nepenthe

UNIVERSITY OF WASHINGTON / WASHINGTON STATE UNIVERSITY NEWSLETTER ON DRUG AND ALCOHOL ISSUES

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DARVON-N: *Potential for Replacing Methadone*

Dr. Forest S. Tenant, Jr., Dept. of Preventive and Social Medicine, UCLA, after nine months of research with 372 addicts indicates that propoxyphene napsylate or Darvon-N may be superior in maintenance and treatment of heroin addicts. Methadone has been the principal drug used for such purposes because up until now, it has been the only drug to meet the seven requirements established for efficacy: 1) suppression of withdrawal symptoms, 2) elimination of heroin craving, 3) block euphoria of heroin, 4) can be administered in a single daily dose, 5) can be administered orally, 6) allows daily functioning, 7) has relatively few side effects.

Darvon-N appears to meet these requirements and with fewer side effects than Methadone. For example, Methadone results in significant physical dependence, male impotence, abuse on the street, and also has significant risk of overdose. So far, Darvon-N produces minimal physical addiction and no cases of male impotence. It cannot be easily abused on the street because the "high" it produces is not pleasant for most addicts. The drug must be taken for 10-14 days to attain maximal maintenance effect. Because it comes in hard non-dissolvable tablets, it can't be injested; and combining Darvon-N with other drugs will tend to make the addict ill or uncomfortable. Furthermore, there is little risk of overdose since it is absorbed slowly from the gastrointestinal tract.

Although further research is still needed, Dr. Tenant predicted Darvon-N to have "a real future in heroin addiction treatment."

Happenings at Washington State University

The Alcohol and Drug Abuse Research Unit of Washington State University is in its third year of operation. It is directed by Warren K. Garlington, Professor of Psychology, whose most recent publications are in the area of behavior modification and desensitization. The Research Unit is a part of the Social Research Center, whose director is James Short, Professor of Sociology.

In addition to applied clinical work with alcoholism, the Unit has supported laboratory and field investigations in Psychology, Pharmacology, and Sociology. Anyone seeking more information on this program, or wishing to have its research bibliography, should write to:

Warren K. Garlington, Ph.D.
Director, Alcohol & Drug Abuse Research Unit, Wilson Hall
Washington State University
Pullman, Washington 99163

The faculty associated with the Unit have organized undergraduate and graduate curricula in problems of alcohol abuse. A certificate program for undergrads in Psychology and Sociology is in its second year, with core courses instructed by Lorne Phillips, Assistant Professor of Sociology.

Nepenthe (ni-pen thi), n. (L. Gr. nepenthes, removing sorrow ne-, not+penthos, sorrow, grief), 1. a drug supposed by the ancient Greeks to cause forgetfulness of sorrow, 2. anything causing this state.

A master's degree in Psych. or Soc. for alcoholism workers started this Fall, supported by Washington State 171 (alcohol license) funds. There are thirteen students enrolled, including a number of people from treatment agencies around the state. A feature of this program is the availability of invited lecturers. Dr. James Milam, president and co-founder of Alcenas, spoke to undergraduate and graduate classes last week, and spent considerable time conferring with individual students.

A similar appearance is scheduled November 27th for James Kirby, administrator of the Clatsop County Alcoholism Recovery Program.

Training and research activities have been strengthened by association with Spokane County's Alcoholism and Drug Abuse agencies. WSU has taught a series of courses for Spokane personnel, is conducting research there, and has found field placement opportunities for both undergrad and grad students. We hope to extend such activities to other counties and cities in our area.

Seattle University Certificate Program for Drug Abuse Specialists

James King, Program Coordinator I, Seattle/King County Drug Commission and part time faculty member of Seattle University, has written a grant proposal for the training of drug abuse specialists. The grant proposal is now under final consideration in the office of Training and Education, NIMH.

It is planned that the Certificate Program for Drug Abuse Specialists will begin Spring Quarter, 1974 and continue for a three year period. The grant will provide funds to support twenty students as well as administrative-related costs. Seattle University will provide funds for ten additional stipends.

The program will offer certification designed especially for the following groups: for paraprofessionals working in drug rehabilitation agencies; for junior and senior high school health and drug counselors; for undergraduates studying in the area of Community Services, Rehabilitative Services or Police Science and Administration.

