they found it easier to talk to their mothers than their fathers about drugs. More than 70% said they had very good or excellent relationships with their mothers, but only 58% said they got along as well with their fathers. Mothers influence their children's important decisions three times as often as fathers and are more likely to have private talks about drugs, the study found.

Confirming recent studies that overall youth substance abuse has leveled off, the survey found that 40% of teens said the drug situation at school is getting worse, down from 55% in 1998. And more teens, 60%, said they don't expect to use a drug in the future, an increase of 9 percentage points since 1998. Parents

were more pessimistic, with 45% thinking their children will someday use drugs.

Drug Treatment Beats Prison for Cutting Crime, Addiction

LONDON, UK — *British Medical Journal*; August 21, 1999; Vol. 319, p.470 (Judy Jones) — Treating drug users who commit offenses cuts crime rates more effectively than putting them in prison, according to an analysis of research in the United States and in England. Yet provision of drug treatment services is patchy, and treatment centers often have long waiting lists of users wanting help in breaking their habits, says the analysis from the National Association for the Care and Resettlement of Offenders in London.

A third of all thefts, burglaries, and street robberies in England and Wales are now drug related, states the report, *Drug-driven Crime: a Factual and Statistical Analysis*. Urine tests carried out on 839 people arrested in five areas of England (Cambridge, London, Manchester, Nottingham, and Sunderland) showed that nearly two thirds tested positive for one illegal drug and more than a quarter did so for two or more such substances. Arrested drug users interviewed in Brighton and Derby in one recent Home Office study were spending an average of \$640 a week on drugs, although some were spending \$3,200 a week for a mixture of heroin and crack. Very little of this money was raised legally.

The national treatment outcome research study, funded by the Department of Health, monitored 1100 people who entered drug treatment programs between March and July 1995. They were mainly heroin users, and between them they had committed about 70,000 crimes in the three months before treatment. Two years later, incidence of both drug use and criminal behavior was substantially reduced, in many cases by more than half.

In the United States similarly impressive results have been seen among drug users who accept treatment, whether in therapeutic communities, community based drug free schemes, or methadone

maintenance programs. Some 400 drug courts operate, requiring offenders to comply with individual treatment plans and to report progress to the judge every 30-60 days. “Conventional punishments do nothing to stop offenders using drugs but simply produce a vicious circle of crime, punishment, and a rapid return to drug use,” said Paul Cavadino, director of policy for the National Association for the Care and Resettlement of Offenders and author of the report. “For every pound (\$1.60) spent on drug misuse treatment, we save more than £3 (\$4.80) associated with the cost of crime.”

Talks With Alcoholics Cut Injuries

BOSTON, MASS — Associated Press; August 23, 1999 (Malcolm Ritter) — A brief talk with hospitalized injury patients about their drinking problems dramatically reduced their risk of getting injured again, a study has found.

The 30-minute conversation with a psychologist cut the risk nearly in half (48%); “It’s ground-breaking work,” declared trauma surgeon Carl A. Soderstrom of the University of Maryland’s trauma center in Baltimore. It’s the first evidence that such a brief intervention can help with alcohol problems in that setting, he said.

Dr. Larry Gentilello, a trauma surgeon at the Harborview Medical Center of the University of Washington School of Medicine in Seattle, presented the results at the annual meeting of the American Psychological Association. “It will get the attention of the rule-makers in emergency departments and trauma centers,” he said.

Currently, trauma centers generally don’t address the problem of alcohol abuse in their patients, even though it’s a potent factor in causing injuries, Gentilello said. While the brief intervention didn’t help severely dependent alcoholics, it did show an effect in people with mild to moderate alcohol problems, he said. Such people are involved in most alcohol-related crashes, he said.

His study screened 2,574 trauma center patients and 46% showed evidence of a drinking problem; 762 of them were randomly assigned to get either the brief

intervention or just normal care. For the intervention, a psychologist first described the results of the screening tests and asked the patient’s reaction to the fact that his or her blood alcohol level, for example, would boost the risk of a crash some 300-fold.

The psychologist then made clear it was the patient’s responsibility to do something about the drinking problem, if the patient chose to, and provided encouragement that the problem could be overcome. After listing options for treatment, but without forcing the patient to choose, the psychologist offered empathy and further encouragement that the problem could be dealt with.

A month later, the patient got a letter summarizing the conversation, offering further encouragement and a phone number to clear up any questions. Researchers used hospital records to show that people in the intervention group were far less likely to show up again for treatment of injuries than the patients who hadn’t gotten the intervention.

Moderate Boozing Cuts Male Risk of Sudden Cardiac Death

WESTPORT, CT — Reuters Health; August 31, 1999 — Men who consume 2 to 6 alcoholic drinks *per week* have a significantly lower risk of sudden cardiac death than men who drink more frequently or never drink, researchers report in the August 31st issue of *Circulation: Journal of the American Heart Association* (Vol. 100, pp. 944-950).

Dr. Christine M. Albert and colleagues, Harvard Medical School, Boston, Massachusetts, reviewed data on the drinking habits of 21,537 healthy men enrolled in the Physicians Health Study. During an average follow-up period of 12 years, 141 men experienced sudden cardiac death.

“We found that the men who drank between 2 and 6 alcoholic beverages a week had a lower risk of sudden cardiac risk compared to the men who never drank alcohol or those who drank 2 or more drinks a day,” Dr. Albert said. For men who consumed 2 to 4 drinks/week the risk ratio was 0.40, and for those

who consumed 5 to 6 drinks/week it was 0.21.

The study did not address the types of alcoholic beverages consumed or the pattern of drinking. The authors noted, however, “It’s hard to make a recommendation that people should drink in order to avoid cardiovascular disease, because drinking is also associated with increased risk of other types of diseases such as cancer and liver disease.”

Alcohol Stimulates Release of Stress Chemicals

NEW ORLEANS, LA — Reuters Health; August 24, 1999 — Heavy drinking strips the brain of substances that stimulate feelings of well-being, while boosting chemicals that cause tension and depression, report California researchers.

The findings, from studies conducted in lab animals, suggest that changes in levels of chemicals in the brain caused by heavy alcohol intake lead to “dark feelings” that lead to more drinking, according to the report presented at the American Chemical Society meeting in New Orleans.

The cycle “ultimately raises the ‘set point’ for alcohol intake, i.e., the amount it takes to make an alcoholic feel ‘normal,’” according to researcher Dr. George F. Koob of The Scripps Research Institute in La Jolla. The research found that alcohol depletes chemical messengers associated with the “reward” or “pleasure” pathways of the brain, including opioid peptides in the brain, and monoamine neurotransmitters such as dopamine, serotonin, and gamma aminobutyric acid.

As these neurotransmitter systems are compromised with alcohol dependence, the brain attempts to compensate for the stress by releasing corticotropin-releasing factor, a stress chemical that leads to depression. “This increase is more dramatic (than the decrease in neurotransmitters),” Koob noted. He said that the increase in corticotropin-releasing factor persists for as long as a month after abstinence from alcohol.

“The combination effect (of the decrease in monoamine neurotransmitters and increase in corticotropin-releasing

factor) leaves the brain in a state of dependence. It wants to take more alcohol to get things back to normal,” Koob explained.

Finding the molecular basis of alcoholism may lead to new ways of screening for the risk of developing alcoholism. Koob’s team notes that currently, family history is the only marker of such risk. Among individuals with an alcoholic parent, men have a 5 times greater chance and women a 3 times greater chance of developing alcoholism.

Chicago Survey Assesses Drug, Alcohol Abuse on the Job

CHICAGO, IL — PRNewswire; September 8, 1999 — According to a Chicago Chamber of Commerce survey of employers in Cook, DuPage, and Lake Counties, 50% think their workers use drugs or alcohol at work.

Broken down by standard industry categories, the survey results are even more impressive: 63% of manufacturer-respondents think employees use drugs or alcohol at work; 64% of construction, 46% of government/law enforcement and 27% of professional employers agreed on the issue of job-site substance use or abuse.

The survey was mailed to 9,520 companies employing 50 to 500 people, of which 472 were returned (for a response rate of 5%). Key findings by company size:

- 70% of the larger companies responding to the survey think employees are using drugs on the job, as compared with mid-sized (51%) or smaller companies (40%).
- More smaller companies (14%) do not have a written policy regarding substance abuse on the job, as compared with mid-sized (3%) or larger employers (1%). Among smaller companies responding, 62% have not assisted or terminated employees for drug use, and 40% of them think employees are using drugs on the job.
- 46% of those employers that think workers are using drugs on the job feel that their company approach is not adequate, and 41% of

companies that assisted/terminated employees for use feel their policy is not adequate.

New Journal on Heroin Addiction Offers International Flair

LUCCA, ITALY — Exclusive from *A.T. Forum* — the new, official journal of EUROPAD (European Opiate Addiction Treatment Association) is called *Heroin Addiction and Related Clinical Problems*. The editorial board, headed by Icro Maremmani, includes a who’s who of the international treatment community, with familiar last names like Bell, Brewer, Dole, Farrel, Finnegan, Khuri, Kreek, Newman, Parrino, Payte, Reisinger, Schinerman, and many others.

The just-released first issue (Vol. 1, No. 1 - June 1999) includes 7 articles:

- Treating heroin addicts, i.e., “Breaking through a wall of prejudices” (I. Maremmani)
- Heroin addiction as normal illness (A. Tagliamonte)
- Methadone maintenance comes of age (V.P. Dole)
- Pharmacokinetics and pharmacogenetics of methadone: clinical relevance (C.B. Eap, J.J. Deglon, P. Bauman)
- Integrating methadone treatment in the Slovenian Public health system (A. Kastelic, T. Kostnapfel Rihtar)
- Treatment of opiate dependency: a comment (P. Vossenbergh)
- Methadone as a mood stabilizer (P.P. Pani, A. Agus, G.L. Gessa)

Expectedly, this new journal will perform a vital service to the international addiction treatment community by presenting diverse and differing viewpoints supported by evidence-based medicine. In Maremmani’s words: “Given the complex nature of heroin dependence, there is no one method that is completely effective in the treatment of this pathology. . . . The clinician’s priority is to respond appropriately to each individual patient, by personalizing therapeutic planning (including different types of interventions) in an effort to improve the single drug addict’s

functioning. Treatment should be adapted to the patient’s changing needs, so providing long-term continuity.”

That’s but a taste of the insightful and useful information (all in English) packed into this 50-page journal. Subscriptions are 50 Euro (about \$53 US; credit cards accepted) available from: Associazione per l’Utilizzo della Conoscenza; Via XX Settembre, 83; 55045 Pietrasanta (Lucca), Italy; Phone: 39 0584-700073; Fax: 39 0584-72081.

For more information or to inquire about publishing articles, Dr. Maremmani may be contacted in Pisa, Italy at 39 336-712746; maremman@psico.med.unipi.it.

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Methadone Undergoing Renaissance as Painkiller

DALLAS, TX — *The Dallas Morning News*; October 13, 1999, p. 23A (Laura Beil) — A painkiller stronger than morphine at a fraction of the cost sounds like a miracle drug of the future, but it’s actually a drug with a past: methadone.

Studies presented in Dallas at the annual meeting of the American Society of Anesthesiologists described new uses for methadone as a cheap and highly effective pain reliever. It is so inexpensive, in fact, that it might take off as a prescription pain treatment were it not weighed down by its association with drug addiction. But as doctors seek alternatives for pain relief and the high cost of medicine, methadone is finding new popularity.

“Methadone has been undergoing a renaissance,” said Dr. Eduardo Bruera, a pain specialist at the University of Texas M.D. Anderson Cancer Center in Houston. In cancer treatment, methadone is already accepted as an alternative to morphine for pain relief. Physicians have hesitated to use methadone against other types of pain, he said. “There are an awful lot of reasons to battle the stigma associated with methadone because there’s a lot to be gained.”

Methadone’s reputation led to its near-abandonment by modern medicine, said Dr. Evelina Worwag, a physician at the Weiss Memorial Hospital pain clinic in

Chicago. She reviewed the scientific literature and couldn't find any studies after 1980 discussing methadone as a means of relieving pain after surgery. Yet the drug is uniquely suited for pain relief after certain operations, especially prostate cancer surgery, she said. "We don't use anything else anymore."

Also, doctors from the U.S. Army Institute of Surgical Research at Fort Sam Houston in San Antonio reported that methadone could be used as an alternative to fentanyl after orthopedic surgery. Fentanyl, another narcotic pain reliever, costs about three times as much as methadone, which costs about \$ 1 for a 10-milligram dose.

Dr. Bruera predicted that doctors would turn to methadone more often as word of its benefits spreads. Because the drug has been around for so long, and no company has a patent on it, drug manufacturers aren't lobbying doctors to prescribe it. "Practices change slowly," he said, "especially when you don't have a pharmaceutical company behind it."

Doctor Castigated for Under-Treating Pain

LONDON, UK — *British Medical Journal*; September 18, 1999; Vol. 319, p. 728 (Fred Charatan) — In what seems to be the first such action in the United States, the Oregon Board of Medical Examiners has approved a disciplinary plan for a doctor who "grossly under-treated" pain in six patients between 1993 and 1998.

Paul Bilder, a pulmonary diseases specialist in Roseburg, Oregon, signed a stipulated order approved by the board acknowledging that his treatment of six patients showed unprofessional or dishonorable conduct and gross or repeated acts of negligence.

David Sibell, a pain specialist at Oregon Health Sciences University, said, "I don't believe in witch hunts or persecution of doctors. I am a doctor. But quality medical care includes appropriate pain management." "I think they are going to end up driving doctors crazy," said Leigh Dolin, a Portland internist and former president of the Oregon Medical Association, noting that a decade ago the board was questioning doctors for overprescribing drugs.

NIDA Launches Network to Test Drug Abuse Treatments

WASHINGTON, DC — PRNewswire; September 28, 1999 — In an effort to dramatically improve drug abuse treatment throughout the country, the National Institute on Drug Abuse (NIDA) has awarded \$55 million in grants over five years to establish a clinical trials network that will more rapidly move promising science-based drug addiction treatments into community settings.

"The clinical trials network will help us change the face of drug abuse treatment by enabling us to take what we learn in the lab and rapidly put it into practice across the country," said Dr. Alan I. Leshner, NIDA director.

The five centers awarded grants are collectively the foundation for the National Drug Abuse Clinical Trials Network (CTN), which will provide a research infrastructure to test drug addiction treatments in real-life settings with diverse patient populations. The CTN will foster partnerships among NIDA, treatment researchers and community-based treatment programs to bridge the gap between research and practice. When complete, the network will consist of 20 to 30 regional research centers. At the local level, each center will be linked with 10 to 15 community treatment programs that represent a variety of treatment settings and patient populations available in that particular region of the country.

SNRI — New Class of Antidepressants

USA — Medscape Alert; October 15, 1999 — First of a new class of antidepressant drugs called selective norepinephrine reuptake inhibitors (SNRI), reboxetine mesylate (Vestra) has a mechanism of action that appears to produce fewer side effects, such as nausea, headache, and sexual dysfunction, compared with traditional antidepressants. Reboxetine mesylate also possesses a faster onset of action compared to selective serotonin reuptake inhibitors (SSRI), tricyclics, and monoamine oxidase (MAO) inhibitors commonly used to treat depression.

A lack of norepinephrine in the central nervous system of depressed individuals is hypothesized to be responsible for several specific symptoms of depression, such as lack of energy, interest, and motivation. Reboxetine mesylate inhibits the reuptake of norepinephrine by the presynaptic nerve terminals so the neurotransmitter remains in the synapse for a longer period of time.

A double-blind, randomized, parallel-group, multicenter trial, including 168 patients with acute major depressive episodes, was conducted to compare reboxetine mesylate to fluoxetine, an SSRI. The patients were administered either reboxetine mesylate 8-10 mg/day or oral fluoxetine 20-40 mg/day for 8 weeks.

Both treatments were found to be similarly effective as assessed by the mean reduction in total Hamilton Depression Rating Score, percentage of responders and patients in remission, Clinical Global Impression severity of illness and global improvement scores, and the Montgomery-Asberg Depression Rating Scale. A sub-analysis of patients with severe depression showed reboxetine mesylate to have superior efficacy compared to fluoxetine. Both treatments resulted in improvement in Social Adaptation Self-evaluation Scale total scores; however, the improvement was more evident in patients who received reboxetine mesylate and achieved remission. Although clinical trials have shown a reduced risk for nausea, diarrhea, and somnolence with reboxetine mesylate compared with fluoxetine, there was an increased risk for dry mouth, constipation, hypotension, paresthesia, urinary hesitancy, and flushing with reboxetine mesylate.

