

# UCLA Integrated Substance Abuse Programs

## Biennial Report

Fiscal Years 2005 and 2006  
(July 1, 2004, to June 30, 2006)

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## From Walter Ling, M.D., Director of ISAP

Change is inevitable, often unwelcome, and occasionally difficult to handle. ISAP has experienced many changes in the two years since our last biennial report, some of which have strengthened our viability as an organization and others that have enhanced our productivity and reputation as one of the world's leading drug abuse research entities. Notably, our historic involvement in methamphetamine research, which long preceded federal-level recognition of the methamphetamine problem, has resulted in worldwide acknowledgment of ISAP as the foremost authority on methamphetamine issues, from epidemiology to treatment development. Our expertise, especially as presented and published by Richard Rawson, Ph.D., is sought around the world and the country. Using innovative techniques such as those developed in ISAP's brain imaging work by Edythe London, Ph.D., and Thomas Newton, M.D., we continue to push the scientific boundaries regarding treatment for methamphetamine abuse, the fastest-growing drug problem in the world, with more than 35 million users. The recent funding of the UCLA Center for Advancing Longitudinal Drug Abuse Research, directed by Yih-Ing Hser, Ph.D., has expanded ISAP's reputation as a prime source for innovative drug abuse research methodology. A significant group of ISAP researchers led by Michael Prendergast, Ph.D., continues to examine drug abuse and treatment issues in criminal justice populations.

But we have had our share of unwelcome, difficult changes as well, particularly through the loss of one of our stellar participants, Douglas Longshore, Ph.D., an ISAP Associate Director who died at the end of 2005, five months after diagnosis with malignant melanoma. A tribute to Dr. Longshore can be found on Page 5.

We have re-invented ISAP as a more streamlined organization at the behest of UCLA leadership, which continues to sustain our efforts with considerable logistic support and operational guidance in accord with the transformation of the Neuropsychiatric Institute (NPI) into the more broad-based Semel Institute for Neuroscience and Human Behavior. While UCLA, NPI, and ISAP have reacted to changing times and diffracted budgets, we have maintained our scientific rigor, keeping our focus on advancing the knowledge base in virtually all areas pertaining to the understanding of drug abuse and to the development of treatments for drug abuse and dependence.

The diverse elements of ISAP are working well together, and efforts toward our original objective of integrating related disciplines is producing good results. Together with our seminal research-to-practice efforts, the concept of interdisciplinary research that we have long propounded has been widely embraced at all levels of practical, regulatory, and academic communities involved in drug abuse treatment, policy, and research.

Speaking for myself, ISAP continues to be a unique venue that has enabled me to extend my research efforts into new areas of investigation, working with established investigators as well as up-and-coming researchers to pursue the goal of finding effective pharmacotherapeutic and behavioral approaches to address drug dependence.

This report provides a synopsis of our recent accomplishments and endeavors that have been directed toward achieving the goal of reducing the extent and impact of drug abuse.

Walter Ling, M.D.  
Director, UCLA Integrated Substance Abuse Programs



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**From the Directors of  
the Semel Institute for Neuroscience and Human Behavior at UCLA**

Americans increasingly engage in compulsive behavior; we eat too much, we gamble too much, we watch too much television, we drink too much alcohol, and we take drugs. All these behaviors unfortunately appear to be increasingly common among our children. The means to understand compulsive and addictive behaviors and the means to address these problems are topics of some of the most innovative research in the life sciences, and a significant portion of that work is conducted here at the Semel Institute for Neuroscience and Human Behavior at UCLA.

As an element of the Institute, the UCLA Integrated Substance Abuse Programs (ISAP) is one of the largest and most productive groups in the world dedicated to investigation of substance abuse problems and developing treatments for them. We are proud to introduce this presentation of ISAP's recent accomplishments, as we have past reports. ISAP's stature in the field of substance abuse research and treatment development continues to add to the reputation and capacity of the overall UCLA scientific community.

ISAP's community partnership efforts have increased the presence of UCLA in Southern California and in other parts of the West, especially among minority communities severely impacted by substance abuse. ISAP's senior leadership—Walter Ling, M.D. and Richard A. Rawson, Ph.D.—have broadened ISAP's scope by establishing arrangements for research, training, and practice improvement activities between the group and the United Nations Office on Drugs and Crime as well as with 15 individual countries.

ISAP has been instrumental in making UCLA one of the foremost institutions involved in substance abuse research and treatment, helping the Resnick Neuropsychiatric Hospital at UCLA maintain its ranking as the best psychiatric hospital in the western United States. We strongly support our ISAP colleagues in their current and future activities and we commend them for their important contributions to the UCLA community, particularly to the Semel Institute for Neuroscience and Human Behavior at UCLA.



**Peter C. Whybrow, M.D.**

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Executive Associate Director, Semel Institute for Neuroscience & Human Behavior at UCLA

## *In Memoriam*

# **Douglas Y. Longshore, ISAP Associate Director**

It is with deep sadness that we note the death of Douglas Yale Longshore, Associate Director and Principal Investigator at ISAP and Adjunct Senior Behavioral Scientist at Rand Corporation. Dr. Longshore died December 30, 2005, at his Santa Monica home from metastatic melanoma. He was 56 years old.

Dr. Longshore's research interests included interventions for drug-using criminal offenders, motivation for drug abuse treatment and recovery, racial/ethnic and cultural factors in drug abuse treatment utilization and recovery, and HIV incidence and risk behavior trends among injection drug users. His extensive work, including more than 100 peer-reviewed articles, has been widely published in scientific journals.

"Doug was a highly valued and esteemed colleague among his peers at UCLA and Rand, and nationally among addiction and criminology researchers," said Douglas Anglin, Associate Director of ISAP. "He is remembered by his coworkers for his keen intelligence, wry sense of humor, quiet and plainspoken manner, sense of fairness and integrity, kindness and consideration of others, and wide-ranging interests in art, literature, music, and film."

Dr. Longshore's most recent research endeavor was the evaluation of California's Substance Abuse and Crime Prevention Act of 2000 (SACPA, also known as "Prop. 36"), which gives adults arrested for nonviolent drug-related offenses the option of treatment in lieu of incarceration.

He proposed an innovative yet rigorous evaluation design that required the trust and cooperation of various stakeholders across the criminal justice, judicial, governmental, and treatment systems. The evaluation, which was largely completed by the time of his death, promises to yield cutting-edge findings on the effectiveness of this major change in criminal justice policy.

His work on SACPA and other research projects was honored by a proclamation issued by Gov. Arnold Schwarzenegger.

Dr. Longshore was born in Bryan, Texas, on June 7, 1949. He grew up in Houston and was Biennial Report: Fiscal Years 2005 and 2006

awarded his undergraduate degree from Rice University. He earned his doctorate in sociology at UCLA in 1981. During this time, he worked for System Development Corporation in Santa Monica, where he specialized in studies regarding race relations issues, especially school desegregation.



Dr. Douglas Longshore (1949-2005), ISAP Associate Director and Principal Investigator.

Subsequently, he moved to Washington, D.C., where he worked for five years as a Social Science Analyst for the Program Evaluation and Methodology Division of the U.S. General Accounting Office. Dr. Longshore returned to Los Angeles in 1989, and began his career in substance abuse research when he joined the research staff of the UCLA Drug Abuse Research Center (now UCLA Integrated Substance Abuse Programs). At the same

time, he became a consultant to the World Health Organization on HIV/AIDS issues.

Dr. Longshore's involvement in community affairs was reflected in his participation in many activities that directly benefited individuals affected by substance abuse. Notable among these activities were his membership on the Advisory Panel for the National Antidrug Media Campaign, on the board of directors for the New Start Counseling Center in Santa Monica, and on the board of directors for Surviving In Recovery, a community program in South Central Los Angeles, with which Dr. Longshore developed, implemented, and evaluated a successful treatment engagement intervention for African Americans.

He also was a five-year member of the Health Services Initial Review Group of the National Institute on Drug Abuse, a position that testifies to his stature in the field. He organized and directed the national Addiction Health Services Research Conference held in Santa Monica in October 2005.

The Douglas Yale Longshore Memorial Fund for Drug Abuse Research has been established with the UCLA Foundation. Donations may be sent c/o Maria Trejo, UCLA ISAP, 11075 Santa Monica Blvd., Suite 200, Los Angeles, CA 90025 (mtrejo@ucla.edu).

A memorial service was held Feb. 14, 2006, at the UCLA Faculty Center.

# ISAP After Seven Years: A Prominent Presence at Home and Abroad

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**T**he UCLA Integrated Substance Abuse Programs (ISAP) was established in 1999 to consolidate research efforts in nearly all areas of drug abuse research. During the past seven years, ISAP has steadily established its presence as a major entity in the drug abuse research community, both domestically and internationally. We have also experienced some of the adjustments that come with organizational maturation. The group continues to advance the knowledge base on drug problems and to improve the delivery of drug abuse treatment services through an array of projects, some ongoing and some new. Through these efforts, ISAP has:

- Continued leading development of medication and behavioral treatments through its role as the Pacific Region Node of NIDA's Clinical Trials Network (CTN; Walter Ling, M.D.), the Medication Development Unit for Stimulant Abuse (Steven Shoptaw, Ph.D.), the nationwide Methamphetamine Clinical Trials Group (Richard A. Rawson, Ph.D.), and the UCLA Clinical Trials Operations (Thomas Newton, M.D.).
- Increased international activities through a large contract with the United Nations Office on Drugs and Crime (Rawson) to provide training to regional centers around the world in evidence-based drug abuse treatment practices.
- Further established itself as a source for innovative methodological expertise by receiving NIDA P30 funding of the Center for Advancing Longitudinal Drug Abuse Research (Yih-Ing Hser, Ph.D.), which provides training and advises projects on applying longitudinal approaches and methods.
- Increased research attention on special populations, including drug-abusing offenders (Hser, Douglas Longshore, Ph.D., and Michael Prendergast, Ph.D., who is director of NIDA's Pacific Coast Research Center for Criminal Justice Drug Abuse Treatment Studies), women (Christine E. Grella, Ph.D.), adolescents (Debra A. Murphy, Ph.D.), and gay/lesbian populations (Longshore, James Peck, Ph.D., Cathy Reback, Ph.D., and Shoptaw).
- Confirmed the cost savings to California taxpayers resulting from the Substance Abuse and Crime Prevention Act, which provides treatment to drug-abusing offenders in lieu of incarceration; each dollar spent on treatment garnered nearly \$2.50 in cost offsets/savings and \$4 in savings for those completing treatment (Longshore, Hser, Darren Urada, Ph.D., Angela Hawken, Ph.D.).
- Broadened and strengthened collaboration with service providers to diffuse research-based interventions into practice in community-based settings.
- Confirmed the effectiveness of behavioral approaches (Matrix Model, cognitive behavioral therapy, and contingency management) in treating drug disorders, particularly methamphetamine dependence (Rawson), especially in documenting the effectiveness of bupropion for the treatment of methamphetamine dependence.
- Continued to expand its imaging/neuroscience program investigating cognitive and neurobiological aspects of substance abuse (Newton and Edythe London, Ph.D.), including NIDA funding for a P20 Center on addiction neurobiology (London).

- Increased formal training in NIH-funded research and clinical training programs via the Pacific Southwest Addiction Technology Transfer Center, as well as in special trainings delivered throughout the nation and the world by ISAP faculty (Rawson, Ling, Thomas Freese, Ph.D.).

We are proud of what we have accomplished over the seven years since we formed ISAP, but there is much more work to do in addressing the increasingly destructive drug problems emerging in the nation and around the world. The problem of methamphetamine abuse is particularly challenging, and we are at the forefront of research and treatment development in this area.

Unfortunately, our efforts no longer include one of our most important members—Douglas Longshore—who died December 30, 2005, and though his presence is sustained in the continuing projects that he initiated and conducted, he is greatly missed by all of ISAP, by the UCLA community, and by the many lives he touched while trying to help people with substance abuse problems. Mindful of Doug's dedication to the ISAP mission, we will continue to advance the empirical understanding of substance abuse, develop and evaluate new approaches for the treatment of substance use disorders, and support efforts to reduce substance use and related problems.

M. Douglas Anglin, *Associate Director*

Richard A. Rawson, *Associate Director*

# Synopsis of ISAP Research and Related Activities

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**T**he UCLA Integrated Substance Abuse Programs (ISAP) conducts research, provides research training and clinical training, and arranges treatment for substance abuse disorders in coordination with the UCLA Department of Psychiatry and Biobehavioral Sciences and in affiliation with community-based treatment providers. ISAP efforts span the spectrum of scientific and clinical activities pertinent to the investigation and amelioration of substance abuse and its related consequences. ISAP work ranges from epidemiological and policy studies to basic science and human laboratory programs to clinical trials of treatments involving innovative behavioral and pharmacological approaches. ISAP activities are briefly summarized below. Descriptions of ISAP research projects, training and dissemination efforts, and treatment services appear later in this report.

## ***Basic Science/Neurophysiology/Imaging***

An extensive program of brain imaging research is coordinated with a program of cognitive and neuropsychological assessment, using innovative imaging approaches (e.g., PET and fMRI) to study brain changes and physiologic responses to nicotine, methamphetamine, cocaine, and other substances. The UCLA Human Infusion Laboratory is one of the leading national resources for the study of interactions of potential treatment medications and illicit drugs.

## ***Clinical and Behavioral Trials***

ISAP directs the Pacific Region Node of the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN), which includes a geographically and clinically diverse group

of community treatment programs throughout California and Hawaii. In concert with other CTN nodes across the country, the Pacific Region Node conducts research on medication and behavioral treatments for drug abuse and dependence. ISAP also operates the world's leading Phase I and II program for identifying potential medications and examining their safety and efficacy for treatment of stimulant dependence.

## ***Criminal Justice Populations***

ISAP researchers have conducted comprehensive reviews of drug treatment in the criminal justice system and have examined treatment programs focused on

women offenders and ethnic minorities under criminal justice supervision. Other work has investigated the differential effects of incarceration, parole, and methadone maintenance on drug use and criminal behavior, and has documented the effects of civil commitment and other forms of compulsory treatment. ISAP investigators have consistently explored the relationship between drug use and crime, including outcomes of treatment for drug-abusing offenders and the role of drug use in perpetuating the cycle of crime among offenders. ISAP is a participant in the NIDA Criminal Justice Drug Abuse Treatment Research Studies, a nationwide effort to optimize treatment for drug-abusing individuals under criminal justice supervision.

## ***HIV/AIDS***

Since the early 1980s, ISAP researchers have investigated HIV/AIDS among drug abusers and have participated in community-based interventions to combat HIV, including tracking

**M**ethamphetamine abuse is a growing problem throughout the United States and a significant problem worldwide. ISAP is at the forefront of research, treatment development, and training in the area of methamphetamine abuse.

For more information, please visit [www.methamphetamine.org](http://www.methamphetamine.org).



long-term trends in risk behaviors among drug-abusing arrestees. A series of studies testing psychosocial predictors of HIV risk reduction led to the development of a culturally congruent HIV education program serving drug users in Los Angeles. Several NIDA-funded projects have evaluated the effectiveness of a variety of interventions, both pharmacologic and behavioral, designed to reduce risk of HIV infection among drug users.

### ***International Activities***

ISAP investigators conduct ongoing collaborative research efforts in the Middle East, Southeast Asia, Mexico, Europe, Latin America, South Africa, and Australia. ISAP personnel conduct extensive training throughout the world, disseminating research methods and proven clinical practices through their direct efforts and by hosting conferences around the world. ISAP directors have contributed to United Nations/World Health Organization policymaking efforts to address global drug problems. ISAP is coordinating the worldwide "Treatnet" capacity-building effort by the United Nations Office on Drugs and Crime to train drug abuse professionals in best practices regarding assessment and treatment of drug abuse and related consequences.

### ***Medication Development***

Consistent with NIDA's increased emphasis on developing effective medications for substance abuse disorders, ISAP investigators are pioneers in the field, having been instrumental in the development and implementation of several medications for opiate dependence, most recently advancing the approval of buprenorphine for use by physicians in office-based treatment of opiate dependence. ISAP's innovative development of pharmacotherapies (delivered in the context of a behavioral treatment platform) addresses the growing problem of stimulant

dependence, especially regarding methamphetamine. Notably, the NIDA-funded P50 Center, the UCLA Medication Development Unit for Stimulant Abuse, is leading the way in identifying, testing, refining, and implementing medication-based and psychosocial therapies for stimulant abuse.

### ***Natural History, Treatment Process and Outcomes, and Health Services***

ISAP is the lead organization or a participating member in most significant treatment outcome evaluations at the national level, in California, and in the Los Angeles area. Specific research projects focus on treatment effectiveness for dually diagnosed patient populations and development of enhanced strategies for engaging difficult-to-treat and special populations. These research efforts involve ISAP researchers who are expert in the design and application of advanced analysis techniques such as structural equation models, hierarchical linear models, latent curve models, and latent transition models. Incorporation of these techniques into ISAP investigations ensures rigorous research and carefully derived findings. Several publications produced by ISAP researchers have been used as guides for the application of statistical methods to social science research. Based on ISAP's standing as the leading repository of expertise in longitudinal research on drug abuse, ISAP hosts the NIDA-funded Center for Advancing Longitudinal Drug Research.

