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Editor's Message

Dear Colleagues:

Spring is officially arriving! Hope that winter 2009 was not too bad, although I suspect, like many around the country, there were record cold temperatures and snowfalls. I am very excited that our Section will be having its first Annual General Meeting on Friday June 12th (8am) at this year's CPA Annual Conference in Montreal. I look forward to meeting with members in person and being able to put faces to names!

The next big step is for our section to transfer from an Interim Board to a democratically elected one, and I would strongly encourage members to consider the various positions that need to be established and filled, in order to comply with the by-laws.

You will notice that in this edition of CI, we have begun to profile members of our section who are involved in cutting edge, groundbreaking and pioneering clinical activities/projects. If you would like to be profiled, please make sure to submit such information to me for consideration in our subsequent editions of CI.

Onward and Upward!

Dr. David Teplin, Section Chair

CI's Best Spring Picks!

- ◆ **CBT in the Treatment of Addictions** Konimtsidis et al. (2007)
- ◆ **Textbook of Substance Abuse Treatment** Galanter & Kleber. (2008)
- ◆ **Free from Addiction** Khaleghi. (2008)
- ◆ **Healing the Addictive Personality** Jampolsky. (2008)
- ◆ **Addicted?** Freimuth. (2008)
- ◆ **Buzzed** Kuhn et al. (2008)



What's Up!

“If you don't like something, change it. If you can't change it, change your attitude.”

-Maya Angelou

Buprenorphine tapering schedule and illicit opioid use.

The aim of this study was to compare the effects of a short or long taper schedule after buprenorphine stabilization on participant outcomes as measured by opioid-free urine tests at the end of each taper period. This multi-site study, sponsored by Clinical Trials Network (CTN, a branch of the US National Institute on Drug Abuse) was conducted from 2003 to 2005 to compare taper conditions at 7 and 28 days. Data were collected at weekly clinic visits to the end of the taper periods, and at 1-month and 3-month post-taper follow-up visits. Eleven out-patient treatment programs in 10 US cities. Non-blinded dosing with Suboxone during the 1-month stabilization phase included 3 weeks of flexible dosing as determined appropriate by the study physicians. A fixed dose was required for the final week before beginning the taper phase. At the end of the taper, 44% of the 7-day taper group ($n = 255$) provided opioid-free urine specimens compared to 30% of the 28-day taper group ($n = 261$; $P = 0.0007$). There were no differences at the 1-month and 3-month follow-ups (7-day = 18% and 12%; 28-day = 18% and 13%, 1 month and 3 months, respectively). For individuals terminating buprenorphine pharmacotherapy for opioid dependence, there appears to be no advantage in prolonging the duration of taper.

Ling, W., Hillhouse, M., Domier, C., Doraimani, G., Hunter, J., Thomas, C., Jenkins, J., Hasson, A., Annon, J., Saxon, A., Selzer, J., Boverman, J., Bilangi, R. (2009). *Addiction*, 104, 256–265.

Correlates of extra-medical use of OxyContin versus other analgesic opioids among the US general population.

The authors examined the differences in socio-demographic and psychiatric characteristics associated with past-year extra-medical OxyContin use ($n = 1144$) versus extra-medical other opioid analgesics use ($n = 7074$). Data on opioid sources was compared among past-month users. They also compared extra-medical opioid users ($n = 8218$) versus other drug users ($n = 16,214$), and individuals with an analgesic disorder who had past-year extra-medical OxyContin use ($n = 339$) versus those with other opioid use ($n = 820$). Past-year opioid users were more likely than users of other illegal drugs to be more educated and have a past-year major depressive episode. Past-year OxyContin users were more likely than other opioid users to be 18–25 years old (OR = 1.9[1.1,3.2]), and have mental health and deviant behavior problems. Those with past-year analgesic disorder who used OxyContin were more likely to be younger, sell illegal drugs (OR = 2.5 [1.5,4.2]), and use illegal drugs than those who used other opioids. Past-month OxyContin users were more likely than past-month other opioid users to buy analgesics from drug dealers/other strangers and obtain opioid analgesics from multiple sources. Such findings point out differences between OxyContin and other opioid users that might help prevention specialists and assist efforts to curb opioid analgesics diversion.

