Rethinking Total Abstinence

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of Connecticut, Farmington.

The old concept—that total abstinence could be the only goal for treatment of alcohol abuse—clinicians, as well as the in-

fluence of Alcoholics Anonymous, and the fact that for many years the only medication for treatment was disulfiram (Antabuse), which makes a person feel very sick when he or she drinks.

But research conducted with nal-

trexone since the 1990s and with acamprosate for its approval in 2004 has begun opening investigators’ eyes to the possibility that there can be other successful outcomes to treatment besides total abstinence, which is traditionally what studies have considered their prime end point, said Dr. Richard N. Rosen-
thal, chairman of the Department of psychiatry at St. Luke’s–Roo-

sevelt Hospital Center, New York.

And that recognition, in turn, opens up the possibility of medical treatment to a greater number of potential patients with an alcohol problem, not just those who are di-
gagnostically dependent or alco-

holics. “It becomes about reducing the harm from drinking behavior, rather than thinking about the di-
gnosis per se,” Dr. Rosenthal said.

At any one time, about 18 mil-

lion people in the United States are alcohol dependent, the most re-
cent survey shows. But a small percentage seeks alcohol treat-

ment, and an even smaller pro-

portion gets medication treat-

ment—perhaps 140,000 people at any one time. Even among those who get treatment and try to be-

come abstinent, relapse is far more common than success. Treatment of these people might be encour-

aged if the treatment goal was something short of abstinence, Dr. Rosenthal said.

Moreover, there is another group of individuals, over and above those who are dependent, who drink heavily or binge and may have impaired control. And these individuals could benefit from medical assistance, since it has been shown many times that heavy drinking creates health problems.

This continuous model opens up the idea that patients can be other targets rather than stopping drink-

ing as a potential target, and as a re-

sult, there may be increased social utility,” Dr. Rosenthal said. Dr. Kranzler said it is not clear which patients truly results in fewer med-

ical and social problems.

“All of the medications approved in the U.S. to treat alcohol depen-
dence reduce drinking, even among nonalcoholics and alcoholics,” Dr. Kranzler said. “Clearly, we need re-

search to identify the individuals for whom medications may help mod-

ify impaired control over drinking, according to a presentation of 14 studies (Addiction 2004;99:811-28).

In a recent study of the long-act-
ing injectable form of naltrexone that was approved, the number of drinking days of the subjects dropped from 19 days per month at baseline to 6 days per month for the placebo patients and to only 3 days for the treated pa-


An intriguing aspect of that study was that patients were not required to be abstinent when they started on the drug, as has been conventional in clinical use and with other naltrexone studies, Dr. Kranzler said.

Therefore, naltrexone may be the drug that should be used for a harm reduction approach, said Dr. Kranzler, who is now involved in studies in which patients use nal-

trexone on a declining schedule and eventually only on an as-needed basis. But more study is needed.

Very little research exists specifi-
cally on the harm reduction ap-

proach, Dr. Kranzler and Dr. Rosenthal said. It has not yet been demonstrated that patients who would be appropriate for this type of treatment can be identified, or whether reduced drinking in these patients truly results in fewer med-

ical and social problems.

Gene Arias, senior medical director of the Comprehensive Addiction Services at University of Connecticut, Farmington.

“Your impression is that we significantly undervalued,” he said.

The dose used started at 5 mg per day and was titrated up by 5 mg a week to 20 mg a day. All except one of the 16 patients completed the study. That patient complained of fatigue, the most common adverse effect of the medication.

A dosage reduction did not alleviate his fatigue. Still, overall, the drug was well tolerated.

The other patients who initially experienced fatigue reported that they felt better, but not completely. Naltrexone has potential.

Incentive System May Keep Substance Abusers in Treatment

BY TIMOTHY F. KIRN

PHOENIX — Small awards for good atten-
dance and clean urine tests can help keep more addicts in treatment longer, greatly improving the percentage of patients who actually use the drug free, a federally sponsored study showed.

