NAADAC’s 2007 Life-Long Learning Series

Pharmacotherapy: Integrating New Tools into Practice

Participant’s Reference Guide and Workbook

presented by:

NAADAC
The Association for Addiction Professionals
www.naadac.org

NAADAC, the Association for Addiction Professionals
901 N. Washington Street, Suite 600
Alexandria, VA 22314
703.741.7686 • 800.548.0497
fax: 703.741.7698 • 800.377.1136
e-mail: naadac@naadac.org
web: www.naadac.org
Published in 2007 by NAADAC, the Association for Addiction Professionals
901 N. Washington Street, Suite 600
Alexandria, VA 22314

This publication was prepared by NAADAC, the Association for Addiction Professionals. All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from NAADAC. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from NAADAC. For more information on obtaining copies of this publication, call 1.800.548.0497 or visit www.naadac.org.

Printed March 2007.
# Table of Contents

**Trainer Biographies**  
6

**Seminar Agenda**  
10

**Seminar Objectives**  
10

---

**Section One: Myths, Opinions and Facts**  
11

  - My Opinions Concerning Medication Management  
    13
  - Medication Management Myths  
    15
  - How Does the Patient Feel about Taking Medications?  
    21
  - Stages of Change Model and Pharmacotherapy  
    25
  - Behavioral Interventions  
    29

---

**Section Two: Fitting Pharmacotherapies into Treatment**  
31

  - Holistic Treatment for Alcohol Dependence  
    33
  - History of Pharmacotherapies for Alcohol Dependence  
    37
  - Alcohol dependence is a Disease  
    43
  - Basic Brain Functioning 101  
    49
  - Effects of Alcohol Dependence in the Brain  
    53
  - Other Effects of Alcohol Dependence  
    61

---

**Section Three: FDA-Approved Pharmacotherapies for Alcohol Dependence**  
63

  - Pharmacotherapy and Counselors  
    65
  - Acamprosate - Campral®  
    67
  - Disulfiram - Antabuse®  
    93
  - Naltrexone – ReVia®/Depade®  
    119
  - Extended-Release Naltrexone - Vivitrol®  
    143

---

**Section Four: Program Review**  
173

---

**Section Five: Appendices**  
182

  - Appendix A: Patient Update Report  
    183
  - Appendix B: Comparison of Clinical Criteria of Alcohol Dependence  
    184
  - Appendix C: Alcohol Dependence Screening Instruments  
    185
  - Appendix D: Addiction and Alcohol Dependency Resources  
    187
  - Appendix E: NAADAC, the Association for Addiction Professionals  
    188

---

**Section Six: Glossary**  
189

---

**Section Seven: References**  
196

  - Bibliography  
    197
  - Suggested Reading  
    200
  - Footnotes  
    201
SECTION ONE: MYTHS, OPINIONS AND FACTS
MY OPINIONS CONCERNING MEDICATION MANAGEMENT

The purpose of today’s educational seminar is to provide addiction and other helping professionals with useful, unbiased information concerning pharmacotherapies, so patients are afforded the best available resources and options for their treatment. However, there are many strongly felt emotions held by addiction and other helping professionals toward medication management and the use of pharmacotherapies to treat alcohol dependence. Many of these beliefs limit the resources available to patients who suffer from alcohol dependence, and some are not founded in fact. The intention of today’s seminar is not to persuade your opinions or disprove your beliefs, but rather to simply educate and strengthen your current knowledge of medication management.

To best identify your feelings towards medication management, please write down each medication management opinion raised by the group during discussion. Then, check the appropriate box to the right to reflect your agreement or disagreement with the statement.

