

## Events to Note

For additional postings & information, see:  
[www.atforum.com](http://www.atforum.com)

### January 2005

**Community Anti-Drug Coalitions of America (CADCA) Forum**  
January 11-13, 2005  
Washington, DC  
**Contact:** 800-54-CADCA;  
<http://cadca.org/>

**Society for Personality & Social Psychology – 6th Annual Conference**  
January 20-22, 2005  
New Orleans, Louisiana  
**Contact:** 716-275-8724

**Seeking Safety: Research-Based Treatment for PTSD & Substance Abuse**

January 31 – February 4, 2005  
Puerto Vallarta, Mexico  
**Contact:** 604-521-8053;  
[www.amigabc.com/](http://www.amigabc.com/)

### February 2005

**International Neuropsychological Society – 33rd Annual Meeting**  
February 2-5, 2005  
St. Louis, Missouri  
**Contact:** 614-263-4200

**Neuroscience Education Institute**  
February 17-20, 2005  
San Diego, California  
**Contact:** 888-535-5600;  
[www.neiglobal.com](http://www.neiglobal.com)

**American Neuropsychiatric Association – 16th Annual Meeting**  
February 26 – March 1, 2005  
Bal Harbour, Florida  
**Contact:** 614-447-2077

### UPCOMING 2005...

**American Counseling Association Annual Convention**  
April 6-10, 2005  
Atlanta, Georgia  
**Contact:** 800-347-6647;  
[www.counseling.org](http://www.counseling.org)

**ASAM (American Society of Addiction Medicine) – 36th Annual Conference**  
April 15-17, 2005  
Dallas, Texas  
**Contact:** 301-656-3920; [www.asam.org](http://www.asam.org)

**CPDD (College on Problems of Drug Dependence) – 67th Annual Meeting**  
June 18-23, 2005  
Orlando, Florida  
**Contact:** 215-707-3242; [www.cpdd.org](http://www.cpdd.org)

[To post your announcement in AT Forum and/or our web site, fax the information to: 847-392-3937 or submit it via e-mail from [www.atforum.com](mailto:www.atforum.com)]

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## Straight Talk... from the Editor

### AATOD Holds 20th Anniversary Conference

In the wake of its hurricane season, Orlando, Florida, welcomed the 20th Anniversary AATOD (American Association for the Treatment of Opioid Dependence) Conference from October 16-20, 2004. This premier event serving the methadone maintenance treatment (MMT) community worldwide continues to grow, with more than 1,300 attendees from the U.S. (primarily) and 17 other countries.

J. Thomas Payte, MD served as Conference Chair, supported by Mark Parrino, MPA, President of AATOD, his staff, and a large number of volunteer workers. Here are highlights from several speakers.

#### Increasing MMT Access

In his opening remarks, Parrino recalled that AATOD has grown from a Northeast Regional Coalition in 1983 encompassing 8 founding states and the District of Columbia. At present, the Association comprises 21 state member chapters, representing more than 850 MMT programs in the U.S.

AATOD has been working to increase access to methadone treatment through the criminal justice system, using special funding from Mallinckrodt Inc. and the Robert Wood Johnson Foundation to accomplish 5 objectives via a 3-year project:

1. Increase access to MMT in jails, building on the Rikers Island, New York, model. This has been achieved in Florida, Rhode Island, New Mexico, and Washington state.
2. Disseminate educational information to drug courts, jails, and probation and parole officials.
3. Decrease negative court rulings that impede access to MMT.
4. In conjunction with the Legal Action Center, evaluate laws and policies in targeted states.
5. Learn more about impediments to increased access to MMT.

Along with that, Karen Freeman-Wilson – CEO, National Association of Drug Court Professionals – observed that there are 1,000 drug courts in the U.S. It is important that criminal justice system personnel understand that medication-assisted addiction therapy, as with methadone, does not hinder

successful completion of a drug court program.

She predicts that, with better education, more drug courts will embrace methadone treatment. A hopeful sign is that sessions on MMT will be offered at national drug court conferences, and Parrino will be one of the presenters helping to spread the message.

#### CSAT Update

H. Westley Clark, MD, JD, MPH, CAS, FASAM – Director of the federal Center for Substance Abuse Treatment (CSAT) – began his presentation by affirming that MMT has been one of the most studied, evidence-based, and effective interventions for addiction; despite the stigma surrounding it.

MMT programs have responded well to the accreditation process, he continued. There are now 1,115 programs with full or provisional certification, with dozens of applications still pending. CSAT has an ongoing project to assess the impact of program accreditation. It is not the government's intention to decrease access to care by imposing overly restrictive regulations, Clark declared, and funds are available to assist programs in becoming accredited.

CSAT also has received funding for an HIV initiative that will make available rapid test kits to methadone treatment programs. This will be pilot-tested in 24 programs, which will be provided kits and laboratory services at no cost.