Some of the courses to be offered are: History and Survey of Drug Abuse, Pharmacology, Detoxification and Medical Treatment, Drug Counseling Principles and Techniques, Agency Administration, and The Law and Drug Misuse. In addition there will be eight credits of field experience.

Persons interested in further information should contact:

Drug Abuse Studies Program
Seattle University
12th East Columbia
Seattle, Wash. 98122
Phone: (206) 626-6569

Studies on Behavioral Determinants of Alcoholism

Professor G. Alan Marlatt of the University of Washington Psychology Department and recently appointed acting director for the Alcoholism and Drug Abuse Institute has been doing research concerning the behavioral determinants of alcoholism. His interest in this area began while doing his internship with institutionalized alcoholics where he found traditional methods of psychotherapy ultimately unsuccessful in altering the clients drinking behavior. It was found that the alcoholic was still unable to deal appropriately with particular problem situations. With the focus on altering the drinking response, initial experiments paired aversive stimuli (electric shock) with drinking cues. Although this did not eliminate the drinking response in any of the participants, it was found to significantly reduce it in some cases.

In later experiments, efforts were made to isolate other behavioral determinants through the use of a "taste-rating task" method. A sample of pre-determined social and problem drinkers were assigned to groups in which they could expect an alcoholic beverage (vodka and/or tonic) or not. The actual presence or absence of alcohol in the drinks was also varied. The subjects expectancy of alcohol and not the actual presence was found to be the significant determinant of consumption.

To study the effects of frustrations and anxiety over interpersonal evaluation, the taste-rating task was again used (3 kinds of wines) with persons labeled as "heavy drinkers." In one study, male subjects were selected and informed that they would be rated on "personal attractiveness" by a group of female peers. In order to learn more about the men, the women would observe them behind a two-way mirror while they taste-rated the wines. A control group without such an evaluation process was also set up. In a second study, subjects were assigned to three groups: insult, insult with retaliation, and no insult-no retaliation. The first experiment demonstrated that subjects under threat of evaluation drank considerably more. The results of the second experiment showed that the insult group with a built in opportunity for retaliation had the lowest consumption of alcohol, with the no insult-no retaliation group the highest. Both experiments indicate that it was necessary for the alcoholics to regain some control or power in a situation, i.e., to feel that they could maintain an equilibrium of control.

What else do these studies demonstrate? According to Marlatt, alcoholism cannot be explained simply in terms of a physical addiction. There appear to be definite socio-behavioral determinants which must be taken into account. The context of many "relapses" studied indicates that there were such determinants operating; e.g., frustration or anger in situations which the alcoholic could not adequately handle.

There are major implications of these findings for current treatment methods: First, such methods enable the therapist to isolate individual determinants of drinking behaviors. Thus, a program of therapy can be geared to the individual's needs for handling problem situations. Second, this technique offers a concrete and practical method in which to evaluate treatment. And third, such methods can be used to establish some sort of standards by which problem drinkers can be detected.

"Alcohol Poses Mounting Threat to Efficacy of Methadone Treatment"

This is the title of an article appearing in The Journal 2(11):11, which indicated that the "cross-over syndrome, in which addicts display an ability to exchange their dependency among various drugs, e.g., alcohol and methadone or heroin, is a mounting threat to methadone maintenance treatment programs.

It went on to say that in many methadone treatment programs around the country, there is the disturbing development of "abusive and even addictive drinking on the part of narcotic addicts most of whom are no longer using heroin." Some programs reported abuse among as many as 35% of the participants.

There is evidence "that somehow the combination of methadone and alcohol leads to a type of alcoholism which develops very rapidly and leads to severe organic damage, especially in the liver."

The evidence presented in the article by Dorsey Woodson pointed to the need for a "'generic concept' approach to the diagnosis and management of addiction." This method sees the physician in a position of arriving at "'suitable' basis for understanding the patient and the manifestations of his or her problem and establishing a basis on which to plan a reasonable course of management."

The "substance oriented" concept no longer provides the physician with a useful diagnostic or treatment tool when the patient exhibits cross-over potential.