### ***Research-to-Practice Efforts and Practice Improvement***

A major focus of ISAP efforts is increasing dissemination of research-proven treatment techniques into application, often termed "research to practice." Several ISAP projects have formed and supported networks of community-based treatment providers and

researchers committed to improving the quality of interaction among service providers, policymakers, researchers, and members of the community. These efforts continue to provide educational activities, assist community programs with the use of evidence-based screening and treatment practices, and foster new collaborative projects in the community.

### ***Special Populations and Topics***

ISAP researchers have examined patterns of substance abuse and related behaviors as they vary according to differences in individual/demographic characteristics, with recent work examining genetic-based variations. Research has shown that treatment must be designed to accommodate the unique needs of special populations, such as substance abusers who are dually diagnosed (with substance abuse and mental health disorders), women, adolescents, the homeless, welfare recipients, the disabled, men who have sex with men, and the bisexual, gay, lesbian, and/or transgender community. In addition, the engagement and retention of such persons in treatment require targeted efforts informed by research.

### ***Substance Abuse Policy***

Serving in an advisory capacity, senior members of ISAP have supported efforts of the U.S. Attorney General's office, the White House Office of National Drug Control Policy, four directors of NIDA, the director of the Center for Substance Abuse Treatment (CSAT), and agencies and organizations in many states and counties. Senior ISAP scientists have testified as experts before Congress, state legislatures, the Food and Drug Administration, and the United Nations.

### ***Training and Dissemination***

Many ISAP professionals contribute to the UCLA education mission by providing coursework and lectures within the University. ISAP

personnel also provide training in substance abuse treatment protocols and research processes, delivering hundreds of workshops and presentations in the United States and abroad. ISAP's NIH/NIDA-funded Drug Abuse Research Training Center supports annual fellowships for predoctoral and postdoctoral fellows. In addition, ISAP is the organizational host of the Pacific Southwest Addiction Technology Transfer Center (PSATTC), one of 14 regional centers supported by the Center for Substance Abuse Treatment. The PSATTC provides training, information, and collaborative promotion of empirically proven substance abuse treatment practices through activities such as the Western Conference on Addictions and the California Addiction Training and Education Series. Like the CTN, the PSATTC increases knowledge about and improves the delivery of effective treatments for substance abuse disorders. ISAP researchers annually produce approximately 100 publications in peer-reviewed journals and present research findings at scientific meetings throughout the world.

### ***Treatment Services***

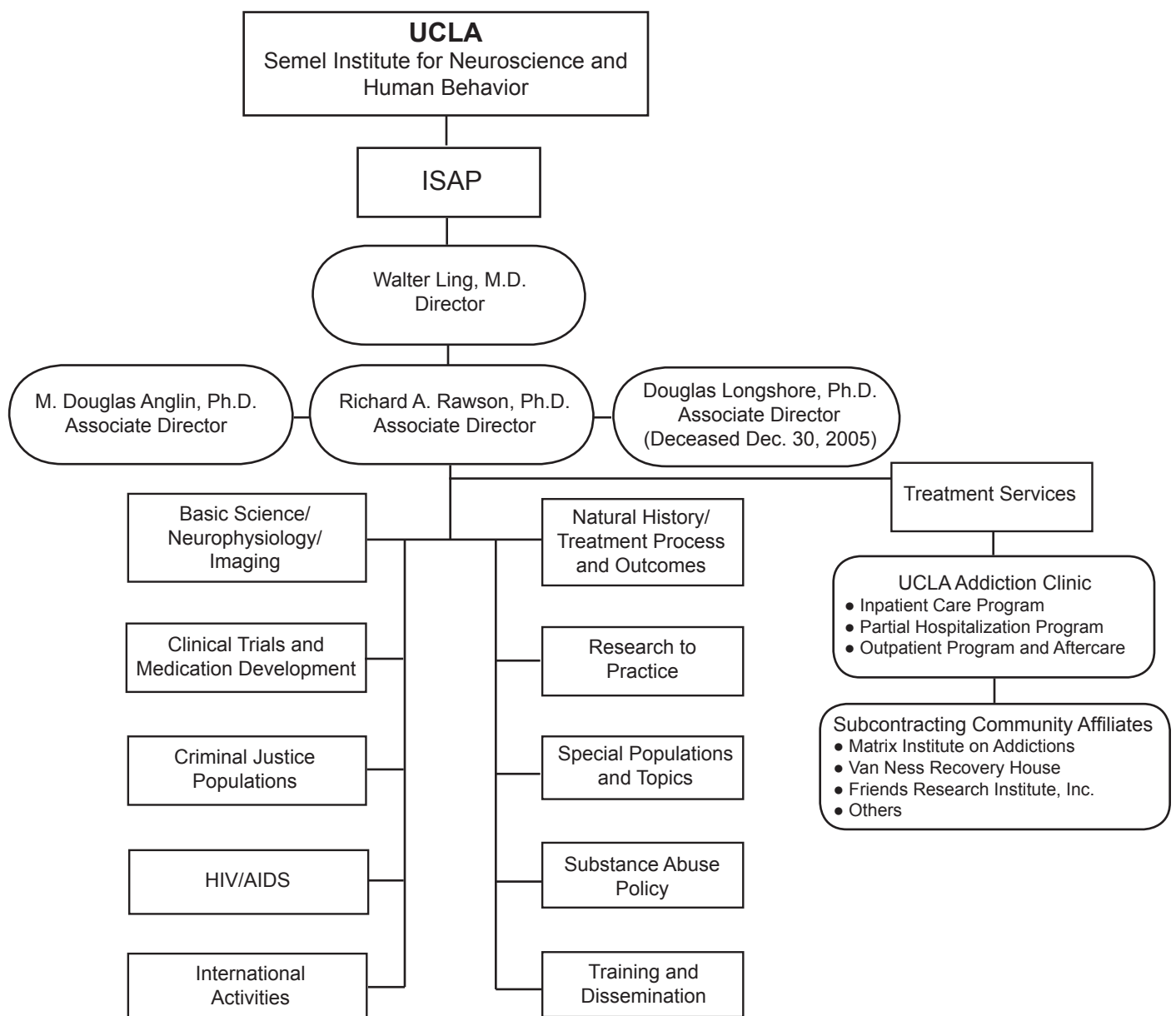
The UCLA Addiction Clinic, based at the Resnick Neuropsychiatric Hospital, provides comprehensive, evidence-based assessment and treatment in a caring and confidential environment. The program is directed by ISAP's Thomas Newton, M.D., and offers partial hospitalization and inpatient/detoxification services. The program coordinates outpatient treatment with aftercare, which occurs at the ISAP-affiliated network of community-based outpatient clinics: Matrix Institute clinics, Van Ness Recovery House, Friends Research Institute sites, and others. This clinical system supports patient care, teaching, research training, clinical training, and research activities.

# Organizational Structure

The UCLA Integrated Substance Abuse Programs (ISAP) is a unique organization with long-established connections with the substance abuse treatment community. As illustrated below, the Semel Institute for Neuroscience and Human Behavior is

ISAP's institutional home as well as the setting for inpatient treatment for substance abuse disorders. Contractual affiliations with Friends Research Institute, Inc. (FRI), the Matrix Institute on Addictions, and the Van Ness Recovery House are important elements of the ISAP research program.

## UCLA Integrated Substance Abuse Programs (ISAP) Organizational Structure



# Support Services within ISAP

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To facilitate high quality research and to promote dissemination of findings, the UCLA Integrated Substance Abuse Programs (ISAP) provides a number of support services to ISAP researchers, including the following.

## **Statistical Services**

The statistical unit provides consulting on research design, analysis, and interpretation/presentation of results. In addition, statisticians analyze data from timely data cuts provided by the Data Management Center (see next page). ISAP statisticians have comprehensive expertise in numerous areas, including methods for clinical trials and longitudinal studies, in the design and implementation of analyses for research publications, and in grant applications.

## **Writing/Editing Support**

Writing and editing services are provided to assist principal investigators prepare reports, manuscripts, presentations, training manuals, protocol documentation, and funding applications. These support services have been instrumental in promoting publication of research findings in scholarly journals and in expanding ISAP efforts.

## **Web Management**

The ISAP Webmaster keeps the ISAP external Web sites current, secure, and accessible to all users. An internal site is also maintained for ISAP staff. A secure Web-based interface enables online payment of registration fees for events held by the ISAP Training Center. Please visit [www.uclaisap.org](http://www.uclaisap.org).

## **Information Technology Support**

The ISAP Information Technology staff provide support for desktop computers and also ensure a secure server environment for ISAP. ISAP is located in West Los Angeles, away from the general UCLA campus, and so has unique technology needs. Data management is secured through the use of firewalls and other technology tools.

## **Operations and Facilities Management**

ISAP operations staff provide facilities and material support to ISAP researchers and staff. ISAP is located in two buildings, with approximately 30,000 square feet of space.

## **Financial Services**

The financial staff serve as a satellite office team linking ISAP to the Semel Institute's main Fund Management office. The team is involved in purchasing of services and equipment, sub-contracts to other agencies, petty cash, and travel. The team provides financial assistance to ISAP principal investigators and helps prepare grant budgets.

## **Human Resources Services**

The human resources (HR) staff serve as a satellite office team linking ISAP to the Semel Institute's main Personnel Services. ISAP's HR personnel process paperwork for hiring, academic appointments, payroll, and other HR matters.

## Data Management Center

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**T**he ISAP Data Management Center (DMC) is a full-service data center that handles forms printing and collating, data acquisition, and the transfer, cleaning, reporting, and storage of data. The DMC currently supplies the data needs of more than 20 projects conducted in six local clinics and two multisite projects conducted in locations outside of Los Angeles.

The DMC uses the Verity Teleform data system for both Web entry and fax-based data capture. Web capture provides images of forms in a Web browser for data entry into a secure data server over the Internet. For projects that collect data on paper and want to skip the data-entry step, the faxed-based system allows images of forms to be translated directly into

alphanumeric data. The DMC has created more than 800 measures for ISAP studies and receives an average of 30 fax transmissions a day. These transmissions result in the entry of more than 500 pages of data into the databases every business day.

The DMC recently expanded its PC- and Web-based data capture methods. Several projects have become completely paperless using this technology.

For more information, please visit [www.isapdmc.org](http://www.isapdmc.org). Inquiries from both UCLA and non-UCLA researchers are welcome. Please contact Jeffrey Annon, director of the DMC, at (310) 267-5333 or [jannon@ucla.edu](mailto:jannon@ucla.edu).

## Training Center

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**T**he ISAP Training Center provides state-of-the-art training on a wide range of topics including the impact of substance abuse, effective treatment strategies, co-occurring disorders, and research ethics and procedures. Drawing on the expertise and experience of all ISAP investigators, the Training Center also develops opportunities to disseminate research findings to scientific and treatment communities.

The Training Center is the hub for several projects including the Pacific Southwest Addiction Technology Transfer Center (PSATTC), ISAP research training, the National Institute on Drug Abuse Institutional Training Grant, and several ad hoc training activities requested by members of the community. Training staff also provide in-house training in the use of the Structured Clinical Interview for the DSM (SCID) and Addiction Severity Index (ASI), as well as individualized courses upon

request. Since 2001, the Training Center has provided training to more than 15,000 individuals in more than 370 events.

Over the past two years, a centerpiece of Training Center activities has been the Western Conference on Addictions (WCA) and the California Addiction Training and Education Series (CATES). These training events bring together treatment providers with leading experts in the field to learn new information and develop skills specific to treating substance abusing populations.

Training Center services are available to non-UCLA researchers. Please visit [www.uclaisap.org](http://www.uclaisap.org) for more information, or contact Thomas Freese at (310) 267-5397.

## Community and UCLA Affiliates

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**T**he UCLA Integrated Substance Abuse Programs' collaborations with the following affiliates at UCLA and in the community are vital to realizing our goal of fully integrating substance abuse research, training, and treatment.

### ***UCLA Center for Community Health/CHIPTS***

The mission of the UCLA Semel Institute's Center for Community Health (CCH) is to advance the understanding of children and adults in high-risk situations and to improve their health, development, and quality of life. The Center conducts research that crosses three significant areas impacting these individuals: HIV, mental health, and chronic illness. A primary component of CCH is the Center for HIV Identification, Prevention, and Treatment Services (CHIPTS), whose aim is to promote collaborative research and education on effective HIV detection, prevention, and treatment services at the societal, community, and individual levels. ISAP researchers involved in CHIPTS are Drs. Steven Shoptaw (Intervention Core Director), Rose Veniegas (Intervention Core Co-Director), and Debra A. Murphy, Cathy Reback, and Donnie Watson (Intervention Core Scientists). For more information, visit [chipts.ucla.edu](http://chipts.ucla.edu).

### ***Friends Research Institute, Inc.***

In 2005, Friends Research Institute (FRI) celebrated its 50<sup>th</sup> anniversary providing administration of national and international research and grants. That history includes a 32-year collaboration with ISAP Director Dr. Walter Ling and a 17-year history with Associate Director Dr. Richard Rawson. Working with investigators west of the Mississippi, FRI-West Coast provides research administration on varied projects, from biomedical to behavioral, including substance abuse treatment methodologies. Several FRI researchers,

including Drs. Donnie Watson and Cathy Reback, have collaborated with UCLA investigators to develop cutting-edge treatment and research programs. For more information, visit [www.friendsresearch.org](http://www.friendsresearch.org).

### ***UCLA Hatos Center for Neuropharmacology***

The Shirley and Stefan Hatos Center for Neuropharmacology focuses on the neurochemical underpinnings of behaviors related to substance abuse and aspects of mental illness. The Center studies opioid receptors, nicotinic receptors, and neurotransmitter transporters at the molecular level and uses cellular and animal models to study the circuitry and behaviors these proteins regulate. The research integrates faculty expertise spanning molecular to behavioral approaches, with the broad goal of understanding how perturbation of neuronal receptors and transporters translates to modulation of behavior.

Accomplishments of faculty in the Center have included:

- Identification of the genes encoding opioid and nicotinic receptors,
- Elucidation of aspects of brain circuitry involved in reward,
- Understanding modification of memory circuitry via drugs of abuse,
- Identification of key regulatory processes of receptors and transporters in both opioid and monoaminergic transmission.

The Hatos Center is named in gratitude to Shirley and Stefan Hatos for their support of its development and operation. For more information, visit [hatos.ucla.edu](http://hatos.ucla.edu).

# Treatment Services

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**U**CLA ISAP arranges and provides treatment services for the entire spectrum of substance abuse disorders. The UCLA Addiction Clinic provides comprehensive, scientifically based assessment and treatment in a caring and confidential environment. The program offers partial hospitalization and inpatient/detoxification services, as well as outpatient treatment with aftercare, which occurs at the ISAP-affiliated network of community-based outpatient clinics (Matrix Institute on Addictions clinics, Van Ness Recovery House, and others). This clinical system supports patient care, research training, clinical training, and research activities.

## ***UCLA Addiction Clinic***

UCLA ISAP utilizes and supports the UCLA Addiction Clinic, located on campus in the Semel Institute for Neuroscience and Human Behavior and Resnick Neuropsychiatric Hospital. Researchers at UCLA and elsewhere continue to develop new and increasingly effective medical and psychological treatments to hasten substance abuse recovery.

The UCLA Addiction Clinic, which is directed by ISAP's Thomas Newton, M.D., provides comprehensive, scientifically based assessment and treatment in a caring and confidential environment. Addiction disorders involving numerous substances are treated, including alcohol, prescription pain medications, cocaine, methamphetamine, opiates, benzodiazepines, and club drugs (e.g., Ecstasy and GHB).

An interdisciplinary team of experts offers a complete continuum of care based on the individual's needs, including inpatient and outpatient detoxification, partial hospitalization, structured outpatient treatment, and aftercare.

Treatment incorporates any or all of the following:

- addiction and recovery education
- Matrix Model of relapse prevention

- family involvement
- psychoeducational groups
- medication (when appropriate)

## **Scope of Services**

### *Inpatient Care Program*

The Inpatient Care Program is housed in the UCLA Neuropsychiatric Hospital's pavilion on the UCLA campus in Westwood (Los Angeles), California. This eight-bed, inpatient detoxification unit specializes in alcoholism and addiction services for adults. Based upon the patient's specific needs, a combination of physician addiction specialists, psychologists, licensed clinical social workers, marriage and family therapists, and registered nurses join together to form a highly personalized treatment team to facilitate the individual's recovery. In addition to the medical management of substance abuse disorders, patients are assessed, diagnosed, and treated for any psychiatric or medical complications stemming from or affecting the addiction disorder. Referral to residential treatment programs for patients who require long-term inpatient treatment is also arranged.

### *Partial Hospitalization Program*

Our Partial Hospitalization Program helps patients transition from an inpatient to outpatient treatment setting, or provides a structured environment for patients who do not need 24-hour supervision after detoxification but require more care than an outpatient setting can provide.