1.) ____________________________________________
   • agree
   • disagree
   • not sure

2.) ____________________________________________
   • agree
   • disagree
   • not sure

3.) ____________________________________________
   • agree
   • disagree
   • not sure

4.) ____________________________________________
   • agree
   • disagree
   • not sure

5.) ____________________________________________
   • agree
   • disagree
   • not sure

6.) ____________________________________________
   • agree
   • disagree
   • not sure

7.) ____________________________________________
   • agree
   • disagree
   • not sure

* The definition of words or phrases that are underlined and italicized can be found in the glossary beginning on page 189.
### Medication Management Myths

- **Medications are not a part of treatment...**
  - There are four pharmacotherapies for alcohol dependence that are FDA-approved, and each medication should be used in conjunction with *psycho-social-educational-spiritual therapy*. Therefore, medications are a part of treatment, but only one part.
  - Perhaps medication management does not appear to be a part of alcohol dependence treatment now, but the time is upon counselors to educate themselves to provide the best *evidence-based practices* available to patients.
  - Medications have been used in the *detoxification* process for decades.
  - The National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommends that counselors and prescribers consider using medications to help treat alcohol dependence.
  - We are familiar with the use of medications in the treatment of many *diseases*, including alcohol dependence.
  - Making the final decision about whether or not medications are a part of a patient’s treatment is out of the counselor’s *scope of practice*.

- **Medications are drugs, and you cannot be clean if you are taking anything...**
  - Now is the time for addiction counselors to change their terminology to reflect the modern addiction profession. “Drugs” are illicit psychoactive substances that are used to achieve a high. “Medications” are available by prescription and are used to treat an illness, disorder or disease.
  - Medications are used to treat every disease or disorder, including alcohol dependence.
  - Millions of Americans use the patch, inhalers and/or buproprion (Zyban) to quit smoking, and this practice is widely encouraged by addiction professionals. These methods are pharmacotherapies and have gained broad social acceptance.
  - Patients taking antidepressants to treat chronic depression are not considered “addicts.”
  - Pharmacotherapies for alcohol dependence are not addictive, whereas, “drugs” such as alcohol are addictive.

- **Medications are a crutch...**
  - The single most accurate predictor of successful treatment outcome is the length of time in treatment. Pharmacotherapies can help patients remain in treatment longer, continue to stay committed to meeting their treatment goals and maintain long-term sobriety.
  - Modern science has identified several changes that take place in an alcohol dependent’s brain. These changes do not instantaneously correct themselves after a patient stops drinking. Medications help offset the powerful acute and post-acute withdrawal symptoms and cravings that lead many patients to relapse. In addition, the patient can think more clearly without so many *physiological* distractions taking away from counseling objectives.
  - Pharmacotherapies are effective. Clinical data suggest that patients perform better...
in treatment when psycho-social-educational therapy is combined with appropriate phar~

maceutical therapies.\v

- Anything can be a “crutch” in treatment — food, sex, work, shopping, smoking, another person, etc. Not all “crutches” are detractors from sobriety goals, and not all “crutches” are bad. A patient needs some allowances to get them through each day in treatment, and any unhealthy “crutches” can be addressed therapeutically in treatment. For example, if an individual injures his or her leg, a crutch helps him or her protect the leg until it is strong enough to bear weight.

- **Medications will get you high...**
  - None of the medications to treat alcohol dependence cause euphoria, even when they are combined with alcohol. In other words, they have no street value.
  - In fact, naltrexone blocks the pleasurable effects from drinking alcohol, and disulfiram causes a severe physical reaction when combined with alcohol.
  - Perhaps this statement stems from the long-held belief that opioid replacement therapies produce a high. However, this occurrence is usually attributable to too high a dosage, the interaction of combining medications, such as Valium (diazepam) or the medication has been manipulated. Buprenorphine, the most recent advancement in opioid replacement therapy, does not produce any psychoactive effects for the patient.