Booze in the News

Wine in Moderation Lowers Heart Disease, Cancer Risk

NEW YORK, NY — Reuters Health; September 13, 1999 — Alcohol consumption may have a protective effect on the heart and prevent some forms of cancer. But it has not been conclusively demonstrated which types of alcohol have these effects.

Reporting in the September 13th issue of the *Archives of Internal Medicine* (1999;159:1865-1870), researchers now suggest that, in terms of health risks, moderate consumption of wine is better overall than beer.

Dr. Serge Renaud of the Institut National pour la Sante et la Recherche Medicale in Bordeaux, France, and colleagues used a questionnaire to evaluate the drinking habits of 36,250 men, aged 40 to 60 years. The investigators found that persons reporting a moderate consumption of wine — 2 to 3 drinks per day — had a significantly lower risk of death from all causes than did persons who consumed no alcoholic beverages. Moderate wine consumption also reduced the risk of death due to cancer, coronary heart disease, and cardiovascular disease. While moderate beer drinking was not associated with lower all-cause mortality, it “was associated with (a) lower relative risk for cardiovascular diseases,” the authors write.

In contrast to the protective effects of moderate consumption, heavy consumption of both beer and wine resulted in an increased risk of death in drinkers compared with abstainers. The investigators emphasize that moderate consumption of wine is best and recommend following the 1995 US dietary guidelines, which advise “if you drink alcoholic beverages, do so in moderation, with meals, and when consumption does not put you or others at risk.”

Yet, Social Drinking Can Pose Health Risks?

PHILADELPHIA, PA — Reuters; September 14, 1999 (David Morgan) — A drink before dinner may be good for the cardiovascular system, but more than that could burden an otherwise health-conscious drinker with chronic ailments including heart and liver disease, researchers warned.

A study published in the *Journal of Clinical Investigation* showed social drinking can bring about a marked release of bodily chemicals called oxidants, capable of damaging the tissues of major organs including the

heart, liver and brain. “We looked at the direct effects of alcohol itself and demonstrated that alcohol is a pro-oxidant even when blood alcohol levels are in a range that is often attained socially,” said Garret FitzGerald, senior study author and chairman of pharmacology at the University of Pennsylvania Medical Centre.

Among healthy patients, the study found elevated levels of oxidant stress after participants drank enough of a grain alcohol solution to reach a blood alcohol level of 0.8, the legal limit for driving in many U.S. states. A 170-pound (77 kg) man would have to drink more than four beers in an hour to reach that level.

Recent studies have shown that the moderate consumption of alcohol, especially red wine, can help ward off cardiovascular disease. FitzGerald said researchers soon may be able to better gauge different types of alcohol including red wine, which may offer health benefits because it contains antioxidants that counteract the effects of its own alcoholic content.

“In small quantities, the net delivery is probably an antioxidant one, which is thought to underpin the beneficial effects of moderate wine consumption. But it’s a double-edged sword because alcohol itself is a pro-oxidant,” he said. “What this (study) positions us to do is look at the comparative effect different forms of alcohol have on oxidant stress and to address whether suppression of this signal with antioxidants will limit the propensity of alcohol to cause the evolution of things like liver disease.”

Furthermore, Any Alcohol Can Be a Killer for Younger Men

LONDON, UK — *British Medical Journal*; Association between alcohol consumption and mortality, myocardial infarction, and stroke in 25 year follow up of 49,618 young Swedish men; September 25, 1999; Vol. 319, pp. 821-822 (Anders Romelsjö and Anders Leifman, Karolinska Institutet) — Several epidemiological studies have shown that moderate alcohol consumption is associated with reduced mortality from cardiovascular diseases in middle aged and elderly subjects, but

its effect in younger people is unknown. High alcohol consumption is associated with increased total mortality, but the findings for stroke have varied. This study analyzed the association between alcohol consumption and the incidence of myocardial infarction, stroke, and mortality in a 25 year follow-up of nearly 50,000 military conscripts.

Compared with abstainers, alcohol consumers had higher unadjusted relative risks for total mortality, myocardial infarction, and stroke; and the risks increased with increasing alcohol consumption. The authors said the results clearly indicated that alcohol consumption had a negative net effect on the subjects’ health up to the age of 45 and support a restrictive alcohol policy and recommendations for little or no alcohol consumption by young men.

Docs/Nurses Can Help Patients Reduce Drinking

CHICAGO, IL — *Archives of Internal Medicine*; Brief Physician-and-Nurse Practitioner-Delivered Counseling for High-Risk Drinkers; October 1999; Vol. 159, pp. 2198-2205 (Judith K. Ockene, PhD, et al) — Of nearly 10,000 patients seeking routine medical care with primary care providers, 530 high-risk drinkers were entered into this study. Special intervention included training providers in a brief (5- to 10-minute) patient-centered counseling intervention, and an office support system that screened patients, cued providers to intervene, and made patient education materials available. The primary outcome measures were change in alcohol use from baseline to 6 months as measured by weekly alcohol consumption and frequency of binge drinking episodes.

Participants in the special intervention and usual care groups were similar on important background variables and potential confounders except that special intervention participants had significantly higher baseline levels of alcohol usage ($P=.01$). At 6-month follow-up, in the 91% of the cohort who provided follow-up information, alcohol consumption was significantly reduced when adjusted for age, sex, and baseline

alcohol usage. The special intervention patients had reduced their intake by 5.8 drinks per week, compared to the 3.4 drinks per week reduction by the usual care patients ($P=.001$).

The authors concluded that this study provides evidence that screening and very brief (5- to 10-minute) advice and counseling delivered by a physician or nurse practitioner as part of routine primary care significantly reduces alcohol consumption by high-risk drinkers.

Nalmefene Helps Treat Alcoholism

NEW YORK, NY — Reuters Health; September 8, 1999 — Nalmefene, a drug that blocks opiate receptors in the brain, may help to treat alcoholism when used in conjunction with behavioral therapy.

“Any agent that can reduce relapse would be a useful addition in treating alcoholic patients, approximately one half of whom (return to drinking) within the first few months of most behavioral treatments,” said researcher Dr. Barbara Mason from the University of Miami School of Medicine in Florida, in a statement issued by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The findings of her team of investigators were published in the August 1999 *Archives of General Psychiatry* (Vol 56, pp 719-724).

During their 12-week study of abstaining drinkers, only 37% of patients taking nalmefene returned to drinking heavily, compared to 59% of patients taking a placebo. According to the authors, benefits of nalmefene treatment appeared by the end of the first week of therapy, when nearly twice as many placebo patients as nalmefene patients reported heavy drinking.

Overall, the investigators report that the chance of relapsing to heavy drinking was over twice as high among those given placebo as among those given nalmefene. Three of 70 patients stopped nalmefene treatment because of minor side effects, but no serious drug reactions occurred, the researchers note. “Nalmefene was effective in preventing relapse to heavy drinking or in reducing

the number of subsequent episodes of heavy drinking in those patients who did relapse,” the authors conclude. Although nalmefene is not currently available commercially in an oral form, several pharmaceutical companies “have approached the University of Miami to review the nalmefene data in support of a new drug application to the Food and Drug Administration,” according to the NIAAA.

Giuliani Reverses Gears, Pumps \$5million Into Methadone Clinics

NEW YORK, NY — *New York Post*; October 6, 1999 (Susan Rubinowitz) — Mayor Rudy Giuliani has backed off further from his vow to end methadone treatment for heroin addicts by funding a \$5 million expansion of the city’s clinics.

The money is going to methadone centers at all 11 public hospitals to extend clinic hours and add job-training and psychological evaluations. The move comes a year after Giuliani called Clinton administration drug czar Barry McCaffrey “a disaster” for backing methadone treatment over abstinence.

Under fierce attack, Giuliani softened his stance, allowing that a few methadone clinics might need to stay open. His latest move is still directed toward a goal of abstinence rather than methadone maintenance, but accomplishing it through a series of incremental steps that focus on vocational counseling, job placement and rehabilitation. The extra funds will allow clinics to stay open evenings in order to serve working patients.

“It’s been a wonderful turnaround, and the mayor clearly listened to a number of his advisers,” said Mark Parrino, president of the American Methadone Treatment Association. Dr. Edwin Salsitz, who runs a methadone program at Beth Israel Medical Center, said that after backing off and talking to experts, Giuliani “realized that what he said wasn’t completely correct. I give the mayor credit for becoming more knowledgeable and helping rather than harming.”

McCain Discusses Wife’s Drug Addiction

PHOENIX, AZ — Associated Press; October 8, 1999 (Scott Thomsen) — presidential hopeful Sen. John McCain and his wife Cindy went on national television to discuss her past addiction to painkillers. McCain acknowledged in a *Dateline NBC* interview with Jane Pauley that he missed warning signs of his wife’s 1989-1992 addiction to prescription drugs while he was in the midst of his own scandal in Washington. During the time of Mrs. McCain’s addiction, her husband and four other senators were being investigated for interceding with a federal regulator on behalf of savings and loan figure Charles Keating. McCain ended-up receiving a mild rebuke from the Senate Ethics Committee for exercising poor judgment in the Keating affair.

McCain, said he still feels partially responsible, “...maybe I was wrapped up too much in Washington and my ambitions to pay as much attention as I should have.” Cindy McCain said, “The best thing I’ve done is go into recovery and stay drug-free.”

[Last February, McCain introduced Senate bill S-423: “The Addiction Free Treatment Act of 1999,” which would curtail Medicaid reimbursements and funding through the Substance Abuse and Mental Health Services Administration (SAMHSA) for methadone and LAAM maintenance programs. -Ed.]

The Cocaine Connection

Cocaine Linked to Heart Attacks

CHICAGO, IL — Associated Press; September 12, 1999 (Andrew Buchanan) — Cocaine use can promote blood clotting, which may explain how the drug triggers heart attacks in its users, according to a new study by Arthur J. Siegel, *et al*, “Evidence for Drug-Related Blood Doping and Prothrombotic Effects,” appearing in the *Archives of Internal Medicine* (1999;159:1925-1930).

Cocaine caused blood to thicken by increasing the number of red blood cells, and by triggering an increase in a protein that causes platelets to stick

together. The “double whammy” can cause clotting that can lead to heart attacks and strokes.

A previous study, released in June, showed that cocaine users are 24 times more likely to have a heart attack during the first hour after taking the drug. The new study may help explain why such heart attacks occur.

The study measured changes in the blood in 21 people before and for 60 minutes after they sniffed a moderate amount of cocaine or received it intravenously. Red blood cell counts on average increased 4% to 6% after individuals ingested the drug, due to constriction of the spleen. Cocaine use causes the spleen to constrict, pumping more red blood cells into the system. The thickened blood must circulate through blood vessel already-constricted by the cocaine, creating a potentially dangerous situation.

The study also found an average 40% increase in a blood protein known as the von Willebrand factor in subjects who received cocaine intravenously. The von Willebrand factor promotes clotting by causing platelets to stick together.

Brain Protein Buildup Tied To Cocaine Addiction

NEW YORK, NY — Associated Press; September 15, 1999 (William McCall) — Cocaine may be one of the toughest addictions to cure because it triggers a buildup of a protein that persists in the brain and stimulates genes that intensify the craving for the drug, new research suggests.

Scientists at the Yale School of Medicine were able to isolate the long-lived protein, called Delta-FosB, and show that it triggered addiction when released to a specific area of the brains of genetically engineered mice. The protein (pronounced fawz-bee) isn't produced in the brain until addicts have used cocaine several times, or even for several years. But once the buildup begins, the need for the drug becomes overpowering and the user's behavior becomes increasingly compulsive.

“It's almost like a molecular switch,” said Eric Nestler, who led the research. “Once it's flipped on, it stays on, and

doesn't go away easily.” The findings, were published in the September 16, 1999 issue of the journal *Nature*.

As the level of Delta-FosB accumulates, it begins to regulate genes that control a region of the brain called the nucleus accumbens, an area involved in addictive behavior and pleasure responses. The authors speculated that Delta-FosB also activates other genes that produce biochemical compounds called glutamates, which carry messages in brain cells. Receptors in the brain cells become highly sensitive to glutamate, particularly in the nucleus accumbens. To test the theory, they inserted a gene associated with glutamate into the nucleus accumbens of experimental mice. Those mice showed a “dramatic” increase in cocaine sensitivity, they reported.

The study indicates genetics is less a factor in addiction than prolonged drug use, said Alan Leshner, director of the National Institute on Drug Abuse, which funded part of the study. “Your genes don't doom you to be an addict,” he added, “they just make you more, or less, susceptible. We've never found one gene that keeps you from being an addict, or one that dictates you're going to be an addict.”

Desipramine Helps Treat Opioid-Dependent Coke Abusers

USA — *Archives of General Psychiatry*; Desipramine in Opioid-Dependent Cocaine Abusers Maintained on Buprenorphine vs Methadone; September 1999, Vol. 56, pp. 812-820 (Alison Oliveto, *et al*) — Cocaine abuse occurs in 40% to 60% of patients entering opioid maintenance treatment and effective pharmacotherapies are needed for this combined dependence. Desipramine [Norpramin, Pertrofrane] may be a useful adjunctive medication in facilitating opioid and cocaine abstinence in opioid-maintained patients, although efficacy may differ by sex.

A 13-week, randomized, double-blind, placebo-controlled trial evaluated the efficacy of desipramine hydrochloride (0 or 150 mg/d) plus either buprenorphine hydrochloride (12 mg/d) or methadone

hydrochloride (65 mg/d) in 180 opioid-dependent cocaine abusers (124 men, 56 women). Supervised urine samples were obtained thrice weekly, and self-reported cocaine and heroin use was reported once weekly. Desipramine plasma levels were determined at weeks 4 and 10.

In men, opioid abstinence was increased more rapidly over time when treated with methadone than with buprenorphine, whereas the reverse was found for cocaine abstinence — buprenorphine was more effective than methadone. In women, cocaine abstinence was increased more rapidly over time when treated with methadone than with buprenorphine.

Regardless of sex or opioid medication, desipramine increased opioid and cocaine abstinence more rapidly over time than placebo. Desipramine plasma levels were higher in women than in men, particularly those on buprenorphine maintenance, and higher desipramine plasma levels were associated with greater opioid abstinence.

Doctors Face Loss of Licenses Over UROD

CHERRY HILL, NJ — Associated Press; October 14, 1999 (Melanie Burney) — A doctor who agreed to stop treating heroin addicts with a controversial rapid detox procedure linked by state investigators to the deaths of six of his patients defended the practice, saying “I was trying to help.” Dr. Lance Goberman reached an agreement with the state Board of Medical Examiners that temporarily bars him from performing the treatment in his clinic in a Philadelphia suburb. In a complaint filed earlier this month, the state said the treatment is too risky and cited the deaths of six people who underwent the procedure. The Board accused Goberman and his associate, Dr. David Bradway, of serious lapses in medical care and criticized their use of the procedure. “The only thing ultra about ultra detox was the risk to the health of the patients,” said Mark Herr, director of the state Division of Consumer Affairs. The state is seeking civil penalties and revocation or

suspension of both doctors' medical licenses.

Goberman estimates he has performed the ultra rapid detox on 2,300 patients at his clinic since 1995 with few incidents. Known as Ultra Rapid Opiate Detoxification (UROD), the treatment costs \$2,900 to \$3,600 and is not covered by most health insurance plans.

All Physicians Urged to Join Battle Against Addiction

NEW YORK, NY — *Journal of the American Medical Association*; October 13, 1999; Vol. 282, pp.1314-1316 — Addiction is a treatable condition but many physicians are avoiding the issue with their patients, according to Dr. Alan I. Leshner, director of the National Institute on Drug Abuse at the National Institutes of Health in Bethesda, Maryland. He urges doctors to take more steps to diagnose and treat drug addiction. "Understanding the patient's motivation to use drugs is critical," he writes. However, he adds that drug addiction is given "relatively short shrift in medical schools, resulting in "a widespread misperception that drug abuse treatment is not effective."

