

Impact of Systematic Review on Health Services: The US Experience

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The effectiveness of interventions for addictions:

The Drug and Alcohol Group Contribution

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Scope of the Talk

- The mystery and great paradox
- Access to Cochrane or the lack thereof
- Standards of practice: local vs national
- Historical development of drug abuse treatment systems
- The future?

The Great Paradox

- US National Institute on Drug Abuse boasts supporting 80% of drug addiction research in the world
- Significant proportion of data used in Cochrane drug and alcohol reviews is produced by US researchers
- Little use of Cochrane drug and alcohol reviews by US practitioners
- Most US physicians in addiction medicine are ignorant of Cochrane collaboration

Drug and Alcohol Reviews: I

- Alcoholics Anonymous and other 12-step programmes for alcohol dependence
- Alpha2 adrenergic agonists for the management of opioid withdrawal
- Anticonvulsants for alcohol withdrawal
- Anticonvulsants for cocaine dependence
- Antidepressants for cocaine dependence
- Antipsychotic medications for cocaine dependence
- Auricular acupuncture for cocaine dependence
- Benzodiazepines for alcohol withdrawal
- Buprenorphine for the management of opioid withdrawal
- Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence
- Carbamazepine for cocaine dependence
- Case management for persons with substance use disorders
- Dopamine agonists for cocaine dependence
- Effectiveness of brief alcohol interventions in primary care populations
- Heroin maintenance for chronic heroin dependents

Drug and alcohol Cochrane Reviews: II

- Inpatient versus other settings for detoxification for opioid dependence
Interventions for drug-using offenders in the courts, secure establishments and the community.
Interventions for prevention of drug use by young people delivered in non-school settings
LAAM maintenance vs methadone maintenance for heroin dependence
Maintenance agonist treatments for opiate dependent pregnant women
Methadone at tapered doses for the management of opioid withdrawal
Methadone maintenance at different dosages for opioid dependence
Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence
Opioid antagonists for alcohol dependence
Opioid antagonists under heavy sedation or anaesthesia for opioid withdrawal
Opioid antagonists with minimal sedation for opioid withdrawal
Oral naltrexone maintenance treatment for opioid dependence
Pharmacological interventions for benzodiazepine mono-dependence management in outpatient settings
Primary prevention for alcohol misuse in young people
Psychosocial and pharmacological treatments versus pharmacological treatments for opioid detoxification

Cochrane Drug and Alcohol Reviews III

- Psychosocial combined with agonist maintenance treatments versus agonist maintenance treatments alone for treatment of opioid dependence
Psychosocial interventions for cocaine and psychostimulant amphetamines related disorders
Psychosocial interventions for pregnant women in outpatient illicit drug treatment programs compared to other interventions
Psychosocial interventions for women enrolled in alcohol treatment during pregnancy.
Psychosocial treatment for opiate abuse and dependence
Psychotherapeutic interventions for cannabis abuse and/or dependence in outpatient settings
Psychotropic analgesic nitrous oxide for alcoholic withdrawal states
School-based prevention for illicit drugs' use
Substitution treatment of injecting opioid users for prevention of HIV infection
Sustained-Release Naltrexone For Opioid Dependence
Therapeutic communities for substance related disorder
Treatment for amphetamine dependence and abuse
Treatment for amphetamine psychosis
Treatment for amphetamine withdrawal
Treatment for Methaqualone dependence in adults

Cochrane Reviews and US Participation

- Over 45 Cochrane drug and alcohol reviews are published
- Over 120 reviewers are involved in the Cochrane review process
- Only a handful of the reviewers are from the US
- Most US clinicians have no access to Cochrane reviews

Free Online Access to Cochrane Reviews

- **Free Online Access Through Funded Provisions**
- Residents in a number of countries or regions can access *The Cochrane Library* online for free through a 'provision' or a special scheme. These exist for the following geographic areas
- Australia, Canada, New Brunswick, Northwest Territories, Nunavut, Yukon, Nova Scotia, Saskatchewan, Finland, India, Ireland, Latin America and the Caribbean, New Zealand, Norway, Poland, South Africa, Sweden, United Kingdom
- In the United States: only Wyoming, with a population of 515,000

Medical Treatment System in the United States

- Only industrialized country without a national healthcare system
- Litigious society and defensive practice
- Standards of care are local
- No demand or appeal for national treatment standards
- Addiction medicine heavily influenced by law enforcement; little resistance from medical leadership

Law Enforcement's Influence on Drug Addiction Treatment

Drug Abuse as a Policy Issue 5



Harry Anslinger in his heyday as commissioner of the Federal Bureau of Narcotics. To his left is a hollowed-out book used to smuggle drugs. (Library of Congress.)

Classification of Addicts and Recommended Treatment

Types of Addicts

- Correctional cases
- Mental defectives (degenerates)
- Social misfits
- Otherwise normal

Treatment

- Internment camps
- Sterilization
- Vocational guidance
- Psychoanalysis

*Report of the Committee on the Narcotic Situation in the United States
JAMA 1920; 74(19): 1324-1327*

Opioids and Pain

- “ The use of narcotics in terminal cancer is to be condemned if it can possibly be avoided. Morphine and terminal cancer are in no way synonymous. Morphine use is an unpleasant experience to the majority of human subjects because of undesirable side effects. Dominant in the list of these unfortunate effects is addiction.” --
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Drug Addiction Treatment System in the United States

- AA and early self help groups
- Early methadone treatment
- Nixon White House and Vietnam War
- Non-medical orientation
- Medications not always compatible with recovery philosophy –exclusion of methadone patients from AA meetings

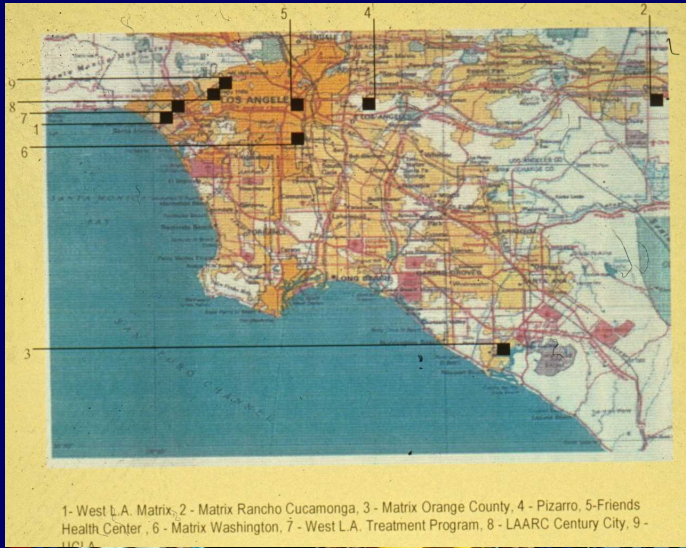
Medicine and Recovery: Ideology vs Science

- Pharmacotherapy and recovery; they're incompatible
- Addiction may be studied as a brain disease; it's treated as a sin or weakness of will
- Just say "no"
- Faith-based treatment

Changes are Coming

- Efforts by the Cochrane drug and alcohol editorial board.
- Joint efforts between UCLA and University of Adelaide
- Initial steps
- Proposed drug and alcohol group satellite

The UCLA Integrated Substance Abuse Programs (UCLA ISAP)



Thank you
thank you
thank you