



New York Society of Addiction Medicine

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NYSAM Interviews Commissioner

Karen M. Carpenter-Palumbo, Commissioner
New York State Office of Alcoholism and Substance Abuse Services

Commissioner Carpenter-Palumbo, LMSW, has more than 25 years experience in the public and private sectors, particularly in health, mental health, substance abuse, and disability issues.

Commissioner Carpenter-Palumbo's current tenure is highlighted by her commitment to the reform and reinvestment of resources and providing patient-centered prevention, treatment and recovery addiction services.

Before returning to state government in 2007, Commissioner Carpenter-Palumbo served as Regional Vice President for the American Cancer Society. From 1997-2004, she was Executive Vice President of Government Programs for Capital District Physicians' Health Plan, Inc. From 1990-1994, she was an Assistant secretary to Governor Mario Cuomo.

Commissioner Carpenter-Palumbo, a graduate of the Rochester Institute of Technology with a master's degree in social work from Adelphi University, also served in the NYS Office of Mental Health and NYS Office of Mental Retardation and Developmental Disabilities.

She is the recipient of a number of awards, including the National Council on Problem Gambling's 2008 Government Award and most recently, the Public Service Leadership Award by the Center for Women in Government and Civil Society. Commissioner Carpenter-Palumbo currently serves as treasurer of the National Association of State Alcohol and Drug Abuse Directors and is also a board member of the National Data Infrastructure Improvement Consortium.



Interview with Commissioner

What do you see as the role of physicians in OASAS- certified programs?

I have worked with physicians throughout my whole career and what I want now, more than ever, is to bring physicians into the addiction medicine field and increase their role, particularly in outpatient care. We also want to educate them on the chronic disease model of addiction and what it takes to get people into long-term recovery.

We want to make sure that physicians are working in partnership with us because the doctor-patient relationship is sacrosanct, in so many ways. They can be the first contact for a person who is struggling with addiction to refer them to treatment or help them maintain recovery. If your doctor says come back in three months and tell me how you are doing with your addiction problem, that may be the reason someone stays in recovery.

See Interview with Commissioner, page 3

From The President's Desk

NYSAM Moving Forward

NYSAM President Merrill Herman, M.D.



As we gear up for our 5th Annual NYSAM Medical Scientific Conference in January, 2009, I would like to take this opportunity to reflect on my years as President of our society.

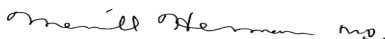
It's been an incredible experience helping NYSAM grow over the years. The chapter has evolved from being dormant to one of the most active chapters in ASAM. We went from having small CME meetings with 15 people at the Marriot Marquis to large conferences with up to one hundred people every year. Our membership has grown and become more active; with our Public Policy Committee chaired by Norman Wetterau, M.D., CME Committee chaired by Greg Bunt, M.D. and Jeff Selzer, M.D. as well as our Membership Committee chaired by Jun David, M.D.

We have been able to develop an administrative infrastructure with the incredible support of John Coppola and his able staff at ASAM. When we go to national meetings at ASAM, we are looked upon as a resource for advice for chapters both large and small. Our public policy activities have developed considerably with Legislative Days in Albany and Washington as well as collaboration with The Legal Action Center addressing important legislation, including UPPL, SBIRT, the 911 Assembly Bill as well as hopefully working on addressing the Rockefeller Drug Laws. NYSAM now has a representative seat on the MSSNY Board of Delegates. With the passing of the recent federal parity legislation, an incredible opportunity exists to expand access to care for addicted patients. Paralleling with the mission of ASAM to create an American Board of Addiction Medicine (ABAM) has the potential to go hand in hand with enhancing the training and certification of addictionists required to meet the demand of patients who have long been marginalized.

Forging ahead to 2009 and beyond, we have many challenges with the changing economic landscape. We need to continue to develop our presence both nationally as well as locally with state agencies including OASAS and The State Medical Society to enhance "our seat at the table". I look forward to our membership's expanding involvement in our committees as well as to the excitement of passing the torch to our President-Elect, Norm Wetterau, as he takes over. We will be in excellent hands.