Leshner suggests that primary care physicians are in a unique position to diagnose addiction and to refer patients to treatment programs. "More than two thirds of people with addiction see a primary care or urgent care physician every 6 months," he writes. Physicians should acquaint themselves with the components of an effective addiction treatment program that include: intake assessment, a treatment plan, pharmacotherapy, behavioral therapy, substance abuse monitoring, self-help and peer support groups, clinical case management, and continuing care.

NIDA has released a guide to drug treatment, "Principles of Drug Addiction Treatment," designed to help healthcare professionals and the public understand addiction treatment. The guide, based on 20 years of research, is available at the Institute's website, <http://www.nida.nih.gov>.

Most Illicit Drug Users Fully Employed

NEW YORK, NY — Reuters Health; September 8, 1999 — Approximately

70% of illicit drug users between the ages of 18 and 49 are employed full-time, according to a study from the Substance Abuse and Mental Health Services Administration (SAMHSA) and reported in *Circulation: Journal of the American Heart Association*, 1999 (Vol. 100, pp. 1050-1055).

The overall rate of illicit drug use among full-time employees remained relatively stable — rising slightly from 7.4% of workers in 1992 to 7.7% of workers in 1997. Overall, 6.3 million US workers admitted to having used some sort of illicit drug during the previous 30 days. Another 6.2 million workers described themselves as heavy alcohol users (5 or more drinks per occasion on 5 or more days in the month previous to the survey). SAMHSA said that the study sample represents more than 81.8 million workers.

Food preparation workers, waiters and bartenders had the highest rates of illicit drug use (19%) and heavy alcohol use (15%). Other occupations with higher illicit drug use rates were construction (14%), service occupations (13%), and transportation and material moving (10%).

In the most recent survey, as in the 1994 survey, a larger percentage of illicit drug users than nonusers said that they would prefer not to work for an employer that tests for drugs. SAMHSA said that the number of establishments that have drug testing programs increased from 44% in 1994 to 49% in 1997.

In an interview with Reuters Health, Dr. H. Westley Clark, director of the Center for Substance Abuse Treatment of SAMHSA said the study debunks stereotypes of the 'typical' drug user. He noted that among workers who admitted to recently using drugs, 81% had used marijuana, nearly 20% had used psychotherapeutic drugs like Valium or codeine (without a prescription), 12% had used cocaine, and 2.7% had used heroin.

New Guide to Who's Who in U.S. Addiction Tx

WASHINGTON, DC — SAMHSA News Release; October 22, 1999 — The Substance Abuse and Mental Health Services Administration has released its

updated *National Directory of Drug Abuse and Alcoholism Treatment Programs*, a guide to information on thousands of local treatment programs in each state.

This new directory includes a nationwide inventory of substance abuse and alcoholism treatment programs and facilities at the federal, state, and local levels as well as private facilities that are licensed, certified, or otherwise approved by substance abuse agencies in each of the states. It is organized and presented in a format for quick-reference by health care providers, social workers, managed care organizations, and the general public.

A free copy of the directory (Item #BKD 283R) can be ordered through the National Clearinghouse for Alcohol and Drug Information by calling (800) 729-6686, or it can be accessed via the Internet at <http://www.samhsa.gov>. [Note: as of 10/25/99 the Directory was not posted on the Web at SAMHSA's site. -Ed.]

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Naltrexone Effective in Treating Personality Disorders

WESTPORT, CT – Reuters Health, October 19, 1999 – The nonselective opioid receptor antagonist, naltrexone, reduces dissociative symptoms and flashbacks in patients with personality disorders, according to a paper in the September issue of the *Journal of Clinical Psychiatry* (1999;60:598-603).

Dr. Martin J. Bohus and colleagues at the University of Freiburg in Germany enrolled 13 patients, aged 17 to 47, with symptoms of borderline personality disorder. Each patient received naltrexone, beginning at 25 mg four times a day and increasing up to a maximum of 100 mg four times a day for 2 weeks. Half the patients completed a self-questionnaire rating dissociative symptoms, and the other half completed a flashback protocol.

All patients, after at least 3 days of naltrexone, reported "a highly significant reduction" in the intensity and duration of dissociative phenomena and tonic immobility and a "significant

reduction” in the mean number of flashbacks. Those with frequent flashbacks benefited from higher doses. “These observations,” Dr. Bohus and colleagues remark, “suggest that dissociative phenomena in borderline personality disorder are mediated by an activation of the endogenous opioid system and indicate that dissociative phenomena in borderline personality disorder are responsive to pharmacotherapy.”

The authors suggest that “treatment with naltrexone should not be started outside a treatment program involving psychotherapy [and] naltrexone should be tapered down slowly” to avoid a rebound effect.

Methadone Treatment Providers Grapple With Hepatitis C

PROVIDENCE, RI – PRNewswire; November 23, 1999 – Though no official survey has been conducted, methadone treatment providers estimate that anywhere between 85 and 95% of their intravenous drug-using clients are testing positive for hepatitis C. An article in *Alcoholism & Drug Abuse Weekly* reports that due to a lack of public funding for hepatitis C screening and treatment, methadone providers are left wondering how to help clients who have tested positive.

“So many clinics are small; they can only provide the barest of services,” Joycelyn Woods, executive vice president of the National Alliance of Methadone Advocates, said. “We would like to see funding available to clinics [for testing], but since there's no funding for drug treatment in half of the states, how can you expect funding for an ancillary thing?”

National statistics indicate that nearly 4 million Americans (1.8%) carry the hepatitis C virus. The National Institutes of Health estimates that 30,000 Americans are infected each year, with only 25% to 30% being diagnosed. In addition to both past and present IV drug users, the disease is prevalent among prison inmates and Vietnam veterans and can remain latent for 20 years or more before symptoms appear.

Sex Dysfunction Help for Methadone Patients

ROCKVILLE, MD – *Clinical Psychiatry News*; October 1999; p. 18 (Aaron Levin) – At a poster presentation during the annual meeting of the American Society of Addiction Medicine, Marc Shinderman, MD and Sarz Maxwell, MD (both of the Center for Addictive Problems, Chicago, IL) noted that recovering addicts may resort to cocaine or reduced methadone dosage to restore lost libido, erectile function, or delayed orgasm.

To help alleviate such problems, Shinderman and Maxwell prescribed bromocriptine for 20 patients who had been in methadone maintenance treatment an average of 70 months and received an average methadone dose of 186 mg/day. Doses of bromocriptine varied from 2.5 to 10 mg/day for an average of 4 months. Three patients complained of nausea during the study and one discontinued therapy.

More than half of the patients had significant improvement in terms of sexual dysfunction with bromocriptine treatment. Three of the 6 women and 10 of the 14 men reported increased libido. Nine men reported improvements in complaints related to orgasm, and 8 reported normalization of erectile dysfunction.

Shinderman observed that bromocriptine helps treat the typically elevated prolactin levels in methadone patients. The drug decreases prolactin by enhancing dopaminergic tone and is correlated with normalization of testosterone and other hormone levels. He suggested that other dopamine agonists might also work well, such as cabergoline and bupropion.

Preventing Heroin Overdose – Pragmatic Approaches

USA – Heroin overdoses and overdose fatalities are increasing in North America and around the world. Many of these are preventable, often with simple and inexpensive interventions based upon scientific research, epidemiological and ethnographic insights, and common sense.

A two-day conference will bring together leading experts from around the

world to present and discuss: risk factors and epidemiology of heroin overdose; treatment modalities; outreach and education; naloxone distribution; the roles of researchers, emergency medical services, law enforcement and families and friends of overdose victims.

WHEN: January 13-14, 2000

WHERE: Sheraton Hotel; Seattle, Washington

This conference is sponsored and presented by: Alcohol and Drug Abuse Institute, University of Washington; The Lindesmith Center (New York); National Institute on Drug Abuse. Twelve Continuing Education credits are available. Complete information and registration information is available at <http://depts.washington.edu/adai/conf/heroin.htm>.

Heroin Remains EU's Main Drug Problem

BERLIN, GERMANY – Reuters; November 22, 1999 (Clifford Coonan) – Around 40 million people in Europe have tried cannabis at some time in their lives but heroin is still the main problem drug, a report on narcotics abuse in the European Union said.

Between three and five million people in the bloc have tried heroin, the Lisbon-based European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) said in its annual report which was launched in Berlin. “Heroin continues to present major health and social problems in the EU,” Richard Hartnell of the EMCDDA, a European Union agency, told a briefing.

There are between one and 1.5 million “problem” drug users in the EU out of a population of some 375 million. Most of the 6,000-7,000 deaths from drug overdoses in the EU each year were heroin-related, the report showed.

Australian Heroin Users Starting Younger

SYDNEY, AUSTRALIA – *Sydney Morning Herald*; November 25, 1999 (Paolo Totaro) – Australia is awash with heroin. More people are addicted to the drug, first-time users are starting younger, and prices are hitting an all-time low of \$25 [about \$16 US] a shot

in some parts of Sydney, a national report has found.

Parents have been warned that teenagers are graduating to syringes earlier than ever before. The age of initiation among younger users has dropped two years to 17, and 76% of users under 25 report that heroin was the first drug they had injected.

“Chasing the Dragon” Heroin Use Can Damage Brain

NEW YORK -- Reuters Health; November 9, 1999 – Heroin users who heat the drug and then inhale it, a practice called “chasing the dragon,” risk serious brain damage or death, researchers report in the journal *Neurology* (1999;53:1765-1773).

This form of heroin use is “increasingly popular,” the authors point out, because people believe it will protect them against transmission of HIV and other diseases associated with injecting heroin. But the practice carries a risk of untreatable brain damage resulting in death in about 20% of cases.

Dr. Arnold Kriegstein and colleagues from Columbia University and other New-York based medical centers described three patients who developed symptoms of a rare brain disorder, progressive spongiform leukoencephalopathy, following regular inhalation of vapor produced by heating powdered heroin on aluminum foil. In this type of brain damage, fluid-filled spaces cover the brain's white matter, and patients develop symptoms such as loss of coordination and difficulty moving and talking.

“There is a certain heroin chic surrounding this mode of use that gives it an ominous appeal among the more affluent users,” Kriegstein explained. “So our concern is that more patients may develop this illness, (which) is extremely grave and has no known treatment. Patients may improve gradually over months to years, but most patients do not return to normal.”

The research team notes that the toxin causing the brain damage in these cases is not known, but progression of the illness may be due to “ongoing oxidative damage” initiated by a toxin. Kreigstein noted that there are estimates put the

number of “hard-core” heroin users in the US at between 500,000 to 1 million. “We suspect that there may be many more cases (of heroin-related brain damage) that are being misdiagnosed,” he stated.

Fast-Evolving HTLV-II in Drug Users Worries Scientists

USA – HealthSCOUT; November 22, 1999 (Jeff Johnston) – The public usually hears about outbreaks of new bacteria or viruses only after a public health crisis. In an unusual twist, infectious disease experts are keeping an eye on an viral “epidemic” that hasn't caused any disease yet. But because this particular virus mutates so rapidly, it's only a matter of time before it becomes dangerous, they say.

The virus that has the officials concerned is known only as HTLV-II, short for human T-cell lymphotropic virus. HTLV-II has some deadly viral cousins, including human immunodeficiency virus (HIV), the AIDS virus, and HTLV-I, which causes an aggressive form of leukemia. HTLV-II does not cause any known illness, but that could change because it is evolving far faster among intravenous drug users (IDUs) than it does in native Americans, who were probably the first humans infected.

In native tribes where HTLV-II is endemic, the virus' genes mutate only 1% every 100,000 years. In drug users, however, the rate is 300 times faster. A story from the *New Scientist* explains that, in native peoples, the virus typically only mutated when it was passed from a mother to child during breast feeding. Drugs users, however, can pass the virus to hundreds of others within a few months by sharing needles, fueling the mutation rate of the virus.

Bliley Fights For Buprenorphine In Budget Deal.

WASHINGTON, DC – The White House Bulletin; November 16, 1999 – House Commerce Committee Chairman Tom Bliley is waging a behind-the-scenes fight with the Congressional Budget Office to get a breakthrough heroin treatment included in the final budget package. At issue is CBO's assessment of how much direct spending

would be involved on the government's part to administer buprenorphine to heroin addicts.

Bliley and CBO differ over who and how many would be treated with the new drug, and at what cost per patient. As a result, the two differ on how much money would be needed to administer the drug through such Federal programs as Medicaid.

The FDA is expected to approve the drug early December 1999, according to a Commerce Committee source, and legislation is required to authorize the government to use pharmaceuticals in drug addiction programs. CBO has slapped a \$30 million price tag on buprenorphine legislation, while Bliley maintains the actual cost would be closer to \$500,000.

Congressman Pushes for Equal Insurance Coverage of Addiction

WASHINGTON, DC – Associated Press, October 21, 1999 – Saying alcohol treatment saved his life, Rep. Jim Ramstad urged a House panel to pass legislation aimed at increasing insurance coverage for alcoholism and drug addiction.

“We know this disease is fatal,” Ramstad told members of the House Government Reform's subcommittee on criminal justice, drug policy and human resources. “If it weren't for treatment, I would be dead.”

Ramstad, a Minnesota Republican, has sponsored legislation that would prohibit health insurance plans from imposing limits on substance abuse treatment that are different from those for medical or surgical benefits. The bill would not require plans to cover substance abuse treatment, but would prohibit discrimination by health plans that do. Opposing the bill, Charles Kahn III, president of the Health Insurance Association of America, said, “Mandates can impose significant burdens on health insurance carriers and drive up costs for consumers.”

Alcohol Helps Heart; At Least in Rats

WASHINGTON, DC — Reuters; Oct 27, 1999 — Researchers working to understand just how alcohol may protect the heart say they have found that small

amounts can help stop the damage suffered during a heart attack.

Working with rats, they said an amount equivalent to just one or two drinks in a human being reduced the damage done by an experimentally induced heart attack by 70%. They suggested alcohol might work to prevent damage suffered during open heart surgery or heart transplants.

“We need to determine if it is true for humans, but this is not an outrageously high level,” Daria Mochly-Rosen, a molecular pharmacologist at Stanford University in California who led the study, said in a statement. “This is the first study to show that a brief exposure to levels of alcohol that are really tolerated well – even for those worried about addiction – provides protection.”

Writing in the *Proceedings of the National Academy of Sciences*, Mochly-Rosen and colleagues said that most studies that show alcohol protects from heart disease look at people who drink moderate amounts over time. They wanted to see if it would help in a shorter time frame.

Alcohol Dependency May Thwart Smokers' Quitting Attempts

NEW YORK, NY – Reuters Health, November 9, 1999 – Coupled with nicotine addiction, alcohol dependency in smokers makes kicking the cigarette habit even harder, researchers suggested in the November issue of *Annals of Behavioral Medicine*.

While in recent years smoking has declined among American adults, the rate of smoking among heavy drinkers has held steady, according to Dr. J. Taylor Hays, associate medical director of the nicotine dependency center at Mayo Clinic in Rochester, Minnesota. Quitting seems to be more difficult for smokers with current, or even past, drinking problems, Hays and colleagues report.

In a study of 382 men and women in a smoking-cessation program, the investigators found that after 4 and 8 weeks of therapy, recovering alcoholics and current problem drinkers were significantly less likely than those with no history of alcohol problems to have quit smoking – at least in the short-term.

Surprisingly, Hays noted, smokers with past drinking problems were the least successful in kicking the smoking habit.

The tendency for heavy smokers to also be heavy drinkers, and vice versa, has long been noted, Hays said. Why alcohol dependency hinders the effort to quit smoking is unclear, but Hays speculated that for recovering alcoholics, the elimination of one substance results in greater dependency on another substance – in this case, nicotine. An earlier study he and his colleagues cite in their report showed that 58% of subjects smoked in order to “cope with urges to drink alcohol.”

Missing Enzyme Leads to Lower Alcohol Consumption

NEW YORK, NY – Reuters Health, October 18, 1999 – Mice bred to lack an enzyme called protein kinase C epsilon (PKC-epsilon) are supersensitive to the effects of alcohol and voluntarily drink less.

“The finding that (mice lacking PKC-epsilon) consume less ethanol suggests that inhibitors of PKC-epsilon might reduce alcohol consumption and be useful in the treatment of alcoholism,” according to Dr. Clyde W. Hodge and colleagues at the University of California, San Francisco writing in the November issue of *Nature Neuroscience* (1999;2:997-1002).