### *Outpatient Care Program*

The Outpatient Care Program provides a range of outpatient services including an outpatient addiction clinic offering brief psychotherapy, and a detoxification program that allows individuals to continue to work and perform daily activities while pursuing addiction treatment.

### **Matrix Institute on Addictions Treatment Programs**

Many of UCLA ISAP's research studies take place in the community-based treatment programs of the Matrix Institute on Addictions. The Matrix Institute, which was established in 1984, is a non-profit organization that delivers outpatient drug and alcohol treatment services in five clinics in three Southern California counties. The mission of the Matrix Institute is to improve the lives of individuals and families affected by alcohol and other drug use through treatment, education and training, and research to promote a greater understanding of substance abuse disorders. In the past year, more than 1,600 patients received treatment from the Matrix Institute, which is funded by contracts with Los Angeles, San Bernardino, and Orange counties and the U.S. Department of Health and Human Services' Center for Substance Abuse Treatment, as well as private insurance. Trainings in the Matrix Model have occurred across the United States and internationally. Over the past 15 years, more than 30 research projects have been conducted at Matrix Institute sites either by Matrix or in collaboration with investigators from UCLA and Friends Research Institute.

#### **The Matrix Model of Treatment for Substance Abuse Disorders**

The Matrix Model of intensive outpatient treatment was developed with an awareness of the diversity of problems that contribute to addictive disorders. To produce the best opportunity for success, the needs of the individual patient are considered in the design of each treatment plan. At the Matrix Institute, the elements chosen to create optimal treatment plans include strategies and methods that have been demonstrated to be effective with substance abuse disorders. The intensity, duration, and content of treatment vary for individual patients, but certain key elements that are significantly related to treatment success are included within all Matrix treatment plans. They are:

##### *Therapist Support*

Matrix outcome reports have consistently found that the empathetic and directive support of

a professional therapist is critical in developing a successful program of recovery.

##### *Group/Individual Participation*

Data from a Matrix follow-up research report identified participation in group activities during treatment to be highly related to long-term success. The regular four-month Matrix treatment protocol consists primarily of group sessions. Also available are the Intensive Individualized Treatment Program and the Six-Week Early Intervention Program, which is designed for people who are at the earliest stages of readiness for treatment and offers individual sessions only.

##### *12-Step or Other Spiritual Group Involvement*

Numerous outcome reports have demonstrated that patients who are involved in a 12-step or other support group have far better outcomes than patients who are not involved in such programs.

##### *Relapse Prevention and Education*

Substance abusers benefit from learning about how they became addicted, how they have been affected by their addiction, what they need to do to prevent a relapse, and what to do if they should return to drug and/or alcohol use.

##### *Family Involvement*

There is substantial research that clearly indicates superior treatment outcomes for patients whose families are involved in the treatment process.

##### *Structure*

Chemical dependency treatment requires an explicit framework giving patients a clear understanding of treatment requirements.

The Matrix Institute treatment system has been created to provide a comprehensive set of treatment options for substance-abusing populations. Five Matrix sites provide treatment services to a broad range of Southern California communities (West Los Angeles, Los Angeles, Orange County, San Fernando Valley, and San Bernardino County).

The foundation of the Matrix Model of treatment is a set of clinical protocols that have been constructed using established, empirically supported chemical



dependency treatment principles. The manuals for these protocols have been developed and evaluated with funding from the National Institute on Drug Abuse, the Center on Substance Abuse Treatment, and the National Institute on Alcoholism and Alcohol Abuse.

These protocols include extensive assessment strategies, treatment placement guidelines, outpatient detoxification regimens, and structured outpatient options. The Matrix approach allows for maximal utilization of effective outpatient treatment methods. Due to the extensive involvement of the Matrix staff with clinical research efforts, patients treated at Matrix Institute have access to the newest and most effective pharmacotherapies and psychologically based treatment models. The substance abuse treatment system established by Matrix offers a set of options and a level of expertise unmatched in behavioral healthcare.

### ***Van Ness Recovery House***

The mission of the Van Ness Recovery House (VNRH) is to meet the critical and expanding needs of the lesbian, gay, bisexual, and transgender community for alcohol and drug addiction recovery. The VNRH, a licensed and certified alcohol and drug recovery home, opened in May 1973 as a not-for-profit corporation. Utilizing the principles of Alcoholics Anonymous (AA), VNRH provides outpatient, day, and residential treatment; sober living services; and education, prevention, and outreach services in a socially supportive and chemically free environment. Services are available to anyone regardless of ability to pay or HIV status.

The VNRH residential program is 90 days in duration with an additional six to nine months available in a sober living apartment complex located adjacent to the residential facility. These two components allow for up to 12 months of structured help. VNRH is a social model (peer-group oriented) recovery house that is philosophically based on the 12 steps of Alcoholics Anonymous.

The VNRH program comprises three 30-day phases. The first 30 days include group meetings

that cover, but are not limited to, alcohol and drug education, HIV, homophobia, self-esteem, and relapse prevention. Each resident obtains a sturdy foundation for recovery through the AA program. Alcoholics Anonymous meetings are conducted daily at VNRH and residents are required to develop a working relationship with a sponsor.

The second 30 days focus on the development of job skills, in addition to ongoing group and AA meetings. Residents attend classes at an on-site classroom to obtain job-training skills necessary for finding and maintaining full-time employment.

The final 30 days focus on integrating recovery and sobriety into a productive life. Residents seek employment or they return to their previous place of employment. In the evening, residents meet with their counselor and attend AA meetings. Much of their counseling is geared toward maintaining recovery, keeping sobriety a first priority, and becoming financially responsible.

The Prevention Division (VNPd) of the VNRH is located two miles south of the VNRH. Using the ideology of harm reduction, the VNPd provides health education and risk reduction programs designed to increase social support and teach survival skills to high-risk, non-treatment-seeking gay and bisexual men and transgender substance users.

All of the Prevention Division program participants are street substance users, and many are sex workers and homeless or living in a transitional living situation. The overall objective of the prevention program is to reduce the harm that can result from drug use by preventing HIV infection and managing the physical, psychological, and psychosocial manifestations of drug use without the requirement of abstinence or recovery. Success is evaluated by any change in behavior that reduces physical, psychological, or psychosocial harm to participants, their loved ones, and/or their community. An important distinction between the VNRH and its Prevention Division is that the VNRH provides social-model treatment, while the VNPd utilizes harm reduction strategies that guide HIV and substance abuse prevention interventions.

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# Principal Investigators

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**M. Douglas Anglin** (Ph.D. in Social Psychology, UCLA, 1980) was the Founding Director of the UCLA Drug Abuse Research Center (1984-1998) and has been an Associate Director of UCLA ISAP since 1999. Dr. Anglin has been conducting research on substance abuse epidemiology, etiology, treatment evaluation, and social policy since 1972. He has been Principal Investigator on more than 25 federally funded studies and numerous state- and foundation-supported studies. Over his career he has been the author or coauthor of more than 200 published articles. Dr. Anglin has served as an advisor to many national treatment evaluation studies, including the Drug Abuse Treatment Outcome Study and the Federal Bureau of Prisons Drug Programs Evaluation Project. He has also served as consultant to the following agencies: National Institute on Drug Abuse, Office of National Drug Control Policy, Center for Substance Abuse Treatment, National Academy of Sciences Institute of Medicine, National Institute of Justice, California Youth Authority and Departments of Alcohol and Drug Programs and Corrections, and Los Angeles County Alcohol and Drug Program Administration. [doug\\_anglin@hotmail.com](mailto:doug_anglin@hotmail.com)

**Mary-Lynn Brecht** (Ph.D. in Research Methods and Evaluation, UCLA, 1979) is Principal Investigator of a "Problem Gambling Prevention Technical Assistance and Training Project Needs Assessment" and recently completed the project "Methamphetamine Use: Natural History and Treatment Effects," funded by the National Institute on Drug Abuse. Dr. Brecht also directs the Statistical Support and Data Management Core of the Center for Advancing Longitudinal Drug Abuse Research and manages statistical support for UCLA ISAP, consulting on research methods and statistical topics and lecturing on multivariate statistical methods. She has experience in the development/adaptation, application, and integration of quantitative research methodologies, with emphasis in the area of drug abuse, health systems, and treatment evaluation research. Dr. Brecht's research interests include maturing out, effects of social interventions, prevalence estimation methods, and needs assessment, as well as other healthcare-related topics including quality of life. She is particularly interested in longitudinal research and methods. [lbrecht@ucla.edu](mailto:lbrecht@ucla.edu)

**Alison Hamilton Brown** (Ph.D. in Anthropology, University of California, Los Angeles, 2002) is an Assistant Research Anthropologist at UCLA ISAP. A qualitative researcher, her main area of interest is the relationships between addiction, mental health, and sexuality among women. She is currently the Principal Investigator for the "Women, Methamphetamine, and Sex" study, funded by the National Institute on Drug Abuse (NIDA), which utilizes mixed methods to investigate the relationship of women methamphetamine users' sexual experiences to their methamphetamine use and/or histories of trauma. Previously she served as a Co-Investigator for a study of treatment adherence among participants in the Center for Substance Abuse Treatment (CSAT) Methamphetamine Treatment Project (MTP). She also served as Principal Investigator for an independent, qualitative study of research/practice dynamics in the MTP. Dr. Brown has also worked on the "Treatment Systems Impact," "Practice and Research Collaborative," and "Substance Abusing Mentally Ill Project" studies, all of which were funded by NIDA. She is an expert in the use of qualitative data analysis (QDA) software and has provided numerous trainings on the software throughout the United States, particularly on the use of ATLAS.ti. [alisonh@ucla.edu](mailto:alisonh@ucla.edu)

**William Burdon** (Ph.D. in Social Psychology, Claremont Graduate University, 1999) has been with UCLA ISAP for eight years. He is the Principal Investigator of two studies funded by the National Institute on Drug Abuse (NIDA): a four-year study that will test the impact of a behavioral reinforcement intervention on inmate engagement in prison-based substance abuse treatment, and a five-year study that will test the differential clinical- and cost-effectiveness of long-term residential versus intensive outpatient prison-based substance abuse treatment. He is also a study director at the Pacific Coast Research Center of NIDA's Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) collaborative. He was previously the Project Director of two multisite evaluation studies of prison-based therapeutic community substance abuse treatment programs (1998-2004), funded by the California Department of Corrections (CDC). Dr. Burdon has authored publications on prison-based substance abuse treatment, contingency management, sanctions and incentives in prison-based substance abuse treatment programs, and organizational and systems aspects of substance abuse treatment with criminal justice populations and within correctional settings. [wburdon@ucla.edu](mailto:wburdon@ucla.edu)

**Richard De La Garza, II** (Ph.D. in Neuroscience, University of Texas Medical Branch, 1996) is an Associate Research Professor at UCLA. Dr. De La Garza completed postdoctoral fellowships at Harvard Medical School and Yale University School of Medicine. Dr. De La Garza has been affiliated with UCLA ISAP since 2004 and is Co-Principal Investigator (with Dr. Thomas F. Newton) of the Stimulant Abuse and Addiction Research Group. He serves as Co-Investigator on several trials funded by the National Institute on Drug Abuse to investigate the safety and efficacy of novel medications for methamphetamine and cocaine addiction. Dr. De La Garza is Director of the UCLA Addiction Clinic (an integrated training program emphasizing drug addiction research and treatment: ([www.uclaisap.org/addclinic/](http://www.uclaisap.org/addclinic/))). Through his appointment as Lecturer, Dr. De La Garza also delivers lectures on drug addiction, depression, and anxiety to graduate and medical students, as well as psychiatry residents and interns. [rdlgarza@mednet.ucla.edu](mailto:rdlgarza@mednet.ucla.edu)

## Principal Investigators

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**Thomas E. Freese** (Ph.D. in Clinical Psychology, California School of Professional Psychology, 1995) is currently the Director of Training for UCLA ISAP and the Director of the Pacific Southwest Addiction Technology Transfer Center. Dr. Freese, who has worked in the substance abuse field since 1983, has been a featured presenter at conferences and meetings nationally and internationally on the impact and treatment of methamphetamine. He has chaired two of the National Institute on Drug Abuse (NIDA)/Substance Abuse and Mental Health Services Administration (SAMHSA) Blending Teams, developing training products on the use of buprenorphine in treating opioid dependence. He also has served as the Project Director on a number of studies on methamphetamine use, HIV risk in gay/bisexual men, and smoking cessation interventions. He oversees the NIDA Institutional Training Grant and has planned and implemented major conferences funded by the Center for Substance Abuse Treatment and NIDA. He has conducted trainings in 30 states and directs all of the ISAP in-house trainings. He also has provided clinical training and workshops for clinicians-in-training at all levels. [tefreese@ix.netcom.com](mailto:tefreese@ix.netcom.com)

**David Farabee** (Ph.D. in Experimental Psychology, Texas Christian University, 1992) is Research Psychologist at UCLA ISAP and Director of the Juvenile Justice Research Group. He is currently Principal Investigator of an evaluation of a statewide program to transition mentally ill inmates back into the community (funded by the California Department of Corrections), Principal Investigator of a clinical trial comparing four types of therapy styles in regard to their ability to promote abstinence for stimulant abusers (funded by the National Institute on Drug Abuse [NIDA]), and Co-Principal Investigator of the "Criminal Justice Drug Abuse Treatment Studies" (CJ-DATS; funded by NIDA) and the "Treatment Services Impact" study (also funded by NIDA). He was coeditor of the recent books *Treatment of Drug Offenders* (2002; New York: Springer) and *Treatment of Drug Offenders: A Continuum of Opportunities* (2004; New York: Civic Research Institute), author of *Rethinking Rehabilitation: Why Can't We Reform Our Criminals?* (2005; Washington, D.C.: AEI Press), and is currently coeditor of *The Offender Substance Abuse Report*, a bimonthly report published by the Civic Research Institute. [dfarabee@ucla.edu](mailto:dfarabee@ucla.edu)

**Christine E. Grella** (Ph.D. in Psychology, University of California, Santa Cruz, 1985) is a Research Psychologist at UCLA ISAP. Her research focuses on the intersection of multiple service delivery systems, including substance abuse treatment, mental health, child welfare, health services, and criminal justice, and the relationship of service delivery to treatment outcomes. In particular, her research has examined treatment utilization and outcomes among women, adolescents, homeless individuals, and individuals with co-occurring disorders. She has been Principal Investigator or Co-Principal Investigator on several federally funded studies and has published her work widely in the areas of addiction, mental health, health services, and evaluation research. Currently, she is Principal Investigator on "Gender Differences in a Long-Term Follow-up of Opiate Users in California," a study funded by the National Institute on Drug Abuse; on the "Evaluation of Female Offender Treatment and Employment Program" project, funded by the California Department of Corrections and Rehabilitation; and on several evaluations funded by the Center for Substance Abuse Treatment. [grella@ucla.edu](mailto:grella@ucla.edu)

**Yih-Ing Hser** (Ph.D. in Psychology, University of California, Los Angeles, 1986) has been conducting research in the field of drug abuse and its treatment since 1980 and has extensive experience in research design and advanced statistical techniques applied to drug abuse data. Dr. Hser has published in the areas of treatment evaluation, epidemiology, natural history of drug addiction, health services, and innovative statistical modeling development and application. Her publications have been featured in the *American Journal of Public Health* and *Archives of General Psychiatry*. She is an Adjunct Professor in the Department of Psychiatry and Behavioral Sciences at UCLA and Director of the Center for Advancing Longitudinal Drug Abuse Research. [yhser@ucla.edu](mailto:yhser@ucla.edu)

**Mitchell Karno** (Ph.D. in Clinical Psychology, University of California, Santa Barbara, 1997) is a Research Psychologist in UCLA's Department of Psychiatry and is the Director of Alcohol Studies at UCLA ISAP. Dr. Karno's primary research areas include patient-treatment matching, the process of psychotherapy treatment for alcoholism, and screening for alcohol problems. He is Principal Investigator for an ongoing study funded by the National Institute on Alcohol Abuse and Alcoholism evaluating therapist interventions during alcohol treatment to assess which types of interventions are most and least effective for different patients. Dr. Karno is also the lead investigator on a study to identify factors associated with behavior change and help-seeking in a nationally representative sample of individuals with substance use disorders. He is internationally recognized for his contribution to psychotherapy research. [karno@ucla.edu](mailto:karno@ucla.edu)

**Walter Ling** (M.D. from Chulalongorn University Medical School, Bangkok, Thailand, 1963) is a Professor of psychiatry and Director of UCLA ISAP. Dr. Ling is a nationally and internationally recognized leader in the field of substance abuse. Over the course of his 40-year career he has been at the forefront in advancing the scientific knowledge and understanding of substance abuse. His contributions include development of innovative treatments, public health planning, professional and public educational enhancements, and policy shaping. He has served as a mentor, collaborator, research advisor, discussant, and reviewer for many of the leading substance abuse researchers throughout the world. Dr. Ling is board-certified in neurology and psychiatry and is active in both research and clinical work. He has been listed in the "Best Doctors of America," "Best Doctors in the West," and "Best Doctors in Los Angeles." [lwalter@ucla.edu](mailto:lwalter@ucla.edu)

