

University Psychiatric Centers - Jefferson Avenue Research Clinic

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Jefferson Avenue Research Clinic

Founded in 1996 to provide quality substance abuse services to Detroit residents, to train academic and clinical addiction professionals, and to support research activities

Community Treatment Program in NIDA's Clinical Trials Network – Great Lakes Node

Methadone Services

Michigan State regulations require methadone treatment providers treating publicly-funded patients “...to pursue the goals of eventual voluntary withdrawal from methadone and of becoming completely drug-free [Michigan State regulation 325.14418 (1)].

“Maintenance treatment shall be discontinued within two years after such treatment has begun...” [Michigan State regulation R 325.14418(2)].

Extensions to the two-year treatment limit are possible if requests are based on medical reasons.

M to A Program

- **One negative UDS required in first 13 weeks**
- **Two additional in second 13 weeks**
- **Four additional required in third 13 weeks**
- **Six additional in fourth 13 weeks**
- **Eight additional in fifth 13 weeks**
- **Eight consecutive required in sixth 13 weeks**
- **Long-term planned dose reduction initiated at eight consecutive weeks of negative UDS**

Therapy

- **Masters level therapists**
- **Use of evidence-based therapies – therapists are trained in CBT, MET, and 12-Step Facilitation**
- **One weekly individual therapy session and one weekly group therapy required in initial phase of treatment**
- **Weekly cocaine group added for those testing positive**

Contingency Management

M to A was conceived as an evidence-based treatment for opiate dependence with contingency management as its “operating system.”

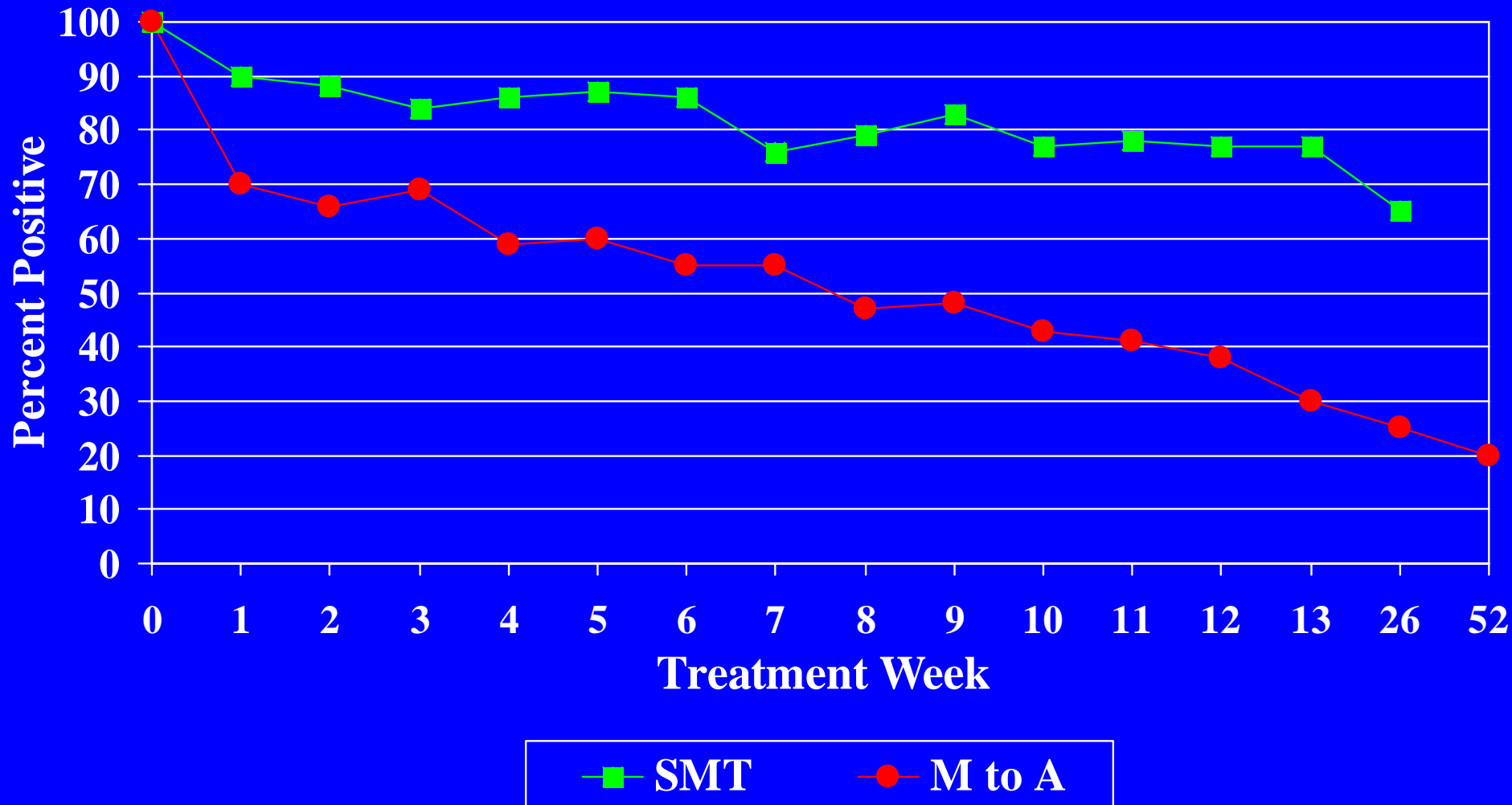
The most important elements of the M to A program are:

- Clear expectations for clinic attendance, counseling attendance, and abstinence from illicit drugs
- Use of reinforcement and *punishment*? – additional take-home privileges to reinforce abstinence and progress toward treatment plan goals, additional counseling for cocaine use, and reduced counseling to reinforce ongoing abstinence
- Use of behavioral contracting whenever minimal expectations are not met

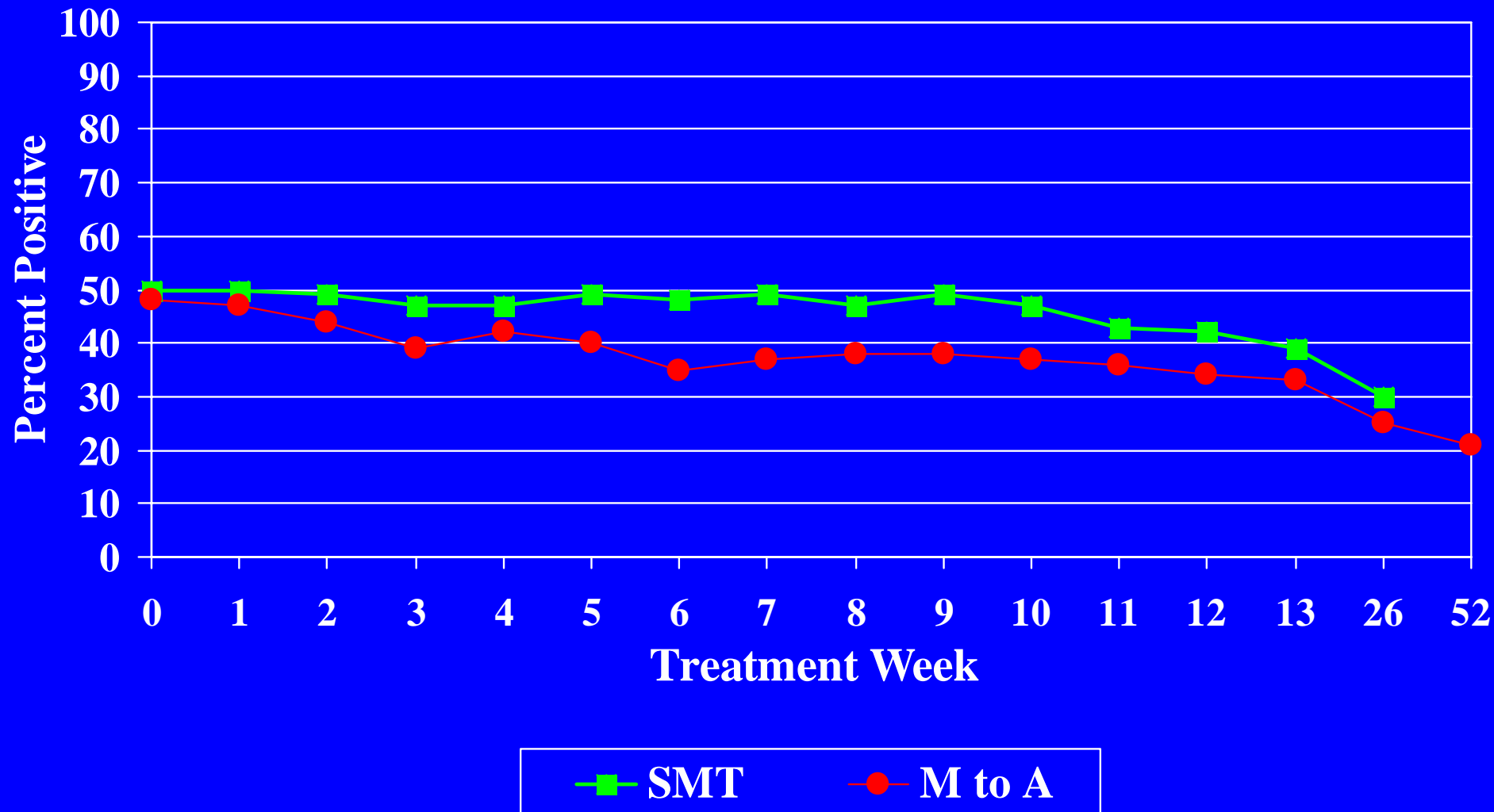
Clinic Demographics

Current Population	145 (50% M. to A., 50% M.E.)
Publicly funded	90% (Medicaid & Block Grant)
Gender	55% male, 45% female
Age	50.8 years (s.d. 7.8)
Ethnicity	85% A.A., 13% Cauc., 2% Hisp.
Number of years using	20.8 (s.d. 10.8)
Amount per day	\$40.00 (s.d. \$25.00)
Method of use	50% injection
Cocaine Use at Intake	48%
Total M to A admissions	258