The results indicate that mice lacking the enzyme (PKC-epsilon null mice) drank 75% less alcohol than their littermates that had the enzyme, though their overall intakes of fluid and food were the same. In addition, PKC-epsilon null mice were twice as active in response to low doses of ethanol (the alcohol humans ordinarily drink) and more sensitive to its sedating effects than normal mice were, the investigators report, reflecting their enhanced normal responses to alcohol.

PKC-epsilon null mice also proved to be 30 times as sensitive to diazepam (the drug trade-named Valium) and to pentobarbital (a barbiturate), the report indicates.

Taken together, these results indicate that PKC-epsilon affects the function of the GABA-A receptor, a protein that controls the response of brain cells to

alcohol and certain other drugs. In fact, the scientists write, PKC-epsilon probably regulates the activation of the GABA-A receptor.

Smell of Alcohol May Trigger Relapse

NEW YORK, NY – Reuters Health; November 16, 1999 – The smell of alcohol may be enough to trigger a relapse among some alcoholics, according to results of a study in rats.

Writing in the November issue of the journal *Alcoholism: Clinical & Experimental Research* (Vol. 23), a team of California scientists report that the smell of alcohol may be enough to trigger cravings and a subsequent relapse among certain alcoholics.

As many as 90% of alcoholics will experience one relapse in the 4 years after they quit drinking, according to statistics from the National Institute on Alcohol Abuse and Alcoholism. The new findings may help elucidate some of the factors that play a role in this high relapse rate.

In a series of experiments, rats were trained to self-administer alcohol or a bitter, white substance called quinine (used in antimalarial drugs) when they smelled either orange or banana. The smell of banana was used when the rats consumed alcohol, while the smell of orange was presented to them when the rats tasted quinine.

Both alcohol and the anticipation of alcohol may raise levels of dopamine, which plays a role in feelings of elation and pleasure, according to the investigators. The researchers found increases in dopamine in the rats' brains before and after smelling the alcohol-related banana cue.

Irish Coffee Ingredients Curtail Stroke Damage?

NEW YORK, NY – Reuters Health; October 13, 1999 – A combination of alcohol and caffeine diminishes the ravages of a stroke, according to results of a study conducted in lab rats. The finding suggests that combining these ingredients – as found in Irish coffee – may also reduce the effects of stroke in humans, report Texas researchers – who caution that more study is needed to determine if this theory is in fact true –

in the *New England Journal of Medicine* (1999;341:1198-1205, 1231-1233).

“Surprisingly, we found that a relatively small amount of coffee – maybe the equivalent of two cups of coffee per day, and the equivalent of about one drink of alcohol a day – given right before or up to 2 hours after a stroke, reduced damage to the brain by 80% in this animal model,” said Dr. James Grotta, professor of neurology and director of the stroke program at the University of Texas in Houston.

But Grotta also conceded that *nothing shown to be effective in animals has yet been shown to be effective in people*. “So it remains to be seen if it will be effective,” he said.

Heavy Drinking May Trigger Stroke

NEW YORK, NY – Reuters Health, November 9, 1999 – Heavy drinking may greatly increase risks for stroke, researchers report in the November issue of *Stroke* (1999;30:2307-2312), a journal of the American Heart Association. “This is a new item on the list of hazards caused by heavy drinking of alcohol,” write Finnish researchers led by Dr. Matti Hillbom from Oulu University Central Hospital in Oulu, Finland.

The researchers compared the drinking patterns of 212 hospitalized stroke patients with those of 274 patients admitted to hospital for other causes. After adjusting for age, sex, smoking history and other factors, recent moderate or heavy alcohol intake emerged as a “significant and independent risk factor” for cardioembolic stroke in men.

Cardioembolic stroke occurs when clots travel from the chambers of the heart, blocking arteries that supply the brain.

The authors report that risks for stroke rose nearly fourfold among patients who had consumed anywhere from 13 to 25 drinks in the week previous to hospital admission, compared with nondrinkers. The investigators conclude that, “[heavy] drinking of intoxicating amounts of alcohol may trigger the onset of embolic stroke.” Increases in risk applied only to current heavy drinkers,

not to patients with a previous history of heavy drinking or light drinkers.

Light-To-Moderate Alcohol Consumption Lowers Stroke Risk

BOSTON, MA – *New England Journal of Medicine*; November 18, 1999; Vol. 341, No. 21, pp. 1557-64 (Klaus Berger, et al) – This study evaluated the effect of light-to-moderate alcohol intake on the risk of stroke, with separate analyses of ischemic stroke and hemorrhagic stroke.

The analyses were based on a prospective cohort study of 22,071 male physicians, 40 to 84 years old, who were participating in the Physicians’ Health Study. At base line, the participants reported that they had no history of stroke, transient ischemic attack, or myocardial infarction and were free of cancer. Alcohol intake ranged from none or almost none to two or more drinks per day.

During an average of 12.2 years of follow-up, 679 strokes were reported. As compared with participants who had less than one drink per week, those who drank more had a reduced overall risk of stroke (relative risk, 0.79; 95% confidence interval, 0.66 to 0.94) and a reduced risk of ischemic stroke (relative risk, 0.77; 95% confidence interval, 0.63 to 0.94). There was no statistically significant association between alcohol consumption and hemorrhagic stroke.

The overall relative risks of stroke for the men who had 1 drink per week, 2-4 drinks per week, 5-6 drinks per week, or 1 or more drinks per day were 78%, 75%, 83%, and 80% respectively, in an analysis in which major risk factors for stroke were controlled.

The authors conclude that light-to-moderate alcohol consumption [2-4 drinks per week] reduces the overall risk of stroke and the risk of ischemic stroke in men. The benefit is apparent with as little as one drink per week. Greater consumption, up to one drink per day, does not increase the observed benefit.

Is Alcohol Good Medicine?

BOSTON, MA -- *New England Journal of Medicine*; “Alcohol for Stroke Prevention”; November 18, 1999; Vol. 341, No. 21 (Marc Hommel, Assia Jaillard) – in an editorial companion to the above research report, the authors

observe that, when strokes of all types are considered together, the net benefit is due to the reduction in the incidence of ischemic stroke (the most frequent type) associated with moderate drinking. Alcohol may also be beneficial in the prevention of dementia, another burdensome disorder in aging populations.

However, the authors point out that there are numerous potential sources of bias and error that may weaken studies on alcohol consumption and health. Plus, the physical and social damage potentially incurred due to excessive alcohol intake or alcohol dependence cannot be overlooked. Furthermore, they write, “The pathophysiologic mechanisms by which alcohol may contribute to the prevention of cardiovascular disease and stroke remain unclear.”

The editors question, “Since the health benefits of light-to-moderate alcohol consumption have been demonstrated, how should we advise individual patients? Among healthy adults over 35 years of age, the benefits attributable to alcohol have to be balanced against the risks. The greatest benefit of alcohol in the prevention of cardiovascular disease may be evident among persons with the highest base-line cardiovascular risk. The higher the base-line risk, the more likely it is that alcohol may be protective. Thus, alcohol may have a particular benefit in secondary prevention *after* stroke or myocardial infarction.”

“Finally, when advising patients about the prevention of cardiovascular disease and stroke, physicians must consider not only alcohol consumption, but also a host of other important risk factors, including hypertension, cigarette smoking, diabetes, body weight, physical activity, and abnormalities of blood lipids. Any recommendations about alcohol intake must be made in this broader context.”

Artichoke & Sarsaparilla to Cure Hangovers?

SOUTH HACKENSACK, NJ – Business Wire; November 19, 1999 – The Aurora Group is preparing to release what it feels is a completely

neglected Y2K necessity: a safe, effective hangover pill.

Hangover Helper–Fight Back contains no painkillers that might mix dangerously with alcohol. Instead, it is an extract of artichoke and sarsaparilla [the fragrant root used to flavor soft drinks], which has been “clinically proven to actually detoxify the liver,” according to the press release. “Curing the discomfort isn't enough,” the Aurora Group president states. “That hangover is a sign your body and your health have been damaged. You need to stop that damage before it can happen. And if you're going to drink, the only way to be safe is to detoxify.”

Feds Warn of Home AIDS Test Kits

WASHINGTON, DC – Associated Press; November 19, 1999 – People who trust unapproved rapid home test kits for AIDS may be risking their lives. The unapproved kits can give inaccurate results, officials of the Food and Drug Administration and Federal Trade Commission warned.

There is currently only one approved home test kit for the AIDS virus, the agencies stressed. It is the “Home Access Express HIV Test System” made by Home Access Health Corporation. For this test customers take their own blood sample at home and send it to the laboratory for testing. Results are obtained by telephone using an anonymous personal identification number.

The two agencies said there are other kits being offered for sale, often via the Internet, which promise results at home in 15 minutes using saliva or blood from a finger prick. These unapproved tests lack laboratory controls and may give inaccurate results, the FDA said.

Hazelden Foundation Acquires DLCAS.COM

CENTER CITY, MN – PRNewswire; November 22, 1999 – The Hazelden Foundation announced the acquisition of DLCAS.COM, an Internet-based distance learning resource specializing in addiction studies.

Internet based distance learning – combining online coursework, email and bulletin board discussion, and chatroom

classroom sessions with instructor and students anywhere in the world – is expected to play a critical role for continuing education in the field of addiction. Courses offered through DLCAS.COM run the gamut from addiction studies staples such as ethics or relapse prevention to cutting edge research-based coursework in addiction neurobiology or long-term case management of dual disorders.

In addition to course offerings, the DLCAS.COM site also features a free clearinghouse of information about addiction and related health-care issues to anyone with an interest in the subject. Via a relationship with <http://www.jointogether.org>, articles are pulled from resources around the globe and updated daily.

For more information about Hazelden and The Distance Learning Center for Addiction Studies visit <http://www.DLCAS.COM> on the Internet or call Karin Nord at 800-328-9000 ext. 4642.

New Guide Focuses on Patient Privacy

WASHINGTON, DC – SAMHSA Press Release; November 24, 1999 – The Substance Abuse and Mental Health Services Administration has released a guide to help facilitate communication and information exchange between state welfare and substance abuse prevention and treatment agencies, while at the same time protecting patients' rights.

The guide, “Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance for Reconciling Need to Know and Privacy,” is the 24th installment in CSATs Technical Assistance Publication (TAP) series. This publication especially provides needed guidance to ensure that various programs and agencies adhere to confidentiality requirements as they work together to help addiction treatment patients enter and succeed in the workforce.

The guide can be ordered by calling the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686. Many publications are also

available online at www.samhsa.org or at www.health.org.

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Naltrexone-Assisted Therapy Boosts Sobriety

NEW YORK, NY – *American Journal of Psychiatry*, “Naltrexone and cognitive behavioral therapy for the treatment of outpatient alcoholics: results of a placebo-controlled trial”; November 1999, Vol. 156, No. 11, pp. 1758-64 (RF Anton, et al.) – The opiate antagonist drug naltrexone has been shown to be effective when combined with psychosocial therapies for the treatment of alcohol dependence. The goal of this study was to obtain additional information regarding its efficacy in pertinent alcoholic populations and with a well-defined therapy.

In this study, 131 recently abstinent alcohol-dependent outpatients were treated with 12 weekly sessions of manual-guided cognitive behavioral therapy and either 50 mg/day of naltrexone (N = 68) or placebo (N = 63) in a double-blind, randomized clinical trial. Alcohol consumption, craving, adverse events, and compliance with the medication were assessed weekly. Levels of blood markers of alcohol abuse were also ascertained during the trial.

Study completion, therapy participation, and medication compliance rates in the trial were high, with no differences between treatment groups. Naltrexone-treated subjects drank less, took longer to relapse, and had more time between relapses. They also exhibited more resistance to and control over alcohol-related thoughts and urges, as measured by a subscale of the Obsessive Compulsive Drinking Scale. Over the study period, 62% of the naltrexone group did not relapse into heavy drinking, compared to 40% of the placebo group.

Motivated individuals with moderate alcohol dependence can be treated with greater effectiveness when naltrexone is used in conjunction with weekly outpatient cognitive behavioral therapy. Naltrexone increases control over

alcohol urges and improves cognitive resistance to thoughts about drinking. Thus, the therapeutic effects of cognitive behavioral therapy and naltrexone may be synergistic.

Naltrexone Subsidy for Alcoholics in Oz

AUSTRALIA – *The Age*; December 13, 1999 (Victoria Button) – Alcoholics will be able to get subsidized naltrexone treatment beginning in February but heroin addicts, who use it to help stay clean after they have detoxified, must continue to pay the unsubsidized price of about \$250 a month.

Experts welcomed the decision of the Pharmaceutical Benefits Advisory Committee to make the drug available to alcohol-dependent people for a subsidized cost of about \$20, saying it would improve access to the drug. Combined with counseling, naltrexone could help between one in five and one in two alcoholics stay abstinent – double the rate of conventional therapy, they said.

The co-scientific director of the World Health Organization Collaborating Centre for Mental Health and Substance Abuse, Professor John Saunders, said the greater availability of naltrexone would be a “great step forward” for treating alcohol dependence. The drug, taken as a tablet a day for three months or more, blunted alcoholics' craving for alcohol, he said.

AT THE SAME TIME – reported via the Australian Broadcasting Corporation – the head of the drug rehabilitation center at Sydney's Westmead Hospital, Jon Currie, said its naltrexone program for heroin addicts is threatened because of the Federal Government's refusal to subsidize the treatment.

Currie believes the decision is illogical, since naltrexone is a worthwhile treatment [for opioid addiction], with six out of 10 patients on the Westmead program successfully quitting heroin.

Dr Currie has support from the other side of the country, with George O'Neil from Perth Naltrexone Clinic saying the PBS committee has ignored overwhelming evidence in its decision. Dr. O'Neil says the committee decided to grant the subsidy only to alcoholics,

despite trials showing the drug to be effective in treating heroin addiction.

Thinking, Not Drinking, Reduces Anxiety

NEW YORK, NY – *American Journal of Psychiatry*, August 1999 (reported November 23, 1999) – If you think a shot of whiskey can reduce anxiety, think again.

Researchers have found that just *believing* that you are drinking alcohol is actually just as effective as liquor itself in lowering tensions in social situations. The researchers from the University of Michigan told forty people diagnosed with social phobias to give two impromptu speeches in front of an audience, but they also were told they could fortify themselves with some alcohol. Half the group was then given an alcohol-free placebo drink before both speeches and reported less anxiety and fewer negative thoughts. The other group was given a placebo before the first speech and a strong alcoholic drink before the second speech and also reported less anxiety and fewer negative thoughts.

After assessing the results based on the length of time a subject could speak and heart rate monitoring, the researchers could find no differences between those who drank the placebo and those who drank alcohol. In other words, contrary to popular perception, alcohol doesn't have a direct effect in reducing social anxiety.

Alcoholic Cirrhosis & Cognitive Impairment

ST. LOUIS, MO – *Hepatology*, “Cognitive Impairment in Alcoholic and Nonalcoholic Cirrhotic Patients”; Vol. 30, No. 6, pp. 1363-1367 (David Edwin, et al.) – Chronic alcohol abuse has been associated with cognitive deficits that persist long after the onset of abstinence. Although there has been controversy about the validity of alcoholic dementia as a specific disease entity, it is certainly clear that alcoholics are prone to a number of disorders (e.g., nutritional, traumatic, and neurotoxic) that affect intellectual function and memory in particular. Among patients with alcoholic cirrhosis, it has been argued that a significant component of cognitive

impairment is attributable to subclinical hepatic encephalopathy.

This study assessed cognitive functions in 117 patients with alcoholic cirrhosis and 163 patients with nonalcoholic cirrhosis using a brief battery of neuropsychological tests. In addition, all patients had standard psychiatric examinations to assess the effect of the disease severity, alcoholism, anxiety, and depression on the test scores.

The study showed a higher proportion of patients with cognitive impairment in the alcoholic group. Alcoholics performed poorly in tests of memory and motor speed compared with nonalcoholics, despite similar premorbid IQ and education.

Further analyses revealed no primary or interaction effect of alcoholism and confirmed that the differences in the test scores observed in alcoholics reflect the greater severity of their liver disease. The severity of cognitive impairment was similar in both alcoholic and nonalcoholic cirrhotic patients when adjusted for the severity of liver disease.