**Edythe D. London** (Ph.D. in Pharmacology with supporting program in Neurobiology, University of Maryland, 1976) is Professor of Psychiatry and Pharmacology, and a member of the Brain Research Institute at UCLA. Her research has advanced the study of substance abuse and the development of new approaches and probes to study brain function. She has authored 243 original research articles and 70 reviews. Her most recognized accomplishments involve PET scanning of human subjects who suffer from addictions. Her group was first to show a relationship between drug craving and activity of brain regions that link memory with emotion. She also showed that drug abusers have structural abnormalities in prefrontal cortex and deficits in decision-making tasks that depend on prefrontal cortex function. Her work influenced other researchers to look at the frontal lobe to understand the compulsive self-administration of drugs despite detrimental effects, which characterizes drug addiction. [elondon@mednet.ucla.edu](mailto:elondon@mednet.ucla.edu)

**Patricia Marinelli-Casey** (Ph.D. in Education, UCLA, 1998) has been involved in substance abuse and mental health research and treatment since 1985. She is an Assistant Research Psychologist at UCLA and serves as the Principal Investigator of three studies funded by the Center on Substance Abuse Treatment (CSAT) focusing on methamphetamine treatment. "A 3-Year Methamphetamine Treatment Follow-up" examines the functioning, health, and mental health status of methamphetamine users over time. "Methamphetamine Treatment Adherence" investigates the impact of conducting research in community-based settings and identifies changes made to existing treatment services. "Economic Analysis of the Methamphetamine Treatment Project" determines the costs of various outpatient treatment models and their benefits related to treatment outcomes. Prior to her current work, Dr. Marinelli-Casey served as the Project Director for a CSAT-funded national multisite study, "The Methamphetamine Treatment Project," which examined the effectiveness of outpatient treatments for methamphetamine dependence. She also directed two Robert Wood Johnson grants examining factors that influenced the implementation of new pharmacotherapies. [pattymc@ucla.edu](mailto:pattymc@ucla.edu)

**Nena P. Messina** (Ph.D. in Criminology and Criminal Justice, University of Maryland, College Park, 2000) is a Research Criminologist at UCLA ISAP and has been involved in substance abuse research for 10 years. Dr. Messina has focused her efforts toward identifying the specialized treatment needs of drug-dependent women. She is currently the Principal Investigator (PI) of the "Children Exposed to Methamphetamine Use and Manufacture" project (funded by the National Institute on Drug Abuse [NIDA]), examining the medical, developmental, and placement issues associated with children removed from home-based methamphetamine laboratories. Dr. Messina is also the PI on two NIDA-funded studies and the Co-Principal Investigator for another NIDA grant, each of which compare the efficacy of standard substance abuse treatment to women-focused treatment for women (in drug court and/or prison). She was previously the Project Director of the California Department of Corrections Treatment Expansion Project, which included outcome evaluations of 15 prison programs providing services to over 9,000 men and women in 10 prisons. [nmessina@ucla.edu](mailto:nmessina@ucla.edu)

**Debra A. Murphy** (Ph.D. in Psychology [Double major: Clinical and School Psychology], Florida State University, 1987) is a Research Psychologist and Director of the Health Risk Reduction Projects within UCLA ISAP. She has conducted HIV/AIDS behavioral research on children, adolescents, adults, and families over the past 16 years. She currently has a competing renewal to assess the impact of maternal HIV/AIDS on early and middle adolescents funded by the National Institute of Mental Health (NIMH); a National Institute of Dental & Craniofacial Research grant to investigate the impact of substance use on adolescent orofacial injuries; and an R01 (NIMH) to develop and pilot test a disclosure intervention for mothers with HIV/AIDS. She is the Associate Director of the Research and Development Core of the NIDA-funded Center for Advancing Longitudinal Drug Abuse Research (CALDAR), and she is also a Core Scientist on the Intervention Core of the NIMH-funded Center for HIV Identification, Prevention, and Treatment Services (CHIPTS). [dmurphy@mednet.ucla.edu](mailto:dmurphy@mednet.ucla.edu)

**Thomas Newton** (M.D. from Yale University School of Medicine, 1985) is a board-certified psychiatrist and Principal Investigator for UCLA ISAP neurobiology projects. His psychiatry residency was at UCLA's Department of Psychiatry and Biobehavioral Sciences. Dr. Newton is currently a Professor-in-Residence at UCLA's Department of Psychiatry and Biobehavioral Sciences and a Principal Investigator on training and research grants. [tnewton@mednet.ucla.edu](mailto:tnewton@mednet.ucla.edu)

**James Peck** (Psy.D. in Clinical Psychology, California School of Professional Psychology-Los Angeles, 2001) is a Principal Investigator at UCLA ISAP and a licensed clinical psychologist. Dr. Peck completed a three-year National Institutes of Health/National Institute on Drug Abuse (NIDA) Postdoctoral Fellowship in Clinical Research at ISAP, where he managed Phase II clinical trials of both behavioral and pharmacological interventions for methamphetamine dependence. Dr. Peck is funded by NIDA to tailor and evaluate a cognitive-behavioral group intervention for HIV-seropositive methamphetamine-abusing men who have sex with men (MSM), delivered in an HIV medical care setting (the UCLA Center for Clinical AIDS Research and Education [CARE] clinic). Dr. Peck has clinical privileges at UCLA and runs a small clinic at 300 UCLA Medical Plaza conducting individual psychotherapy with HIV-seropositive MSM. He delivers lectures and conducts trainings around the country in his role as a clinical trainer for the Matrix Institute on Addictions and the ISAP/Center for Substance Abuse Treatment (CSAT) Addiction Technology Transfer Center (ATTC). [jpeck@ucla.edu](mailto:jpeck@ucla.edu)

## Principal Investigators

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**Deborah Podus** (Ph.D. in Sociology, Rutgers University, 1992) is an Associate Research Sociologist whose research interests are treatment effectiveness and substance abuse treatment policy. Areas of particular policy interest include the intersection of substance abuse and welfare reform and the regulation of treatment providers. Her work has been funded by the Robert Wood Johnson Foundation - Substance Abuse Policy Research Program, the California Policy Research Center, and the Center for Substance Abuse Treatment. Dr. Podus has also collaborated with other UCLA ISAP researchers on several meta-analyses on drug abuse treatment effectiveness and a study of the impact in Los Angeles County of the repeal of Supplemental Security Income (SSI) benefits for individuals disabled by drug addiction and alcoholism. [dpodus@ucla.edu](mailto:dpodus@ucla.edu)

**Michael Prendergast** (Ph.D. in History, UCLA, 1978) is Research Historian and Director of UCLA ISAP's Criminal Justice Research Group, where he oversees projects studying drug treatment strategies in the criminal justice system. Dr. Prendergast has been Principal Investigator of evaluations of treatment programs in correctional settings in California: the Forever Free Treatment Program at the California Institution for Women; the California Substance Abuse Treatment Facility at Corcoran, and 15 treatment programs at other California prisons. He has been Principal Investigator of several studies funded by the National Institute on Drug Abuse: a 5-year follow-up study of participants in a prison-based therapeutic community, an evaluation of the use of vouchers within a drug court treatment program, an evaluation of gender-specific treatment programs, and a meta-analysis of the effectiveness of drug treatment programs. He is currently Principal Investigator of the Pacific Coast Research Center of the NIDA-funded Criminal Justice Drug Abuse Treatment Studies. [mlp@ucla.edu](mailto:mlp@ucla.edu)

**Richard A. Rawson** (Ph.D. in Experimental Psychology, University of Vermont, 1974) is an Associate Director of UCLA ISAP. Dr. Rawson has spent his career conducting research and developing treatment systems for substance abuse disorders. He has been a member of the UCLA Department of Psychiatry and Biobehavioral Sciences for more than 20 years. As an ISAP Associate Director, Dr. Rawson oversees a portfolio of addiction research ranging from brain imaging studies, to numerous clinical trials on pharmacological and psychosocial addiction treatments, to the study of how new treatments are applied in the treatment system. During the past decade, he has worked with the U.S. State Department on research and treatment projects exporting U.S. technology and addiction science to Mexico, Thailand, Israel, Egypt, and the Palestinian Territories. Dr. Rawson has published two books, 25 book chapters, and more than 125 professional papers, and has conducted over 1,000 workshops, paper presentations, and training sessions. [rrawson@mednet.ucla.edu](mailto:rrawson@mednet.ucla.edu)

**Cathy J. Reback** (Ph.D. in Sociology, University of California, Santa Cruz, 1986) is a Research Sociologist at UCLA ISAP and at Friends Research Institute, Inc. Her research interests focus on the intersection of substance use, sexual identity, gender, and HIV risk behaviors among gay/bisexual male substance users and male-to-female transgenders. She has an extensive background in conducting community/research collaborations, designing and implementing community-based HIV and substance abuse intervention programs, evaluating behavioral drug therapies for reducing drug use and HIV sexual risk behaviors, and managing large-scale HIV prevention intervention programs. Currently, Dr. Reback is Principal Investigator on the following studies: "Voucher-based Incentives in a Prevention Setting," funded by the National Institute on Drug Abuse; "Project Tech Support," an information technology communication intervention to gay/bisexual methamphetamine users funded by the Centers for Disease Control; and "Methamphetamine Abuse Treatment is HIV Prevention," a treatment/research clinic for gay/bisexual methamphetamine users, funded by the University of California, Universitywide AIDS Research Program. Dr. Reback's community work includes Director of the Prevention Division at the Van Ness Recovery House, and she serves on several local and national HIV and substance abuse task forces and committees. [rebackcj@aol.com](mailto:rebackcj@aol.com)

**Steven Shoptaw** (Ph.D. in Psychology, UCLA, 1990) is a licensed Psychologist and Professor in the UCLA Departments of Family Medicine and Psychiatry and Biobehavioral Sciences. Dr. Shoptaw's main research interests involve developing interventions to treat substance users, particularly individuals with substance abuse disorders and infectious diseases. He is the Director of a P50 Center funded by the National Institute on Drug Abuse on medication development for methamphetamine abuse. Dr. Shoptaw is Principal Investigator for several multisite trials of medications for treating cocaine and methamphetamine abuse. Together with partners from many communities, Dr. Shoptaw is actively studying how substance abuse treatment functions as HIV prevention in high-risk groups. He is the Intervention Core Director for the UCLA Center for HIV Identification, Prevention and Treatment Services. Dr. Shoptaw founded, and volunteers as Executive Director of, Safe House, a 24-bed facility that provides emergency, transitional, and permanent housing using principles of high tolerance to individuals with HIV/AIDS, chemical dependency, and/or mental illness who are homeless or at risk for homelessness. [sshoptaw@mednet.ucla.edu](mailto:sshoptaw@mednet.ucla.edu)

**Darren Urada** (Ph.D. in Psychology, University of Southern California, 2000) is a Principal Investigator on the state's evaluation of the Substance Abuse and Crime Prevention Act of 2000. Previously, he was Principal Investigator on a conference grant to promote substance abuse research and treatment internationally. He has also served as Project Director for the "California State Treatment Needs Assessment Program" and for a study on substance abuse and welfare

reform. He has served as an analyst on the "California Treatment Outcome Project" (CalTOP), meta-analytic studies on substance abuse and HIV/AIDS, and research on treatment expansion. He also serves as External Communications Director for UCLA ISAP. Dr. Urada has worked for the UCLA Drug Abuse Research Center/Integrated Substance Abuse Programs since 1998. [durada@ucla.edu](mailto:durada@ucla.edu)

**Donnie W. Watson** (Ph.D. in Clinical Psychology with a minor in experimental design and concentration in alcohol studies from Vanderbilt University, 1982) is a Friends Research Institute, Inc., Principal Investigator with UCLA ISAP's stimulant medication development unit. Dr. Watson is a Certified Clinical Research Coordinator (CCRC). He is Principal Investigator for a NIDA R21 Award to evaluate the efficacy of a substance use and HIV prevention curriculum with ethnic minority youth in California probation camps; a University of California, Universitywide AIDS Research Program grant to implement a research-proven HIV intervention for adolescent male detainees in California probation camp settings; and a National Institute on Drug Abuse R01 to adapt cognitive behavioral therapy for use among clinicians in the Republic of South Africa. Dr. Watson's research interests include outpatient stimulant medication development trials, interventions for adolescent substance use and HIV risk behavior, and addiction technology transfer to ethnic minority communities. [watsondonnie@aol.com](mailto:watsondonnie@aol.com)

## Postdoctoral and Predoctoral Fellows

Two T32 Institutional Training Grants funded by the National Institutes of Health have supported ISAP training efforts. Participants in the training programs are listed below.

### **Postdoctoral Fellows**

#### ***UCLA Drug Abuse Research Training Center***

Allen Azizian	2006 –
Didra Brown Taylor	2003 – 2005
Michael Campos	2005 –
Laura H. Corbit	2003 – 2004
Todd Helmus	2003 – 2005
Brian Jackson	2004 – 2005
Jerry Jacobson	2004 – 2006
Michele Mouttapa	2005 – 2006
Nooshafarin Niv	2004 –
James Peck	2001 – 2004
James Shoblock	2003 – 2006
Eunice Wong	2003 – 2006
Jiansong Xu	2002 – 2005

### **Predoectoral Fellows**

#### ***UCLA Drug Abuse Research Training Center***

Jeff Dang	2004 – 2006
Rachel Gonzales	2003 –
Sandeep Gyawali	2004 – 2005
Matthew Maga	2005 –

### ***Interdisciplinary Training in Neuropsychiatric Aspects of HIV/AIDS***

Sarah Evans	2005 –
Gilles Fleury	2005 –
Charles Glatt	2002 – 2004
Shahla Modir	2005 –
Elizabeth Rossoto	2002 – 2004
Matt Torrington	2002 – 2004

## Basic Science/ Neurophysiology/Imaging

### Assessment of Stress Effects in Methamphetamine Dependence

*Thomas Newton, M.D., Principal Investigator  
([tnewton@ucla.edu](mailto:tnewton@ucla.edu));  
Richard De La Garza, II, Ph.D.,  
Co-Investigator and Project Director*

The purpose of this project is to determine the effects of a psychological stressor (as opposed to a physical stressor) on neuroimmune function (how the brain's immune system reacts to methamphetamine and stress), physiological measures (e.g., blood pressure and heart rate), and craving in methamphetamine-dependent volunteers. Participants will stay in an inpatient research nursing unit at UCLA for 17 days. The psychological stressor will consist of a stress imagery task, and the placebo control will be a control imagery task. Participants will receive placebo or methamphetamine on study days 3 and 4 as a safety screen. Participants will then complete 4 sessions on separate days: each session will consist of a stress procedure (active or mock) and an infusion (active or placebo). Participants will receive 2 mock stress sessions and 2 active sessions, and they will receive placebo on 2 days and 30mg methamphetamine on 2 days; they will not know when they are receiving which injection. Measures will include mood and drug effect questionnaires, behavioral tasks, and blood samples. Participants will be closely monitored for changes in heart rate and blood pressure.

*Assessment of Stress Effects in Methamphetamine Dependence was funded by the National Institute on Drug Abuse, Grant 1 K24 DA17754 (September 2005 through August 2010).*

## Clinical Trials and Medication Development

### The National Drug Abuse Clinical Trials Network

*Walter Ling, M.D., Principal Investigator ([lwalter@ucla.edu](mailto:lwalter@ucla.edu))  
Richard A. Rawson, Ph.D., M. Douglas Anglin, Ph.D., &  
Steven Shoptaw, Ph.D., Co-Investigators  
Albert L. Hasson, M.S.W., Project Director*

In September 2005, the Pacific Region Node began its sixth year as a member of the NIDA Clinical Trials Network. As one of 17 Regional Research Training Centers, ISAP continues to collaborate with seven local community treatment programs in an effort to make substance abuse research more relevant to the treatment community. The Betty Ford Center, Bay Area Addiction Research and Treatment, Inc., Matrix Institute on Addictions, Hina Mauka Treatment Programs, Phoenix House, Tarzana Treatment Center, and the Van Ness Recovery Center are participants within the Pacific Region Node helping to guide the CTN research portfolio.

The Pacific Region Node continues to take an active role in the Clinical Trials Network. In addition to leading a 9-site trial comparing the impact of Suboxone and methadone on liver function in treatment-seeking opioid-dependent individuals, "Starting Treatment with Agonist Replacement Therapy" (START), ISAP is the co-lead on a project evaluating Suboxone with and without enhanced medical management in the detoxification of prescription opioid users. "Prescription Opioid Addition Treatment" (POAT) is currently being piloted in two sites including ISAP, with eight more sites nationwide set to begin recruitment in 2007. (Additional information is available at [www.uclaisap.org/ctn/index.html](http://www.uclaisap.org/ctn/index.html).)