State Plan for Drug Abuse Prevention

The State Plan is being developed by the Office of Drug Abuse Prevention (The Single State Agency) and is expected to be completed by January 10, 1974. Currently there are nine task forces studying various drug-related problem areas. Each will submit a report to the Governor's Drug Abuse Advisory Council. In addition to the task force reports, a state-wide opinion survey on drug abuse as well as a state-wide program inventory will serve as additional

input to the State Plan. In essence the State Plan will serve as Washington's "game plan" for drug abuse prevention. It will be submitted for approval to SAODAP/ NIDA some time in early February.

Federation of Drug Treatment Agencies

Recently representatives of several drug treatment agencies in the Seattle area have been meeting for the purpose of forming a Federation. In early November, fifteen agency representatives met at Highest High to further discuss how the federation might be implemented and what purposes it might best serve. The basic objectives of the federation will be to: 1) better coordinate planning and policy activities, 2) share resources, 3) improve communication and 4) better coordinate funding appeals.

T.V. Series " Information Overview of Alcohol and Drug Related Issues"

Seattle University in cooperation with the Seattle/King County Drug Commission and Seattle area public schools will produce a twenty-two part series of programs on drug abuse prevention. The programs will be shown Spring Quarter, March 26 thru June 6 and will be aired over Channels 4 and 9.

The series will be directed at the general family. Some of the broad areas to be covered are general pharmacology, causal theories of alcoholism and drug abuse, treatment modalities, law and drug abuse and drug abuse prevention.

C.A.S. Change of Location and New Affiliates

In early October the Center for Addiction Services moved to 200 West Broadway. The new location affords C.A.S. a substantial increase in space, which has been taken up by the counseling staff now operating entirely out of the central office.

In November the C.A.S. Board officially voted to affiliate with three more residential treatment programs. This raises the number of affiliated residential programs to seven and provides C.A.S. with 153 residential treatment slots. The new affiliates are Stonewall, Sea-Dru-Nar and Highest High.

DRUG TREATMENT CLIENT CENSUS

In recent months, seven of the major drug treatment programs in Seattle had seen a total of 693 clients. Of these 271 or 39% were drug free at the time with the remainder on methadone maintenance or non-maintenance detoxification. (Jerome Jaffe not withstanding, there still seems to be a demand in the Seattle area for methadone maintenance. In a recent survey undertaken at the request of Dr. Dupont, Director of SAODAP/NIDA, Seattle was the only city of some 29 sampled whose methadone programs were operating at capacity. As of August 30th there were 399 persons in the two methadone programs.) A racial breakdown of this number shows 66% White, 28% Black, and 6% Other (Asian, Mexican, Indian or Chicano). 75% of these clients were between 19 and 35 years old, with a high concentration of 46% between the ages of 21 and 25. The percentage of males and females was 66% and 34% respectively. 92% of the clients were treated for opiate abuse.

Local and State Legislation

The Proposed Revised Seattle Criminal Code includes a chapter related to controlled substances which would make possession of less than one ounce of marijuana a civil violation.

Persons charged with possessing small quantities of marijuana would be subject to a fine of up to $500.

House Bill No. 1168. This bill was read for the first time September 15th, and referred to Committee on Judiciary. It would amend section 69.50.401, of the Washington Controlled Substance Act, creating a new section and would decriminalize private possession of 40 grams or less of marijuana.

Impending Changes in Drug Related Funding Patterns

As of January 1, 1974, drug-dependent persons will no longer be eligible to receive disability public assistance payments according to the new Federal regulations related to the Supplementary Security Income. Up to this time, nearly all addicted persons in residential treatment programs received disability public assistance payments which provided support revenues for their treatment programs. (Addicts currently in treatment will continue to receive payments.) Methadone maintenance programs which have been able to receive Title XIX reimbursement for clients receiving disability public assistance payments will no longer be able to do so.

The new Supplementary Security Income regulations will make nearly all addicts ineligible for assistance and thus remove a substantial source of support revenues from residential treatment programs and methadone maintenance programs. The new regulations stipulate that addicted persons must demonstrate irreversible organ damage in order to qualify for Supplementary Security Income. The ultimate impact of this change in funding is yet to be determined, but most probably it foreshadows hard times for drug treatment programs.