On a more personal note, I wanted to thank everyone for all your support and inspiration over the years. My experience as NYSAM President has been both exciting and humbling. As a psychiatrist, it is such a pleasure to not only work with all "those shrinks", but to collaborate with such dedicated physicians from different specialties of medicine (though I do need to acknowledge that I am married to a wonderful psychiatrist who helps to keep me sane...go figure!!). I look forward to many years of continued work with so many of you at NYSAM and seeing you at the conference in January. Let's keep on rockin'!

Merrill Herman, M.D.
NYSAM President



Welcome all new members, hope you can join us at the New York Society of Addiction Medicine Medical-Scientific Conference!!

TAKE ADVANTAGE OF EARLY REGISTRATION FOR OUR UPCOMING CONFERENCE!

For information about our upcoming conference or to become a member call NYSAM's Administrative Assistant, Amanda Wray at (518) 689-0142 or via email: awray@asapnys.org

SIGN UP NOW!
Fantastic Conference Program!

NYSAM Launches Fifth Annual Medical-Scientific Conference!

January 23-24, 2009
Daytop Village
54 West 40th Street
New York, New York 10018
(for more information see pages 4 & 5)

Interview with Commissioner *(continued)*

Many physicians underestimate how influential they can be.

Absolutely. Sometimes a relationship with a physician is all people have to hold on to. They can lie to a sibling, other relative or even their counselor, but the patient-physician relationship is key. I want to make sure that the physicians in our system have good training and feel a sense of partnership with us to help us create what truly must be a reform in establishing substance abuse and recovery in the context of a chronic illness model.

Does OASAS have a plan for educating physicians for working in its programs?

Yes, Dr. Steven Kipnis, our Medical Director, brings together our OASAS ATC physicians every month, and will soon be reaching out quarterly to all physicians in the system. Another example of our outreach is a Web-based seminar we do several times a month called Learning Thursday, where we offer free education on addiction field topics. Also, we just had our fifth year of the Addiction Medicine Conference which we co-sponsor with Albany Medical College to foster the kind of education we want all doctors to have so they can effectively treat the chronic illness of addiction.

Can one receive Continuing Medical Education just for participating in these calls on Thursdays?

We are working on that right now because we want the physicians, the social workers, CASACs, and all dedicated professionals in the addictions field to take part in the Webinars, get credit and do it with the ease of technology, so you don't have to always go away to the conference. Dr. Kipnis has done an excellent job of connecting with physicians. That's very important because our entire field needs to unite. I want to make especially sure we have that feeling of unity among the physicians in all of our programs.

How many physicians are working in the OASAS programs?

A recent survey we conducted through our county planning system provided us with an estimate of between 900 and 1,000 physicians in our system. All residential or larger programs are required by regulation to have physicians, but physician hours may vary among programs.

Do you know what medical specialties are represented in OASAS treatment programs?

We have a full range of specialties represented throughout the system. I just recently talked with four pulmonologists who came over to work in addictions. We haven't completed a formal survey on that, however, but should.

So does OASAS currently have any requirements for addiction medicine expertise of physicians working in programs?

Absolutely. We have to elevate the role of all the physicians we provide to the system and make sure that their addiction medicine expertise is certified either by ASAM or through their training. We plan to do this by regulation, whereby all new medical directors will have to be certified within four years by ASAM, AAAP or by AOA (addiction subspecialist designation) under the 816 regulation and our 828 (methadone) programs. These new regulatory requirements will go into effect in early 2009. Current medical directors are grandfathered in regarding certification.

Do you feel that the degree of medical coverage is adequate in the programs?

I'm concerned about the amount of coverage we have generally in the field. So, I want to make sure we have appropriate ratios of patients to staff, we have more CASAC staff, have more social workers, nurses and physicians. So I'm not going to say that I am concerned just about physicians. I'm concerned about the whole field having enough professionals and para-professionals available. We are working very hard to create this entire addiction field as a profession of choice. We know that the percentages of patients with addictions are high and students get little training in medical school on addictions, and therefore we are not getting the needed screening performed by all physicians or in the hospitals. OASAS is working very hard to change that.

