

## **Incentives Boost Drug Abuse Treatment**

VISN 1 MIRECC researchers have shown that incentives and family involvement lead to better treatment results for heroin users not treated with methadone. Methadone maintenance or use of other heroin substitutes is a central feature of most treatment programs for heroin abusers in the U.S. Use of methadone greatly improves retention in treatment, reduces drug use and prevents spread of AIDS because it provides a medically safe method to avoid withdrawal symptoms and satisfy cravings for narcotics. Despite these strengths, alternatives to methadone are needed because withdrawal from methadone is difficult to achieve and methadone dosing is available only in specially licensed clinics that are usually limited to large urban areas. More than half of the heroin users in the U.S. do not live near a methadone maintenance program.

This study evaluated naltrexone, a drug that blocks the effects of heroin and other narcotics. Its effects are essentially the opposite of methadone because it prevents narcotics from acting on the brain. Because of this drug blockade, patients treated with naltrexone do not get high or re-addicted if they use heroin. As long as heroin abusers remain on adequate doses of naltrexone, they are safe from relapse. Naltrexone is exclusively a narcotic blocker and does not produce pleasurable effects or dependence. Because of these properties, naltrexone can be prescribed by any physician and dispensed from any pharmacy, making it available to heroin users throughout the U.S. Withdrawal from naltrexone is not a problem because it does not produce dependence. Despite these advantages, naltrexone is not widely used because patients must undergo detoxification before starting treatment and retention in treatment is much lower than in methadone maintenance programs. Given the choice between methadone maintenance and naltrexone treatment, most heroin users prefer methadone.

To improve the outcome for naltrexone, the MIRECC researchers enhanced standard care by adding family involvement and/or rewards contingent on treatment attendance and staying off drugs. The two enhancements improved treatment outcomes in different ways. Including family members in treatment improved family functioning. Offering incentives reduced drug use and improved treatment retention. This work is important because it shows that narcotic blockers can be a viable alternative to methadone maintenance. This can lead to broader treatment availability for heroin users in the U.S.

The research team was led by MIRECC researchers Kathleen Carroll and Bruce Rounsaville. Other members were Yale researchers Samuel Ball, Charla Nich, Patrick O'Connor, Dorothy Eagan, Tami Frankforter, Elisa Triffleman and Julia Shi.