Bias Against Recovering Alcoholics, Addicts

CENTER CITY, MN – *Hazelden News*, December 13, 1999 – According to a national survey by the Hazelden Foundation, 79% of respondents agreed that alcoholism is a disease. But when asked to choose between two equally qualified job candidates, one a recovering alcoholic, the other someone who never needed treatment, 47% said they would hire the one who never needed treatment. Only 14% said they would hire the recovering alcoholic, while 34% said they had no preference.

When the same question was presented for a recovering drug addict versus someone who never needed treatment, 60% said they would hire the person who never needed drug treatment, while 10% said they would hire the recovering drug addict and 26% had no preference.

The survey showed that more education is needed in getting people to recognize addiction as a treatable disease. According to the poll, 62% of respondents said insurance coverage for chemical dependency treatment is just as

important as that for diseases such as diabetes and heart disease. The percentage has not changed much since a 1982 Gallup poll, when 59% responded favorably to a similar question.

The Hazelden survey was based on telephone interviews with 1,500 adults located throughout the United States.

Alcohol-Related Crash Deaths Unchanged

U.S.A. – HealthScout from *WMMR*; December 3, 1999 (Edward Edelson) – The rate of alcohol-related traffic deaths was 5.9 per 100,000 people in 1998, close to the national goal of 5.5, the Centers for Disease Control and Prevention reported. Still, the levels were virtually unchanged from the year before.

Between 1988 and 1998, the proportion of all traffic deaths that were alcohol-related dropped from 50% to 38%. However, there was little change in the percentage of traffic deaths that involved alcohol over the past two years: 38.5% in 1997, 38.4% in 1998.

It will take changes in strategy to reach the National Highway Traffic Safety Administration's goal of 5.5 per 100,000 people by next year and its goal of no more than 11,000 alcohol-related traffic deaths nationwide by 2005, according to a CDC press release. There has to be a concentration on heavy drinkers, since 70% of those who are convicted of drunk driving have a serious drinking problem. Such a program would focus not only on alcoholics but also on people who have periodic episodes of heavy drinking.

Doctors to Inform DMV of Risky Drivers?!

SAN DIEGO, CA – Associated Press, December 8, 1999 – The American Medical Association changed its ethical guidelines to let doctors notify the Department of Motor Vehicles in their states of patients with conditions that could make them unsafe drivers. The new policy makes public safety a priority over the confidentiality of patients with conditions such as senile dementia or alcoholism.

“We all know that some people are driving when they shouldn't be,” said Dr. Herbert Rakatansky, chairman of the AMA's Council on Ethical and Judicial Affairs. “This says that it's desirable and ethical to report that information to the Department of Motor Vehicles.”

The policy change, adopted by a majority of the nearly 500 AMA delegates from around the country meeting in San Diego, does not have universal support among doctors. In debate before the vote, some delegates argued the policy would cause some people not to seek treatment rather than risk losing their driving privileges. Others said it would fundamentally change the doctor-patient relationship.

Another ‘Alcohol is Good for Your Heart’ Study

LONDON, UK – *British Medical Journal*, “Moderate alcohol intake and lower risk of coronary heart disease: meta-analysis of effects on lipids and haemostatic factors”; December 11, 1999, Vol. 319, pp. 1523-1528 (Eric B. Rimm, et al.) – The objective of this study was to quantitatively summarize the association between moderate alcohol intake and biological markers of risk of coronary heart disease and to predict how these changes would lower the risk.

The authors undertook a meta-analysis of all experimental studies that assessed the effects of moderate alcohol intake on concentrations of high density lipoprotein cholesterol, apolipoprotein, fibrinogen, triglycerides, and other biological markers previously found to be associated with risk of coronary heart disease. Subject included were men and women free of previous chronic disease and who were not dependent on alcohol. Studies were included in which biomarkers were assessed before and after participants consumed up to 100 grams of alcohol as ethanol, beer, wine, or spirits per day.

Sixty-one data records were abstracted from 42 eligible studies with information on change in biological markers of risk of coronary heart disease. An experimental dose of 30g of ethanol a day increased concentrations of high density lipoprotein cholesterol by 3.99

mg/dl, apolipoprotein by 8.82 mg/dl, and triglyceride by 5.69 mg/dl. Several hemostatic factors related to a thrombolytic profile were modestly affected by alcohol. On the basis of published associations between these biomarkers and risk of coronary heart disease, 30grams of alcohol a day [roughly equivalent to 1 ounce] would cause an estimated reduction of 24.7% in risk of coronary heart disease.

The authors concluded that alcohol intake is causally related to lower risk of coronary heart disease through changes in lipids and hemostatic factors.

Call for Heroin Addiction Treatment in Seattle

SEATTLE, WA – *Seattle Post-Intelligencer*; Editorial, December 6, 1999 – Armed with persuasive evidence that methadone treatment is the only effective regimen to overcome heroin addiction, the county Board of Health will ask the King County Council's Law, Justice and Human Services Committee to loosen the stranglehold on licensing treatment centers.

In the face of as many as 20,000 opiate addicts in Seattle and King County, and the tripling of opiate deaths since 1990, the county licenses just 6 methadone treatment centers. Compounding the problem, each is limited by state law to treating only 350 individuals.

The editorial board of this newspaper opined that the county must cede back to the state the authority to license methadone centers – a power the state has traditionally held for all other drug and alcohol programs. Then the state must pony up more funding for methadone treatment at the new centers that will be created. Currently, county health director Dr. Alonzo Plough estimates that the waiting list for methadone treatment has 1,200 people, a number that greatly underestimates the demand. Assuring these people a chance at treatment, he says, could be characterized as an emergency response on the part of the county and state.

“Moreover, fully half the people desperate for a way out of their addiction can pay for their treatment,” the editors state. “Given that, it is absurd they do not have the option. Treatment

on demand for alcohol and drug addiction is one bankable way to win at least one battle of what has laughingly been derided as the war on drugs.”

Methadone in General Practice in Ireland

LONDON, UK – *British Medical Journal*, “Republic of Ireland has set up scheme to regulate methadone prescribing by GPs”; December 4, 1999, Vol. 319, p. 1497 (Eamon Keenan, Joe Barry) – In a letter to the editor, the authors state that providing methadone maintenance in general practice has led to encouraging reductions in the use of illicit drugs, but concerns have been expressed about the problems of double prescribing and the availability of methadone on the black market. An added problem was that the presence of large numbers of drug users attending individual private general practitioners or pharmacies had contributed to considerable local community resistance to health boards establishing locations for treatment.

To overcome these challenges, the main points of a new protocol in Ireland are: All methadone treatment is now free. All patients for whom methadone is started must be registered on the central treatment list. For patients being prescribed methadone in general practice a treatment card, incorporating the patient's details and photograph plus the doctor's details, must be kept at a specified dispensing pharmacy.

Doctors, depending on training, are limited to certain numbers of patients. Level 1 general practitioners can prescribe to 15 patients whose condition has been stabilized in a clinic. Level 2 general practitioners can prescribe to 35 patients, who can be a combination of patients whose condition has been stabilized and new patients. Pharmacists are limited to serving a total of 50 patients. Remuneration for both groups of professionals is provided centrally, with recognition given for daily dispensing by pharmacists. All the Irish health boards are represented on a methadone protocol implementation committee to oversee this initiative.

Since October 1998 the numbers registered centrally have increased from

3200 to 3750, of whom 1000 are in treatment through general practice. Despite the stricter regulations the numbers of general practitioners and pharmacists involved continue to increase. This perhaps indicates that these professionals have overcome some of their fears about treating drug users and are prepared to give the new legislation a chance to work.

Vermont May Open Doors to Methadone

MONTPELIER, VT – Associated Press, December 1, 1999 – A task force looking into the state's policies for treating heroin addicts is going to recommend that the state legalize a number of new treatments, including methadone.

The chairman of the committee said that since the state has approved a needle exchange program for addicts it only made sense to take the next step and offer treatments that are proven effective. “The solution cannot be to give them a needle and say ‘go forth’ ... or to say ‘leave home,’ because the type of treatment you need is not available,” said State Sen. James Leddy, who is also the director of the Howard Center for Human Services, the largest substance abuse treatment program in the state.

Vermont is facing a growing heroin addiction problem, and the state is one of eight nationwide that do not allow methadone treatment. The resolution adopted by the task force recommends that the Legislature direct the Health Department to create a coalition to draw up a treatment program for the state. Lawmakers are not bound by the recommendation and some panel members did not support the recommendations. Additionally, Gov. Howard Dean opposes legalizing methadone.

Squelching the Euphoric Effects of Cocaine

CHICAGO, IL – *Archives of General Psychiatry*; December 14, 1999, Vol. 56, pp. 1101-1106 (Myroslava K. Romach, MSc, MD, et al) – The subjective and reinforcing effects of cocaine in humans are associated with the enhancement of endogenous dopamine function in the mesolimbic

system. This study examined the role of dopamine D1-like receptors in the behavioral and mood effects of cocaine by evaluating the effects of the selective D1/D5 antagonist ecopipam (SCH 39166) on subjective responses to intravenous cocaine in 11 cocaine addicts.

Subjects were pretreated in a randomized double-blind fashion with either placebo or 10 mg, 25 mg, or 100 mg of ecopipam orally on 4 separate occasions. Two hours later a single intravenous injection of 30 mg of cocaine was administered. Subjective and cardiovascular responses were measured and blood samples for pharmacokinetic evaluation were obtained prior to cocaine dosing and at various times after dosing.

The euphoric (P = .004) and stimulating (P = .03) effects of cocaine were attenuated in a dose-dependent manner by ecopipam, while ratings of desire to take cocaine were also diminished (P = .02). Ecopipam in combination with cocaine was safe and well tolerated.

These data indicate a potentially important role for D1-like receptors in the acute mood-altering and rewarding effects of cocaine in humans.

Poverty Worse Than Cocaine On Young Brains

NEW YORK, NY – *Journal of Developmental and Behavioral Pediatrics*; December 6, 1999, Vol. 20, pp. 14-19 – Poverty has a greater negative impact on the ability of a young child's brain to focus, organize, and problem-solve than exposure to cocaine before birth, according to U.S. researchers.

“The findings are overwhelming and persistent -- there may be a drug effect, but it's totally overshadowed by poverty,” said study lead author Dr. Hallam Hurt, chairman of the division of neonatology at the Albert Einstein Medical Center in Philadelphia, PA.

Hurt's team studied the mental development of over 200 children from birth to 4.5 years, with regular evaluations. All of the children were born full-term to families of low-income backgrounds who were receiving state medical assistance, but only half had

been repeatedly and frequently exposed to cocaine before birth.

The researchers found that poor children exposed to cocaine prenatally performed similarly to poor children not exposed to cocaine, and both low-income groups were well below the test standard for normal behavior as based on a prior study of mixed-income children.

“The problem is in the inner-city home,” Hurt said. “These children simply haven’t been exposed to a whole variety of experiences,” pointing out that certain things and activities one might find in a higher income family environment – such as books, newspapers, communal family meals, and travel – are often absent or uncommon in lower income households.

“No one thinks cocaine is a good idea, but one must also remember that babies are resilient,” Hurt said. “And if you label a child and they carry that picture of severe neurological damage, then people do not give them the attention they need. That child deserves the same attention as any other child – and the inner-city child in particular desperately needs attention, and early!”

Heavy Coke Use Provokes Aneurysms

ATLANTA, GA – Reuters Health; November 29, 1999 – A review of coronary angiograms of patients with a history of cocaine abuse who had been referred for coronary events has revealed a coronary aneurysm rate of 30%.

Drs. Aaron Satran and Timothy D. Henry of Hennepin County Medical Center, in Minneapolis, Minnesota, analyzed the coronary angiograms of 112 consecutive patients who presented to the emergency department with angina, myocardial infarction, or other coronary events. All reported varying degrees of cocaine use. Mean age was 44 years and 80% were male. Forty-three percent of the group ended up with confirmed myocardial infarctions. The incidence of coronary aneurysm was 30%, with aneurysms found in 34 patients. The heavier the cocaine use, the greater the risk and number of aneurysms.

“We’re unsure of how [cocaine] does this,” Dr. Henry said. “Cocaine causes endothelial damage, with decreased reactivity, causing the same process that occurs in chronic hypertension... Cocaine probably causes accelerated atherosclerosis.”

Drug Chief Wants To Help Jailed Addicts

WASHINGTON, DC – Associated Press; December 7, 1999 – The Clinton administration’s drug policy director, decrying a “failed social policy” of incarcerating addicts, is starting a push to expand treatment opportunities in the nation’s criminal justice system.

“We’re seeking a historic shift in getting drug treatment effectively integrated in the criminal justice system,” said Barry McCaffrey. “I would argue we have a failed social policy that commonsense legislators at the state level and city councils and county executive commissions need to look at so we can see why we can save money and improve public safety by going this direction.”

The issue was the topic of a three-day conference led by McCaffrey along with Attorney General Janet Reno and Health and Human Services Secretary Donna Shalala. “This is not a soft-on-crime issue,” McCaffrey said. “It’s trying to get good corrections policy combined with drug treatment policy.”

Some of the programs McCaffrey cited as possibilities for states to enact include more testing and treatment in prisons as well as more drug courts, which have increased in 10 years from one to 600. Each year, 500,000 offenders are released from prisons, most untreated. Between 65% and 70% of all untreated parolees with histories of cocaine and heroin use return to drugs within just three months of release, according to Department of Justice statistics.

NIDA Launches Campaign Against “Club Drugs”

WASHINGTON, DC – NIDA Press Release; December 2, 1999 – As part of a national initiative to combat the increasing use of club drugs, the National Institute on Drug Abuse (NIDA) announced that it will raise its funding for research about club drugs

and what to do about them by 40 percent, bringing the total committed to this important effort to \$54 million. In addition, NIDA and four national organizations launched a multi-media public education strategy to alert teens, young adults, parents, educators and others about the dangers of club drugs such as Ecstasy, GHB and Rohypnol, which are often used at all night “raves” or dance parties and have potentially life-threatening effects.

Visit NIDA’s new web site dedicated to the club drug initiative at: <http://www.clubdrugs.org/> A special Community Drug Alert Bulletin on Club Drugs is available at: <http://www.nida.nih.gov/ClubAlert/ClubDrugAlert.html>

Mental Disorders Common in U.S.; Many Not Treated

WASHINGTON, DC – *New York Times*; December 13, 1999 (Robert Pear) – One in every five Americans experiences a mental disorder in any given year, and half of all Americans have such disorders at some time in their lives, but most of them never seek treatment, the surgeon general of the United States says in a comprehensive new report.

Many people with mental disorders do not realize that effective treatments exist, or they fear discrimination because of the stigma attached to mental illness, the study found. And, it said, many people cannot afford treatment because they lack insurance that would cover it.

“Why is the stigma so strong despite better public understanding of mental illness?” the report asks. “The answer appears to be fear of violence. People with mental illness, especially those with psychosis, are perceived to be more violent than in the past.”

While research suggests that some people with mental disorders and drug abuse problems do indeed pose a risk of violence, the report says, the danger is not great. “In fact,” it says, “there is very little risk of violence or harm to a stranger from casual contact with an individual who has a mental disorder.”

The statistics, derived from studies published in the last few years, will

probably not surprise psychiatrists, psychologists or other specialists in mental health. But the report is significant because it meticulously analyzes huge amounts of data and puts the imprimatur of the government on the findings, just as the surgeon general's report on smoking and health did in 1964.

Mental disorders are defined in the report as health conditions marked by alterations in thinking, mood or behavior that cause distress or impair a person's ability to function. They include Alzheimer's disease, depression, attention-deficit or hyperactivity disorder and phobias.

Treatment of mental disorders cost \$69 billion in 1996, the last year for which figures are available. In addition, the nation spent \$17.7 billion on Alzheimer's disease and \$12.6 billion on treatment for drug and alcohol abuse that year. The figures do not include indirect costs, like days of work lost because of mental illness.

In issuing the report, federal officials said, the Clinton administration will emphasize its efforts to fight mental illness.

Report Accuses NIMH of Fund Misuse

WASHINGTON, DC – Associate Press; December 6, 1999 (Paul Recer) – The National Institute of Mental Health uses just over one-third of its budget for research into severe mental illness and spends more to study AIDS than schizophrenia, according two advocacy groups.

A report issued by the Stanley Foundation Research Programs cites what the groups contend are examples of money misspent on vague behavioral research by the premier mental health agency of the National Institutes of Health. But NIMH director, Dr. Steve E. Hyman, said much of the contested spending is directed by Congress or involves important basic research.