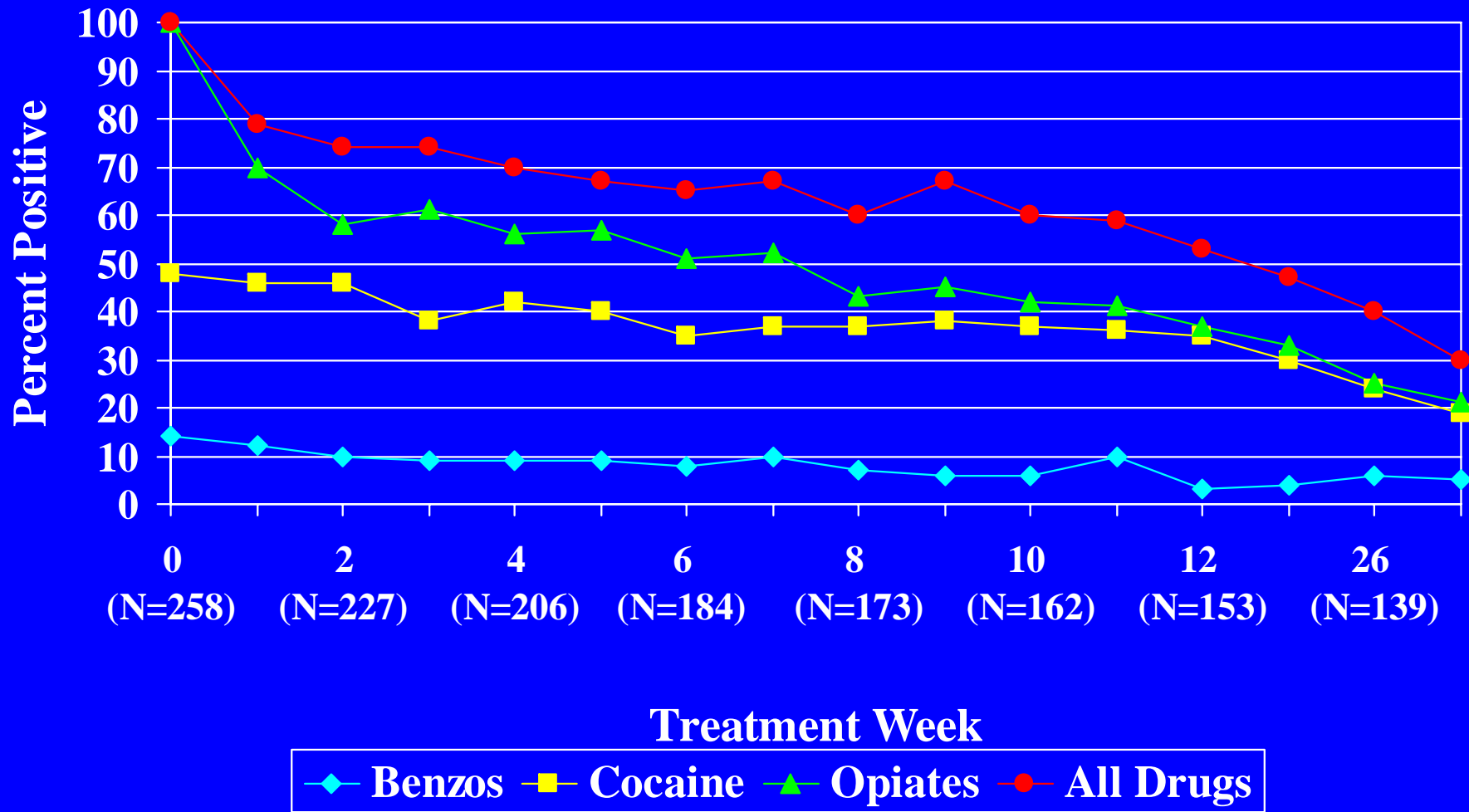
Comparison of Maintenance to Abstinence and Standard Methadone Treatment on Percentage of Opiate-Positive Urine Drug Screens