Do you sense, Karen, that patients are being offered effective medications in the certified programs adequately?

No. I know we have approximately more than 2,000 Buprenorphine-certified doctors in New York State. We do not have an addiction medicine unit in each one of our programs. We need to. We also want to incorporate the methadone and Buprenorphine treatments into the spectrum of treatment services.

So, in a related theme, do you, is your sense that patients in the OASAS program have adequate access to primary care?

I'm going to say it's average and we are trying to go for the gold standard. I think they have better access being connected to a program than they do outside of a program on a day-to-day basis. We have to do everything possible to promote the individual's health and wellness while they are involved with our programs. That is the reason we became the first state in the nation to implement tobacco-free regulations for our programs. We have to look at their entire physical and mental well-being. We would be derelict in our duty if we did not treat the addiction that affects 92 percent of the people in our system and that is more likely going to kill them.

Interview with the Commissioner *continued from page 3*

And we need to have physicians in ASAM make sure we are treating addiction and smoking just as they would any chronic illness.

Are there any partnership potentialities with other State Agencies?

We have a number of partnerships. Through the Governor's Executive Budget, the Department of Health funded \$4 million for free nicotine replacement therapy in our programs and another \$4 million for training for the field. That's just one example of a full range of inter-agency collaborations we are working on, including treatment initiatives with the correctional services system, referrals for DWI with Motor Vehicles, or the vast amount of work we've done with Mental Health on co-occurring disorders. That's just to name a few and you will continue to see more collaborative work from us with other agencies in the future as a key focus of our work to serve New Yorkers.

Yes. First we need to focus on the education issues regarding the chronic disease of addiction and we need the support of the medical field in our tobacco-free initiative. I think one of the other areas we can collaborate is on gambling. Problem gambling is where other addictions were about 20 years ago. There are nearly 1 million New Yorkers who are dealing with problem gambling and the real problem is there are growing numbers of kids dealing with problem gambling. We are seeing that more and more. There was a death on Long Island, not so long ago: a 17-year-old committed suicide after struggling with a gambling debt. Gambling is what the Friday night beer parties were. Now, it's Friday night poker parties and so, as parents said 20 years ago, "It's okay if they are drinking if they are at my house." Now they think it's okay if kids are gambling in the house. Gambling is not a risk-free behavior. It follows the same trend of addiction and I think we need to educate and partner on that with physicians, as well.

"What's Happening with NYSAM Members"

Jose Vito, MD, recently completed his Addiction Psychiatric Fellowship training from Albert Einstein College of Medicine, Bronx, New York. He is a 2008 Ruth Fox Scholar and currently working on ASAM's Public Policy Statement on Prevention. He plans to pursue his passion in advocacy and making sure that our patient's and our profession's voices are heard by our legislatures.

Jun David, MD, is president of the New York Academy of Family Physicians and a AMA delegate from AAFP. He does both family practice and addiction medicine in the Albany area.

Richard Blondell, MD, a family physician on the faculty of University of Buffalo, also the family practice member of the new American Board of Addiction Medicine. In addition he is very active in addiction research, he and several of his residents and medical students published an article in the September Journal of Addiction Medicine: **A Randomized Trial of Extended Buprenorphine Detoxification for Opioid Dependency.***

*Richard D. Blondell, MD; Lynne M. Frydrych, MS; Bethany C.

Norman Wetterau, MD, president elect of NYSAM has been awarded the 2008 New York Rural Physician of the Year Award by the New York Rural Health Care Association. One of the main reasons given was because of his work in community prevention of adolescent substance use and in the treatment of opioid addiction with buprenorphine. He also has been appointed as family practice representative from ASAM to the Patient Centered Medical Home Consortium. He has over 70 patients on buprenorphine and until recently was the only certified physician in a five county area.

Please send any news items about yourself or other NYSAM members to awray@asapnys.org



SIGN UP NOW!

New York Society of Addiction Medicine Medical-Scientific Conference

New York Society of Addiction Medicine Medical-Scientific Conference will be held January 23-24, 2009 at Daytop Village, 54 West 40th Street, New York, New York 10018.