Silvia S. Martins, SS., Storr, CL., Zhuc, H., & Chilcoat, HD. (2009). *Drug and Alcohol Dependence*, 99: 58–67.



What's Up!

Drug Preference in Cocaine and Alcohol Dual-Dependent Patients

The present study extended previous work with the multiple-choice procedure (MCP) by examining the monetary value of cocaine and alcohol in dual-dependent patients. Participants made hypothetical choices between pairs of substances and between each substance and a series of monetary values. Results showed that the combination of cocaine and alcohol was preferred over each individual substance. The monetary value at which the substance is no longer chosen was higher for the combination than for one drink or one hit alone. Monetary values showed convergence with dependence-related variables. These findings substantiate the importance of concurrent alcohol and cocaine dependence treatment.

Lau-Barraco, C. & Schmitz, J. (2008), *The American Journal of Drug and Alcohol Abuse*, 34(2): 211 – 217.

Familial Risk Analyses of Attention Deficit Hyperactivity Disorder and Substance Use Disorders

This study found that ADHD in probands was consistently associated with a significant risk for ADHD in relatives. Drug dependence in probands increased the risk for drug dependence in relatives irrespective of ADHD status, whereas alcohol dependence in relatives was predicted only by ADHD probands with co-morbid alcohol dependence. In addition, ADHD in the proband predicted drug dependence in relatives, and drug dependence in comparison probands increased the risk for ADHD in relatives. Both alcohol dependence and drug dependence bred true in families without evidence for a common risk between these disorders.

Biederman, J., Perry, C., Wilens, T., Faraone, S. V., Mick, E., Monuteaux, M., & Faraone, S. V. (2008), *American Journal of Psychiatry*. 165:107-115.

Use of Dronabinol for Cannabis Dependence: Two Case Reports and Review

Marijuana is the most commonly used illicit drug in the United States and throughout the world. Despite this, the number of laboratory studies that have assessed pharmacologic agents to target cannabis withdrawal symptoms or reduce the reinforcing effects of marijuana has been modest. Unlike alcohol, cocaine, opiates, or nicotine, there has been a minimal number of clinical pharmacologic treatment trials that have targeted marijuana use. Based on recent laboratory studies dronabinol (delta-9-tetrahydrocannabinol) has been shown to reduce cannabis withdrawal symptoms and the subjective effects of marijuana. Given that agonist agents have been found to be effective for opiate and nicotine dependence, the clinical utility of dronabinol for cannabis dependence is a reasonable approach. Two case reports using dronabinol are presented. The potential benefit, as well as questions that arise from the use of this medication in cannabis-abusing populations, is presented. Also, future areas of research that might be explored are discussed.

Levin, F. & Kleber, H. (2008) *American Journal on Addictions*, 17:161–164.

B.Z. Toons

by Brian Zaikowski



CI Member Spotlight: Carolyn Plater

This edition of the CI profiles Carolyn Plater. Besides serving as CI's Associate Editor and completing a graduate degree with a specialization in addictions, Carolyn is heading up a very unique 12-week smoking cessation program that combines Pulmonary Function Testing, Varenicline (an approved prescription medication that reduces nicotine cravings rather than acting as nicotine replacement), Cognitive Behavioural Therapy in a group format and Smokestik (a unique electronic cigarette simulation that delivers all aspects of cigarette smoking other than the reward of nicotine and harmful chemicals).

This is seen as a rather innovative treatment approach, given that habitual cigarette smoking is a complex, chronic condition with both physiological and psychological components. Such an approach reflects current literature findings that combining smoking cessation interventions greatly increases the chances of quitting.



“Outside of a
dog, a book is
man’s best friend.
Inside of a dog it’s
too dark to read”

- Groucho Marx

What’s Up!

Smoking and suicide: A brief over view

This article provides a brief overview of the rationales, possible mechanisms and epidemiological data on the association of smoking, smoking cessation and cessation medications with suicide. Current smoking is reliably associated with suicide both in case-control and cohort studies. The three most plausible (but relatively untested) explanations for the association are that smokers have pre-existing conditions that increase their risk for suicide, smoking causes painful and debilitating conditions that might lead to suicide, and smoking decreases serotonin and monoamine oxidase levels. Stopping smoking appears to lead to major depression in some smokers; thus, it could induce suicide; however, smoking cessation has not been associated with suicide in the few studies available. Regulatory agencies have stated bupropion, rimonabant and varenicline appear to be associated with suicide; however, the data for these statements have not been presented in sufficient detail to assess their validity. Most prior data have come from post hoc analyses. Studies that a priori focus on understanding smoking and suicide are now needed.

