## NIH ANNOUNCES NEW REQUEST FOR GRANT APPLICATIONS

Opioids are the most powerful analgesics available for the treatment of most pain conditions; however, opioid treatment of pain can result in negative health consequences such as intoxication and physical dependence (i.e., tolerance and withdrawal) and sometimes leads to opioid abuse and addiction. The purpose of this new request for grant applications from the National Institutes of Health is to solicit applications to support research on the intersection of the use of opioids in the treatment of pain and the abuse and addiction to opioids. Research examining the rates of physical dependence, abuse, and addiction to opioids when they are given for pain is sought. Also, research elucidating factors (including pain itself) that predispose or protect pain patients from opioid abuse and addiction is encouraged. Furthermore, research on the treatment of pain in the context of opioid abuse and addiction, as well as the prevention or treatment of opioid abuse and addiction in pain patients is encouraged. Because of the diverse nature of the issue, this request is designed to encourage a broad range of research including epidemiology, neuroscience, developmental, prevention and treatment (behavioral, pharmacological, and services approaches), and research, and will support both animal and human studies.

Participating institutes are the National Institute on Drug Abuse (NIDA), National Institute on Aging (NIA), and National Institute of Dental and Craniofacial Research (NIDCR). More information can be found at the official Web site for the request, which is *http://grants1.nih.gov/grants/guide/rfa-files/RFA-DA-06-005.html*. (Source: NIH Web site, December 15, 2005.)

## UPDATE ON 2006 AAOP SCIENTIFIC MEETING LOCATION

Due to the unfortunate circumstances in New Orleans, a decision has been made to relocate the American Academy of Orofacial Pain (AAOP) 2006 Scientific Meeting, which was to be held there from April 27 through April 30, 2006. A new site selection search is underway and as soon as the hotel is confirmed, it will be posted. Since the majority of our speakers for the program have already committed to the April 2006 dates, every attempt is being made to retain those same dates.

The AAOP Council did not make this decision in haste; after thoroughly investigating the possibility of keeping the program in New Orleans, it was determined that the damage to the city was so devastating and widespread that it was best to relocate the meeting.

AAOP is currently in contract negotiation with the Red Rock Resort-Spa-Casino in Las Vegas, NV. As soon as the contract is executed, all information pertaining to the conference (i.e., room reservation procedure, registration information, activities) will be posted on the AAOP Web site (*http://www.aaop.org*).

Attendees with any questions or concerns should contact AAOP Headquarters at *aaopco@talley.com* or 856-423-3629. (Source: AAOP Web site, December 15, 2005.)

## NEW PROTOCOL FOR MEDICATION–ASSISTED TREATMENT OF OPIOID ADDICTION

US federal officials now are aiming to improve opioid-addiction treatment through the release of a comprehensive guide to medication-assisted treatment. To begin the process, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a new Treatment Improvement Protocol (TIP 43) for medication-assisted treatment of opioid addiction. One goal of the protocol is to encourage more psychiatrists to provide such treatment.

The SAMHSA treatment protocol, which is 43rd in a series, was released in late October 2005 to describe best practices for the use of methadone, buprenorphine, and naltrexone to combat opioid addiction. It includes information on appropriate doses, medically supervised withdrawal, medication maintenance, medication tapering, and treatment for multiple substance use.

The TIP was based on a review of clinical and health services research findings and the experiences of a panel of nonfederal researchers, clinicians, program administrators, and patient advocates. It combines and updates information provided in previous protocols on similar topics and complements TIP 40, "Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction," released in the summer of 2004.

Treatment of opioid addiction, including the fast-spreading addiction to prescription painkillers, was expanded beyond the traditional approach of large public clinics to the more convenient offices of qualified physicians by the Drug Addiction Treatment Act of 2000, which allows office-based dispensing and prescribing of Schedule III drugs for opioid addiction treatment.

An estimated 150,000 patients have been treated for opioid addiction since buprenorphine hydrochloride/

naloxone hydrochloride (Suboxone) and buprenorphine hydrochloride (Subutex) were introduced in early 2003, according to Rickett and Colman Pharmaceuticals Inc., the manufacturer.

The TIP authors said they hope the consensus document will provide opioid addiction treatment professionals at what panel members described as 1,150 locations in 45 states with the empirical data and best-practices support they need to treat the 2,450 such patients under their care each day. SAMHSA also plans to develop quick guides from the TIP to allow physicians to access the information more easily.

The TIP's practical information includes suggestions such as that physicians who prescribe buprenorphine for prescription narcotics or heroin addiction need to integrate it with counseling and other support services to ensure comprehensive care. The TIP highlights the importance of matching patients with the specific treatment that will work best for them, such as treating solitary homeless patients versus those with a stable residence and family members, or younger versus older patients. The TIP also suggests changing some past practices that have been found less effective, such as that physicians replace the previous use of "arbitrary" ceilings on buprenorphine use in patients with evidence-based dosing guidelines. Finally, the TIP encourages physicians to no longer terminate treatment of such patients but instead intensify the medication treatment for those who have difficulty abstaining.

TIP 43 is available online at *http://ncadi.samhsa.gov/media/Prevline/pdfs/bkd524.pdf*. (Source: Psychiatric News Web site, December 2, 2005.)