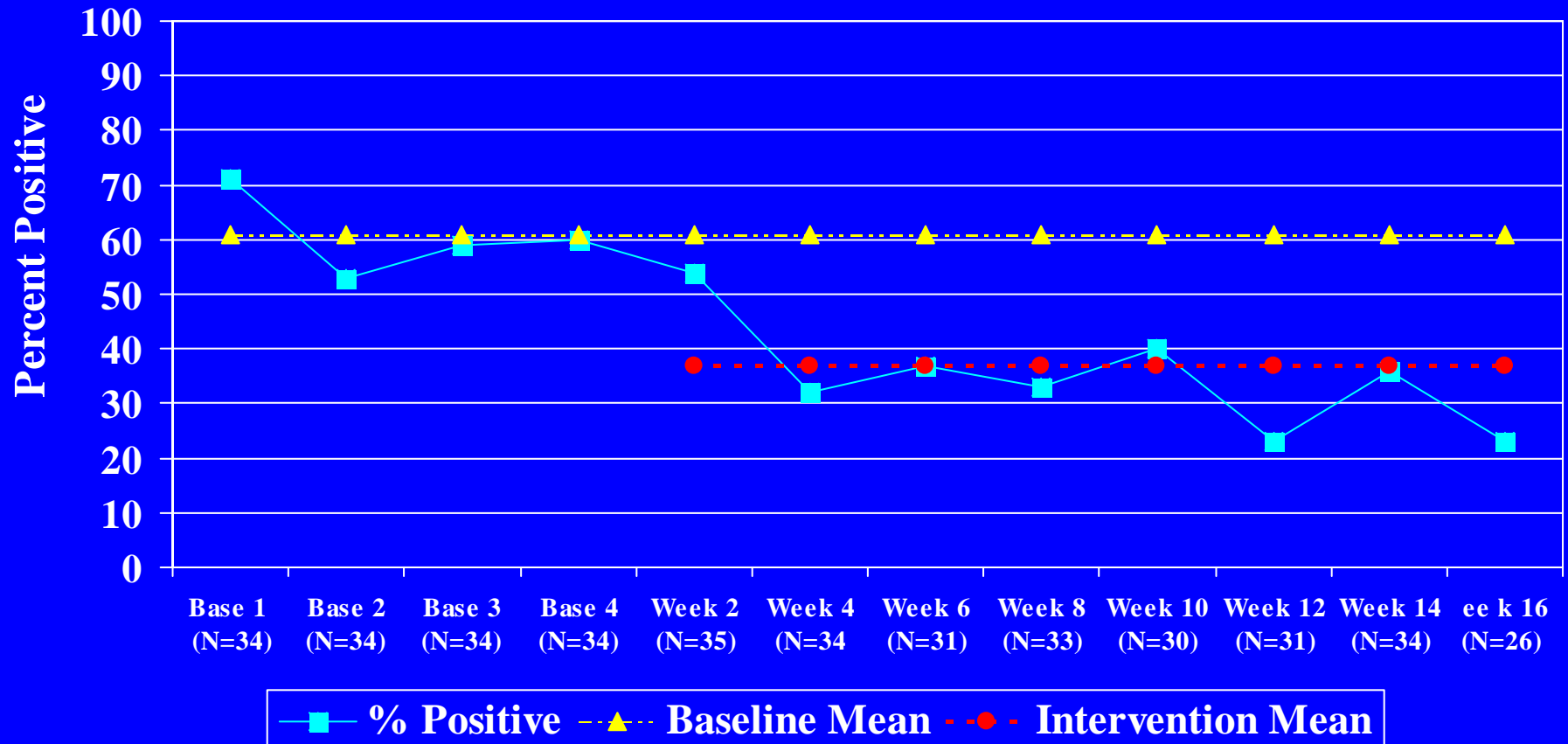
Comparison of Maintenance to Abstinence and Standard Methadone Treatment on Percentage of Cocaine-Positive Urine Drug Screens



Maintenance to Abstinence Program: Percent of Positive Drug Screens by Treatment Week