- **Alcoholics Anonymous (AA) says not to use medications...**
  - Contrary to popular belief, neither Alcoholics Anonymous (AA) literature nor either of its founding members spoke or wrote against using medications as a component of a recovery plan for alcohol dependence. This belief was held by leaders of specific chapters and spread erroneously to be AA doctrine.\v
  - Even today, Alcoholics Anonymous does not endorse encouraging AA participants to not use prescribed medications or to discontinue taking prescribed medications for the treatment of alcohol dependence or related disorders.
  - *The Big Book* states, “God has abundantly supplied this world with fine doctors, psychologists, and practitioners of various kinds. Do not hesitate to take your health problems to such persons. Most of them give freely of themselves, that their fellows may enjoy sound minds and bodies. Try to remember that though God has wrought miracles among us, we should never belittle a good doctor or psychiatrist. Their services are often indispensable in treating a newcomer and in following his case afterward.”\vi

- **There are a lot of complications associated with using medications...**
  - When considering medication management for alcohol dependence, a counselor must weigh the risk of continued use of alcohol against the possible side effects, as well as benefits of the medication.
  - While it is true that some medications do have the potential to produce some uncomfortable side effects, these side effects do not occur with all patients or they occur with varying degrees of severity and lengths of time.
  - It is beyond the counselors’ scope of practice to decide if the potential side effects
from using medications are too cumbersome. This is an issue that should be discussed with the patient by the prescriber.

- **Using medications in addiction treatment is promoting the pharmaceutical companies...**
  - Pharmaceutical companies are going to continue to develop new medications regardless of how much they are used. Some may prove beneficial to your patients and some may not; however, every medication discussed in today’s seminar will be beneficial to someone, perhaps even just one particular patient. Your patients deserve the best available treatment options modern science can offer - this now includes pharmacotherapies.
  - Patients are now able to view and hear advertisements concerning new medications available for alcohol dependence via the Internet, television, print and radio. They can even request their own prescriptions from their doctor without consulting with their counselor. Counselors must remain abreast of pharmaceutical advancements so they can:
    - maintain credibility with their patients;
    - understand and work with common effects, side effects and adverse effects;
    - know when to contact the prescriber and what to report to the prescriber that is helpful information;
    - know what supplemental information to provide the patient that is within the counselor’s scope of practice.

Medications can be discussed with the patient and then included into treatment planning and the patient’s program tailored, where appropriate.

- Today’s seminar is intended to educate addiction and other helping professionals about the benefits and limitations of all currently FDA-approved pharmacotherapies used to treat alcohol dependence, not just one particular medication, and open the door to additional resources available to treat alcohol dependence. Regardless of who created the treatment approach, patients deserve the best treatment practices available, and that includes pharmacotherapies.
HOW DOES THE PATIENT FEEL ABOUT TAKING MEDICATIONS?

Counselors and other helping professionals are not alone in their feelings about using pharmacotherapies to help treat alcohol dependence. Many patients have questions about the safety, effectiveness and purpose of pharmacotherapies in addiction treatment. On the contrary, some patients feel strongly about including medications in their treatment plan. Counselors and other helping professionals need to be prepared to appropriately address each situation, while explaining the possible benefits, as well as disadvantages, of using pharmacotherapies.

To help prepare for future conversations with patients, let’s evaluate some of the good and not so good aspects of treating alcohol dependence with pharmacotherapies. Please read each statement about pharmacotherapy and check the appropriate box under each statement to identify if you are adequately educated to address this issue with your patients. This checklist will serve as your personal list of goals and objectives for what you would like to obtain from today’s educational program.

Not So Good Things about Using Medications to Treat Alcohol Dependence:

- Medications are not appropriate for everyone.
  - I know why this statement is true.
  - I need more information about this statement.

- Medications can produce side effects from use.
  - I know why this statement is true.
  - I need more information about this statement.

- Patients do not always take their medications as prescribed.
  - I know why this statement is true.
  - I need more information about this statement.

- Medications cost extra money.
  - I know why this statement is true.
  - I need more information about this statement.

- There is a stigma associated with using medications.
  - I know why this statement is true.
  - I need more information about this statement.

- Some patients do not feel comfortable taking pills or receiving an injection.
  - I know why this statement is true.
  - I need more information about this statement.

- Some medications increase the risk of overdose when combined with opiates.
  - I know why this statement is true.
  - I need more information about this statement.

- Sympathetic and educated prescribers are not easily available.
  - I know why this statement is true.
  - I need more information about this statement.