Senate Bill #29

Engrossed Substitute Senate Bill No. 29 is slated to go into effect January 1, 1975. Senate Bill 29 decriminalizes public intoxication and shifts the emphasis in dealing with public inebriates from criminal prosecution to treatment "in order that they may lead normal lives as productive members of society." Currently several Seattle and King Co. groups are beginning to address their efforts to the implementation of this act. The following is excerpted from a preliminary report to the City of Seattle's Department of Human Resources, Division of Drug and Alcohol Programs and provides some data on the magnitude of the problem and current response to the problem of public intoxication:

"During 1972, 11,252 Drunk in Public (DIP) arrests were made in Seattle. Approximately seventy-five per cent of these persons were indigent.

… Many of these persons were charged with DIP when actually they were known to have or suspected of having committed some other minor offense in addition to public drunk. The DIP charge has been used because DIP cases are easily proved and easily disposed of."

"Arrests for DIP have been made all over the city, of persons who were residents of all parts of the city, but the greatest concentration of both arrests and places of residence of arrestees has been in US Census Tract 81, with high concentrations also in 92, 91, 80, 82, 83, 85, and 74. This roughly is the area bounded by the waterfront, Jackson, 5th Avenue, Dearborn, 12th Avenue, Yesler, Broadway, Roy, Melrose, Olive, 3rd Avenue, and Denny. The explanation for this concentration lies partly in the visibility of the "Skid Road" drunk, and the tendency for the indigent public inebriate to gravitate toward the traditional Skid Road area. Another explanation for the concentration is the area's proximity to the city jail and to the Washington Convalescent Center which has housed the Seattle Treatment Center. Inebriates picked up in this area don't need to be transported as far as those picked up in the north or south end."

"According to two patrolmen, of the Seattle Police Department (SPD), persons are picked up for drunk if they are particularly disorderly or if a complaint has been made, or if they are found unconscious and unable to be roused. The officers stated that all persons picked up are taken to the dry-out (AID) if enough beds are available. If there is no room at the dry-out, the inebriate is taken to the drunk tank in the city jail, unless he is still unconscious or is severely wounded, in which case he is transported to Harborview Medical Center."

"According to the 1972 SPD Statistical Report, there were a total of 11,354 DIP charges in Seattle in 1972. The dispositions of the cases were as follows:

Released	0
Not guilty/dismissed/ stricken	478

Time	1625
Fine	210
Bail Forfeiture	2558
Suspended	3504
Juv Court Referral	1
Released to other authority	6
Other	10
Pending	2962
	11354

"First offenders are sentenced to 31 days. They are seen immediately for counseling by either a Central Alcoholism Agency (CAA) or Seattle Indian Alcoholism Program counselor (two of each work in the jail). After his needs are assessed, the offender is either sent to treatment or allowed to go home within three days. If the offender chooses to go home, he must not return for six months or he will have to serve the rest of the 31 days plus whatever he owes for the new charge."

"Repeaters are given an administrative release, but if they are picked up again they are sentenced to ten days, with the idea being that this is a sufficient length of time to tell if the prisoner is going to go into DT's. Sometimes frequent repeaters are sentenced to twenty or thirty days."

"Those persons who are given jail sentences meet with jail counselors who offer the alternative of treatment. About ten percent of DIP's are referred into treatment facilities including Cedar Hills, Malden Centers, Olalla, KCARP, and SWARF. Persons who are sent to a facility are put on Public Assistance if necessary. Inmates who need shoes or clothing when leaving jail are provided these things by the Salvation Army."

"About 20 DIP cases go through Judge Corbetts each day. (There are four municipal courts.) About three of the 20 are interviewed by a counselor."

"Standard bail for DIP is $25.00. DIP's are not released on personal recognizance. DIP's are fined only when they are up for some other offense in addition to drunk."

"After the first arrest, the jail functions mainly as a short-term, minimum-care dry-out facility. Prisoners are held from four to twenty-four hours in the drunk-tank, which is a large cell with padded walls and a heated rubber floor. There are two tanks which together can hold up to 150 persons. Women DIP's are placed in padded 5' x 5' x 8' isolation cells until they are sober enough to lie safely on a bunk. Minimal medical care is available and persons in DT's are treated in the jail unless the case is so severe as to indicate impending death, in which case the patient is transferred to Harborview Medical Center (HMC). Men who are too ill to remain in the drunk tank are placed in small cells similar to the women's isolation cells."