This conference, which has been designed for physicians, medical students, residents, and fellows, features state-of-the-art presentations highlighting the most recent developments in addiction medicine.

Beginning on Friday, January 23, 2008 at 5:30pm we will be holding our Annual NYSAM Meeting followed by the Opening Reception and Networking Opportunities at 6:30pm.

The NYSAM Conference will start Saturday, January 24 @ 7:30am. We will have registration and Continental Breakfast followed by Opening Remarks:

Merrill Herman, MD – President NYSAM, Louis Baxter, MD- ASAM President - Elect, Steven Kipnis, MD – Medical Director NYS OASAS.

NYSAM's Fifth Annual Conference theme will be **“Innovations in Addiction Medicine”**. We have a list of great speakers that will present the following topics:

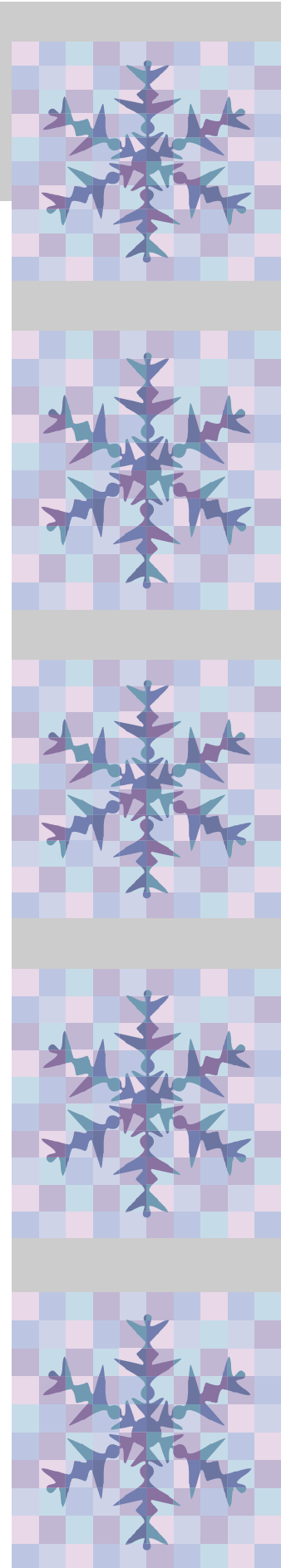
“Research on Addiction: What Have We Learned?”- Keynote Tim Condon, PhD-NIDA; **Addiction Medicine Specialty Board Update**, Mike Miller, MD; **Pharmacotherapy of Insomnia, Anxiety and Pain with Concomitant Co-occurring Disorders** Eric Collins, MD; **Alcohol Risk Reduction Strategies**, Jon Morgenstern, PhD; **Harm Reduction**, Sharon Stancliff, MD; **Therapeutic Uses of Hallucinogens**, Stephen Ross, MD; **Depression in Substance Abuse Disorders**, Edward V. Nunes, MD; **Pathological Gambling**, Daryl Shorter, MD; **Closing Remarks**, Norman Wetterau, MD Incoming President – Elect NYSAM and Donald Kurth, MD Incoming President-Elect ASAM

Here is information on how to register: Registration NYSAM Members \$200, Non Member Rate \$250, Medical Student Rate \$0, Residents/Fellows \$75, Non-Physicians Rate \$175. If you have any questions, please contact Amanda Wray, at (518) 426-3122, Fax (518) 426-1046 or awray@asapnys.org. Hotel: Sheraton New York Hotel & Towers (212) 581-1000 mention ASAP. For what's happening in New York City visit www.nycvisit.com.

If you need special assistance, please call Amanda Wray at 518-689-0142

ACCREDITATION/ CME:

This activity is sponsored by Montefiore Medical Center, the University Hospital and Academic Medical Center for the Albert Einstein College of Medicine. Albert Einstein College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Albert Einstein College of Medicine designates this educational activity for a maximum of 6.0 AMA PRA Category 1 credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.