Buprenorphine is available for use by opioid treatment programs; however, Clark conceded that adoption of the medication has been slow. Some of the barriers include: relatively high cost of the product, lack of or inadequate insurance coverage or reimbursement by state Medicaid programs, and the 30 patient treatment limit.

As of October 2004, 3,600 physicians have been authorized to prescribe buprenorphine for addiction therapy and about 63,000 patients have been treated (mostly for opioid detoxification). It appears that buprenorphine is most appropriate for younger persons and those with less severe opioid addictions. More than half of cases involved addiction to non-heroin opioids

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and only 13% were transferred from methadone. Clark stressed that *buprenorphine* is *not* in competition with *methadone*.

He further emphasized that CSAT recognizes the importance of MMT-patient advocacy groups. His agency continues to support the various groups and wants to increase the ability of patients to help monitor services provided by MMT programs.



From left: Parrino, Payte, Kreek

### Addiction A Disease; Not A Disgrace

**James McDonough** – Drug Policy Coordinator, Executive Office of the Governor, Florida – asserted that there is a wave of recognition washing over the addiction field. “Treatment works,” he said, “and addiction is a *disease*, not a disgrace.”

In Florida, methadone accounts for increasing numbers of deaths. However, these are related to methadone prescribed for analgesia rather than coming from MMT programs. Overall, prescription drug abuse deaths exceed those for cocaine and heroin combined.

McDonough discussed some of the challenges and opportunities facing the addiction treatment field today. First, there do not appear to be any miracle cures and we need to maintain some healthy skepticism. Reject bad ideas, he said.

As a profession we need to determine what is good and to act on it. However, seeking perfection can be the enemy of the “good”; we cannot wait to perfect our approaches and need to grab on to what works, he said.

Finally, he expressed concern that the addiction treatment field does not do a good job of cultivating new generations of professionals to carry on the work. Creating training and education events (like the AATOD Conference) that will bring the field to the next level should be a priority. We need a process that improves skills over time and always looks toward bringing in new generations of workers.

### Methadone: “Boring” As A Street Drug

**Mary Jeanne Kreek**, MD – Professor and Head of the Laboratory of the Biology of Addictive Diseases, Rockefeller University, New York – reminded the audience that 2004 also marks the 40th anniversary of methadone maintenance treatment in the U.S. She noted that there are about 225,000 patients in MMT today; however, this number has not been increasing, despite the fact that there are an estimated 1 million heroin addicts in the U.S. and 8 million persons have abused prescription opioids.

Kreek, along with Marie Nyswander, MD, was an original member of Dr. Vincent Dole’s research team that developed MMT in 1964. As obvious as it may seem today, they introduced the “new” concept of opioid addiction being a metabolic disease of the brain. A single daily dose of oral methadone prevented the person from becoming either high or sick with withdrawal symptoms. At the same time, Kreek continued, methadone acts like the body’s natural endorphins as it prevents drug hunger and blocks euphoric effects of other opioids; whereas, heroin and other opioids lack these same effects.

Most importantly, she asserted, methadone is a “boring street drug.” Addicts may use it for detoxification or self-maintenance, but not to get a euphoric high.

She further pointed out the often overlooked fact that office-based methadone treatment, by qualified physicians who have close relationships with MMT programs (also called, “medical maintenance”), is legal at the federal level. However, individual states may or may not permit such practice.

Kreek concluded with several predictions and wishes for the future. She expects there will be progressive changes in regulations at all levels, recognizing the need for both clinics and addiction treatment specialists, particularly those offering more office-based treatments.

She also hopes there will be increasing acceptance and reimbursement of combined behavioral and pharmacotherapy approaches for addictive disorders. Kreek would like to see more funding for the treatment of HIV and hepatitis C in drug-addicted persons, which is lacking today in most regions of our country. Finally, she foresees that some day we will be able to utilize genetic information as a guide to providing more specific addiction treatments for individual patients.

*Mark your long-range calendars now: the next AATOD Conference will be in April 2006, in Atlanta, Georgia.*

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### NEW SURVEY: Constipation?

In this edition we once again discuss an issue related to MMT that has received relatively little attention – constipation. We look forward to reader feedback on this topic, so *please respond to the following survey questions:*

1. What estimated percentage of patients at your MMT clinic have complained of constipation? \_\_\_\_%
2. Which of the following are recommended or prescribed?  
*Check all that apply:*  more fiber in diet;  more fluid intake;  
 exercise;  OTC laxatives;  Rx laxatives;  
 other (describe) \_\_\_\_\_.
3. If laxatives are recommended or prescribed, which ones?  
\_\_\_\_\_.
4. Are you responding as a  patient, or  clinic staff member?

*There are several ways to respond to AT Forum surveys:*

**A.** provide your answers on the postage-free feedback card in this issue; **B.** write, fax, or e-mail [info above]; or, **C.** visit our web site to respond online. As always, your written comments are important for helping us discuss the survey results in an upcoming edition.