Reportedly, the agency spends \$260 million directly on severe mental illness research out of a budget of \$743 million a year; roughly a third of its budget. The report cited examples of what they said

is misdirected spending by the mental health institute:

- Spending more on AIDS research, \$60.2 million, than on schizophrenia research, \$57.1 million. About 5.6 million Americans suffer from schizophrenia, while fewer than a million are infected by the AIDS virus.
- Spending only 12% of the NIMH budget on actual clinical and treatment research of severe mental illness, which is estimated to cost the nation \$74 billion in direct and indirect costs.
- Funding basic research that has little to do with severe mental illness. The report cites \$100,000 spent to study the social behavior of a rodent, the prairie vole, and \$84,000 to study aggression among eastern bluebirds.

Hyman defended the agency's basic research, noting for instance that studying bluebirds increases basic understanding of how the brain “rewires itself.” Studies of the prairie vole are shedding light on how genes affect social interaction. Congress mandated studies of social interaction among school children, said Hyman, after two students killed 12 classmates, a teacher and themselves at a high school in Littleton, Colorado.

Olanzapine Approved for Manic Depression

U.S.A. – PRNewswire, November 1999 – Bipolar disorder is a lifelong psychiatric disorder that features mood swings between mania and depression, and afflicts some 4 million Americans. Although lithium, valproate, carbamazepine, and antipsychotics have been prescribed to treat the disorder, many patients do not respond to these treatments or stop taking them due to unwanted side effects. Now there is another drug available for these patients: Eli Lilly recently received FDA approval to market olanzapine (Zyprexa) – a drug originally approved for schizophrenia – for the treatment of manic depression.

Although the exact mechanism of action is unknown, it is proposed that the drug's

activity is mediated through a combination of dopamine and serotonin type 2 (5-HT₂) antagonism, as well as antagonism at other receptors with similar affinities.

In a clinical study enrolling 139 patients, significantly more patients taking olanzapine (48.6%) showed clinical improvement than those taking placebo (24.2%). Although somnolence, dry mouth, dizziness, and weight gain occurred more often with olanzapine than with placebo, no patients discontinued treatment due to these side effects. Since olanzapine may elevate transaminase levels, it should be used with caution in patients with hepatic impairment, and the drug may increase the risk of seizures. Other side effects include restlessness and constipation.

New Treatment for ADHD

USA – Ivanhoe Medical Newswire; December 6, 1999 – More and more adults and teenagers are being diagnosed with attention deficit hyperactivity disorder (ADHD). It's estimated this disorder affects between 6% to 10% of the population. People with ADHD have a hard time paying attention, causing some to be forgetful. They may also be hyper and impulsive. Adults with ADHD seem to have more substance abuse, as well as occupational, academic and relationship difficulties than adults without the disorder.

Researchers in Massachusetts studied 32 people with ADHD who were given patches containing either a nicotinic analog, called ABT-418, or a placebo. A nicotinic analog is a component of the vitamin B complex and a derivative of nicotine. For three weeks, patients applied two patches every morning and took them off before going to bed. They had a week off, then repeated treatment for another three weeks. After examining the patients, researchers found at least a 40% improvement in patients taking ABT-418. There were no reports of withdrawal symptoms or cravings. The study appears in the December issue of the *American Journal of Psychiatry*.

Antidepressant for PTSD Works in Women

WASHINGTON, DC – Associated Press, December 7, 1999 – The widely used antidepressant Zoloft® became the first drug approved to treat post-traumatic stress disorder (PTSD) in the U.S., but it may work only in women.

Psychiatrists have long prescribed a number of antidepressants, along with psychological therapy, to treat post-traumatic stress, an anxiety disorder that can result after a life-threatening or otherwise traumatic experience such as combat, rape, assault or natural disaster. The Food and Drug Administration's approval means manufacturer Pfizer Inc. can advertise Zoloft for such treatment, potentially widening its use.

In two clinical trials about 60-65% of Zoloft patients improved vs. about 35-40% of placebo patients. It seems, however, the drug only helped women.

A study of predominantly male veterans failed. The FDA decided to merely mention in Zoloft's label the gender question, rather than restricting the drug's use to women.

Brain Device May Fight Depression

WASHINGTON, DC – Associated Press; December 15, 1999 (Lauran Neergaard) – The first small study where doctors implanted a pacemaker-like device in the brain helped lift the moods of about 40% of severely depressed patients, doctors reported.

The 30-patient pilot study does not prove this unusual brain-stimulating treatment really helps depression, researchers cautioned. The stimulator is essentially a brain pacemaker. A generator the size of a pocket watch is implanted into the chest. Wires snake up the neck to the vagus nerve, which runs from the neck into a brain region thought important for regulating mood. Every few minutes, the stimulating sends tiny electric shocks to that nerve and thus on to the brain. The stimulator already is sold as a treatment for epilepsy.

For depression, it is “extremely encouraging as a potential treatment,” but more study is needed to prove the effect, said the lead investigator, Dr.

John Rush of the University of Texas Southwestern Medical Center. Several study participants took antidepressants along with the brain stimulator, and it is possible the implant somehow helps medicine work better. During the 30-second zaps, the implant can cause temporary hoarseness in about 30% to 40% percent of patients. Rush said few were bothered by the little voice breaks, but said one patient who sang in her church choir did turn off the stimulator while singing.

A 200-patient study scheduled to begin next summer will offer a better test. Doctors are debating implanting all the patients with a stimulator, but not immediately turning on all the implants, hoping to prove any relief is not just a placebo effect. For information on next summer's study, Cyberonics can be contacted at 1-800-332-1375, ext. 690.

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Naltrexone Reduces Heavy Drinking

BOSTON, MA – *Alcoholism: Clinical and Experimental Research*; Effects of naltrexone on alcohol self-administration in heavy drinkers; 1999, Vol. 23, pp. 195-203 (D. Davidson, et al.) –Naltrexone, an opiate antagonist used to treat alcohol dependence, works both by reducing the urge to consume alcohol and by making drinking less pleasurable, according to researchers who compared the effects of naltrexone vs. placebo on drinking in a social bar setting in a sample of heavy beer drinkers.

Subjects were randomly assigned to receive either 50 mg/day of naltrexone or an identical placebo. Investigators found that there were significant differences in consumption, mood and drinking behavior between naltrexone and placebo groups. Naltrexone group members consumed fewer beers (3.4 vs. 3.9) and took longer to finish the beers they drank than placebo subjects. They reported lower urge to drink, found drinking less stimulating, and reported fewer positive affects while drinking. All findings reached statistical significance.

The authors concluded that naltrexone's effect on drinking is mediated by several different components, including blocking cravings for alcohol, reducing positive effects of drinking, and increasing negative side effects of drinking.

Conference to Examine Substance Abuse in the 21st Century

NEW YORK, NY – Business Wire; December 10, 1999 – The National Center on Addiction and Substance Abuse at Columbia University (CASA) and the Ronald Reagan Presidential Foundation (RRPF) will jointly host the first-ever conference to assess all substance abuse in all sectors of society February 29 - March 3, 2000, at the Reagan Library in Simi Valley, CA.

“Substance Abuse in the 21st Century: Positioning the Nation for Progress” will feature panel discussions and nationally prominent speakers examining the responsibility of key segments of society – law enforcement, schools, entertainment, clergy, medical researchers, practicing physicians – in the battle against drug, alcohol, and nicotine abuse.

Registration fee per person is \$395. For more information on attending, contact Danna Ethan at 212-841-5269.

Credentialing Standards Critical for Healthcare Organizations

USA – Health Information Network; December 12, 1999 – Healthcare organizations are being challenged to appropriately credential their licensed practitioners from such accrediting bodies as the Joint Commission on Accreditation of Healthcare Organizations, the Accreditation Association of Ambulatory Health Care Inc. and the National Committee on Quality Assurance.

Since “healthcare organizations and health care professionals are accountable for the quality of care,” said Jack Zusman, MD, a JCAHO physician surveyor and credentialing and privileging expert, “patients can sue health care organizations for negligent credentialing, and courts have found [such organizations] at fault.”

An attorney can argue that if an organization properly checked out a physician's background, he or she would never have been in a position to carry out the act that injured a patient, he added. He's not sure if any ambulatory care organization has been found guilty of negligent credentialing, but those facilities are as vulnerable to lawsuits as hospitals are.

For more information on credentialing resources, contact the Healthcare Intelligence Network: 888-HIN-3530, fax (732) 292-3073, info@hin.com.

Addicts Lack Access to Treatment

NEW YORK, NY – Reuters Health, December 21, 1999 – Drug-abuse treatment programs can result in major reductions in drug use and related crime, but despite these positive effects, most drug users do not receive treatment, researchers report. In fact, the number of treatment programs is declining.

According to Dr. Marjorie Gutman, of the University of Pennsylvania in Philadelphia, and Dr. Richard Clayton, of the University of Kentucky in Lexington, less than a quarter of drug users in the United States receives treatment for addiction.

During the last decade, not only has the number of drug-treatment programs declined, but also the quality of the treatment has worsened, the researchers report in the November/December issue of the *American Journal of Health Promotion* (pp. 92-97). Part of the problem is that managed care health plans often offer coverage for mental health through a separate organization than for physical health, they note.

Despite the declining availability of drug treatment, from 30% to 50% of drug users who undergo treatment are able to stay off drugs, according to the report. While this number may seem low, Gutman and Clayton point out that this rate is similar to the percentage of people with diabetes or asthma who keep their condition under control.

However, for two groups of people, those who abuse more than one drug and those who are mentally ill, there are few drug treatment programs designed to meet their needs, according to the authors. The researchers also report that

two drug-related programs, needle-exchanges for injection drug users and treatment for drug addicted pregnant women, are source of significant controversy.

Binge Drinking: Does It Cause Embolic Stroke?

FINLAND – *Stroke*; Recent Heavy Drinking of Alcohol and Embolic Stroke; 1999, Vol. 30, pp. 2307-2312 (M. Hillbom, et al.) – Large-scale studies have suggested that heavy alcohol consumption increases the risk of ischemic stroke, while light-to-moderate intake may decrease stroke risk. Since alcoholic intoxication may adversely affect circulation and cardiac rhythm, binge drinking may precipitate cardioembolic stroke in particular.

To investigate the link between alcohol consumption and type of stroke, this study compared alcohol intake between 212 patients with ischemic stroke and 274 matched controls in Finland. Results were adjusted to control for other confounding factors, such as age, sex, body mass index, hypertension, diabetes, hyperlipidemia, current smoking, and history of migraine.

Recent heavy drinking, but not former heavy drinking, increased the risk of stroke (RR=1.82). Consumption of 151-300g [approx. 5-10 oz.] and more than 300g of alcohol within the week preceding the stroke significantly increased the risk of cardioembolic and cryptogenic stroke. Consumption of more than 40g [1.33 oz.] of alcohol within the 24 hours preceding the stroke increased the risk of cardiogenic embolism to the brain among those who had a high-risk score (RR=4.75). Light drinking did not increase stroke risk.

Alcohol consumption did not significantly increase stroke risk in women, a finding the authors attribute to the fact that women in Finland rarely drink to the point of intoxication.

Problem Drinkers Struggle with Smoking Cessation

USA – *Mediconsult*, December 17, 1999 – Recent research suggests that those with current or past alcohol problems may find it harder to quit smoking and are more dependent on

nicotine than those who have never had an alcohol problem.

Researchers from the Mayo Clinic/Mayo Foundation and the University of Wisconsin in Madison studied 382 smoking cessation program participants. Participants were all at least 20 years old and had smoked 15 or more cigarettes per day for at least one year.

These researchers found that participants with current or past alcohol problems were much less likely to have quit smoking when checked 4 and 8 weeks after beginning the smoking cessation program. Programs in the study included nicotine patch therapy and one of three types of counseling: Self-help materials, physician intervention and individual counseling, or group therapy.

Differences between the two groups were less noticeable six months into the smoking cessation programs. However, individuals with current or prior alcohol problems were still less likely to abstain from smoking, and when they did smoke, they smoked more cigarettes per day than those participants without alcohol problems. Interestingly smokers with a past alcohol problem had more difficulty quitting smoking than those with no alcohol problem and those currently experiencing an alcohol problem.

The researchers believe that this study is important because many recovering alcoholics use nicotine to help them avoid using alcohol, which makes them more likely to die from smoking-related causes than from alcohol-related diseases. For this reason, they feel it is important to address alcohol problems when helping patients quit smoking. These researchers also believe that major depression, common in both alcoholics and smokers, may prevent those with alcohol problems from quitting smoking.

One-in-Four Kids Exposed to Alcohol Abuse

WASHINGTON, DC – *Associated Press*; December 30, 1999 – About one in four U.S. children is exposed to family alcoholism or alcohol abuse while growing up, says a government study.

The National Institutes of Health says the data, reported in January's issue of the *American Journal of Public Health*, provide the best estimate yet of children living with a parent or other adult who has an alcohol problem. There are an estimated 14 million American alcoholics and the new analysis concludes about 10 million children were exposed to familial alcohol problems in 1992 alone. More than 28 million children lived with adults who at some point in their lives had abused or been dependent on alcohol. Study author Bridget Grant, an NIH epidemiologist, concluded that children's actual exposure fell between those two extremes, and thus estimated that one in four children is exposed to familial alcohol abuse before age 18. Aside from developing alcohol problems themselves, these kids often have conduct disorders, some have emotional disturbances, some do badly in school.

Red Wine Sans Alcohol Still Good For Heart

NEW YORK, NY – *American Journal of Clinical Nutrition*; January 2000, Vol. 71, pp. 103-108 — It may not please wine connoisseurs, but red wine without the alcohol is also good for the heart, researchers report.

Jennifer R.C. Bell and colleagues at the University of California, Davis took a 1996 Cabernet Sauvignon and removed the alcohol. They then asked 5 men and 4 women – all healthy – to drink about a 1/2 cup of the wine, with water added on one day and water and ethanol added on the other. The investigators measured levels of a flavonoid – the wine component credited with heart benefits – after consumption.

Bell and colleagues report that increases in total flavonoid in plasma were similar after ingestion of alcoholic and nonalcoholic red wine and that gender had no effect on the extent of the increase. But moderate amounts of alcohol also make a contribution to heart health. Previous research showed that alcohol by itself increases concentration of HDL – “the good cholesterol” – in the blood.

“The results (of this study)... suggest that red wine provides two independent

factors capable of contributing to vascular health when consumed in moderation,” the investigators write, namely the HDL-boosting effects of alcohol and the increase of flavonoids in the blood.

Heavily Drinking Males Face Diabetes Risk

NEW YORK, NY – *Diabetes Care*; January 2000, Vol. 23, pp. 18-22 – Men who are ‘moderate’ drinkers — between 5 to 10 drinks per week — have a lower risk for adult-onset diabetes than either abstainers or heavy drinkers, researchers report.

“Men with a high alcohol intake may be able to reduce their risk of developing type 2 diabetes if they drink less,” report Dr. Ming Wei and colleagues at the Cooper Institute in Dallas, Texas. His team found that diabetes risks were lowest in men who drank between 5 and 10 drinks per week, compared with either abstainers/infrequent drinkers (0 to 5 drinks per week) or heavy drinkers (10 to 22 drinks or above). In fact, infrequent or heavy drinkers faced twice the risk of type 2 diabetes of moderate drinkers.

Based on their findings, the authors estimate that “24% of the incident cases of diabetes in (adult men) might be attributable to high alcohol intake.” While they do not recommend that abstainers take up drinking to lower their diabetes risk, they do urge that heavy drinkers cut back in order to lower their disease risk.

Insurance May Discourage Alcoholism Screening/Counseling

USA – *Journal of Trauma*; January 2000 – A new study found that insurance policies may discourage doctors from screening and counseling patients on the risks of alcoholism.

The study, conducted by physicians at Harborview Medical Center, found that the legal right of insurance companies to deny patients coverage for injuries resulting from alcohol use discourages physicians from discussing alcoholism with patients.

“Unfortunately, physicians’ concerns about the implications of screening for alcohol abuse appear to be based on the

firm legal reality that exists in most states. In these states, an insurance carrier can deny a claim for coverage of injuries sustained under the influence of alcohol just as the carrier can deny coverage for self-inflicted wounds after a suicide attempt,” said Dr. Frederick Rivara, a University of Washington professor of pediatrics, director of the Harborview Injury Prevention and Research Center, and principal investigator in the study.