Public Policy News

Norm Wetterau, MD

Join our Public Policy Committee

NYSAM is pleased that we had increased member participation in the work our Public Policy Committee during 2008. We encourage NYSAM members with an interest in public policy to join the committee by contacting our office or via e-mail normwetterau@aol.com. For the convenience of our members, Public Policy Committee meetings are conducted evenings via conference call.

NYSAM Voice Heard on UPPL

Toward the end of the 2008 legislative session, I visited Assemblyman Dinowitz and Senators Volker, Johnson and Padavan to push for a vote to repeal New York's UPPL bill that allows MVA insurance to refuse payment for medical care to those whose injuries were due to drunk driving. Two days later the bill was passed and sent to the Governor for his signature. Unfortunately Governor Paterson vetoed the bill, stating that while he concurred with the intent of the bill, he found certain features of the bill problematic.

Governor Paterson asked NYSAM and others interested in the bill to meet with his staff to work on revisions to the bill so that it could be passed and signed into law during 2009. NYSAM is working with Anita Marton from the Legal Action Center, John Coppola our Executive Director, and MSSNY in this effort, and plans to visit Albany again to press for passage of a UPPL bill.

911 Bill

More people die of drug overdoses than gun shot wounds. Ten thousand die from opioide overdoses and the rest from cocaine, sedatives, alcohol, a combination of these and still others from other drugs, including Tylenol. If ten thousand young people died every year of a new infectious disease, it would be a national emergency. What can we do?

Assembly Bill 08740 has been proposed to help reduce deaths related to drug overdoses. When friends are using drugs together and one begins to fade out, they are afraid that if they call an ambulance or take the person to an emergency room they will be arrested. By giving immunity to persons who may themselves have been using drugs, this bill encourages persons at the scene of an overdose to call 911; hence its nickname, the 911 bill.

Methadone clinics, Buprenorphine, treatment and education can prevent deaths, but quick transportation to an ER can also help. There is work to be done before this will become law. Who will speak up for our patients? NYSAM will be working for passage of this bill. Join us.

Medical Marijuana

NYSAM support the current ASAM position, which emphasizes the need for additional research and the importance of holding marijuana to the same scientific scrutiny as any other medications relative to its benefits and potential harm. NYSAM members are encouraged to read ASAM's position (www.ASAM.org) on this issue and then to share your views with our committee and with our representatives to the ASAM board. We also encourage you to consult the AMA's position, which is well documented.

Lower Drinking Age

Reduction of the drinking age is an issue that was on NYSAM's radar screen in 2008 and is likely to be there again in 2009. There were rumors a proposal might surface in the legislature to reduce the legal age for purchase of alcohol beverages. We were also made aware of a letter written by college Presidents encouraging exploration of a change to the legal age. NYSAM plans to write a response to the college Presidents' letter.

For more information go to the www.ASAM.org search feature for a page of references and links related to the legal drinking age. The references on these sites show that raising the drinking age has saved nearly one thousand lives a year. There are AMA statements, among others, and a letter from Dr. Sheila Blume, a NYSAM member and former Commissioner of DAAA in NYS. Her letter points out that a 21 drinking age does not prevent people under age 21 from drinking, but it does prevent them from going to a bar and drinking. The young people who would have otherwise been able to go to a bar and drink are many of the one thousand lives that have been saved. Lowering the drinking age will once again allow college students age 18 to 20 to go to bars and drink. NYSAM is committed to retaining a 21 year old drinking age.



*You are invited to
join the NYSAM
Public Policy
Committee*

*Your opinion
counts.*

*Help NYSAM form
policy positions on
issues of
importance to
addiction medicine
in NYS.*



See Public Policy News continued, page 7

OASAS MEDICAL DIRECTOR

STEVEN KIPNIS MD, FACP, FASAM

I would like to thank the NYSAM editorial staff for allowing me the opportunity to address the NYSAM membership. In my first column, I wanted to address what the New York State Office of Alcoholism and Substance Abuse Services is and what it means to the NYSAM physician.