The feasibility and benefit of this “motiva-
tional incentives” approach has been demon-

strated before. But in previous trials, the awards were rather large. They could equal $1,000 to-

tal, said Maxine Stitzer, Ph.D., in presenting the new study at the annual meeting of the Amer-

ican Academy of Addiction Psychiatry.

The new trial used a door-prize-like system, in which patients who met attendance and ab-

stinence milestones drew chips from a hat. Some chips had value, but half had none at all, and the patients had only a 2% chance of drawing a chip with the highest value, worth $80-$100 to-

ward merchandise. The longer a patient stayed on the straight and narrow, the greater the number of draws they earned—and relapse put them back. The chips were redeemed for items such as kitchenware, cordless telephones, and DVD players, all of which were kept on site at the clinic.

The door-prize system makes this rewards approach much cheaper than previous systems, said Dr. Stitzer, a professor of behavioral biol-

ogy at Johns Hopkins University, Baltimore. The most a patient could win was merchandise worth $400.

The aim of the system is to change the culture of the treatment environment to some extent, Dr. Stitzer said. “Rather than looking for ways to punish people who are doing wrong, what this program is trying to do is to catch people doing good and to reward them for their successes.”

My conclusion is that everybody should be using in-

centives, because they work so well.”

The study was conducted at eight outpatient clinics, and all patients were enrolled for 12 weeks, during which time they had twice-week-

ly urine testing. A total of 415 methamphetamine and cocaine abusers were randomized to either usual care or usual care plus the incentive system.

At 12 weeks, retention in the incentive-system patient group was 49%, compared with only 35% in the control group. The patients were also more likely to test negative for drug use. Almost 40% of the patients in the incentive group had 18-24 negative urine tests, a range known to be associated with a higher rate of long-term suc-

cess, compared with less than 25% of the con-

group patients.

The study also sought to determine if the in-

centives would work as well for methampheta-

mine abusers as for cocaine abusers, who were the sole subjects of previous experiments with the system. Dr. Stitzer said. On the West Coast, stimulant abusers tend to be methamphetamine abusers; on the East Coast, they tend to be echo-

s. A subanalysis of the study data did find that the results with the methamphetamine abusers mirrored those for the study as a whole.

The study had 113 methamphetamine abusers, 51 of whom were randomized to the incentive system and 62 of whom were controls. Full, 12-week retention was 55% for the incen-

tive group and 39% for the control group. Fifty-

eight percent of the urine tests submitted by the incentive group patients were negative for stim-

ulants, compared with 42% of the control group’s tests, and 18% of the incentive group had 24 negative tests, compared with only 6% of the control group. Because of this and previous research, the National Institute on Drug Abuse plans to spread the word about the incentive sys-
tem to drug abuse clinic administrators, Dr. Stitzer said.

Memantine May Have Alcoholism Use

SCOTTSDALE, Ariz. — Memantine, the Alzheimer’s drug, could have a new use: alcohol-
dependence treatment.

In a small pilot study of 16 people who met Diagnostic and Statistical Manual criteria for al-

cohol dependence and who were treated with memantine for 8 weeks, drinking behavior de-

clined, Dr. Albert J. Arias said in a poster pre-
sentation at the annual meeting of the Ameri-

can Academy of Addiction Psychiatry.

The mean number of drinking days reported by the subjects declined 18% during the 8 weeks of the study, compared with the weeks before treatment. The mean number of heavy drinking days declined 22%, and the mean number of drinks per drinking day declined by two.

Moreover, all except three people had a de-

crease in the number of drinks per drinking day, all except four people had a decrease in drink-
days, and all except five had a decrease in heavy drinking days.

There was not improving more than it was de-

finitive, since there were no control subjects for comparison. The participants also received sev-

en sessions of counseling and were enrolled be-

cause they had a stated desire to reduce their al-

cohol intake.

The investigators would have liked to have seen a bigger impact, said Dr. Arias, of the Al-

cohol Research Center at the University of Con-

necticut, Farmington, in an interview.

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