LETTERS TO THE EDITOR

Extended Release Stimulant Medication Misuse with Alcohol Co-administration

Dear Editor:

The co-administration of prescription stimulant medications with alcohol is an issue of growing concern. While the phenomenon of mixing alcohol and prescription stimulants is well documented (e.g. Barrett & Pihl, 2002; Darredeau et al., 2007) and linked with adverse outcomes (e.g. Markowitz et al., 1999), to date investigations have failed to differentiate between immediate release and extended release formulations of these medications. In this letter, we report on cases of intentional mixing of extended release prescription stimulants with alcohol to produce certain psychoactive effects.

As part of a larger study of non-prescribed stimulant medication use in Halifax, Nova Scotia, adult non-prescribed users of the extended release formulations Adderall XR (n=13), Ritalin SR (n=5), Concerta (n=4) and Biphentin (n=1) reported on their patterns of and motives for use during structured face-to-face interviews. Users of each of these medications reported having deliberately co-administered the drug with alcohol (Adderall XR 7/13; Ritalin SR 1/5; Concerta 1/4; Biphentin 1/1). Regardless of the specific medication used, the primary motivation for its co-administration with alcohol was to achieve desired psychoactive effects (e.g. to decrease or increase certain alcohol effects or to "get high"). Consistent with previous reports of stimulant-alcohol co-administration (e.g. Barrett et al., 2006), in most cases (80%) stimulant administration began after the onset of the drinking session. This is noteworthy given that the prior use of alcohol is known to have clinically significant interactions with a number of subsequently administered stimulant drugs, including methylphenidate (e.g. Perez-Reyes, 1994; Patrick et al., 2007). Thus, although extended release formulations may be unlikely to be inappropriately used when administered alone (e.g. Steinhoff, 2008), it is possible that the co-administration of alcohol may increase their abuse liability. This might occur through alcohol's effects on the medications' pharmacokinetic and/or pharmacodynamic properties (e.g. Patrick et al., 2007), via the production of new psychoactive metabolites such as ethylphenidate (e.g. Markowitz et al., 2000) or through another mechanism yet to be identified.

Findings suggest that various extended release formulations of prescription stimulants are liable to be misused when co-administered with alcohol. It is recommended that physicians explicitly consider potential interactions with alcohol and other commonly abused drugs when assessing the abuse potential of this class of medications. Non-stimulant alternatives should be considered for treating individuals at greatest risk for alcohol or medication misuse, such as those with a history of illicit substance use (Darredeau et al., 2007; Poulin, 2001).

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Acknowledgements/Conflict of Interest

This work was funded by a grant from the Dalhousie Psychiatry Research Fund awarded to SPB.

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Tribute to Michael White

Dear Editor,

Michael White died in California last April, just after he finished one of his many speaking engagements. His unexpected death has created great sadness and mourning through out the therapy field. The last time I saw Michael was a few months before his death and we were sailing off of the coast of Nova Scotia. It was the first time he had been sailing in decades. His sense of adventure infused every aspect of his life, especially his therapeutic practice.

Michael's therapeutic approach developed out of his work with both schizophrenia and family therapy. From this perspective, he introduced to the field how post-structural ideas could be practically applied to therapeutic conversations. Without excluding the importance of pharmacological assistance, Michael created therapeutic interventions that effectively addressed the social contribution to people's problems. Eventually, this work was consolidated into the seminal text that he co-authored with David Epston, *Narrative Means to Therapeutic Ends* (1990) and, more recently, *Maps of Narrative Practice* (2007).

Michael was bold about his assertions, while at other times he was humble, claiming that he did not want to suggest that narrative practice could always stand on its own. He often said he did not want to present a "heroic" account of narrative practice. He also was humble when incorporating his own ideas about life with the ideas of the people who consulted him.

Michael's work brought forward a new wave of ideas that both revolutionized family therapy and brought a new ethic of accountability to the larger therapeutic community. He did this by making himself more accountable to peoples' stories about their own lives. Michael was committed to working collaboratively with people, which he referred to as "decentred, but influential" practice. He would walk side by side with people rather than assuming he knew what was best. He was curious about how people defined their problems and the meaning they made out of the events in their lives.

Toward this end, Michael questioned and challenged the notions of authority and the idea that power and knowledge is ingrained, essential or a historic truth. Instead he favored the idea that life and experience is socially and culturally constructed. Michael encouraged therapists to be aware that therapy is a political practice. He did not see this as a liability but rather as inevitable. He invited therapists to notice how they are always in the process of co-constructing meaning with people who consult them. As a result, he invited therapists to take responsibility for the effects their ideas have on how the lives of people are constructed through therapeutic practice.

One of Michael's major contributions is how he focused on the issue of identity. He was interested in the story people told about themselves and how the performance of these stories could either support or hinder problems in people's lives. He was curious how these stories may lead people toward or away from living the values they prefer. Michael was interested in undermining problem-saturated accounts of people's identities and re-authoring "richer" accounts of their identities including people's values, as well as the skills and knowledge they have for living these values.

The process of re-authoring people's identity is facilitated, in part, by another major contribution Michael made to the field of therapy: "externalizing the problem". He proposed a model that emphasized separating the person from the problem. Michael would then map the influence of the problem on the person's identity, which reveals how problems separate people from their values as well as the knowledge and skills they have for living these values. These problems are socially constructed through the discourses available to them, such as dominant cultural stereotypes including pathological and deficit understandings of identity.

The narrative movement inspired a generation of therapists who continue to meet at international conferences and publish papers on narrative therapy through various academic journals. While Michael had his own "maps" for therapeutic practice, he was excited about others developing their own maps based on the post-structuralist ideas informing narrative therapy.

I will miss Michael, his sense of adventure, and the opportunities to continue sailing together. At the same time, I know Michael's legacy will continue to inspire me and fill the sails of therapists for generations to come.

Tod Augusta-Scott[1]

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