"The Alcoholism Evaluation Project's report of Seattle Treatment Center (STC) operations July 1, 1972 to October 31, 1972 shows the level of effectiveness of the STC in replacing the drunk tank as a depository for public inebriates:

Time Period	No. of Public Beds	No. of Admits	% of all City DIP Pickups	Occu-pancy Rate
5/70 - 7/71		126	8%	95%
8/71 - 10/71	48	534	39%	82%
11/71 - 1/72		472	34%	89%
2/72 - 6/72	48	416	24%	90%
7/72 - 10/72	48	365	20%	94%

"Even with high occupancy rates, the number of beds at STC did not allow space for even half of the Seattle DIP apprehensions. The new AID Center now has a total of fifty beds for both public and other agency admits. Latest statistics

(July, 1973) show that AID is running close to capacity while the jail still has a large number of inebriates in the drunk tank. Ninety per cent of the inebriates are "straight-up," i.e.,"drunk in public" is the only offense with which they are charged."

"According to the 1972 SPD Report, of 32,827 prisoners processed in the city jail in 1972, 11,251 were booked for DIP. These DIP bookings represent approximately 34.2% of the total number of bookings during 1972. During the same time period, there were 3,036 admissions by police and Community Service Officers to STC. A figure should soon be available from the Alcoholism Evaluation Project indicating the actual number of persons who were brought to STC in 1972."

"According to Attachment #1 of Chief Nielsch's letter to Judge Noe dated December 5, 1972, it takes two patrol officers being paid $5.74 per hour forty minutes to arrest, transport, and incarcerate a public inebriate in the city jail. It takes a jail custodial officer working for $4.96/hour, one hour of elapsed time to receive, process, and release a prisoner held for public intoxication. Thus, the cost of arrest, transport to jail, and booking is $12.56 per DIP. Jail custodial costs come to $9.32 per twenty-four hours, $1.54 for a four-hour hold."

"It is estimated that it takes two officers thirty minutes to take an inebriate into custody and transport and admit him to the dry-out. This would seem a cost of $5.74 per inebriate."

"According to Judge Corbett, the court costs for taking each DIP through arraignment come to $100."

"Current police procedures indicate that those persons now being picked up for public drunk are those who would be described by SSB 29 as 'incapacitated by alcohol.' Persons who are obviously inebriated but apparently capable of fending for themselves are left on the street. Therefore it may be assumed that the present number of pick-ups is a fairly accurate indication of how many persons the emergency service patrol should expect to handle in a year, i.e., approximately 12,000. Police pick-ups in one night have numbered to 100, although the average is closer to 50. The greatest number of drunk pick-ups generally occurs at the beginning of the month and on weekends. Most arrests are made between 12:00 noon and 3:00 a.m. This is a fifteen hour time span. Fifty arrests in 15 hours averages 3.33 arrests per hour. The number in an hour may run as high as ten."

"At the rate of $5.74 per pick-up at current police salary rates, it would cost $287.00 to transport fifty inebriates to a centrally located treatment facility. This may be compared to $628.00, which is the cost of transporting to and booking in jail the same number."

"The 12,000 figure may be expected to steadily decrease over the years with the effective implementation of SSB 29. There are approximately 25 agencies providing direct services to the indigent inebriate in the Seattle area. We are fortunate to have a wide range of services available, including acute medical, crisis, dry-out, food and shelter, counseling, therapy, educational, vocational, and religious. It would be ideal if each of these agencies would recognize the valuable role which every other agency has to play within the comprehensive program which is needed to meet the many needs of the public inebriate."

"The greatest and most pressing need which Seattle must meet in fulfilling the mandate of SSB 29 as well as the mandate of humanity, is to insure that the public inebriate receives adequate and direct care. This may be accomplished in several steps:

a) Realization that the inebriate should be afforded the same level of care and treatment as the private paying patient.
b) Realization that there is no such thing as a public inebriate who is "beyond help."
c) Longer time for a thorough alcohol detoxification, or if dry-out, must be limited to 48 hours, shelter where the patient can be observed for 10 days until danger of DT's has passed.
d) If a public inebriate is asked the same day he is picked up if he "wants help with his problem," he will most

likely answer "no," because he is not sure of what the "problem" is, and just what anybody can do to help. After a counselor has taken the time to find out what particular needs a person has and to indicate to him what kinds of help are available, then the client can be given the choice to accept help or not. This time for diagnosis and referral may be expected to take at least a week, which is another reason for longer initial care.