*The National Drug Abuse Clinical Trials Network was funded by the National Institute on Drug Abuse, Grant 2 U10 DA13045 (September 2005 through August 2010).*

### Medication Development for Stimulant Dependence (MDS)

*Walter Ling, M.D., Principal Investigator ([lwalter@ucla.edu](mailto:lwalter@ucla.edu))*

Outstanding facilities and appropriately trained staff experienced in the conduct of clinical trials provides UCLA ISAP with a superior reputation in the area of medication development for stimulant dependence. UCLA ISAP serves as one of only a few medication development groups across the nation contracted with the National Institute on Drug Abuse to investigate the effectiveness of new medications for stimulant dependence in Phase I



and Phase II research. Each umbrella contract includes a mechanism whereby proposed investigations are offered through a task order to a MDS group for clinical trial research. The specific study is funded according to the pertinent aims, scope, and design of the protocol, and includes a study team led by a principal investigator named by Dr. Ling. Individual studies are typically administered in conjunction with investigators affiliated with the UCLA Department of Family Medicine and the UCLA Department of Psychiatry and Biobehavioral Sciences.

The MDS contract focuses on medication development for stimulant abuse by evaluating medications in the context of carefully metered doses of specific behavioral therapies, by advancing measurement and analysis strategies, and by increasing the efficiency of the clinical trials processes. From extensive research experience conducting medication trials for pharmacological and behavioral treatments for drug dependence, the MDS project contributes to the knowledge base regarding treatments for stimulant abuse. Innovative work is also possible through collaborative efforts with the UCLA ISAP Center grant for research addressing pharmaceutical treatment for stimulant abuse (see "UCLA Medication Development Unit for Stimulant Abuse," Page 34). Until recently, the MDS also served as the umbrella contract for the Methamphetamine Clinical Trials Group (MCTG), tasked with investigating medications specifically for methamphetamine-dependent individuals.

Medication Development for Stimulant Dependence (MDS) was funded by the National Institute on Drug Abuse, Grant N01DA-3-8824 (January 2003 through January 2008).

### **Phase I Double-Blind, Placebo-Controlled Assessment of Potential Interactions between Intravenous Methamphetamine and Aripiprazole**

*Thomas Newton, M.D., Principal Investigator  
(tnewton@ucla.edu)*

*Charles Glatt, M.D., Roger Donovick, M.D., Timothy Fong, M.D., Matt Torrington, M.D., & Arif Karim, M.D.,  
Co-Investigators*

*Richard De La Garza, II, Ph.D., Project Director*

This is a double-blind inpatient study in which subjects' eligibility for participation, including cardiovascular responses to screening/baseline methamphetamine (MA) infusions of 15mg and 30mg IV administered over 5 days (sessions #1-3), will be established. Four days after infusion, a MA cue reactivity test will be conducted. Five days after infusion session #3 or when urine MA level is lower than 1,000ng/mL, subjects will be randomized into one of two treatment groups and on the same day will initiate treatment with 15mg aripiprazole ( $n = 8$ ) or matched placebo ( $n = 8$ ) for 20 days. Thirteen days after initiation of daily treatment with either 15mg aripiprazole or placebo,

another MA cue reactivity test will be conducted. Fourteen days after initiation of daily treatment with either 15mg aripiprazole or placebo, subjects will receive treatment MA infusions of 15mg and 30mg IV over 6 days (sessions #4-6). For 2 days after infusion sessions #2, 3, 5, and 6, samples for PK analysis will be collected. Each series of repeated MA administrations (screening/baseline and treatment) will consist of 3 infusions; each infusion session will be conducted on a different day with a 1-day break between infusions except for a 2-day break between infusions #5 and #6. Subjects will be randomized with the order of administration of the saline, 15mg MA, and 30mg MA infusions; the 15mg MA infusions will always precede 30mg MA infusions. The subjects will be discharged from the hospital 4 days after the last dose of aripiprazole and treatment infusion. The subjects will be asked to return twice for safety follow-ups 1 and 4 weeks after clinic discharge.

Phase I Double-Blind, Placebo-Controlled Assessment of Potential Interactions between Intravenous Methamphetamine and Aripiprazole was funded by the National Institute on Drug Abuse, Grant N01DA-3-8824 (July 2004 through October 2005).

### **Phase I – Interaction Clinical Trial with Disulfiram, Cocaine, and Alcohol**

*Thomas Newton, M.D., Principal Investigator  
(tnewton@ucla.edu)*

*Charles Glatt, M.D., Roger Donovick, M.D., Timothy Fong, M.D., Matt Torrington, M.D., Arif Karim, M.D., & Gilles Fleury, M.D., Co-Investigators  
Richard De La Garza, II, Ph.D., Project Director*

This 2-site, double-blind, placebo-controlled inpatient study determined the cardiovascular and psychiatric safety of alcohol use in cocaine-dependent subjects who had used cocaine after treatment with disulfiram. In this study, subjects were screened for eligibility including initial screening for clinical tolerance to a cocaine infusion of 30mg IV. Thereafter, baseline cardiovascular responses to IV cocaine and ethanol infusions (on Days 2 and 1, respectively) were established. One day after infusion #3, subjects were randomized into one of two treatment groups and on the same day initiated oral dosage treatment with 250mg disulfiram or placebo once a day for 7 days. Three days after initiation of daily treatment with either 250mg disulfiram ( $n = 8$ ) or placebo ( $n = 4$ ), all subjects received treatment infusions. On Day 4, subjects received only IV saline; on Day 5, 30mg IV cocaine; on Day 6, IV dose of ethanol; and on Day 7, 30mg IV cocaine followed by IV ethanol 5 minutes later. After the Day 7 dose of disulfiram/placebo, double-blind oral treatment ceased, but the subjects remained in the hospital until discharge 1 week later on Day 14. Subjects were requested to return for safety follow-ups approximately 1 and 2 weeks after the day of discharge. All infusions were single blind and "double-dummy"; i.e., the cocaine infusion was blinded by a

parallel saline infusion and the alcohol infusion was blinded by a parallel glucose infusion. Study agent (disulfiram/placebo) was administered double-blind.

Phase I – Interaction Clinical Trial with Disulfiram, Cocaine, and Alcohol was funded by the National Institute on Drug Abuse, Grant N01DA-3-8824 (July 2004 through October 2005).

### **Phase II Double-Blind, Placebo-Controlled Trial of Bupropion for the Treatment of Methamphetamine Dependence**

*Richard A. Rawson, Ph.D., Principal Investigator  
(rarrowson@mednet.ucla.edu)  
Valerie Pearce, B.A., Project Director*

The National Institute on Drug Abuse - Methamphetamine Clinical Trials Group (MCTG) established 5 clinical research sites coordinated by UCLA researchers where medications with potential value for methamphetamine (MA) users were tested. The goal of this network was to speed the development of MA pharmacotherapy research by establishing multiple research clinics in geographic regions of the United States with substantial MA problems. The bupropion protocol was conducted from August 2003 through June 2005 by investigators associated with five organizations: University of Missouri-Kansas City; University of Hawaii (Queens Hospital) Honolulu; Matrix Institute on Addictions, Costa Mesa, California; South Bay Treatment Center, San Diego, California; and the Iowa Health Systems (Office of Research, Lutheran Hospital), Des Moines, Iowa. This study was a preliminary assessment of the efficacy and safety of bupropion in reducing MA use in subjects with MA dependence. It was hypothesized that bupropion treatment, compared to placebo, would be associated with fewer days of MA use as measured by quantitative urine analysis for MA. This was a double-blind, placebo-controlled, randomized, two-arm study comparing 150mg BID dose of bupropion to placebo administered to MA-dependent outpatients. All subjects received a base of standardized, manual-driven cognitive behavioral therapy (a 90-minute group session thrice weekly) over 12 weeks of treatment. A final follow-up assessment was conducted 4 weeks after completion of treatment. Results are in review for publication.

Phase II Double-Blind, Placebo-Controlled Trial of Bupropion for the Treatment of Methamphetamine Dependence was funded by the National Institute on Drug Abuse, Contracts N01DA-0-8804 and N01DA-3-8824 (July 2004 through October 2005).

### **UCLA Medication Development Unit for Stimulant Abuse**

*Steven Shoptaw, Ph.D., Principal Investigator  
(sshoptaw@mednet.ucla.edu)  
Keith Heinzerling, M.D., M.P.H., & Thomas Newton, M.D.,  
Co-Investigators  
Erin Rotheram-Fuller, Ph.D., Project Director*

ISAP's P50-funded Center "Medication Development Unit for Stimulant Dependence" (MDU; DA 12755, Principal Investigator (PI) Walter Ling, M.D.) conducted medication development trials for stimulant abuse and dependence beginning in 1999. Continuation of the P50 funding replaces and extends that original effort with the "Medication Development Unit for Stimulant Abuse" (MDUSA; PI Steven Shoptaw). The MDUSA Center continues to involve the substantial expertise in clinical drug abuse research of ISAP faculty, and the scope of the Center is broadened by integrating P50 activities with research conducted by investigators of the UCLA Department of Psychiatry and Biobehavioral Sciences and Department of Family Medicine.

Like past P50 efforts, the continuation Center focuses on medication development for stimulant abuse by evaluating medications in the context of carefully metered doses of specific behavioral therapies, by advancing measurement and analysis strategies, and by increasing the efficiency of the clinical trials processes. The Center reflects significant strengths of proven multidisciplinary collaborations that have helped guide medication development through early safety experiences to single-site pilot studies to multisite clinical trials. The Center has outstanding facilities and staff members who are trained and experienced in the conduct of clinical trials. Moreover, the local environment has diverse populations of stimulant abusers (particularly methamphetamine abusers) in sufficient numbers to enable successful conduct of the proposed research.

The thematic emphasis that unifies the Center research is the development of pharmacological treatments for stimulant abuse through comprehensive and efficient methodologies applied by a multidisciplinary team. The Center team's decades of experience in conducting medication trials for pharmacological and behavioral treatments for drug dependence are the basis for the Center's integrative approach. The Center will increase the knowledge base on treatments for stimulant abuse by means of an ever greater linkage of Phase I with Phase II work, a stronger effort to apply advanced biostatistical methods to isolate potential medication effects in subgroups, a more concerted effort to identify biomarkers that discriminate meaningful differences between subgroups of stimulant abusers, and a more focused approach to the evaluation of medications within the context of carefully specified and timed behavioral

interventions, ultimately seeking to improve clinical practice and to address emerging problems in the field.

*UCLA Medication Development Unit for Stimulant Abuse was funded by the National Institute on Drug Abuse, Grant 5 P50 DA018185 (September 2004 through February 2010).*

### **Phase I Double-Blind, Randomized, Placebo-Controlled Trial of Rivastigmine as a Potential Medication for Methamphetamine Abuse**

*Thomas Newton, M.D., Principal Investigator  
(tnewton@ucla.edu)*

*Roger Donovanick, M.D., Timothy Fong, M.D., Matt  
Torrington, M.D., & Gilles Fleury, M.D.,  
Co-Investigators*

*Richard De La Garza, II, Ph.D., Project Director*

The purpose of this study is to assess the efficacy and safety of rivastigmine in the treatment of methamphetamine dependence. The study will evaluate rivastigmine at two dose levels. Methamphetamine-dependent non-treatment-seeking volunteers will receive rivastigmine or placebo. Participants will stay in an inpatient research nursing unit at UCLA for 16 days. On two different study days, participants will receive safety infusions to identify participants who do not tolerate the drug administration. On four other study days, participants will take part in choice sessions where they will have to choose between a dose of the drug and a range of increasing monetary amounts. During these procedures, the participant's heart rate and blood pressure will be monitored. They will also be asked to answer questions regarding their response to cocaine and will undergo neurocognitive assessments.

*Medication Development Unit for Stimulant Dependence was funded by the National Institute on Drug Abuse, Grant 1 P50 DA018185 (September 2004 through July 2009).*

### **Methamphetamine Dependence: Treating Neurocognitive Impairment**

*Ari Kalechstein, Ph.D., Principal Investigator  
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*Thomas Newton, M.D., & Richard De La Garza, Ph.D.,  
Co-Investigators*

*Liza Harrison, B.A., Project Director*

Over the past several years, UCLA ISAP investigators have built upon clinical experience gained from providing treatment for methamphetamine-dependent individuals to develop a human laboratory program aimed at assessing the neurobiological consequences of methamphetamine (MA) exposure. Current research designs at ISAP and other research groups focus on the evaluation of MA-dependent individuals following abstinence initiation.

While these studies are important, they do not utilize neurocognitive impairment as a marker for determining the extent of MA-associated neurotoxicity. Because impaired neurocognitive functioning is associated with poorer functional outcomes (e.g., employment status, treatment outcome), reversal of these impairments could enhance the quality of treatments for MA dependence. We propose to explore whether a candidate medication, modafinil, can ameliorate MA-associated neurocognitive impairment in non-treatment seeking MA-dependent volunteers. The data generated from this study will eventually provide valuable insights into the neurobiological mechanisms that underlie MA-associated neurocognitive impairments. The specific aim of the current study is to determine the effects of modafinil on neurocognition in volunteers with MA dependence during the initial phases of abstinence. We hypothesize that modafinil treatment will enhance performance on neurocognitive measures relative to placebo in a sample of recently abstinent MA-dependent individuals.

*Methamphetamine Dependence: Treating Neurocognitive Impairment was funded by the National Institute on Drug Abuse, Grant 1 R03 DA02059 (September 2005 through September 2006).*

### **Double-Blind, Placebo-Controlled Trial of Prometa Pharmacotherapy for the Treatment of Methamphetamine Abuse**

*Walter Ling, M.D., Principal Investigator (lwalter@ucla.edu)  
Maureen Hillhouse, Ph.D., Project Director*

This study assesses the efficacy of the PROMETA™ pharmacotherapy compared to placebo for initiating abstinence and for preventing relapse to methamphetamine (MA) use in treatment-seeking individuals meeting criteria for MA abuse in multiple treatment locations. The study design includes random assignment to pharmacotherapy condition, and both participants and study personnel are blinded to assigned condition. Screening verifies participant eligibility and collects demographic, drug use, psychiatric, and neuropsychological information before participants are randomly assigned to either the PROMETA™ pharmacotherapy condition ( $n = 45$ ) or to the placebo condition ( $n = 45$ ). Pharmacotherapy includes 2 infusion phases (starting at Day 0, and again at Day 21) in addition to 40 days of oral medications. Participants are also provided with weekly cognitive behavioral therapy for the duration of the study. Weekly assessments collect information to evaluate medical and psychological status throughout the study (12 weeks). Drug use outcomes are measured using self-report, verified by biological markers of abstinence (urine tested for metabolites of MA, cocaine, heroin, marijuana, and benzodiazepines). Individuals assigned to receive the PROMETA™ pharmacotherapy, compared to placebo, are expected to demonstrate significantly fewer and less intense withdrawal symptoms, more days of abstinence from MA use, and fewer relapses

to MA use. (Additional information is available at [www.hythiam.com](http://www.hythiam.com).)

Double-Blind, Placebo-Controlled Trial of Prometa Pharmacotherapy for the Treatment of Methamphetamine was funded by Hythiam, Inc., *Clinical Trial 05072347 (March 2005 through January 2007)*.

### **Hyperalgesia in Methadone-Maintained Patients: Can It be Treated?**

*Walter Ling, M.D., Principal Investigator (wling@ucla.edu)  
Peggy Compton, Ph.D., Co-Investigator  
Albert Hasson, M.S.W., Project Director*

Addressing the undertreatment of clinical pain has sparked increasing efforts aimed at identifying effective interventions for subgroups of patients most at risk for suffering unrelieved pain. Novel data accumulated by our investigative group has shown that methadone-maintained (MM) patients for the treatment of addiction have significantly diminished tolerance for pain, or hyperalgesia. This, in addition to contextual prohibitions associated with providing opiate analgesics to known opioid addicts, makes this a population uniquely vulnerable to the undertreatment of their pain. Unfortunately, little is known about how best to manage pain suffered by over 120,000 methadone-maintained (MM) patients in this country, in part because hyperalgesia appears to be akin to opioid-induced and neuropathic pain.

In this study, we build upon our previous research to explore the underlying mechanism from a pharmacological perspective. Utilizing a double-blind, placebo-controlled design, we are evaluating the ability of several drugs typically used to treat pain (e.g., dextromethorphan and gabapentin) to diminish or reverse the opioid-induced hyperalgesia complicating the pain states in MM patients. As such, medication that may interfere with the development of opioid-induced hyperalgesia will be evaluated for its ability to ameliorate or diminish hyperalgesia in MM patients, as reflected by changes in pain threshold and tolerance to both cold-pressor and electrical pain. The results of this work will provide pharmacologic insight into the mechanisms underlying poor pain tolerance in this at-risk population, as well as direction for the medical management of pain complicated by opioid-induced hyperalgesia.