OASAS is the cabinet-level state agency overseeing one of the nation's largest addiction services systems with 1,550 programs that serve 110,000 New Yorkers on any given day. Under the direction of Commissioner Karen M .Carpenter-Palumbo, who serves in the cabinet of Governor David A. Paterson, **it is the OASAS mission to improve the lives of all New Yorkers by leading a premier system of addiction services through prevention, treatment and recovery.**

Our agency efforts are focused on five areas – or destinations: Mission Outcomes, meaning we will establish an effective, science-based program system integrating prevention, treatment and recovery; Provider Engagement and Performance, by which we develop a Gold Standard of service provision; Leadership and External Awareness, defined as being the state resource on addiction and leading the nation in the field of chemical dependence; Talent Management, through which the addictions field will become a profession of choice for attracting and developing talent; and Financial Support, meaning that we operate a system with strong return on taxpayer investment and stewardship of resources.

There are now 2.5 million New Yorkers who are dealing with an alcohol, drug or gambling addiction – one out of every seven.

Through our provider system and 13 state-operated Addiction Treatment Centers, 260,000 New Yorkers sought treatment last year, indicating that the need to educate and treat addictive disease is great.

We hope that the NYSAM membership will support and partner with us as we engage in our mission. We have several ongoing panels and units that could benefit from the expertise of the membership, including the Medical Advisory Panel and the Addiction Medicine Unit.

The Medical Advisory Panel is comprised of about 20 Addiction Medicine physicians who serve the Commissioner in an advisory role. The members are appointed by the Commissioner and have worked on such topics as Hepatitis C, UROD, Home Detox, E-therapy and Medical Director Qualifications.

The Addiction Medicine Unit is the only such unit in the nation and was developed to foster education of treatment and prevention professionals through the Addiction Medicine Educational Series and the FYI series, which are both on the OASAS Website (www.oasas.state.ny.us). The unit also works with programs and physicians so that addiction medications are better utilized. One of the yearly activities is the Addiction Medicine Weekend, co-sponsored with Albany Medical College. This two-day conference on addiction medicine is in its fifth year. Contributions to the addiction education workbook series, the Addiction FYIs and/or as a speaker at the yearly conference would be welcome

Finally, OASAS is here to work with you as we reach the citizens who need our services. It is our goal to put people first, seek to reform and reinvest in our system and collaborate with other agencies, providers and colleagues who share a common interest in addiction. If I can be of any assistance to you or provide more information, please contact me at stevenkipnis@oasas.state.ny.us.

NYSAM Public Policy Committee *from page 6*

The following NYS college and university presidents signed on to the proposal to lower the drinking age: President Mark Tierno, Cazenovia College; President Anthony Collins, Clarkson University; President Rebecca Chopp, Colgate University; President Thomas Meier, Elmira College; President Richard Wylie, Endicott College; President Joan Hinda Steward, Hamilton College; President Thomas Scanlan, Manhattan College; President Daniel Sullivan, St. Lawrence University; President John Mills, Paul Smith College; Chancellor Nancy Cantor, Syracuse University. The Public Policy Committee is sending letters, but we also encourage any members who have contact with any of these university presidents to personally contact them and then let NYSAM know. Public Policy work takes time but it is essential.

Helpful Resources

Jeff Selzer, M.D.

A regular feature of the Newsletter is a collection of current, exceptional publications related to addiction medicine. They may be exceptional in their clinical usefulness, in testing an important intervention, or as a stimulus to a new way of thinking about clinical situations. I have been scanning the literature since the publication of our last Newsletter in 2007 and offer the following publications as worth reading and saving in your reference libraries. Please send me publications that impress you enough to share with fellow NYSAM members.

Phillips, D.P., et. al. A steep increase in domestic fatal medication errors with use of alcohol and/or street drugs. *Arch. Intern Med.* 168(14):1561-1566, 2008.

This important study reviews instances of fatal medication errors (FMEs) inside and outside of medically supervised settings such as hospitals during the period 1/1/83 through 12/31/04. Of the nearly 225,000 FMEs which occurred during this time period, by far the largest increase occurred in the context of patients taking medications at home who also used alcohol and illicit drugs (an increase of over 3000%). This finding points to the need for prescribing clinicians to include non-prescribed drug use as part of their medication reconciliation procedures.

