AddictionTherapy-2013

OMICS Group Conferences
Accelerating Scientific Discovery

2nd International Conference and Exhibition on
Addiction Research & Therapy

July 22-24, 2013 Las Vegas, USA

The impact of Vivitrol on short-term outcomes post-medication

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Abstract

The purpose of this study was to examine the effects of Vivitrol (an injectable, long-acting form of Naltrexone) on craving and substance use behaviors once the medication is ceased. Data were collected on urge to drink/use opiates, drug and alcohol use behaviors, client retention, and various treatment outcomes (e.g., engagement, retention, completion). The medication was distributed to three agencies (medication hubs) that were contracted with the County of Los Angeles Department of Public Health Substance Abuse Prevention and Control. These agencies coordinated with other substance use treatment agencies to ensure all patients had access to the medication if desired. To determine if patients were appropriate for the medication, physicals were done and blood panels examined. Patients also completed a number of additional assessments including the Urge to Drink/Use scale and in some cases the SOCRATES. Once the patient was determined to be a candidate for their medication, an appointment was made to administer the injection and the patient met with someone on the evaluation team to collect the evaluation data. The data collected at baseline included the Urge to Drink/Use scale (Urge), the Medication Assisted Treatment Survey (MAT). After the administration of the initial dose, patients completed the Urge and MAT scales every week for the first three weeks. If the patient decided on a third dose, the data were collected again prior to the administration of the third dose as well as the fourth dose. Additional doses did not result in additional data collection and no additional data were collected at the time of the second dose. All patients had to be simultaneously enrolled in psychosocial treatment at one of the many County-contracted treatment facilities. As long as the patient was enrolled in and attended treatment, the County of Los Angeles covered the cost of the medication.

In addition, at approximately 30 and 60 days after the final dose, patients completed the Urge and MAT scales again. This information was then compared to the data collected while the patient was receiving the medication. At the time of the follow-up, saliva drug tests were also performed. Preliminary results (n = 50) indicate that although some patient relapse once they are no longer on the medication, many continue with the psychosocial treatment and remain abstinent. For most patients, cravings or urges did not return to their original levels and for many reported urges remained below the clinically significant threshold – score of 10 on Urge to Drink/Use scale. In addition, most saliva drug tests came up negative indicating that patients were able to retain their sobriety. These preliminary results, although promising do not imply a causal relationship between Vivitrol use and reductions in urges. An additional, perhaps fascinating future research study could examine how urges to drink or use opiates change while a patient is participating in psychosocial treatment compared to those who receive medications in conjunction with just psychosocial treatment.

Biography

Desiree Crevecoeur-MacPhail, Ph.D. has worked with UCLA's Integrated Substance Abuse Programs (ISAP) since 2000. Her work at UCLA-ISAP focuses on examining engagement and retention and the implementation of evidence-based practices. She is currently principal investigator of a countywide evaluation in Los Angeles. She is the author of several papers covering such topics as the effects of addiction on the brain, withdrawal, methamphetamine use by American Indians and Latinos, and treatment effectiveness. Dr. Crèvecoeur-MacPhail has managed several projects on drug use disorder treatment including a study of a performance management system for Los Angeles County and a pilot test examining the implementation of medication-assisted treatment. She received her doctorate from Claremont Graduate University in social psychology and master's degree in clinical psychology from Pepperdine University.