Hughes, JR. (2008). Smoking and suicide: A brief overview. *Drug and Alcohol Dependence*, 98: 69–178.



What's Up!

Prescription Opioid Misuse Index: A brief questionnaire to assess misuse

The Prescription Opioid Misuse Index (POMI) was developed and used in a larger study designed to assess correlates of OxyContin abuse in pain patients prescribed OxyContin, patients treated for OxyContin addiction, and individuals incarcerated for OxyContin related charges. The POMI was administered to 40 subjects with addiction problems and 34 pain patients who had received OxyContin for pain. Receiver operating characteristic curve analysis indicated that endorsing two or more of six items reliably classified a person as at risk for misuse of their medication. When comparing drug abuse/dependence in subjects classified as misusers or users, significantly more misusers received a diagnosis for alcohol ($p < .01$), illicit drugs ($p < .05$), and other prescription medications ($p < .05$) and reported greater lifetime use of alcohol ($p < .002$) and illicit drugs ($p < .01$). No between group differences were found regarding psychiatric problems. The POMI appears to be a sensitive and specific instrument for identifying patients who misuse opioid medications

Knisely, JS., Wunsch, MJ., Cropsey, KL., Campbell, ED. (2008). *Journal of Substance Abuse Treatment*, 35: 380-386

Upcoming Conferences...

APRIL/MAY 2009:

- ◆ **California Association for Alcohol Drug Educators (CAADE) - The Politics of Addiction Treatment and Prevention**
April 17-19, 2009 Sacramento, California
Contact: <http://www.regonline.com/builder/site/Default.aspx?eventid=677553>
- ◆ **International Harm Reduction Association (IHRA) 20th International Conference**
April 20-23, 2009 Bangkok, Thailand
Contact: <http://www.ihra.net/Thailand/Home>
- ◆ **American Association for the Treatment of Opioid Dependence (AATOD) Conference**
April 25-29, 2009 New York, New York
Contact: 856-423-3091 or <http://AATOD.org>
- ◆ **American Society of Addiction Medicine (ASAM) 40th Annual Medical-Scientific Session**
April 30 – May 3, 2009 New Orleans, Louisiana
Contact: <http://www.asam.org>
- ◆ **26th Annual Institute for Alcohol and Drug Studies**
May 14-16, 2009 London, United Kingdom
Contact: <http://www.ukesad.org>
- ◆ **Society for Prevention Research (SPR) 17th Annual Meeting**
May 26-29, 2009 Washington, DC



Upcoming Conferences...

JUNE/JULY/AUGUST 2009:

- ◆ **2009 New England Institute of Addiction Studies**
June 1-4, 2009 Bristol, Rhode Island
Contact: 207-621-2549 or <http://www.neias.org>
- ◆ **National Association of Drug Court Professionals 14th Annual Training Conference**
June 10-14, 2009 Anaheim, California
Contact: <http://www.nadcp.org/annual.html>
- ◆ **The College on Problems of Drug Dependence (CPDD) Annual Meeting**
June 20-25, 2009 Reno, Nevada
Contact: <http://www.cpdd.vcu.edu/Pages/Meetings/FutureMeet.html>
- ◆ **50th Annual Institute on Addiction Studies**
July 12-16, 2009 Barrie, Ontario, Canada
Contact: <http://www.addictionstudies.ca/>
- ◆ **Virginia Summer Institute of Addiction Studies (VSIAS) - Intervention and Treatment of Co-Occurring Illness, Substance Use Disorder**
July 20-22, 2009 Williamsburg, Virginia
Contact: <http://www.vsiias.org/index.htm>
- ◆ **American Psychological Association (APA) 115th Annual Convention**
August 6-9, 2009 Toronto, Canada
Contact: <http://www.apa.org/>
- ◆ **The Association For Addiction Professionals (NAADAC) 2009 Annual Conference**
August 18-22, 2009 Salt Lake City, Utah
Contact: <http://naadac.org>

