

MD Drug Recovery Programs: A Work in Progress

BY DOUG BRUNK
San Diego Bureau

CORONADO, CALIF. — Of 104 physicians in New York state who were admitted to substance abuse treatment programs between 2003 and 2004 and were monitored for a mean of 41 months by the state's Committee for Physicians' Health, only 9 (9%) were discharged because of noncompliance with program expectations.

That might spell success at first glance, but at the annual meeting of the American Academy of Addiction Psychiatry, Dr. Marc Galanter emphasized the need for more research to optimize treatment for physicians in recovery.

"There are still a number of issues to be considered," said Dr. Galanter, professor of psychiatry and director of the division of alcoholism and drug abuse in the department of psychiatry at New York University, New York. "One is the need for prospective study—following the treatment contemporaneously—which we have yet to see," he said. "Another is to better understand the role of medication."

Buprenorphine inevitably will be used more widely; however, the question of whether physicians should be allowed to practice while taking opioid maintenance therapy is likely to become a political issue, he said. He added that cognitive-behavioral therapy "is a modality that is currently regarded as essential to effective treatment."

Dr. Galanter based his remarks on results from a study he led that sought to provide an independent evaluation of the oversight and rehabilitation of 104 substance-abusing physicians who had completed their monitoring peri-

od by the New York State Committee for Physicians' Health (CPH). About 30% of physicians who enroll in the CPH program receive at least 28 days of inpatient treatment. Components of ambulatory management include workplace monitoring, 12-step program attendance, and random urine toxicologies.

The researchers, who were not affiliated with CPH, selected the 104 records at random (*Am. J. Addict.* 2007;16:117-23). The mean age of the participants was 42 years, most (96) were male, about half (51) were married, and 66 were employed as physicians at admission.

More than half (59) had a history of substance abuse treatment, and 38 had attended 12-step meetings before program admission. In addition, 33 were in psychotherapy of some sort prior to admission, and 27 were taking psychiatric medications, primarily antidepressants.

"This underlines the importance of psychiatric input and oversight in these programs," said Dr. Galanter, who is also the editor of the journal *Substance Abuse*.

The most common primary substance of abuse was alcohol (38), followed by prescription opiates (35).

The top five medical specialties represented were anesthesiology (22 physicians), internal medicine (11), family medicine (10), obstetrics and gynecology (9), and pediatrics (8).

On average, the overall period of treatment and monitoring was 41 months, and 30 of the participants required inpatient hospitalization at study entry.

Fifteen physicians did not want to attend 12-step meetings but were pressed by counselors to do so. Of those, nine later went. "The outcome of those pressed to go was

not significantly different from that of the other patients," he said. "So apparently the coercive nature of the treatment in that regard was not compromising to the outcome."

Of the 104 patients, 38 relapsed as confirmed by urine toxicology or by confirmation from an informed source. Even under good circumstances, some relapse is inevitable before the patient is stabilized, Dr. Galanter said. However, one complication is that physician impairment programs are responsible for serving large numbers of physicians.

"The pressure of the needs of public health that they experience puts them in a difficult position," Dr. Galanter said. "My impression is that it's remarkable how effective they are in balancing the physician needs against the demands of the general public."

Predictors of relapse included past use of cocaine, unemployment at the time of program admission, a greater mean number of urines tested, and a longer length of program involvement.

Nine patients were discharged for noncompliance with program expectations. "They essentially lost the option of practicing medicine," he said. "Relatively speaking, this gives you an idea of a very good outcome, considering that full compliance is essential to success in this program."

Dr. Galanter considers the 12-step portion of the CPH program essential. "It's really remarkable what transformation many of these physicians experienced over the course of rehabilitation," he said. "What we don't know is how we can compare recovery of this kind to recovery based on opioid replacement or on the variety of medications that we're going to be using." ■

Medical Students Report Club Drug Use at Same Rate as Peers

BY DOUG BRUNK
San Diego Bureau

CORONADO, CALIF. — One out of six students at a Midwestern medical school reported prior use of at least one club drug, results from a survey found.

"Physicians should be cognizant, when treating medical students, physicians, or other health care workers, that we are not excluded from substance abuse," Dr. Alex Horowitz said in an interview after presenting the study at the annual meeting of the American Academy of Addiction Psychiatry. "The same principles should be applied when assessing health care workers for substance use as when assessing the rest of the population."