Rivara pointed out that alcohol abuse and dependency is a disease, so insurance premiums should be based on risk-sharing for all diseases. He and fellow researchers recommended new strategies for providing counseling for trauma patients with alcohol abuse and dependency.

Excess Drinking Could Harm Kidneys

BALTIMORE, MD – Reuters; December 22, 1999 – A new study shows that having more than a couple of drinks a day could increase the risk of kidney failure.

A study conducted by Thomas V. Perneger and colleagues at Johns Hopkins University in Baltimore, Md., compared the drinking habits of 716 kidney-failure patients with 361 people without kidney disease. They found the risk of kidney failure was 4 times greater in people who drank more than 2 alcoholic beverages each day. The study was published in the December issue of the *American Journal of Epidemiology*

McCaffrey Urges More Drug Courts

PHOENIX, AZ – *The Arizona Republic*; January 7, 1999 – Drug courts offering specialized treatment represent “compelling” new solutions to America’s age-old drug habit, federal drug czar General Barry McCaffrey said in Phoenix.

McCaffrey urged state lawmakers in Arizona and elsewhere to pony up more money for the courts, which promote rehabilitation instead of prison for non-violent drug offenders. Offenders are imprisoned only if they refuse treatment.

McCaffrey said the special courts appear to be effective in changing the behavior of chronic drug users who pass repeatedly through the criminal-justice system without getting treatment. Early results indicate roughly 70% of those treated through drug courts “substantially modified” their drug-use behavior after a year, he said. Of 3,200 juveniles who enrolled in programs to date, two-thirds graduated and more than 80% returned to school. In addition, McCaffrey said there are fewer re-arrests of drug court graduates than among those in regular courts. By the end of 1999, roughly 700 drug courts will be operating nationwide.

Cocaine Remedies Unprofitable Venture

USA – *Modern Drug Discovery*; December 1999, Vol. 2, No. 6, p. 19 – Despite the glut of drug addicts in the United States, pharmaceutical companies have not focused much attention toward treatment them.

Almost all research in the field of cocaine addiction has come from government-funded studies at academic and non-profit laboratories. One of the reasons is that pharmaceutical companies view working with drug addiction as unprofitable, with the costs of putting drugs through trials and onto the market totaling about \$500 million. However, several smaller firms are challenging the tradition.

The willingness on the part of small companies to venture into drug addiction therapy is due to relatively recent research that suggests illegal drug addiction is chronic and changes pathways in the brain – two discoveries that are concrete and possibly mutable through medicine. Unfortunately, treating drug addiction probably requires psychological counseling as well, since even without the physical addiction, psychological addiction is still present.

Possibilities exist, however, to treat the physical addiction. One option is to create a cocaine vaccine, which trains the body’s immune system to fight cocaine molecules, ordinarily too small for the immune system to recognize. Another is passive immunization, in

which antibodies are injected to attack and get rid of the cocaine cells without affecting the immune system.

Both methods have prevented relapses in rat trials at the Scripps Research Institute. The institute, however, has not been able to entice big pharmaceutical companies to support or follow up on the research, although a small biotech firm has agreed to help.

Two things that would change the development of drug addiction treatments could be supplied by the government: better public awareness of drug addiction as a treatable chronic disease, and financial breaks for drug firms that choose to explore addiction therapy.

Medication Management Effective for ADHD

CHICAGO, IL – *Archives of General Psychiatry*; A 14-Month Randomized Clinical Trial of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder; 1999, Vol. 56, pp.1073-1086 – Previous studies have demonstrated the short-term efficacy of pharmacotherapy and behavior therapy for attention-deficit/hyperactivity disorder (ADHD), but no longer-term (ie, >4 months) investigations have compared these 2 treatments or their combination.

A group of 579 children with ADHD, aged 7 to 9.9 years, were assigned to 14 months of medication management; intensive behavioral treatment; the two combined; or standard community care (treatments by community providers). Outcomes were assessed in multiple domains before and during treatment and at treatment end point.

All 4 groups showed sizable reductions in symptoms over time, with significant differences among them in degrees of change. For most ADHD symptoms, children in the combined treatment and medication management groups showed significantly greater improvement than those given intensive behavioral treatment and community care. In several instances (oppositional/aggressive symptoms, internalizing symptoms, teacher-rated social skills, parent-child relations, and reading achievement) combined

treatment proved superior to intensive behavioral treatment and/or community care, while medication management did not. Study medication strategies were superior to community care treatments, despite the fact that two thirds of community-treated subjects received medication during the study period.

The authors concluded that, for ADHD symptoms, their carefully crafted medication management was superior to behavioral treatment and to routine community care that included medication. The combined treatment did not yield significantly greater benefits than medication management for core ADHD symptoms, but may have provided modest advantages for non-ADHD symptom and positive functioning outcomes.

A Downer for Aging Pot Users

NEW YORK, NY – *New York Times*; December 28, 1999 – Smoking marijuana significantly increases the risk of head and neck cancers, according to a new study, which also predicts more cases as baby boomers age.

The researchers, led by Dr. Zuo-Feng Zhang, a professor of epidemiology at the Jonsson Cancer Center at the University of California at Los Angeles, found that marijuana was almost as damaging as tobacco in terms of respiratory tract cancer, despite the fact that the drug was generally regarded as safer. The study was published in the journal *Cancer Epidemiology, Biomarkers and Prevention*.

Herbal Remedy Effective in Depression

MIAMI, FLA – *Miami Herald*; December 23, 1999, p. 3E – According to German researchers, the popular herbal remedy St. John’s Wort works as effectively as imipramine, an anxiety drug, in treating depression. Both imipramine and hypericum extract, St. John’s Wort’s active ingredient, were similarly effective and more effective than a placebo in trials. Imipramine was replaced recently as the No. 1 depression drug by selective serotonin reuptake inhibitors like Prozac, but it is still a standard to which many new antidepressant drugs are compared.

A Potential Bright Side of Depression

CHICAGO, IL – *Archives of General Psychiatry*; Is depression an adaptation?; January 14, 2000, Vol. 57, pp. 14-20; (Randolph M. Nesse) – Many functions have been suggested for low mood or depression, including communicating a need for help, signaling of yielding in a hierarchy conflict, fostering disengagement from commitments to unreachable goals, and regulating patterns of investment.

A more comprehensive evolutionary explanation may emerge from attempts to identify how the characteristics of low mood increase an organism's ability to cope with the adaptive challenges characteristic of unfavorable situations in which effort to pursue a major goal will likely result in danger, loss, bodily damage, or wasted effort. In such situations, pessimism and lack of motivation may give a fitness advantage by inhibiting certain actions, especially futile or dangerous challenges to dominant figures, actions in the absence of a crucial resource or a viable plan, efforts that would damage the body, and actions that would disrupt a currently unsatisfactory major life enterprise when it might recover or the alternative is likely to be even worse. These hypotheses are consistent with considerable evidence and suggest specific tests.

Psychologists' Ethics Questioned

CLEVELAND, OH – Associated Press; December 5, 1999 – Hundreds of psychologists guilty of serious professional misconduct continue to treat patients because regulatory boards composed of their peers are reluctant to discipline them, *The Plain Dealer* reported.

The newspaper's survey of the nation's regulatory boards found that from September 1971 through June 1999, nearly 2,200 of the nation's 75,000 licensed psychologists committed major ethical violations, such as engaging in sexual misconduct with a patient. Of the 670 psychologists disciplined nationally for sexual misconduct, 131 were only reprimanded or were placed on probation under terms that allowed them

to continue practicing, the newspaper reported.

Critics of the self-regulated profession told the newspaper that serious misconduct should result in license forfeitures. However, 27 states have revoked five or fewer licenses. New York, home to about 14,000 psychologists, has revoked 12 licenses. In Ohio, which has 3,900 licensed psychologists, the Board of Psychology has revoked only 16 licenses since it came into existence in 1972.

Many boards impose lenient sentences because they see themselves as therapists trying to rehabilitate dysfunctional peers rather than judges dispensing justice, said R. Chris Barden, a Salt Lake City psychologist who served on the Minnesota Board of Psychology during 1993-1997. "I refer to psychology boards as 'captured boards' – boards that have been captured by the profession they are supposed to regulate," he said.

Interest in Ibogaine as Addiction Remedy Persists

NEW YORK, NY – *U.S. News & World Report*, For heroin addicts, a bizarre remedy: Lack of cure spurs interest in an exotic shrub; December 6, 1999 (Brendan Koerner) – A single dose of Ibogaine in 1962 sent Howard Lotsof on a 36-hour psychedelic journey, filled with dreamlike visions and painful self-discovery that miraculously ended his craving for heroin. Since then, he has administered the hallucinogen to dozens of addicts in the Netherlands and Panama.

Clinics have popped up from Slovenia to St. Kitts – though not in the United States, where ibogaine is illegal. The drug has been linked to long-term brain damage and death, but serious medical interest persists.

Ibogaine comes from the bark of *Tabernanthe iboga*, a plant from the forests of Gabon. An ibogaine experience is compared with a waking dream, in which childhood memories flicker through the mind. This hallucinatory phase, which lasts several hours, is followed by a period of introspection during which addicts say they confront the damage caused to

themselves and loved ones. After crashing from exhaustion, patients typically awaken famished, and without a desire to get high (although some later relapse).

Researchers believe the drug binds to the brain's NMDA receptor, blocking-out the neurotransmitter glutamate. Glutamate transmission plays a key role in sensitizing addicts to drugs, and preventing that transmission may combat the hunger for cocaine, heroin, even alcohol.

Though intrigued by ibogaine, the National Institute on Drug Abuse is currently funding only one researcher, Stanley Glick, chairman of the department of pharmacology and neuroscience at Albany Medical College. In 1995, a panel of NIDA consultants, troubled by evidence that ibogaine causes seizures in monkeys and dogs, as well as by reports of deaths among native practitioners, recommended against developing the drug. "We then said we would fund pre-clinical and clinical trials that got meritorious scores through the peer-review process," says Frank Vocci, director of NIDA's Medications Development Division. "And that is still our position."

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Treatment Locator Now On Internet

WASHINGTON, DC – SAMHSA Press Release; January 26, 2000 – People looking for substance abuse treatment facilities can find them easily on a new web site, according to the Substance Abuse and Mental Health Services Administration (SAMHSA).

The site, launched at the 68th Winter Meeting of the U.S. Conference of Mayors by SAMHSA Administrator Dr. Nelba Chavez, will enable people to quickly find the location, phone numbers, and driving directions for the nearest drug and alcohol treatment facilities. Visitors also can obtain information on whether public and private insurance programs are accepted at each facility.

The Substance Abuse Treatment Facility Locator can be found on the SAMHSA web site – <http://www.samhsa.gov> – by clicking on “Looking for help with alcohol, drug, or mental health problem” and then on “Substance Abuse Treatment Facility Locator.” This web-based resource complements CSAT’s 24-hour telephone hotline, 1-800-662-HELP, and provides another option for accessing this critical information.

ALERT: Methadone - Nevirapine Interaction

WASHINGTON, DC; BETHESDA, MA – *American Journal of Health System Pharmacy* (January 1, 2000); *Pharmacy Today* (December 1999) – Some patients taking methadone may have withdrawal symptoms after beginning antiretroviral nevirapine (Viramune®) therapy and may require an increase in methadone dosage. That, according to a “Dear Doctor” letter from Viramune manufacturer Boehringer Ingelheim. [The 2000 PDR indicates that Viramune is distributed by Roxanne Laboratories. –Ed.]

Nevirapine – a non-nucleoside reverse transcriptase inhibitor used in combination with other agents in treating HIV – induces the cytochrome P450 isoenzymes that also metabolize methadone. Therefore, it may decrease methadone plasma concentrations resulting in narcotic withdrawal symptoms, especially during the first 2 weeks of nevirapine therapy.

Fluvoxamine - Methadone Interaction Hazard

NSW, AUSTRALIA – Via e-mail update, February 14, 1999 (Andrew Byrne, MD) – The antidepressant fluvoxamine (Luvox®), used for depression and obsessive compulsive disorder, can reduce the metabolism of methadone significantly, raising blood levels [Bertschy G, Baumann P, Eap CB, Buettig D. Probable metabolic interaction between methadone and fluvoxamine in addict patients. *Therapeutic Drug Monitoring*. 1994; 16: 42-45]. One asthmatic patient almost died after a doctor prescribed the drug without knowing that the patient was on methadone [Alderman CP, Frith PA.

Fluvoxamine - methadone interaction. *Aust NZ J Psychiatry*. 1999;33:99-101].

It has been found that fluoxetine (Prozac®) also raises methadone levels, but only of a slight order, perhaps 10% whereas fluvoxamine may do so by 50% or more. It is possible that this effect could be used ‘therapeutically’ when higher methadone levels are desired, but it could also be very dangerous.

A recent single case report describes the successful use of fluvoxamine to abolish drug cravings in a female patient who had low methadone levels on 200 mg/day supervised doses [DeMaria PA, Serota RD. A Therapeutic Use of the Methadone Fluvoxamine Drug Interaction. *Journal of Addictive Diseases*. 1999 18;4:5-12]. It would usually be more logical to increase the dose of one drug rather than engage in polypharmacy, but exceptional cases may possibly benefit from this approach under close specialist supervision.

Seattle Hospital Dispenses Methadone; A First in U.S.

SEATTLE, WA – *Seattle Times*; February 2, 2000 (Warren King) – In a new program, selected heroin addicts can receive methadone treatment through Harborview Medical Center’s pharmacy. It is the first such hospital-based clinic in the nation, officials said.

Health officials hope opening the new program will help ease the logjam of addicts waiting for treatment in the Seattle area’s three traditional clinics. Drug-abuse experts say Seattle has one of the worst heroin problems in the nation.

“This is for patients who have been in treatment for a long time and who have been stable for a long time. There is no need for them to be in a clinic every week with less stable patients,” said Dr. Joseph Merrill, a University of Washington researcher who directs the project. It will serve as a model for studying how to integrate stable patients into a traditional medical practice.

Under the Harborview program, addicts will receive doses for a full month and be counseled and tested once a month. They also will be subject to spot testing and checking of their supply of doses, to make sure they are staying on the

prescribed schedule. And they will be monitored for alcohol use and criminal activity.

MMT Clinic Variables, Treatment Outcomes Examined

USA – *Substance Use & Misuse*; Program Quality Effects on Patient Outcomes during Methadone Maintenance: A Study of 17 Clinics; 1999;34(9):1299-1324 (Magura S, Nwakeze PC, Kang S, Demsky S. Reported to *AT Forum* by Andrew Byrne, MD author of *Methadone in the Treatment of Narcotic Addiction and Addict in the Family*.)

This report looked at a number of clinic characteristics retrospectively to determine if they have associations with drug-use outcomes in patients on methadone maintenance treatment (MMT). While mirroring the classic Ball and Ross study showing the effectiveness of MMT and the influence of clinic factors on patient outcomes, this study used a much larger base with over 1000 patients treated in 17 different clinics. Like the previous study, these researchers found that more frequent counseling contacts, greater director involvement with treatment, and more director experience were associated with lower drug use by patients during treatment.

The mean methadone dose in this series was 52 ± 19 mg/day. The two clinics with highest average doses (60 and 66 mg/day) also had the highest percentage of patients employed (51% and 39%) and lower than average proportions of minority (and mostly underprivileged) patients at 64% and 34% (mean was 73%). It may be that the (mostly white) middle class patients in these clinics were more successful in communicating their requirements to clinic staff.

Clinics with mean doses under 60 mg daily often have reported poor outcomes in the past. Some reports have shown mean doses in certain groups as high as 116 mg daily (Bleich, *Addiction*, Oct 1999). The first ever report of this treatment by Dole in 1965 had a number of patients taking 180mg daily.

Given that American clinic doctors sometimes prescribe inadequate doses [D’Aunno T, Vaughan TE. Variations in

methadone treatment practices; results from a national study. *JAMA*. 1992;267:253-8] it is possible that small increments in doses or dispensing practices might improve outcomes to such a degree as to negate the findings presented in this paper. It is also possible that some American patients are reluctant to take sufficient doses of methadone in the event that they are jailed since methadone is usually terminated in most American jails.

