EDITORIAL INTRODUCTION

The Process Continues: The Reorganization of the Journal of Maintenance in the Addictions; Volume 2 Issue 3  
J. Thomas Payte

Hepatitis C and Addiction: The State of The Science  
Diana L. Sylvestre

Hepatitis C (HCV) is the most common blood-borne infection in the US and affects the majority of long-term injection drug users. Despite this, little is known about the natural history and treatment of HCV in this population. This article provides an overview of HCV epidemiology and natural history as it relates to injection drug users, and describes the basis of diagnostic testing and HCV treatment for the addiction provider. It further reviews the data on HCV treatment barriers in IDUs as a means of understanding and assessing HCV treatment candidacy.

KEYWORDS. Hepatitis C, methadone, interferon, ribivirin, adherence
Initiating Office Based Prescribing of Methadone: Experience of Primary Care Providers in New York City

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We report on the experience of 13 primary care providers engaged in office-based prescribing (OBP) of methadone to 50 patients in New York City. The patient group were all women stably enrolled in methadone treatment (mean of 12 years) as part of a randomized trial comparing OBP to usual care in Methadone Maintenance Treatment Programs (MMTP). Practitioners working in hospital clinics and health centers assumed responsibility for the patients' primary care, and wrote orders for their methadone dosage and pick-up schedule. All methadone dispensing, urine testing, and ancillary services were continued through the MMTP. Practitioner attitudes and knowledge about methadone were assessed at the outset and one year later using a structured interview.

Providers were easily able to incorporate methadone prescribing into their practice and reported few differences between these patients and other demographically similar patients. They felt that coordination of care was enhanced with this model, and that their skills would improve with an increased OBP caseload of 10-20 patients each. While some problems were noted in dealing with the MMTP clinics in this transitional model of care, at 12 months follow-up we found sustained provider interest in the OBP model and support for combining office-based prescribing with community pharmacy dispensing of methadone.

KEYWORDS. Methadone maintenance treatment, methadone prescribing, primary care, office-based

Community Reinforcement Approach and Relapse Prevention: 12 and 18-Month Follow-Up

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Harold Delaney

We report the 12 and 18-month results of a clinical trial designed to evaluate the effectiveness of Community Reinforcement Approach (CRA) and Relapse Prevention (RP) in the treatment of opiate-dependent patients maintained on methadone. This is a follow-up to our 6-month outcome study that reported only CRA results. Patients (n = 181) were randomized to three groups: standard (n = 67), CRA (n = 52), and CRA and RP (n = 62). All patients improved as measured by the Addictive Severity Index (ASI), self-report scales, Risk Assessment Battery (RAB) and urine drug screens collected at specific follow-up intervals: 3, 6, 9, 12, and 18 months. The CRA-RP group showed the most sustained improvement with regard to drug use and psychiatric status as measured by the ASI. There were no other between group differences. Further, treatment engagement and retention rates were equivalent across groups. In this population of opiate dependent patients maintained on methadone we found some benefit of adding Relapse Prevention to the overall intervention package.

KEYWORDS. Community reinforcement approach, relapse prevention, methadone maintenance, treatment, opioid dependence
Nevirapine Induced Opioid Withdrawal in a Patient Previously Stable on Levo-Alpha-Acetyl-Methadol (LAAM)

Christopher J. Welsh
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Nevirapine (Viramune) is a non-nucleoside reverse transcriptase inhibitor that is an inducer of the cytochrome P-450 enzymes 2D6 and 3A4. There are several reports that it can increase the metabolism of methadone leading to decreased methadone levels and the precipitation of opioid withdrawal in patients previously maintained on a stable methadone dose. There are no reports of its effects on the metabolism of LAAM. A case is presented in which a patient previously on a stable dose of LAAM experienced opioid withdrawal shortly after beginning an anti-retroviral regimen that included nevirapine. Nevirapine appears to induce opioid withdrawal in patients previously stable on LAAM. Some potential differences in the time course and management of nevirapine-induced withdrawal from LAAM, as compared to methadone, are discussed.

KEYWORDS: LAAM, nevirapine, opioids, antiretrovirals, HIV/AIDS

Methadone-Related Deaths Associated with Faulty Induction Procedures

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All drug-related deaths registered at the Institute of Forensic Medicine, University of Aachen, Germany, during the period of February 1994 to February 1998 were reviewed retrospectively. One-fifth (19/102) of the cases were considered to be methadone related. Although the number of patients involved in methadone maintenance programs in the Aachen area increased by tenfold, the number of methadone-associated deaths occurring each year remained steady. Polydrug toxicity was the leading cause of death. Two-thirds of the deaths of patients receiving licit methadone maintenance therapy occurred during the first three days of treatment. Police investigation revealed all these patients received an induction dose of methadone that exceeded the recommended amount. Additionally, some subjects were intolerant to opiates. The presented cases highlight the need for improved training and adequate supervision of methadone treatment.

KEYWORDS: Methadone maintenance, methadone-associated deaths, induction dose, clinical mismanagement

Methadone Drug Interactions

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The increase in prevalence of comorbid medical and psychiatric disorders requiring combination pharmacotherapy has emphasized the need to better understand potential drug interactions with methadone. Because methadone is metabolized by the hepatic cytochrome P450 enzyme system, drugs that interact with that enzyme system, particularly the 3A4 family, have the potential of drug interactions with methadone. This paper reviews the literature of documented methadone drug in-
interactions citing for each drug, the nature of the interaction, and the literature reference.

KEYWORDS, Methadone, drug interactions, CYP, metabolism

Postcard from Italy
Judith Martin

Text of CSAM Letter to Drug Court Judges on Methadone Treatment and Methadone Detoxification for Opioid-Dependent Offenders
Gary A. Jaeger

Drug Court Fact Sheet: Methadone Maintenance and Other Pharmacotherapeutic Interventions in the Treatment of Opioid Dependence
Mark W. Parrino

The Use of Insulin in the Treatment of Diabetes: An Analogy to Methadone Maintenance
J. Thomas Payte