An effective attack on public intoxication can best be made by providing complete medical care to all those persons who are picked up. This would serve the general public by detecting communicable diseases and arresting their spread. It would serve the inebriate by treating all the other diseases and injuries which contribute to or result from his alcoholism.

As the situation now stands in Seattle, all persons "incapacitated by alcohol" cannot be taken to a treatment facility. Many must still be taken to the city jail. Seattle has only one dry-out facility with only fifty beds, and the inadequacy of these beds in handling even half of the public inebriate population has been demonstrated. The patient census at AID is being turned over rapidly in order to make room for more patients, with the result that few patients are getting the care they need and deserve. There are not even any back-up beds available for use.

"The reason for the limited number of beds is lack of funding. Funding comes from various sources, including the city, country, state, and federal levels of government. Funding is on a grant-by-grant basis, i.e., funds are promised only for a limited amount of time and each grant must be renewed periodically. This funding basis is quite unstable."

"Seattle hospitals are unwilling to take indigent alcoholics in for detoxicating because they have not guarantee of reimbursement for their services. The Department of Social and Health Services does not recognize alcoholism as a diagnosis, and therefore a public assistance recipient cannot use his medical coupons for detoxification. This is hard to understand because a person may be eligible for Public Assistance disability payments if he is a chronic alcoholic, but he can't get treatment for that disabling condition. Therefore, those physicians who are willing to go to the trouble and expense must treat an alcoholic using some diagnosis other than alcoholism. There are many other conditions which are related to alcoholism, mostly occuring during the more advanced stages of the disease, which PA will cover. This means the indigent alcoholic cannot be treated for his disease until it has progressed to the point where the prognosis is quite poor."

"The only logical solution to this dilemma is for DSHS to accept alcoholism as a diagnosis and to authorize the use of medical coupons for the treatment of alcoholism. This action would directly serve the cause of effective treatment of public inebriacy by (1) consolidating all funding of detoxification services into one authority, and (2) encouraging hospitals and physicians to accept alcoholics in need of detoxification as patients, thus opening up a vast reservoir of resources for treatment of the public inebriate."

"SSB 29 provides a legislative basis for this action. Passages throughout the bill indicate the responsibility of DSHS to pay for direct treatment of alcoholism."

MANUAL FOR EFFECTIVE COORDINATION OF DRUG ABUSE PROGRAMS

HEW has recently issued a Manual offering suggestions for developing an "overall mechanism for coordination and cooperation among those sectors of a community concerned with drug abuse." It should be of help to communities without any such organizational activities, those having trouble with already established ones, and those wishing to improve theirs. Based on surveys of existing successful and unsuccessful coordinating efforts across the country, it presents strategies and guidelines designed to be utilized by community leaders and drug program operators.

The Manual is DHEW Publication No. (HSM) 73-9047, available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

ERROR !!!

In the last issue of Nepenthe, I reported on the Nursing 489 Course to be offered Winter Quarter, 1973-1974, but now find that I had not done my homework. The class schedule which was followed for Winter Quarter 1972-73 will not be identical for the course coming up next quarter since there may be some re-alignments in both lecture topics and guest speakers. The following information reflects the major foci of Nursing 489. My apologies to the Alcoholism Nursing faculty for my oversight. (Lorie Dwinell):

Alcoholism Nursing 489

The course has several major emphases. 1) Understanding the alcoholic person, the spouse, and the children of alcoholic people. 2) Counseling approaches to the person with alcohol related problems. 3) Cultural aspects of alcoholism. 4) Societies response to alcoholism.

The class is open to all students in the University with Junior standing and above. It will meet Monday - Thursday, 3:30-5:00 in H.S.B. Nada Estes, faculty member, for further information may be contacted at 543-6065.

Special Hearing on Marijuana Set

A special hearing to consider decriminalization of possession of marijuana will be held December 15 in Olympia.

The hearing by the House and Senate Judiciary Committee will begin at 10:00 a.m. in the House Office Building. Speakers will include Dr. Lester Grinspoon of Harvard Medical School.

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