Heroin Linked to Asthma Attacks

NEW YORK, NY – Reuters Health; January 25, 2000 – Smoking and snorting heroin can trigger potentially life-threatening asthma attacks in people who have the respiratory disorder, results of a study reported in the January issue of *Chest*, the journal of the American College of Chest Physicians, suggest.

Given that both heroin use and the incidence of asthma is on the rise in the US, the study highlights “an important public health problem, particularly in high-risk communities, that may worsen if current trends in asthma and heroin prevalence continue,” note investigators from Northwestern University Medical School in Chicago, Illinois.

It is still not clear how heroin triggers acute asthma attacks. Heroin might impair judgment during an asthma attack, causing users to delay treatment, or the contaminants in the drug may trigger asthma, according to the report.

Cocaine Abuse Linked to Heart Disease in Youth

LONDON, UK – Reuters; January 19, 2000 – Doctors in the United States think cocaine abuse could be responsible for an increase in heart disease among young people, *New Scientist* magazine reported.

An increasing number of young people being treated in the country’s hospitals for chest pains are testing positive for the drug. Among the side effects of cocaine, which heightens the senses and causes a feeling of euphoria, are heart spasms. A study by American doctors also suggests that in heavy users their immune system damages healthy heart tissue.

“The immunological study, led by Benedict Lucchesi of the University of Michigan in Ann Arbor, suggests that cocaine activates a part of our immune defenses called the complement cascade,” the magazine said. “This system, which is usually triggered by invading micro-organisms, destroys cells by building complexes of proteins on cell membranes, causing the cells to burst.”

Lucchesi’s team discovered the drug causes the proteins to build up on heart muscle cells and in cells in blood vessels. Michael Davies, the assistant director of the British Heart Foundation, told the magazine that the U.S. research could explain why the hearts of some young cocaine users are floppy and less efficient than normal.

Antibody to Gobble Up Cocaine Cravings?

WASHINGTON, DC – *Washington Post*; February 7, 2000 (Guy Gugliotta) – Using methods seldom applied in drug abuse research, Biochemist Donald W. Landry has built a “catalytic antibody” that eats cocaine in a lab rat’s bloodstream the way Pac-Man gobbles bad guys in a computer maze. And this spring, a Gaithersburg biotech company MedImmune Inc. will join forces with him to refine his technique to make an antibody strong enough to treat cocaine abuse in humans.

“If [Landry] is successful,” said Frank Vocci, director of treatment research and development at the National Institute on Drug Abuse, “he would actually have an antibody able to reduce cocaine to an inactive substance as fast as people put it into their bodies.”

The potential is enormous. The President’s Office of National Drug Control Policy (ONDCP), estimates that there are 5.2 million users of cocaine and its derivatives in the United States, and 3.3 million addicts. Americans spend \$39 billion per year on cocaine, and cocaine’s “social cost” in law enforcement, prisons, rehabilitation, lost wages, medical care and family violence is another \$66 billion, ONDCP estimates.

Landry’s and MedImmune’s goal is to create an antibody that will mop up any

cocaine that might be in a person’s bloodstream for about a month. Add boosters so the person goes four or five months without a reinforcing high, and the craving goes away. “And when that happens, rates of abstinence go way up,” Landry said, citing studies he said showed that heroin treatment with both methadone and counseling produced abstinence rates of 60% to 80%, compared with 10% to 30% for programs relying on counseling alone.

Brain Research May Lead to New Drugs for Addiction

PHILADELPHIA, PA – Reuters Health Information Services; January 27, 2000 – Researchers at the University of Pennsylvania School of Medicine in Philadelphia have discovered that parts of the brain controlling emotional and physical aspects of withdrawal from opiates, though interconnected, work separately.

Certain neurons in the brain – noradrenaline-producing brain cells – connect to the brain’s amygdala, which controls memories, and causes a fear of withdrawal from addictive drugs such as cocaine or morphine. In tests on rats, the researchers, led by Gary Aston-Jones, found that the part of the brain which causes physical withdrawal is separate. Therefore, when drugs were administered to prevent the release of noradrenaline, the symptoms of withdrawal were significantly reduced. Previous medical knowledge held that the aversive consequences of withdrawal resulted primarily out of the physical symptoms. These findings may lead to a new view, in which the emotional aspect will be given greater emphasis.

The Brain on Drugs... and Sex and Food

BRECKENRIDGE, CO – Reuters Health; January 27, 2000 – At the 33rd annual Winter Conference on Brain Research, a panel of experts discussed animal studies that show “a degree of interchangeability between eating food, engaging in mating, and self-administering drugs.”

“Common neurochemicals mediate food and drug response,” said Dr. Marilyn Carroll of the University of Minnesota. “In animal studies, sweet and fat

preferences predict alcohol self-administration. Giving preferred foods blocks drug self-administration. In humans, cigarette abstinence results in weight gain and ethanol abstinence is associated with eating more sweets.”

Carroll’s research showed that monkeys on food-restrictive diets use more cocaine than monkeys given ample food. Giving monkeys glucose solution instead of plain water also reduces their cocaine use. Relapse after withdrawal is greater in food-restricted animals. She concluded that in animals, food and sweets decrease first-time drug use by 40% to 50%.

“We’re trying very hard to find medications that help in drug addiction,” said Carroll. “A combination of food and medication decreases drug use 80% to 90% in animals. Medicine combined with other rewards works best in humans.”

Understanding the similarities and the differences involved in the pathways of the brain that control eating, mating and drug taking will help in the development of therapies aimed at treating different types of addiction, the panel concluded.

St. John’s Wort for Depression Reviewed

CHICAGO, IL – *Archives of Internal Medicine*, January 24, 2000;160:152-156 (Barak Gaster, MD; John Holroyd, MD) – To address whether St. John’s wort is useful for the treatment of depression the authors attempted to retrieve all English-language articles with data on the efficacy, safety, and availability of St. John’s wort. Randomized, controlled, double-blind trials were selected and assessed for methodological quality, and data on pharmacology, cost, regulation, and safety were extracted.

Eight studies were identified, found to be of generally good methodological quality, and determined to provide a modest amount of data to suggest that St. John’s wort is more effective than placebo in the treatment of mild to moderate depression. The absolute increased response rate with the use of St. John’s wort ranged from 23% to 55% higher than with placebo, but ranged from 6% to 18% lower compared

with tricyclic antidepressants. More data are required to assess both its use in severe depression and its efficacy compared with other antidepressants. Rates of side effects were allegedly low. As a dietary supplement, St. John’s wort is currently largely unregulated, but the Food and Drug Administration is reviewing plans to tighten its regulatory oversight.

Serious Drug Interactions Reported with St. John’s Wort

WASHINGTON, DC – FDA Public Health Advisory; February 10, 2000 (Murray M. Lumpkin, Susan Alpert, Ph.D., M.D) – The Food and Drug Administration announced that results from a study conducted by The National Institutes of Health (NIH) showed a significant drug interaction between St. John’s wort (*hypericum perforatum*) and indinavir, a protease inhibitor used to treat HIV infection. In this study, concomitant administration of St. John’s wort and indinavir substantially decreased indinavir plasma concentrations, potentially due to induction of the cytochrome P450 metabolic pathway. [For additional information on this study, see the February 12, 2000 *Lancet*; Piscitelli, et al.]

Based on these results, it is expected that St. John’s wort may significantly decrease blood concentrations of all currently marketed HIV protease inhibitors (PIs) and possibly other drugs (to varying degrees) that are similarly metabolized, including the nonnucleoside reverse transcriptase inhibitors (NNRTIs). Consequently, concomitant use of St. John’s wort with PIs or NNRTIs is not recommended because this may result in suboptimal antiretroviral drug concentrations, leading to loss of virologic response and development of resistance or class cross-resistance.

Since many prescription drugs used to treat conditions such as heart disease, depression, seizures, certain cancers or to prevent conditions such as transplant rejection or pregnancy (oral contraceptives) are metabolized via the P450 pathway, health care providers should alert patients about these potential drug interactions to prevent

loss of therapeutic effect of any drug metabolized via these isoenzymes. [Methadone is also metabolized via the P450 cytochrome system, so interactions with St. John’s wort are possible. -Ed.]

More Booze in the News...

Alcohol Damages Stress Response

NEW YORK, NY – Reuters Health, Jan 20, 2000 – A high intake of alcohol may blunt the body’s ability to respond appropriately to stress, results of a study in lab animals suggest. The finding may help explain some of the health effects of alcohol abuse, according to researcher Dr. Catherine Rivier, a professor at the Salk Institute in La Jolla, California.

In the study, Rivier and colleagues exposed rats to alcohol vapor, resulting in abnormally low levels of a key stress hormone, corticotropin-releasing factor (CRF). CRF is produced by the brain’s hypothalamus and helps trigger the body’s reaction to stress. Rats exposed to a stressor showed a blunted stress response, namely less reaction in their hormonal and nervous systems, if they were first exposed to alcohol.

An impaired stress response is believed to affect several body systems, including the ability of the immune system to fight infection and of brain cells to learn and remember, according to the researchers. Their findings were published in the January issue of the journal *Alcoholism: Clinical & Experimental Research*. *Alcoholism* (2000;24:110-120).

Alcohol Abuse in Women Causes Far-Reaching Problems

SEATTLE, WA – *Journal of Trauma*, January 26, 2000 – Researchers have found that women who drink heavily are more at risk than men to suffer from liver disease, depression, psychological distress, and recent physical, emotional or sexual abuse.

“Although alcohol-related traffic crashes and citations for driving while intoxicated are similar for both genders, our study shows that other problems are much greater for women,” said Dr. Larry Gentilello, a University of

Washington associate professor of surgery and the study's principal investigator. "Women are much more likely to have symptoms of psychological distress, including depression and more likely to have suffered recent bouts of spousal or domestic abuse."

Researchers at the university's Harborview Medical Center reached their conclusions after studying the effectiveness of alcohol interventions for trauma patients between April 1994 and May 1996. According to Gentilello, women are the fastest growing segment of the alcohol-abusing population. "The physical and psychological harm that alcohol does to women reinforces the importance of counseling trauma patients about their drinking while they're still in the hospital setting, as we've shown in previous studies."

Benefits From Alcohol Don't Apply to Alcoholics

WASHINGTON, DC – Fox News Reports; January 22, 2000 – Although recent research has found that moderate alcohol consumption could reduce the risk of heart disease and stroke, a new report shows those benefits do not accrue to alcoholics and heavy drinkers. "These findings revealed that among nondependent drinkers, light and moderate drinking was protective and heavier drinking did not significantly affect the risk of dying; [however] among dependent drinkers, the effect of alcohol consumption was never protective and often increased the risk of death," said the study's author Dr. Deborah A. Dawson, a statistician with the National Institutes of Health (NIH) in Bethesda, Md.

The study defined light drinking as 1 to 3 drinks a week; moderate drinking as between 3 drinks a week to 2 drinks a day; heavy drinking as 2 to 4 drinks a day; and very heavy drinking as more than 4 drinks daily. It is the first study to document that the benefits associated with alcohol decline as both consumption and dependency increase. It was based on information collected through the 1988 National Health Interview Survey Alcohol Supplement

for 37,682 U.S. adults 25 years and older, along with information on 3,586 deaths listed in the National Death Index from 1988 to 1995, the most recent year available. The study was published in the January issue of *Alcoholism: Clinical & Experimental Research*.

Drinking Alcohol, Fainting Connected

DALLAS, TX – Associated Press; February 1, 2000 (Juan Lozano) – Scientists say they have learned part of the reason why some people pass out when they stand up after drinking alcohol: lower blood pressure and wider blood vessels.

Two or three beers on average is enough to impair the body's ability to maintain a steady blood pressure, according to a 1999 study believed to be the first to explain the cardiovascular effects of drinking. Those changes impair the body's ability to pump fresh blood to the brain, said Dr. Virend Somers, a co-author of the study published in the journal *Circulation*. As a result, drinkers who suddenly stood up often felt lightheaded and sometimes fainted.

How alcohol causes those changes is unknown, said Somers, a cardiologist at the Mayo Clinic in Minnesota. He suggested the alcohol could be blunting the nerve signal sent from the brain to the vessel, or the alcohol was preventing the blood vessel from constricting.

Alcohol-Damaged Brain Can Repair Itself - Somewhat

BUFFALO, NY – HealthSCOUT; January 30, 2000 (Robert Preidt) – The cells in the cerebellum seem able to repair themselves after alcohol damage, a University at Buffalo study says. But there's a catch.

Roberta J. Pentney, the lead researcher, and her colleagues say that alcohol doesn't kill cells in the cerebellum, it impairs the brain by damaging the ability of neurons to communicate with each other – a process that can be reversed if an alcoholic stops drinking.

Scientists have long looked at cell loss as the measure of alcohol's effect on the brain, but this research shows brain functions can be disrupted not just by

the loss of neurons but also by damage to a particular part of the neuron, Pentney says. For this study, she focused on a type of brain cell in the cerebellum called a Purkinje neuron, which under the microscope shows numerous branching dendrites that make it look something like a tree. These branches are called the dendritic arbor. Synapses that receive nerve impulses are located on the ends of these branches.

The dendritic arbors in the neurons of alcohol-fed rats showed significant thinning and the researchers found that the end segments where the synapses are located were gone. That loss, they believe, is linked to the disruption of the structure that regulates the flow of calcium within the neuron. And the loss reduces the message traffic between neurons in this part of the brain. The cerebellum controls movement, coordination and equilibrium, and this finding might explain the unsteady gait, tremors, and lack of coordination often seen in alcoholics, Pentney says.

In a second phase of the study, the alcohol-fed rats were allowed to recover. When the researchers examined their Purkinje neurons, they found, in a surprise – the dendritic arbors were lush and contained the normal number of synapses. While this was a hopeful note, Pentney says the dendritic branches didn't grow back in their original locations. "So this is a double-edged sword. You still end up with a cell that isn't the same as what you started with. And we don't know what that means," she says.

Neurosteroids Jump-Start Alcohol Buzz

CHAPEL HILL, NC – HealthSCOUT; January 15, 1999 (Denise Mann) – Scientists may have discovered why an after-work martini or wine with dinner makes some of us feel good. Researchers have known that beer, wine, or liquor interact with a brain chemical called gamma-aminobutyric acid (GABA) to make one feel relaxed and intoxicated, but until now they didn't know exactly how.

The process is jump-started by a group of brain chemicals called neurosteroids,

says a new study in the December issue of *Alcoholism: Clinical and Experimental Research*. In a nutshell, alcohol increases levels of these neurosteroids, which in turn, boost GABA levels, and this leads to the “buzz” that drinkers savor.

Neurosteroids – brain chemicals that play a role in behavior, stress, memory, and depression – are the messengers that alcohol uses to increase GABA levels, explains chief researcher A. Leslie Morrow, associate professor of psychiatry and pharmacology at University of North Carolina School of Medicine and associate director of the Bowles Center for Alcohol Studies, both in Chapel Hill, N.C. “These data demonstrate a new biochemical pathway that is altered by [alcohol] and may be dysfunctional in addiction,” she says. Discovered in the last 15 years, neurosteroids are only made in the brain and are very different from common steroids, such as sex hormones, adrenal cortical hormones, bile acids, sterols, anabolic agents, and oral contraceptives.

How Alcohol Harms Fetuses

WASHINGTON, DC – Associated Press, February 10, 2000 (Paul Recer) – A single drinking binge by a pregnant woman can be enough to permanently damage the brain of her unborn child, according to a new study of the effects of alcohol on babies.

The study, which appeared in the journal *Science*, found that rats, and presumably humans, are most susceptible to alcohol-related neurological damage during a period when developing brain cells are furiously building the connections needed for memory, learning, and thought. In humans, this brain growth spurt starts in the sixth month of gestation and continues for two years after birth.

Dr. John W. Olney, a Washington University School of Medicine researcher and senior author of the study, said that during this period a single prolonged contact with alcohol – lasting for four hours or more – is enough to kill vast numbers of brain cells. “There is a massive wave of cell

suicide after the brain is exposed to ethanol; cells die by the millions.”

During the brain growth spurt, called synaptogenesis, brain cells must receive a balanced signal from two types of neurotransmitter chemicals, glutamate and GABA, he said. If this signal is disrupted, the developing brain cells are programmed to commit suicide. This is the body’s way of eliminating surplus cells. But, alcohol severely disrupts the glutamate-GABA signals and this, in turn, causes nerve cell death at about 15 times the normal rate, he said.