Johnson, B. A., et. al., Topiramate for treating alcohol dependence. *JAMA* 298 (14):1641-1651, 2007

Johnson, B.A., et. al., Oral topiramate reduces the consequences of drinking and improves the quality of life of alcohol-dependent individuals. *Arch. Gen. Psych.* 61:905-912, 2008.

The first study is a multi-site 14 week trial of topiramate versus placebo was conducted with 371 subjects. Topiramate performed better than placebo on a number of measures of alcohol use. However, the incidence of adverse effects due to active medication was significantly greater, as was the drop-out rate and attrition rate due to adverse effects.

The second study the same lead investigator involves a different sample of patients treated with either topiramate or placebo.

The active medication group reported greater well-being, overall life satisfaction, and improvements in all measures of psychosocial functioning. Although not FDA-approved for the treatment of alcohol dependence yet, topiramate is a promising medication. Further trials are needed to determine its tolerability and how it compares to other active medications with FDA-approval such as naltrexone.

Fleming, M.F., et. al., Reported lifetime aberrant drug-taking behaviors are predictive of current substance use and mental health problems in primary care patients. *Pain Medicine* (Epub ahead of print) Aug 18, 2008.

The problem of prescription opioid substance misuse remains significant particularly in patients receiving treatment for chronic pain. This study looked for factors associated with substance misuse in over 900 chronic pain patients receiving opioid therapy from their primary care physicians.

The interesting and valuable finding was that patients with substance use disorders could be separated from patients without substance use disorders by the presence of all four of these "aberrant drug behaviors": over sedating oneself, feeling intoxicated on the medication, requesting early refills, and increasing the dose on one's own. These items may be useful to screen patients who receive opioid medication for chronic pain for the development of addiction.

Carroll, K.M., et. al. Computer-assisted delivery of cognitive-behavioral therapy for addiction: a randomized trial of CBT4CBT. *Amer. J. Psych.* 165:881-888, 2008

This interesting study examined the effectiveness of a computer delivered intervention which was added to "treatment as usual" (TAU) in an outpatient drug abuse treatment clinic. The intervention, cognitive behavioral therapy (CBT), has demonstrated effectiveness for the treatment of addiction, and the computerized version has demonstrated effectiveness for the treatment of depression and anxiety. In this study, those patients who received the computer delivered CBT for substance dependence in addition to TAU had significantly more urine specimens which were negative for drugs and had larger continuous periods of abstinence.

This important study should be replicated with a larger sample (n=77 in this study) and in a wider variety of settings than the one clinic in this study. Among the promising aspects of this intervention are that it reduces the need for intensive staff training for an intervention that may be difficult to learn and may allow a patient to receive the intervention in the setting of his or her choice, including at home.

Wedam, E. F., et. al. QT interval effects of methadone, levomebuthyl, and buprenorphine in a randomized trial. *Arch. Intern Med.* 167(22):2469-2475, 2007.

This randomized, double-blind trial examined effects of LAAM, methadone, or buprenorphine on electrocardiograms of 154 patients who entered the study with a normal QTC interval. Buprenorphine was associated with less QTC prolongation than was LAAM or methadone and may be a safer alternative in patients with QTC prolongation. What was also important was the absence of a significant difference between LAAM and methadone treated patients in their electrocardiograms. Clinicians have been aware of the QTC effects of LAAM and its withdrawal by the manufacturer as a consequence. It is unfortunate that this effect of methadone is less well known.

Wood, E., et. al., Highly active antiretroviral therapy and survival in HIV-infected injection drug users. *JAMA* 300(5):550-554, 2008.

Highly active antiretroviral therapy (HAART) may be withheld from HIV infected intravenous drug users (IVDUs) due to a belief that their lifestyles and treatment adherence would lead to poor outcomes. In this study of over 3000 patients treated with HAART, the outcome after 7 years of treatment showed not greater mortality in the patients receiving HAART who were IVDUs. This adds to the evidence that there may be undue pessimism about the treatment of patients who are IVDUs.

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