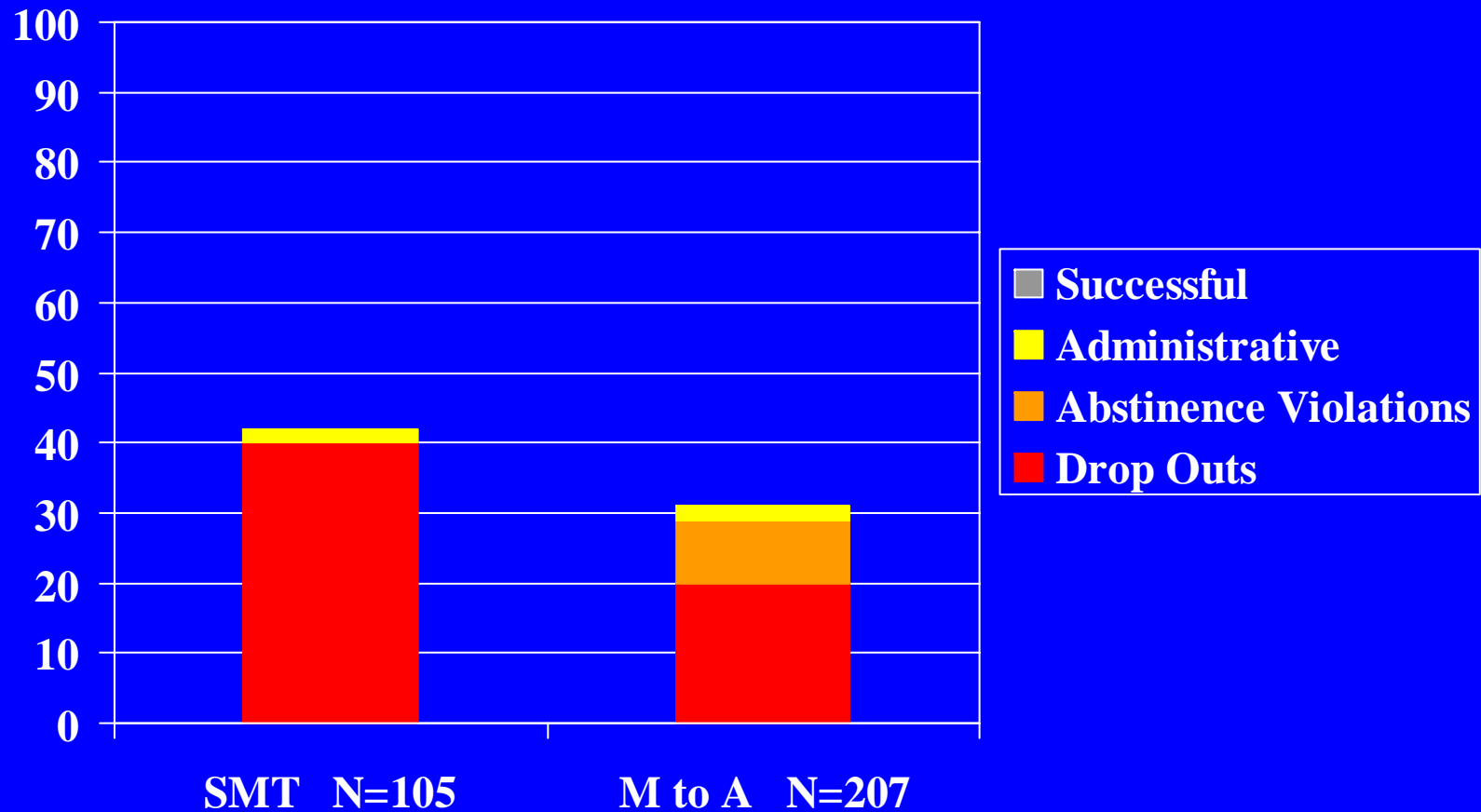
Bonus Take-Homes: Persons in Treatment 90 Days or Longer, But Not Yet Earning Take-Home Privileges. Week 1 is First Week of Intervention