*Hyperalgesia in Methadone-Maintained Patients: Can It be Treated? was funded by the National Institute on Drug Abuse, Grant 5 R01 DA015463 to UCLA School of Nursing, with collaboration by UCLA ISAP (September 2002 through May 2007).*

### **Clinical Research Education for Drug Abuse Professionals**

*Thomas Newton, M.D., Principal Investigator (tnewton@ucla.edu)  
Richard De La Garza, II, Ph.D., Project Director*

The Clinical Research Education for Drug Abuse Professionals (CREDAP) program seeks to increase and improve clinical research expertise among health care professionals addressing drug dependence. The overarching goal of the CREDAP program is to provide a coordinated, sustainable infrastructure of dedicated education and training that will produce independent healthcare professionals capable of conducting and disseminating clinical research pertaining to drug dependence and its treatment, issues of great importance for public health. Formal evaluation will be utilized to provide input on areas that can be improved. The curriculum includes a coordinated education program of clinical research training combining formal coursework and hands-on research and clinical experiences. By immersion in the uniquely integrated environment of research, education, and practice offered by the program and its setting at UCLA, post-residency psychiatrists and other drug abuse professionals receive comprehensive education and training in clinical research topics and methods pertinent to the study of drug dependence and its treatment.

*Clinical Research Education for Drug Abuse Professionals was funded by the National Institute on Drug Abuse, Grant 2 R25 DA14593 (September 2002 through May 2007).*

### **Laboratory Models of Cocaine Self-Administration**

*Thomas Newton, M.D., Principal Investigator (tnewton@ucla.edu)  
Todd Zorick, M.D., Stefan Rowney, M.D., Gilles Fleury, M.D., & James McCracken, M.D., Co-Investigators  
Richard De La Garza, II, Ph.D., Project Director*

The purpose of this study is to determine the effects of treatment with disulfiram on self-administration of cocaine on cocaine users. This study involves two 9-day inpatient stays on an inpatient research unit at UCLA. On study days 5 and 7, subjects will choose between a cocaine dose and a money alternative. Participants make 10 choices at 15-minute intervals during each session. The amount of money available begins at \$.05 and increases to \$16. The dose of cocaine available is either 0mg or 20mg per choice, and one dose (either no cocaine or 20 mg cocaine) is randomly assigned each day. Throughout each session blood pressure and subjective effects will be assessed. On study days 1, 4, and 8, participants will complete neurocognitive testing. During these procedures, participants' heart rate variability will also be assessed. Each participant will complete this experiment twice, once

while receiving daily placebo and once while receiving daily disulfiram in a randomized order.

Laboratory Models of Cocaine Self-Administration was funded by the National Institute on Drug Abuse, Grant 1 R01 DA017705 (September 2005 through June 2009).

### **Double-Blind, Placebo-Controlled Trial of Topiramate for the Treatment of Methamphetamine Dependence**

*Richard A. Rawson, Ph.D., Principal Investigator (rrawson@mednet.ucla.edu)*  
*Donnie Watson, Ph.D., & Mark Hrymoc, M.D., Co-Investigators*  
*Valerie Pearce, B.A., Project Director*

This is a double-blind, multicenter, placebo-controlled, randomized, parallel group design study on methamphetamine-dependent outpatients. This protocol is coordinated through the Department of Veterans Affairs and the Cooperative Studies Program Coordinating Center. Subjects ( $N = 140$ ) with DSM-IV criteria for methamphetamine (MA) dependence will be randomized in a 1:1 ratio to daily dosing with the investigational products, topiramate or matched placebo. Once during baseline and once per week during the 12-week treatment phase, all subjects will receive Brief Behavioral Compliance Enhancement Treatment (BBCET), a manual-driven, low-intensity supportive program to foster, maintain, and promote compliance with investigational product use and to promote continuation in the study. A final follow-up assessment will be conducted approximately 28 days after completion of treatment.

The topiramate protocol will be conducted by investigators associated with eight organizations: UCLA/Friends Research Institute, Torrance, California; Matrix Institute on Addictions, Costa Mesa, California; South Bay Treatment Center, San Diego, California; Iowa Health Systems (Office of Research, Lutheran Hospital), Des Moines; University of Virginia Health System, Charlottesville; Salt Lake City Health Care System, Utah; START Research & Treatment, Kansas City, Missouri; and University of Hawaii (Queens Hospital) Honolulu. This study is a preliminary assessment of the efficacy and safety of topiramate in reducing MA use in subjects with MA dependence. It is hypothesized that topiramate treatment, compared to placebo, will be associated with fewer days of MA use as measured by quantitative urine analysis for MA.

Double-Blind, Placebo-Controlled Trial of Topiramate for the Treatment of Methamphetamine Dependence was funded by the National Institute on Drug Abuse, Contract NIDA-CSP-1025 (October 2005 through March 2007).

### **Perindopril-Methamphetamine Interaction Study**

*Thomas Newton, M.D., Principal Investigator (tnewton@ucla.edu)*  
*Charles Glatt, M.D., Roger Donovan, M.D., Timothy Fong, M.D., Matt Torrington, M.D., Arif Karim, M.D., & Gilles Fleury, M.D., Co-Investigators*  
*Richard De La Garza, II, Ph.D., Project Director*

The aim of this Phase I trial is to assess the safety of perindopril treatment in a population of methamphetamine (MA) users so that an outpatient trial can be conducted to assess whether perindopril will decrease craving and relapse and thus help with cessation of MA use. This is a double-blind inpatient study in which, after establishing eligibility by screening the responses to MA infusions of 15 and 30mg IV, subjects will be randomized to receive either perindopril (2, 4, 8, or 16mg) or matched placebo. On the third and fifth day of perindopril (or placebo) treatment, subjects will receive additional MA infusions of 15 and 30mg. Each MA infusion will either be preceded or followed at 1 hour by a control saline infusion in random order. Safety of MA administration in perindopril-dosed subjects will be evaluated using primarily cardiovascular assessments. Subjective effects of MA as well as ratings of craving will also be assessed.

Perindopril-Methamphetamine Interaction Study was funded by the National Institute on Drug Abuse, Grant 1 R21 DA017182 (September 2003 through December 2006).

## **Criminal Justice Populations**

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### **Project BRITE: Behavioral Reinforcement to Increase Treatment Engagement**

*William Burdon, Ph.D., Principal Investigator (wburdon@ucla.edu)*  
*Michael L. Prendergast, Ph.D. (mlp@ucla.edu), Co-Investigator*

Project BRITE will (1) test the impact of a behavioral reinforcement intervention on inmate engagement in prison-based substance abuse treatment (thereby improving both psychosocial functioning over the course of treatment and post-release outcomes [e.g., decreased drug use and reincarceration]), and (2) assess the process by which this evidence-based innovation is implemented and sustained within prison-based treatment programs, within the context of Diffusion of Innovations theory. This theory explains the process by which innovations are communicated to and adopted by individuals within a social system or organization over a period of time. Male and female inmates ( $N = 260$ ) receiving referrals to intensive outpatient treatment will be randomly assigned to one of two types of programs (i.e., conditions): behavioral

reinforcement (BR) or standard treatment (ST). Inmates assigned to the BR programs will receive positive behavioral reinforcement contingent upon their attendance and participation in regularly scheduled program activities. Reinforcement will be in the form of Motivational Incentive (MI) points that can be redeemed for commissary items and/or privileges or donated to a "community charity" (a measure of altruism). Subjects will be interviewed at baseline and upon discharge from the programs. Records-based data will be collected on aftercare participation, drug use, and reincarceration 9 months following release from prison. This project is being conducted in collaboration with the Washington State Department of Corrections and CiviGenics, Inc.

*Project BRITE was funded by the National Institute on Drug Abuse, Grant 1 R01 DA017856-01 (July 2005 through June 2009).*

### Evaluation of the Mental Health Services Continuum Program

*David Farabee, Ph.D., Principal Investigator  
(dfarabee@ucla.edu)  
Joy Yang, M.P.P., Project Director*

To enhance the California Department of Corrections' ability to identify and treat mentally ill parolees, the Mental Health Services Continuum Program (MHSCP) was developed by the Parole and Community Services Division (P&CSD) in July of 2000. The purpose of the MHSCP is to enhance the quality and timeliness of mental health services provided to mentally ill parolees after release, with the overarching goal of reducing recidivism and improving public safety. The current project is a 4-year evaluation of the MHSCP initiative for the period of July 1, 2002, through June 30, 2006. The purpose of the evaluation is to answer the following: (1) How well were the in-prison and community-based components planned, developed, and implemented? (2) What problems were encountered and how were they addressed? and (3) What impact does the MHSCP program have on recidivism of mentally ill parolees?

*Evaluation of the Mental Health Services Continuum Program was funded by the State of California, Department of Corrections, Contract P02.0016 (July 2002 through June 2008).*

### Evaluation of Female Offender Treatment and Employment Program (FOTEP)

*Christine E. Grella, Ph.D., Principal Investigator  
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The goal of the FOTEP project is to enable the successful reintegration of women parolees into the community, particularly in regard to reducing criminal behavior,

substance use, and welfare dependence, and to strengthen family relationships and employment skills. The FOTEP evaluation study consisted of a quasi-experimental study with a sample of FOTEP participants ( $n = 343$ ) and a Comparison group of eligible, but non-participating, female parolees ( $n = 157$ ). All participants initially participated in in-prison substance abuse treatment; about two thirds of the sample then transferred to community-based treatment in FOTEP, while the others were paroled to the community and referred to treatment as usual. A 12-month follow-up interview was conducted with about 90% of the study sample from 2001-2003 and outcomes were assessed regarding their drug use, criminal behavior, employment, parental status, and psychosocial functioning. Recidivism (i.e., return-to-prison) has also been analyzed for up to 48 months following parole using administrative data. Analyses have shown that longer time in FOTEP treatment (at least 150 days) reduces the likelihood of a return to prison by about half, and that individuals who complete FOTEP treatment are significantly less likely to return to prison as compared with individuals in the Comparison group. Ongoing analyses are using administrative data and data collected from participants to evaluate the outcomes of FOTEP participation.

*Evaluation of Female Offender Treatment and Employment Program (FOTEP) was funded by the State of California, Department of Corrections, Office of Substance Abuse Programs, Contract C03.052 (July 2003 through June 2009).*

### Gender-Responsive Treatment for Women in Prison

*Nena Messina, Ph.D., Principal Investigator  
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Christine E. Grella, Ph.D., Co-Investigator  
Jerry Cartier, M.A., Project Director*

UCLA Integrated Substance Abuse Programs (ISAP) is conducting a 2-year pilot study to test the efficacy of a drug abuse treatment program designed for drug-dependent women in prison based on an established theoretical model of women's development. Specifically, the study will determine the relative effectiveness of a women-focused (WF) treatment program based on relational theory (Miller, 1976; Covington, 1999; 2003) compared to a standard prison therapeutic community (TC). The WF curriculum has been fully developed (Covington, 1999; 2003); however, this study will be the *first empirical test of the curriculum*, which could result in its further refinement for use in prison programs. The study will use an experimental design with random assignment of 100 women inmates to the two treatment conditions (WF vs. TC). The study has the following specific aims:

- To evaluate the impact of a theoretically based gender-responsive program on program performance, aftercare participation, substance abuse, psychological well-

being, and recidivism for women offenders, compared to the impact of a standard prison TC program.

- To qualitatively assess women's perceptions of their treatment experiences in the gender-responsive and standard TC treatment programs to refine and improve the gender-responsive model of treatment.

Gender-Responsive Treatment for Women in Prison was funded by the National Institute on Mental Health, Grant 1 R21 DA018699 (August 2005 through June 2007).

### Gender-Responsive Treatment for Women Offenders

Michael Prendergast, Ph.D., Principal Investigator  
(mlp@ucla.edu)

Nena Messina, Ph.D., & Elizabeth Hall, Ph.D.,  
Co-Investigators

This 5-year study is designed to determine whether drug abuse treatment programs designed specifically for women offenders result in better outcomes than do the standard treatment programs now provided for them. Consistent findings regarding the greater severity of women's drug abuse, past trauma, and psychological disorders have led many researchers to advocate the use of gender-responsive treatment for women as a more appropriate and effective way to facilitate their recovery. As policymakers and treatment providers consider expanding treatment options for women offenders, it is critically important to determine whether women-only (WO) treatment programs do produce better outcomes than standard mixed-gender (MG) programs. The study involves the cooperation of community-based drug abuse treatment agencies providing Drug Court, Substance Abuse Crime and Prevention Act (SACPA), perinatal, and other outpatient treatment within Los Angeles County. The study uses a quasi-experimental design with study intake into two treatment conditions (MG vs. WO) and has the following specific aims:

- To evaluate the impact of WO programs on drug use, criminal activity, and social functioning (e.g., employment, education, parenting behavior) for women offenders, compared to the impact of MG programs.
- To qualitatively assess women's perceptions of their treatment experiences in the WO and MG treatment programs.

Gender-Responsive Treatment for Women Offenders was funded by the National Institute on Drug Abuse, Grant 1 R01 DA016277 (September 2004 through August 2009).

### Substance Abuse Treatment Facility: Cohort Evaluation and Focused Studies

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David Farabee, Ph.D., Co-Investigator  
Jerome Cartier, M.A., Project Director

As of this writing, there are three main goals of this continuing evaluation of the Substance Abuse Treatment Facility (SATF). The first is to conduct an additional 3-year analysis of official California Department of Corrections (CDC) data to determine whether subsequent cohorts of SATF parolees have declining levels of recidivism during the first 12 months of parole. The second is a qualitative study to improve aftercare attendance by focusing on substance abuse program (SAP) parolees' (N = 50) transitional issues by conducting pre-release focus groups and a series of post-release telephone interviews. Using the data from this study, UCLA will work collaboratively with the treatment provider (Walden House) to develop a brief pre-release intervention to encourage parolee participation in community treatment. The third study (N = 300) uses the Criminal Justice - Client Evaluation of Self and Treatment (CJ-CEST) and the Criminal Thinking Scale (CTS) to measure change in SAP participants over time during treatment. Data from this study (instrument scores) will be used to predict entrance to post-release community treatment, retention in community treatment, and 12-month recidivism rates. Should outcomes prove significant for certain scales on these instruments, UCLA ISAP will train treatment staff in the administration, scoring, and interpretation of the instruments. A fourth study is under current development and will be described in the next report.

Substance Abuse Treatment Facility: Cohort Evaluation and Focused Studies was funded by the California Department of Corrections; Agreement C06.082 (July 1, 2006 - June 30, 2010).

### The Pacific Coast Research Center of the NIDA CJ-DATS

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Elizabeth Hall, Ph.D., Project Director

The goal of the multisite Criminal Justice Drug Abuse Treatment Research Studies (CJ-DATS), funded by the National Institute on Drug Abuse (NIDA), is to establish a research infrastructure to test the effectiveness of integrated treatment models within criminal justice settings. A key feature of the project is its emphasis on promoting collaboration among researchers, clinicians, and correctional staff/administrators. Toward this end, ISAP created the Pacific Coast Research Center, which has

research partners in California, Oregon, and Washington, including departments of corrections and community treatment agencies (Mental Health Systems, Phoenix House, and Walden House in California; New Directions Northwest and DePaul Treatment Center in Oregon; and CiviGenics, Inc., in Washington). The CJ-DATS research system, which consists of nine research centers, a coordinating center, and NIDA, is designed to evaluate interventions in multisite studies that address systems-level issues related to integrating public health and public safety approaches for drug-using offenders. Approved studies include evaluations of (1) a case management model to improve the transition process from prison to community, (2) a model that integrates parole officers into the treatment program, (3) a prison exit survey designed to determine what level of care is needed during parole, (4) specialized models of treatment for adolescent offenders, and (5) instruments intended to measure progress over the course of treatment. (Additional information is available at [www.uclaprcr.org](http://www.uclaprcr.org).)

The Pacific Coast Research Center of the NIDA CJ-DATS was funded by the National Institute on Drug Abuse, Grant 5 U01 DA16211 (September 2002 through August 2007).

### **Evaluation of the Substance Abuse and Crime Prevention Act of 2000**

*Darren Urada, Ph.D., Principal Investigator  
(durada@ucla.edu)  
Angela Hawken, Ph.D., Co-Investigator  
Elizabeth Evans, M.A., Project Director*

In November 2000, 61% of California voters approved Proposition 36, subsequently enacted into law as the Substance Abuse and Crime Prevention Act, or SACPA. This legislation mandated a major shift in the state's criminal justice policy. Under SACPA, nonviolent drug possession offenders may choose to receive drug abuse treatment in the community instead of being sentenced to a term of incarceration or being placed under community supervision without treatment. ISAP is conducting a statewide evaluation of SACPA to examine its implementation, costs and cost-savings, and influence on offender behavior. The evaluation will examine SACPA's effect on eligible offenders and subpopulations of eligible offenders. The evaluation will communicate findings to state and national audiences and identify implications for criminal justice and treatment policy. (Additional information is available at [www.uclaisap.org/prop36/index.html](http://www.uclaisap.org/prop36/index.html).)

Evaluation of the Substance Abuse and Crime Prevention Act of 2000 was funded by the State of California, Contract 00-00124 (June 2001 through December 2006).