- Medications could decrease the emphasis on other forms of self-help.
  - I know why this statement is true.
  - I need more information about this statement.

- Medications could give patients a false sense of security.
  - I know why this statement is true.
  - I need more information about this statement.
**Good Things about Using Medications to Treat Alcohol Dependence:**

- Medications can help achieve complete abstinence from alcohol.
  - I know why this statement is true.  
  - I need more information about this statement.

- Medications can help prevent relapse.
  - I know why this statement is true.  
  - I need more information about this statement.

- Medications can reduce alcohol consumption.
  - I know why this statement is true.  
  - I need more information about this statement.

- Medications help maintain recovery from alcohol.
  - I know why this statement is true.  
  - I need more information about this statement.

- Medications can help patients stay in treatment longer.
  - I know why this statement is true.  
  - I need more information about this statement.

- Medications can serve as a tool to initiate treatment.
  - I know why this statement is true.  
  - I need more information about this statement.

- Medications support the therapeutic process.
  - I know why this statement is true.  
  - I need more information about this statement.

- Medications can reduce absenteeism from work.
  - I know why this statement is true.  
  - I need more information about this statement.

- Medications can increase self-confidence.
  - I know why this statement is true.  
  - I need more information about this statement.

- Medications can reduce family conflict.
  - I know why this statement is true.  
  - I need more information about this statement.

- Some medications are thought to alleviate cravings.
  - I know why this statement is true.  
  - I need more information about this statement.

- Some medications block the effects of alcohol.
  - I know why this statement is true.  
  - I need more information about this statement.

- Some medications are thought to decrease the desire to drink.
  - I know why this statement is true.  
  - I need more information about this statement.

- Some medications provide incentives not to drink.
  - I know why this statement is true.  
  - I need more information about this statement.

- Some medications reduce post acute withdrawal symptoms.
  - I know why this statement is true.  
  - I need more information about this statement.

- Medications are another tool to enhance recovery.
  - I know why this statement is true.  
  - I need more information about this statement.
STAGES OF CHANGE MODEL AND PHARMACOTHERAPY

In addition to the patient’s knowledge of the benefits and disadvantages to addiction treatment with pharmacotherapies, the counselor and other helping professionals must evaluate the appropriateness of including pharmacotherapies into a patient’s treatment plan. There are many factors that contribute to a personalized individualized treatment plan, and sometimes medications are not appropriate for all patients or situations. Remember the following factors when considering pharmacotherapy as part of a patient’s individualized treatment plan:

- **Information gained during the assessment** – physical history, treatment history, behavioral health issues and the patient’s ability (skills set) to self-medicate.
- **Role of the prescriber** – Does the patient have an existing relationship with a prescriber? Will the prescriber be engaged enough to determine the appropriateness of medication management? Can the patient be appropriately monitored during treatment?
- **Fits with the patient** – safety, effectiveness and treatment goals.
- **Current level and type of substance abuse** – interactions with other substances and effectiveness with polysubstance dependence and/or abuse.
- **Treatment compliance** – previous experience with other pharmacotherapies and compliance; psychosocial therapy and compliance.
- **Current medications** – medication interactions (prescriber).
- **Ability to pay** – insurance coverage, out-of-pocket, Medicare/Medicaid, etc.

In addition to the factors listed above, James Prochaska and Carlo DiClemente’s Transtheoretical Model of Change, also known as the Stages of Change Model, can be extremely helpful for counselors when considering various treatment options for a patient. The Stages of Change model identifies five independent stages of behavior and thinking that patients can experience during the treatment process. It is important to remember that patients can cycle through these stages, skip stages and/or regress to an earlier stage even after progress has been made in treatment before achieving recovery.

By identifying which stage of change a patient is currently in, a counselor or other helping professional can better understand the treatment needs of that patient and which treatment options are most appropriate. As your own experience has shown, some treatment interventions are better suited for particular types of patients, while others are best used at specific time periods during the treatment process. The following chart demonstrates how the Stages of Change Model can help identify the most appropriate times to incorporate pharmacotherapies into a patient’s treatment plan.