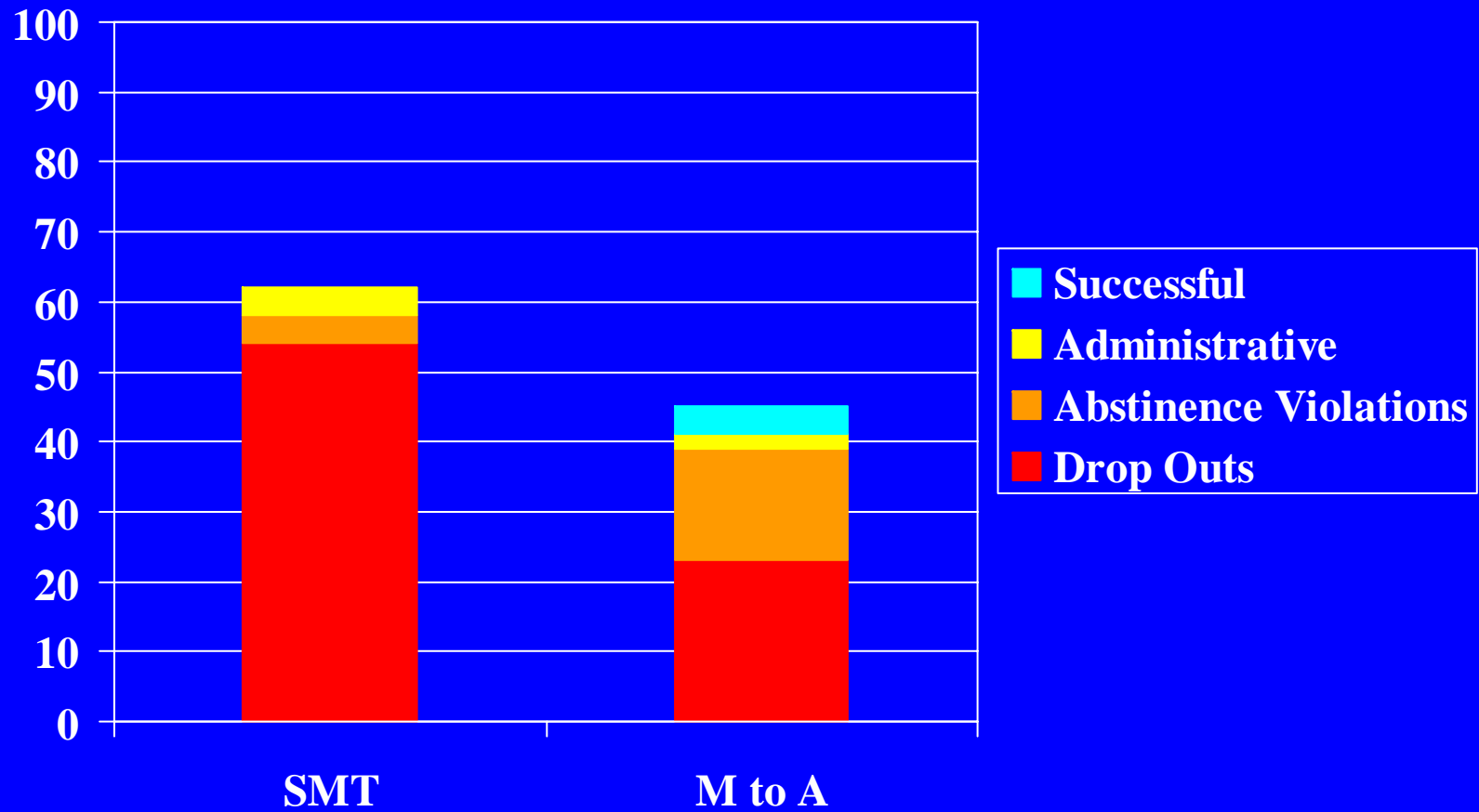
Behavioral Contracting

	N	Dose reduction initiated	Resulting in discharge
Counseling	106	18%	4%
Clinic Attendance	9	11%	0%
Rx Medication (no contracts before 90 days in treatment)	7	43%	29%
Abstinence (no contracts before 90 days in treatment)	103	48%	38%
Total	225		