In what he said is the first study of its kind, Dr. Horowitz and his associates asked 340 students at a private Midwestern medical school to complete an anonymous survey about their use of and attitudes about club drugs. Generation I club drugs were defined as cocaine and LSD; generation II club drugs included 3,4-methylenedioxymethamphetamine (also known as ecstasy), methamphetamine, gamma hydroxybutyrate (GHB), Rohypnol, ketamine, and dextromethorphan.

Nearly half (46%) of the respondents were first-year students; 34% were second-year; and 20% were third-year.

Overall prevalence of lifetime club drug use was 17%, with ecstasy and cocaine the agents of choice (12% and 6%, respectively), said Dr. Horowitz, psychiatric unit chief of the methadone treatment program at Bellevue Hospital Center, New

York. The prevalence of medical students' lifetime ecstasy use was similar to that of their peers in the general population, as reported in the National Institute on Drug Abuse's 2004 "Monitoring the Future" survey.

Compared with students aged 21-25 years, those aged 26 and older were more likely to have used the generation I drugs (cocaine, 16% vs. 4%, respectively; LSD, 14% vs. 2%). However, no relationship was found between age and use of generation II club drugs in general.

Students who reported never using club drugs perceived regular cocaine use as posing the greatest risk to health (89%), followed by ecstasy (72%). For students who reported lifetime use of at least one club drug, the perceived risk of using cocaine and ecstasy regularly was significantly lower (75% and 58%, respectively). Club drug use did not differ between men and women, but women rated them as generally more harmful than did men.

A greater number of students thought it would be necessary to revoke the licenses of physicians who were currently using generation I club drugs than those who were using generation II club drugs (27% vs. 20%, respectively).

Dr. Horowitz of the department of psychiatry at New York University acknowledged the self-reported nature of the study is a limitation. Another is that the data were collected in a classroom setting, which means participants were limited to students more likely to attend class. However, the survey was given in a class considered mandatory. ■

Allele Carriers Particularly Prone To Ecstasy-Induced Brain Damage

BY BRUCE JANCIN
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VIENNA — Even a few low doses of the drug ecstasy were associated with a decline in verbal memory function in first-time users, Thelma Schilt said at the annual congress of the European College of Neuropsychopharmacology.

And carriers of the methionine allele of the catechol-O-methyltransferase (COMT) gene polymorphism proved far more sensitive to this adverse effect than were people who possessed the valine allele, added Ms. Schilt of the Amsterdam Institute for Addiction Research and the University of Amsterdam.

Ecstasy (3,4-methylenedioxymethamphetamine), also known as MDMA, is an inexpensive illicit recreational drug. Data from animal studies suggest ecstasy is neurotoxic, producing long-term damage to the distal axons of serotonergic neurons.

Cognitive deficits have been documented in recreational users. However, such studies have been either cross-sectional or retrospective, and have mostly involved heavy users of ecstasy and multiple other drugs, including cocaine, alcohol, cannabis, and amphetamines. For this reason, Ms. Schilt and her coinvestigators performed a prospective observational cohort study in 188 ecstasy-naïve subjects as part of the

larger Netherlands XTC Toxicity Study. Participants, whose mean age was 22 years, were recruited at dance clubs and universities. They had to indicate an interest in trying ecstasy in the future, have a history of only minimal exposure to other recreational drugs, and undergo baseline neuropsychological testing and brain imaging.

Over 11 months, 58 subjects took ecstasy. Their use was modest: a mean cumulative dose of 3.2 tablets and a median of 1.5.

They underwent neuropsychological testing roughly 12 weeks after their most recent use, as did a matched group of 60 subjects who were ecstasy naïve.

At baseline, the two groups had similar neuropsychological test scores. However, at follow-up the ecstasy users had significantly lower scores on immediate and delayed verbal recall and verbal recognition. Other cognitive domains were unaffected.

"The changes are small. You would not notice in everyday life that their memory had declined," Ms. Schilt stressed.

Further follow-up will show whether the deficits remain after longer periods of abstinence. Also worthy of further study is the possibility that ecstasy accelerates the decline in verbal memory that's part of the normal aging process. Answers to these questions will have a bearing on ongoing clinical studies exploring the use of MDMA to facilitate psychotherapy, she added. ■



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MS. SCHILT