## DRUG DISPENSING LAW IN NEW YORK STATE

As of April 19, 2006, doctors in New York will be required under a new law to use state-issued forms to dispense drugs as part of a plan to combat rising abuse of prescription medicines such as OxyContin and Vicodin. Providers will be issued unique serial numbers, which will allow dispensing pharmacies to verify prescriptions more easily, and security measures will be taken to ensure that the forms will be difficult to duplicate or photocopy.

According to the New York State Health Department, it is anticipated that the law will save $100 million in Medicaid and $75 million for private insurance companies in its first year. Sixty percent of New York doctors already use the forms, which have been required for several years in the prescription of Schedule II and benzodiazepine controlled substances (e.g., rohypnol). (Source: Newsday Web site, December 14, 2005.)

## PUSH FOR ONLINE DRUG REGULATIONS IN WEST VIRGINIA

The TRIDENT Drug Task Force, operating in Raleigh and Fayette Counties in West Virginia, has determined that regulation is sorely needed for online drug and pharmacy sites. Approximately 60 percent of the cases investigated by TRIDENT involve pharmaceuticals, and the number is growing.

It is illegal to use different names other than one's own to order mass quantities of prescription medications. TRIDENT is lobbying to make the ordering of pills online illegal as well, in addition to having them shipped into the state. (Source: Drug Policy Central Web site, December 14, 2005.)

## LAWSUIT IN DEATH OF PATIENT USING FENTANYL PATCH

The family of a Salt Lake City area woman who died in 2003 of multiple organ failure has filed a lawsuit against ALZA Corp. (and a partner company, Janssen Pharmaceutica Products), the manufacturer of the Duragesic fentanyl patch that the woman was using to control pain associated with Paget's disease. Marilyn Titus, aged 72 at the time of her death, was using a 50 mcg timed-release patch prescribed by a doctor.

The lawsuit states that after starting to use the patch, Titus began having difficulty breathing and lost consciousness while on the phone with a 911 dispatcher, dying three weeks later. These symptoms match those associated with fentanyl overdose, others of which include tiredness, extreme sleepiness or sedation, inability to think or talk normally, difficulty ambulating, and feeling dizzy or confused. The lawsuit also alleges that ALZA and Janssen sold leaking and defective patches to patients throughout Utah and elsewhere, that the companies engaged in negligent research and testing practices, and that the companies failed to disclose the full extent of the patch's risks to its users.

The US Food and Drug Administration (FDA) issued a public health advisory on its Web site in July 2005, stating, "Patients who are using the fentanyl skin patch and their caregivers should be told about the directions for safe use of the patch and should follow the directions exactly." They are currently investigating the Duragesic patch to further determine risks associated with its use.

The lawsuit comes in the wake of a *Los Angeles Times* article published in November 2005, which stated that the county coroner's office had investigated more than 230 deaths involving fentanyl in the past six years, more than 100 of which were classified as accidental.

Neither ALZA nor Janssen could be reached for comment. (Source: Drug Policy Central Web Site, December 14, 2005.)

## SAMHSA GRANT RENEWED

The Joint Commission on Accreditation of Health Care

Organizations (JCAHO) has received $650,000 for the first year of a three-year grant from the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to partially subsidize the cost of accreditation surveys for opioid treatment programs. The Joint Commission accredits more than 380 opioid treatment programs nationwide, which provide rehabilitation and medical support specifically for individuals addicted to opioid drugs.

The SAMHSA grant is also used to provide web-based, audio conference and face-to-face accreditation training programs for opioid treatment programs. For more information about these programs, call JCAHO Customer Service at 877-223-6866. For information about opioid treatment program accreditation, contact Megan Marx, associate director, at *mmarx@jcabo.org*. (Source: JCAHO Web site, December 16, 2005.)

## SEROQUEL AND OPIATE WITHDRAWAL

The use of the antipsychotic drug Seroquel (quetiapine, AstraZeneca, Wilmington, DE) during opioid cessation appears to help relieve the symptoms of withdrawal, according to a study published in the October 2005 issue of the Journal of Clinical Psychiatry. Dr. Harold B. Pinkofsky and colleagues from the University of Pittsburgh School of Medicine, Pennsylvania, studied patients undergoing outpatient detoxification from opioids.

The patients were initially given eight 25-mg tablets of Seroquel. They were told to take one or two tablets every four hours, as needed, for symptoms of withdrawal or craving. Doses were increased if the drug was tolerated and the patient reported a benefit.

A total of 213 patients were treated with Seroquel in the clinic. Of these, 41 percent completed the program, with at least five days of abstinence. After some initial success with Seroquel, the patients were asked to complete a medication questionnaire for quality-assurance purposes.

Of the 107 patients who completed the survey, 79 (74 percent) reported that Seroquel helped reduce cravings for opioids and 52 (49 percent) said that it helped reduce withdrawal-associated anxiety. A reduction in pain was reported by 24 patients (22 percent), and 22 patients (21 percent) reported that Seroquel helped alleviate insomnia. Fourteen patients (13 percent) reported an improvement in appetite.

Four subjects said that Seroquel had no benefit. Seven patients were not able to tolerate the drug because of side effects. The patients received an average Seroquel dose of 206 mg per day. The authors therefore concluded that further research is needed into the mode of action of Seroquel when used for this purpose.

(Source: Medline Plus Web site, November 23, 2005.)