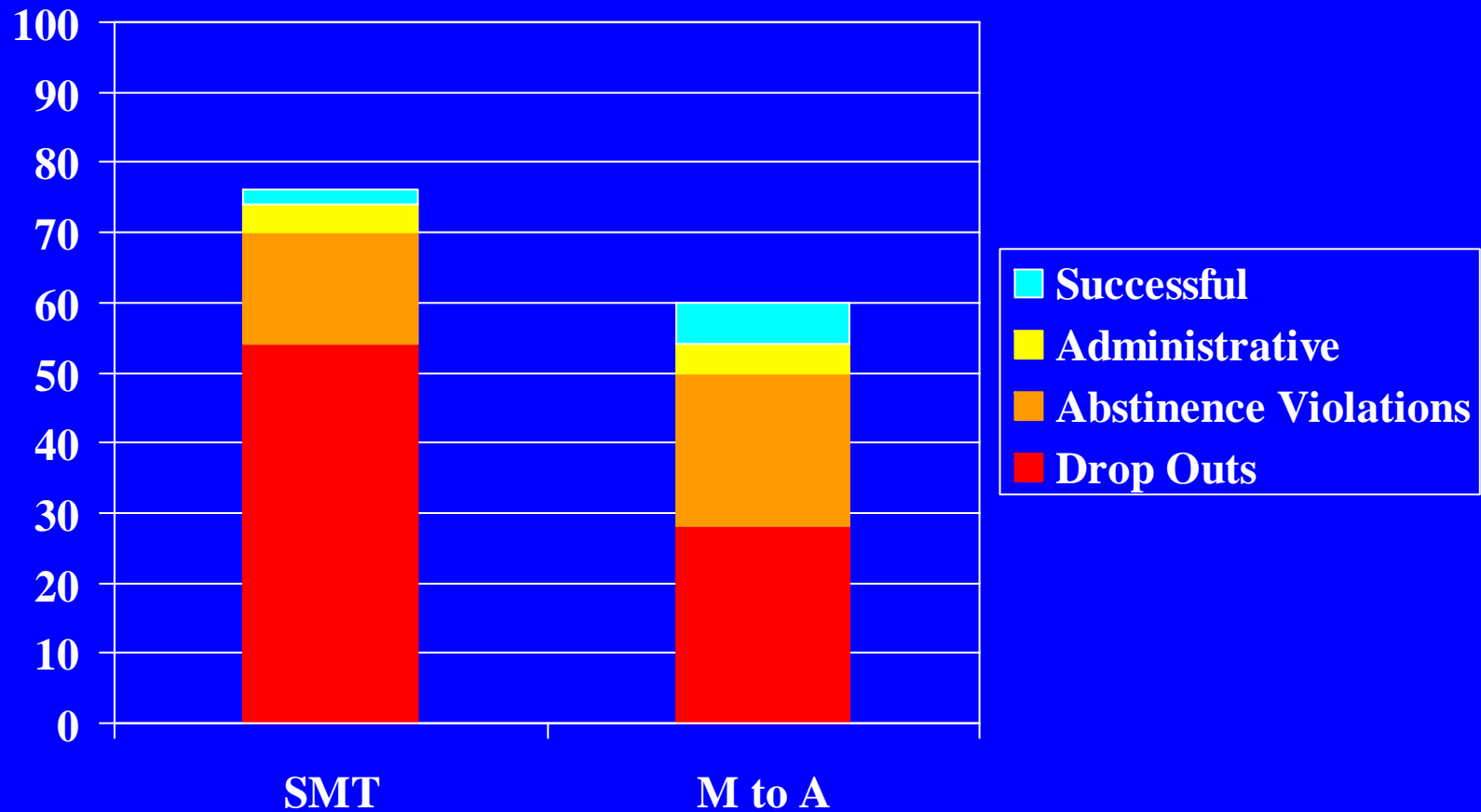
Treatment Loss After 13 Weeks



Treatment Loss After 26 Weeks



Treatment Loss After 52 Weeks



Summary

The contingency management techniques of the M to A methadone treatment program combined with effective therapies demonstrate a clear improvement over previous treatment practices.

- M-to-A opiate-positive drug screens show marked improvement over SMT**
- M-to-A cocaine-positive drug screens show some improvement over SMT**
- Bonus take-home privileges produced immediate and ongoing improvement in abstinence**
- Behavioral contracting is an effective means of encouraging compliance**
- M-to-A rate of treatment retention is improved over SMT**
- However, the percentage of patients successfully completing treatment has been disappointing. And, of those completing treatment, follow-up data has been difficult to obtain.**

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