## **HIV/AIDS**

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### **HIV Prevention for Heterosexual Methamphetamine Users in Drug Treatment**

*Mary-Lynn Brecht, Ph.D., Principal Investigator  
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Elizabeth Evans, M.A., Project Director*

This study is using personal interviews to collect data on HIV and injection risk behaviors, risk-related information/skills, risk-seeking, impulsivity, and resistance to coercion in a sample of 400 methamphetamine-using offenders referred to drug treatment in Kern County, California. Analyses will describe HIV risk behaviors in this sample and test relationships between these behaviors and psychosocial factors, risk-seeking, impulsivity, and resistance. Because drug treatment offers a prime opportunity for intervention aimed at prevention of HIV risk behavior, this pilot study is examining patterns of these behaviors in order to form a basis for developing interventions tailored for this population.

HIV Prevention for Heterosexual Methamphetamine Users in Drug Treatment was funded by the Universitywide AIDS Research Program, Grant ID05-LA-011 (September 2005 through August 2007).

### **Caregiver Intervention for Perinatally Infected Children Unaware of Their HIV Status**

*Debra A. Murphy, Ph.D., Principal Investigator  
(dmurphy@mednet.ucla.edu)  
Judith Resell, Ph.D., Project Director*

Nineteen women who had disclosed their child's seropositive status to the child when the child was age 8 to 12 were administered in-depth, qualitative interviews. The interview questions focused on exactly how the caregiver disclosed the information to the child, the child's immediate reactions, whether the child's reactions changed over time, how the disclosure affected the caregiver-child relationship as well as the health care provider-child relationship, and caregiver advice to other caregivers who have not yet disclosed to their perinatally infected children that they are HIV-positive. Following the qualitative interviews, four women were selected to be re-interviewed and videotaped. A final DVD has been made of the stories of these four caregivers.

Caregiver Intervention for Perinatally Infected Children Unaware of Their HIV Status was funded by the University of Alabama, Subcontract 046a (March 2005 through February 2007).



## **Drug Use and HIV-Infected Female Adolescents' Care Use**

*Debra A. Murphy, Ph.D., Principal Investigator  
(dmurphy@mednet.ucla.edu)*

Aims of the study are to explore the inter-relationships between substance use, mental health, and peer and kin network substance use influences on engagement in care of HIV-infected adolescent females. Examining a sample of 200 HIV+ adolescent females, we will determine how drug use and mental health directly and interactively affect engagement in care, and how drug use among members of HIV-infected adolescent females' social and kin networks affect adolescent females' engagement in care.

Drug Use and HIV-Infected Female Adolescents' Care Use was funded by John Hopkins University, Subcontract 8202-83054-X (September 2001 through July 2006).

## **Family-Based HIV Prevention for Adolescent Females**

*Debra A. Murphy, Ph.D., Principal Investigator  
(dmurphy@mednet.ucla.edu)  
Judith Resell, Ph.D., Project Director*

The objective of this study is to test the feasibility of implementing a mother-daughter risk reduction intervention for at-risk female adolescents, and to preliminarily explore intervention effectiveness. A sample of 68 African American or mixed-race female adolescents age 15 to 19 and their mothers or mother figure (total  $N = 136$ ) will be randomized to either: a family-based risk reduction intervention or a no-treatment control group condition. Aims of this pilot study are to: develop a theoretically driven, developmentally appropriate family-based intervention to reduce risk of HIV transmission among disadvantaged, minority adolescent females who live in high HIV prevalence areas; conduct a preliminary efficacy test of the intervention to determine if trends toward significant effects for reducing unprotected sex and/or reducing substance use are found; and explore the feasibility of different recruitment methods for engaging mother (and mother figure)/daughter pairs to participate in the intervention.

Family-Based HIV Prevention for Adolescent Females was funded by the University of Alabama, Subcontract 012 (March 2006 through February 2007).

## **HEALTHY CHOICES: Motivational Enhancement Therapy Intervention to Promote Health and Reduce Risk in HIV-Infected Adolescents**

*Debra A. Murphy, Ph.D., Principal Investigator  
(dmurphy@mednet.ucla.edu)*

The primary objective of this study is to determine the efficacy of a motivational enhancement intervention in reducing health risk behaviors (drug and alcohol use, sexual risk behavior, poor adherence to medications) among HIV+ youth. Youth ( $N = 225$ ) will be randomized to receive a four-session motivational intervention and referrals (Healthy Choices) or standard care plus referrals.

HEALTHY CHOICES: Motivational Enhancement Therapy Intervention to Promote Health and Reduce Risk in HIV-Infected Adolescent was funded by the University of Alabama, Subcontract 004 (July 2004 through February 2007).

## **Center for HIV Identification, Prevention and Treatment Services**

*Mary Jane Rotheram-Borus, Ph.D., Principal Investigator  
(rotheram@ucla.edu)  
Debra A. Murphy, Ph.D., Co-Investigator*

This Center comprises an interdisciplinary group from UCLA, Drew University, RAND, and the Los Angeles County community (Department of Health and community-based agencies) with the aim to enhance understanding of HIV research and to promote early detection and effective prevention and treatment programs for HIV at the societal, community, and individual levels.

Center for HIV Identification, Prevention and Treatment Services was funded by the National Institute of Mental Health, Grant 2 P30 MH58107 (September 1997 through December 2006).

## **The Impact of Maternal HIV on Early & Middle Adolescents**

*Debra A. Murphy, Ph.D., Principal Investigator  
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Judith Resell, Ph.D., Project Director*

This study is an extension and expansion of a longitudinal assessment study (RO1-MH 57207) of mothers with AIDS (MWAs) and their well children aged 6 to 11. The cohort of children will be transitioning to early and middle adolescence, and the MWAs and children will continue to be followed, with additional new measures to investigate behaviors associated with this developmental period. We have little information about the effects of maternal HIV on early and middle adolescents, particularly minority

youth. Early adolescence is a developmental period when problem behaviors first emerge, and findings from our original study suggest that having an MWA may increase negative outcomes. The goal of this competing renewal is to continue to follow the sample every 6 months for an additional 36 months.

*The Impact of Maternal HIV on Early & Middle Adolescents was funded by the National Institute of Mental Health, Grant 5 R01 MH57207 (December 2002 through November 2007).*

### **Behavioral Therapy Development for Methamphetamine Abuse**

*James Peck, Psy.D., Principal Investigator  
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Steven Shoptaw, Ph.D., & Ardis Moe, M.D.  
Co-Investigators*

This 2-year NIDA-funded developmental study conducts Phase Ia/Phase Ib treatment development work by adapting and refining a cognitive-behavioral intervention for HIV-seropositive methamphetamine-abusing men who have sex with men and evaluating the feasibility of delivery in an HIV medical care setting.

*Behavioral Therapy Development for Methamphetamine Abuse was funded by the National Institute on Drug Abuse, Grant 1 R21 DA018075 (September 2004 through July 2006; extended to July 2007).*

## **International Activities**

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### **International Training Program for United Nations Global Network of Drug Abuse Treatment Centers**

*Richard A. Rawson, Ph.D., Principal Investigator  
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Walter Ling, M.D., Co-Investigator  
Anne Bellows, M.S.W., Project Director*

In December 2005, the United Nations Office on Drugs and Crime (UNODC) launched the "International Network of Drug Dependence Treatment and Rehabilitation Resource Centres," a global initiative to address the growing demand for accessible and quality drug treatment and rehabilitation services and HIV/AIDS prevention and care. UCLA ISAP was chosen as the lead center for the capacity building arm of this effort. This project addresses the disparate technical capacity of many regions of the world to provide diversified and effective drug treatment and rehabilitation services. ISAP is coordinating the effort to deliver a multivolume training package to the Network. The ultimate goal is to

increase the capacity of the treatment centers to deliver a variety of treatment and rehabilitation interventions in all represented regions over the next 2 years.

The Network of Resource Centres, under ISAP's coordination, has assessed the training/capacity-building needs of the regions represented by Network members. ISAP has used the knowledge gained from these needs assessments to develop a series of capacity building training volumes. Initial priority areas that will be included in the volumes are substance abuse assessment, psychosocial interventions, and pharmacotherapies. These volumes are designed to train service providers in a "training of trainers" method. The first providers trained will subsequently train a second generation of service providers in their own regions. (Additional information is available at [www.uclaisap.org/InternationalProjects/html/unodc/index.html](http://www.uclaisap.org/InternationalProjects/html/unodc/index.html).)

*International Training Program for United Nations Global Network of Drug Abuse Treatment Centers was funded by the United Nations Office on Drugs and Crime, Grant 05-673 (December 2005 through May 2007).*

### **A Substance Abuse Monitoring System for Egyptian and Israeli Communities**

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Drug use in Egypt and Israel appear to be considerable, though minimal data document this significant issue in both countries. This scarcity of data makes it virtually impossible to develop interventions, be they preventive, educational, treatment-oriented, or interdictive in nature. The primary research objective of this project is to create a data collection infrastructure, similar to the Community Epidemiology Workgroup (CEWG) developed by the U.S. National Institute on Drug Abuse, in several cities in Israel and within several communities in Cairo, Egypt. A multinational team of scientists from Egypt, Israel, the United States, and the United Nations was brought together to create the work plan for this project. Using the Addiction Severity Index (ASI), developed by Tom McLellan of the University of Pennsylvania, as the primary tool for data collection in Israel and an adapted version of the ASI, the Egyptian Addiction Severity Index (EASI), to be used in Egypt, data collected will be compared across sites in Israeli and Egyptian communities, and may be compared with several hundred programs participating in the Drug Evaluation Network System (DENS) in the United States. To date, data have been collected on nearly 2,000 substance abuse treatment admissions. Once completed, the analysis and subsequent dissemination of the results

should prove to be invaluable to the Israeli and Egyptian health ministries when allocating resources.

*A Substance Abuse Monitoring System for Egyptian and Israeli Communities was funded by the United States Agency for International Development, Grant TA-MOU-02-M23-010 (December 2002 through December 2006).*

### **Cognitive Behavioral Therapy Training Project in the Republic of South Africa (CBTTPRSA)**

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Lusanda Rataemane, M. Sc., & Jason McCuller, M.A., Project Directors*

The goal of this project is to assess the efficacy of three training approaches on Republic of South Africa (RSA) clinicians' ability to adhere to the core elements of a research-based model for individual cognitive behavioral therapy (CBT) that is adapted for use in RSA. These methods include: (1) An in-vivo (IV) CBT program in which clinicians receive training and supervision from an expert trainer; (2) A distance learning (DL) training and supervision approach via a teleconferenced and interactive broadcast with the same expert trainer; and (3) A self-instructional-manual-only approach (MO). (Additional information is available at [www.uclaisap.org/InternationalProjects/html/cbttp/index.html](http://www.uclaisap.org/InternationalProjects/html/cbttp/index.html).)

*CBTTPRSA was funded by the National Institute on Drug Abuse, Grant DA019063 to Friends Research Institute, Inc. (September 2005 through June 2010).*

### **Middle East Peace-Building Through Cooperative Epidemiology**

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Prominent substance abuse experts from 23 countries gathered in Istanbul, Turkey, on Sept. 5-7, 2005, to share information on the substance abuse challenges facing their countries and regions, to promote regional cooperation on substance abuse issues, and to discuss the integration of substance abuse treatment services with primary care, mental health, and social service systems in countries with developing systems. Many of the participants in attendance came from areas of the world that have histories of conflict with each other, including Iraq, Iran, Israel, Palestine, Afghanistan, Russia, and the United States. However, these participants set aside cultural and

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political differences to create a cooperative and productive atmosphere in which to discuss science-based answers to substance abuse challenges. While the presentations formed the core of the conference, the dialogues emerging outside of the conference room were just as important. It was not uncommon to witness Middle Eastern participants having a lively debate about the Israeli-Palestinian situation and then have that conversation turn to shared solutions to substance abuse problems. Both anecdotal evidence and feedback on a survey at the end of the conference suggest that many participants intend to pursue professional cooperation based on discussions and contacts made at the conference. UCLA is continuing to build on the conference through cooperation with international partners and information dissemination. (Additional information is available at [www.uclaisap.org/dssat2005/index.html](http://www.uclaisap.org/dssat2005/index.html).)

*Middle East Peace Building through Cooperative Epidemiology was funded by the U.S. Institute of Peace, Grant SG-233-03F (June 2004 through November 2005).*

### **Natural History/Treatment Process and Outcomes**

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#### **Two Models of Telephone Support for Stimulant Recovery**

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The purpose of this study is to develop and compare the efficacy of four low-cost, telephone support protocols for patients who have completed the intensive phase of a structured, outpatient stimulant abuse treatment protocol. Patients ( $N = 500$ ) who have successfully completed the 4-month Matrix Outpatient Model of stimulant abuse treatment are randomly assigned to one of five aftercare counseling conditions: (1) unstructured/non-directive, (2) unstructured/directive, (3) structured/non-directive, (4) structured/directive, or (5) standard referral to aftercare without telephone counseling (control). The two structured conditions are based on the behavioral "prompts" identified by Farabee et al. (2002) as being associated with drug avoidance. In the non-directive conditions, patients state their own goals and how they intend to achieve them. In the directive conditions, the coaches provide specific recommendations for the adoption of as many drug-avoidance activities as possible. Certain patient personality traits or styles are also assessed for their possible interaction with the telephone counseling dimensions. Outcomes will be tracked at 6 and 12 months following completion of primary treatment and will include

measurement of participation in drug-avoidance activities (including aftercare participation), as well as self-reported and objective measures of substance use and associated prosocial behavior change.

Two Models of Telephone Support for Stimulant Recovery was funded by the National Institute on Drug Abuse, Grant 1 R01 DA018208 (August 2005 through July 2010).

### **Gender Differences in a Long-Term Follow-up of Opiate Users in California**

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This study is conducting a 25-year follow-up of opiate-dependent women ( $n = 337$ ) and men ( $n = 577$ ) who were originally sampled from methadone maintenance clinics in six Central and Southern California counties in the late 1970s. In-depth natural history interviews were conducted with subjects between 1978 and 1981. The natural history database established by this initial assessment will be extended in the current study, covering an additional period of approximately 25 years. The focus of the study is on gender differences in the factors that influence relapse to and cessation of opiate use over the course of the addiction career; transitions to other types of drug use; the relationship of psychosocial functioning to patterns of use; patterns of criminal activity, arrest, incarceration, and legal supervision; drug treatment utilization and other social interventions and associated outcomes; health status and health services utilization; and predictors and correlates of mortality. Information on the cause of death for deceased subjects is also being collected, and standard mortality ratios and years of life lost will be computed for gender differences within the sample and in comparison to the general population. The study will improve our understanding of gender differences in the long-term patterns and consequences of opiate use among this California-based treatment sample.

Gender Differences in a Long-Term Follow-up of Opiate Users in California was funded by the National Institute on Drug Abuse, Grant 1 R01 DA015390 (May 2004 through February 2008).

### **Center for Advancing Longitudinal Drug Abuse Research (CALDAR)**

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*Cheryl Teruya, Ph.D., Project Director*

The overarching theme of the UCLA Center for Advancing Longitudinal Drug Abuse Research (CALDAR), a

multidisciplinary research unit, is the development and application of rigorous scientific approaches for advancing longitudinal research on substance abuse and its interplay with HIV infection, substance abuse treatment, and other service systems. The aims of CALDAR are to: (1) increase knowledge of longitudinal patterns of drug addiction and their interplay with HIV infection, drug treatment, and other service systems (e.g., mental health, criminal justice, welfare, medical care); (2) enhance the quality and efficiency of research conducted by Center-supported projects by providing centralized support to serve common project functions; (3) provide opportunities for scientific collaboration and cross-project analyses, stimulating conceptual development and integration, and advancing improved research methodologies and statistical approaches; and (4) enhance the relevance and application of longitudinal research on drug use by facilitating dissemination of integrated project findings to a variety of communities. Infrastructure and activities of the Center are designed to provide intensive training for enhancing the conceptualization of and methodological approaches to conducting longitudinal research, and to disseminate empirical findings on life-course drug-use trajectories and their interplay with social and service systems. Special emphasis is placed on minority and/or underserved populations, who often carry a disproportionate burden of the social problems related to substance abuse and HIV/AIDS. (Additional information is available at [www.CALDAR.org](http://www.CALDAR.org).)

The Center for Advancing Longitudinal Drug Abuse Research was funded by the National Institute on Drug Abuse, Grant 5 P30 DA016383 (September 2005 through August 2010).

### **Drug Treatment and Mental Health Services: Access and Outcomes**

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Improving access to services and outcomes for people with co-occurring disorders is a national initiative, and many state and local authorities are enhancing systems to ensure that patients receive needed services. In recent years, some substance abuse treatment programs have “specialized” in providing treatment specifically for substance-abusing populations with co-occurring mental health disorders and have adopted a “dual diagnosis” orientation to treatment. We are examining access and utilization of mental health services and outcomes among patients with co-occurring disorders by conducting secondary analyses of data already collected on approximately 14,000 participants in a statewide substance abuse treatment outcome monitoring project called the California Treatment Outcome Project. Specifically, we are investigating: (a) the number and type of patients who receive mental health services, and how program factors influence access and utilization of mental health services,

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and (b) how different structures of drug treatment and mental health services are related to short- and long-term outcomes. Outcomes of patients receiving mental health services provided within the context of substance abuse treatment versus outcomes of patients acquiring services provided by a separate mental health provider will be compared. Findings will inform policymakers on the gaps in service delivery to dually diagnosed individuals and will delineate the results of different forms of service provision, which will support development of strategies to enhance outcomes.

*Drug Treatment and Mental Health Services: Access and Outcomes was funded by the Robert Wood Johnson Foundation, Grant 052784 (March 2005 through February 2006).*

### **Treatment System Impact and Outcomes of Proposition 36**

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Approved by California voters in 2000, the Substance Abuse and Crime Prevention Act (or "Proposition 36") allows adult drug offenders to receive community-based drug treatment in lieu of incarceration. This study investigates the impact of Proposition 36 on the treatment service delivery system and treatment outcomes. Specifically, the project aims to:

- Describe counties' plans and strategies for implementing Proposition 36 in their drug treatment systems as well as the characteristics of drug offenders diverted to treatment;
- Assess the treatment system impact of and response to Proposition 36, including changes in clinical practices and organizational adaptations;
- Assess the influence of program and staff characteristics on Proposition 36 client treatment retention and completion;
- Assess services received by Proposition 36 clients;
- Assess client self-reported treatment outcomes (e.g., drug use, criminal involvement); and
- Assess client treatment outcomes in other health/social data systems.

Participating in the project are approximately 10,000 Proposition 36 clients recruited by 36 treatment agencies in seven counties (Kern, Los Angeles, Riverside, Sacramento, San Diego, San Francisco, Shasta). Study findings will elucidate the effects of implementing this new drug policy on the treatment service delivery system, identify factors that influence the treatment outcomes among drug-abusing offenders, and provide information

crucial to understanding how the implications of the act on the treatment system may affect future strategies for treating California's large drug-abusing offender population. (Additional information is available at [www.uclaisap.org/Prop36/tsi/index.html](http://www.uclaisap.org/Prop36/tsi/index.html).)

*Treatment System Impact and Outcomes of Proposition 36 was funded by the National Institute on Drug Abuse, Grant 5 R01 DA15431 (July 2002 through June 2007).*

### **Los Angeles County Evaluation System (LACES): An Outcomes Reporting Program**

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The Los Angeles County Evaluation System (LACES) is designed to assess the overall effectiveness of the county's alcohol and drug treatment/recovery system and measure the effectiveness of specific service modalities and service components. To accomplish this, LACES augmented the intake and discharge questions used by the county's alcohol and drug treatment/recovery system. The revised admission and discharge questions provide information that is used to evaluate the treatment system at the county level, but they also serve to satisfy the additional requirements outlined by the state under the California Outcomes Measurement System (CalOMS) and the federal government as defined by the National Outcomes Measurement System (NOMS). The changes to the admission and discharge questions ensure that Los Angeles County is at the forefront of the movement to bring more accountability to the alcohol and other drug treatment system. In addition, the information gained from the revised admission and discharge questions allow LACES to assess individual programs through the use of site reports that provide outcome and performance information based on the same areas under examination by the state and federal governments. Future tasks for LACES include the assessment of participants' satisfaction with treatment and the further refinement of the site reports to include benchmarks to measure and improve program performance. (Additional information is available at [www.laces-ucla.org](http://www.laces-ucla.org).)

*Los Angeles County Evaluation System (LACES): An Outcomes Reporting Program was funded by the Los Angeles County Alcohol and Drug Program Administration, Contract H700244 (March 2004 through June 2007).*

### **Factors Associated with Help-Seeking and Change in Substance Use**

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This project uses cross-sectional and longitudinal data from Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) to identify the factors associated with why people with an alcohol or drug use disorder improve and maintain improvement in their substance use. The first objective of this project is to identify the factors associated with changes in substance use among individuals with a lifetime diagnosis of abuse or dependence on either alcohol, drugs, or both alcohol and drugs. The second objective of this project is to identify the factors associated with help-seeking among these same individuals. The third objective is to identify the factors associated with maintaining improvement from Wave 1 to Wave 2 of NESARC among individuals who had a lifetime substance use disorder but who no longer met criteria for diagnosis in the year preceding Wave 1. The results of this study will provide new information about the initiation and maintenance of behavior change. This information may contribute significantly to informing public policy, prevention, and treatment efforts.

Factors Associated with Help-Seeking and Change in Substance Use was funded by the National Institute on Alcohol Abuse and Alcoholism, Grant 1 R01 DA020944 (September 2005 through August 2008).

### **Psychotherapy Process in Alcohol Treatment Matching**

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This project examines interactions between therapist behaviors and patient attributes in behavioral treatment for alcoholism. The project uses causal chain analysis to identify the mechanisms underlying these interaction effects, hence providing insight into why and how alcohol treatments work. A multi-dimensional matching typology will be developed based on the study's findings to provide treatment providers with practical guidelines to improve the drinking outcomes of patients with alcoholism.

Psychotherapy Process in Alcohol Treatment Matching was funded by the National Institute on Alcohol Abuse and Alcoholism, Grant 2 R01 AA12155 (September 2004 through July 2008).

### **Treatment Motivation in Drug Users**

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It is commonly believed that drug abuse treatment success depends largely on the client's motivation during a given episode of treatment and over the course of the treatment career. But treatment motivation has shown only modest predictive value in drug-abuse research, and the concept of treatment motivation is not yet well understood in regard to drug users. This observational study is designed to examine correlates of motivation for treatment and motivation to quit drug use, and to identify variables that moderate the power of motivation as a predictor of treatment retention and outcomes. Phase 1 of the study includes secondary analyses of in-house datasets to explore the psychometrics of treatment motivation measures as a function of drug users' treatment careers and other characteristics. Phase 2 involves primary cross-sectional data collection to better understand and test motivation measures and other cognitive variables that may affect the relevance of motivation for treatment success. Phase 3 involves longitudinal primary data collection to examine the predictive value of treatment motivation.

Treatment Motivation in Drug Users was funded by the National Institute on Drug Abuse, Grant 1 R01 DA12476 (June 1999 through May 2006).

### **Methamphetamine Abuse Treatment – Special Studies**

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Methamphetamine Abuse Treatment – Special Studies (MAT-SS) is a collection of research studies that contributes to knowledge about the growing problem of methamphetamine (MA) abuse in the United States. The project examines the long-term consequences of MA dependence, the temporal trends in adherence to a manualized treatment model, and the costs of various treatment approaches. The MAT-SS project builds on the work conducted by the Methamphetamine Treatment Project (MTP), the largest randomized clinical trial of treatments for MA dependence to date. The MTP was conducted as an eight-site outpatient trial, with ISAP serving as the Coordinating Center. There are three separate studies included in the current MAT-SS project:

- *The Multiyear Follow-up Study* assesses a cohort of participants who were enrolled in the MTP by conducting follow-up interviews at 3-years post-intake. The purpose of the study is to examine patterns and consequences of MA abuse over time.
- *The Treatment Adherence Study* contributes to knowledge about integrating research-based therapies into practice by assessing adherence to a manualized treatment as a function of time.
- *The Cost Analysis Study* evaluates and compares the cost of a manualized treatment approach (Matrix Model) to other locally available treatment approaches studied in the MTP.

Methamphetamine Abuse Treatment – Special Studies was funded by the Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Treatment, Contract RFP 270-01-7089 (September 2001 through March 2007).

### Evidence-Based Principles of Treatment

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The Evidence-Based Principles of Treatment project entails systematic reviews and meta-analyses of evaluations of substance abuse treatment programs in order to test prominent principles of treatment effectiveness. These include the 13 principles of effective treatment identified by the National Institute on Drug Abuse and the three principles of effective rehabilitative correctional treatment identified by the “Andrews Group.” The study, conducted in conjunction with researchers at the National Development and Research Institutes, Inc. (NDRI), builds and expands upon previous meta-analytic databases created both by ISAP and by NDRI. In addition, the project seeks to strengthen meta-analytic techniques and methodology. The project has implications for practice as it will provide researchers and practitioners substantially more knowledge about which principles of treatment are indeed effective in improving client outcomes and about the strengths and limitations of current meta-analysis protocols.

Evidence-Based Principles of Treatment was funded by the National Development and Research Institutes, Inc., Subcontract 116 (DA16600) (July 2004 through June 2008).

### Brief Intervention for Drug Abuse Using the WHO ASSIST

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The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization (WHO) by an international group of substance abuse researchers to screen for problem or risky use of tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, sedatives, hallucinogens, inhalants, opiates, and other drugs. A Phase I test-retest reliability study showed that the ASSIST items were reliable and that the ASSIST screening procedure was feasible in primary care settings. A Phase II validity study found that the ASSIST is a valid instrument. The primary aim of this project (Phase III) is to conduct a cross-cultural randomized controlled trial evaluating the effectiveness of a brief intervention for illicit drug use as linked to the ASSIST.

Brief Intervention for Drug Abuse Using the WHO ASSIST was funded by NIDA to the University of Connecticut Health Center, with collaboration by UCLA ISAP, Subcontract 05-0666 (September 2005 through July 2006).

### Research to Practice

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#### Readiness for Implementation of Research to Practice

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This observational study augments the patient process and outcome data collected under the California Treatment Outcome Project (CalTOP) by conducting program and workforce surveys and focus groups among community-based treatment programs (CTPs) that participated in CalTOP to improve our understanding of organizational and staff readiness for adopting and implementing research-based treatment interventions. Readiness for change and other organizational and staff factors related to patient outcomes are explored through analysis of these new data and the comprehensive patient data already collected. Specific aims of the project are to: (1) assess organizational and managerial characteristics related to readiness to adopt and implement research-based interventions; (2) assess workforce characteristics related to readiness to adopt and implement research-based interventions; (3) assess patient outcomes (treatment retention, completion, posttreatment outcomes) in

relation to organizational and workforce readiness for adopting and implementing research-based interventions; and (4) develop preliminary recommendations for (a) organizational adaptations and clinical practices that facilitate the incorporation of research-based interventions, (b) addressing workforce needs to increase the readiness for implementing research-based interventions, and (c) policies to encourage adoption of research-based treatment in mainstream CTPs by means of appropriate funding, provision of required resources, and technical guidance.

*Readiness for Implementation of Research to Practice was funded by the National Institute on Drug Abuse, Grant 5 R01 DA14472 (March 2003 through February 2006).*

### **Feasibility Study of Dentofacial Injury in Adolescents**

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The primary objectives for this project are: (1) to test protocols for recruitment and informed consent among high risk minority adolescents receiving treatment for dentofacial injury and their adult caregivers; (2) to assess adolescents' and caregivers' willingness to participate in prospective observational and intervention research on dentofacial injury; (3) to assess psychometric properties and cultural appropriateness of measures of risk and protective factors; and (4) to identify possible risk and protective factors relevant to dentofacial injury among high-risk minority adolescents.

*Feasibility Study of Dentofacial Injury in Adolescents was funded by the National Institute of Dental & Craniofacial Research, Grant 5 R21 DE016490 (September 2004 through June 2007).*

### **Reducing the Disproportionate Burden of Orofacial Injury**

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This is a two-arm randomized controlled study to test the effectiveness of an innovative personalized motivational intervention aimed at reducing substance use, improving treatment outcomes, and decreasing recurrent injury

among patients with orofacial injuries. The intervention will be tailored to the service needs of each patient and will employ motivational intervention techniques to effect behavioral change. Approximately 720 orofacial injury patients evidencing substance use and other risky behaviors will be assigned to either a Personalized Motivational Intervention Treatment group or a Health Information "attention control" group. We hypothesize that by integrating into trauma care a personalized assessment of alcohol/drug, psychological, and other service needs, plus active service referrals in a motivational intervention approach, we will significantly reduce the adverse consequences of orofacial injury, improve treatment outcomes, and decrease rates of re-injury, thus off-setting intervention costs.

*Reducing the Disproportionate Burden of Orofacial Injury was funded by the National Institute on Drug Abuse to the UCLA Department of Dentistry, Grant 5 R01 DA16850, with collaboration by UCLA ISAP (September 2003 through June 2008).*

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## **Special Populations and Topics**

### **Problem Gambling Prevention – Technical Assistance and Training Needs Assessment**

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This needs assessment was designed to gather information to guide the specialization, modification, and expansion of technical assistance and training curricula and materials and other resources about problem gambling. It is part of a larger problem-gambling prevention project that provides technical assistance to meet the needs of a diverse target audience of service providers and community leaders to assist them in preventing problem gambling in their clients and communities. More specifically, the needs assessment addresses the following topics among service providers and community leaders: perception of participants of whether there are gambling problems among clients and in the community; level of awareness of existing resources on problem gambling; current use of existing resources on problem gambling; perceived utility of specific types of technical assistance and training resources directed at service providers as well as those directed at clients; and ways to increase utility of such resources. In order to describe the community context within which these service providers' needs exist, the needs assessment also obtains relevant parallel information directly from clients and community members. The project uses multiple methods of data collection: phone surveys, in-person, semi-structured



interviews, and focus groups. The sample size will be approximately 400 providers and 100 clients.

*Problem Gambling Prevention – Technical Assistance and Training Needs Assessment was funded by the National Asian Pacific American Families Against Substance Abuse, through their contract with the California Office of Problem Gambling (05-00238; March 2006 through October 2006).*

### **Women, Methamphetamine, and Sex**

*Alison Hamilton Brown, Ph.D., Principal Investigator  
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This 5-year project focuses on the relationship between methamphetamine (MA) and sex among women MA users. Two waves of in-depth qualitative interviews will be conducted with 30 women in residential treatment. Participants will be asked about their history of using MA and other substances, their life experiences (including any trauma or abuse they may have experienced), and their perspectives on how MA has affected their lives, specifically, their intimate relationships and sexual behaviors. As a career development award, the project also involves training for the principal investigator (PI) in public health and statistics, and subsequent secondary analysis of the “Methamphetamine Abuse: Natural History and Treatment Effects” study dataset (PI: Mary-Lynn Brecht). This analysis, along with analysis of the qualitative data, will add to the body of literature on the impact of substance abuse on life experiences. Considering that women who abuse substances such as MA typically have multiple factors placing them at risk for poor sexual decision-making (e.g., histories of violence and abuse), a more in-depth understanding of how women MA users conceptualize their sexual behaviors and experiences could assist in developing interventions for them. The PI’s co-mentors on the project are Drs. Richard Rawson (UCLA ISAP), Yih-Ing Hser (UCLA ISAP), and Vivian Brown (PROTOTYPES).

*Women, Methamphetamine and Sex was funded by the National Institute on Drug Abuse, Grant 1 K01 DA017647 (April 2006 through March 2011).*

### **Alcohol Beverage Type, Consumption Patterns, and Outcomes among Older At-Risk Drinkers**

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Given that measuring consumption patterns depends on accurate classification of beverage type in order to calculate ethanol intake, inaccurate classification of beverage type can result in overestimation or underestimation of ethanol consumption. In alcohol research, ethanol consumption is often determined by

using quantity and frequency questionnaire items. These items assess beverage type usually consumed, frequency that the usual drink is consumed, and the usual container size. One potential weakness of determining ethanol consumption this way is that survey respondents may not accurately identify the beverage type they consume. Inaccurate classification of regular beer and malt liquor, and wine and fortified wine, can easily result in significant under- or overestimates of ethanol consumption, particularly for at-risk alcohol drinkers.

The aim of this study to better understand the specific types and amounts of alcoholic beverages consumed by drinkers who are in an ongoing randomized trial of screening and brief advice to reduce at-risk drinking among 800 older adults in primary care clinics. Data is collected using a calendar method, the Alcohol 7-day Timeline Follow-Back, and includes information on risks associated with alcohol use such as concomitant medical and psychiatric conditions, symptoms, medication use, smoking, and driving after drinking. The specific aims are to more accurately assess the types and amounts of alcoholic beverages consumed by older at-risk drinkers at baseline and 3- and 12-month follow-up and to determine if amount and type of beverages consumed are related to types of risks (e.g., risks due to alcohol use alone, alcohol and comorbidity, driving after drinking) and likelihood of reducing at-risk drinking.

*Alcohol Beverage Type, Consumption Patterns, and Outcomes among Older At-Risk Drinkers was funded by the University of California Research Centers for Minority Aging Research, Grant P30 AG021684 (July 2005 through June 2006).*

### **Evaluation of Cost Avoidance and Child Welfare Outcomes of Dependency Drug Court Participants**

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Elizabeth Hall, Ph.D., Co-Investigator*

The goal of this study was to evaluate the effects of Dependency Drug Court (DDC) participation on child welfare outcomes and costs. DDCs provide treatment for parents with substance abuse problems under court monitoring (following the drug court model) as well as monitor the dependency cases of their children who have been put into out-of-home placement, pending the parent(s)’ treatment participation. A case-control method was used in the evaluation study, in which child welfare cases of DDC participants in 3 counties in California were sampled in a 12-month period and then matched to child welfare cases in 3 comparison counties (without DDC’s) that opened in the same time frame. Outcomes included rates of family reunification and re-entries into foster care following case closure. The overall rates of reunification at 36 months following placement were slightly higher in the DDC counties than in their respective comparison

counties; the rate of reunification for children in kin home placements was significantly higher among the DDC cases than cases in their respective comparison counties. Further, parents who successfully graduated from the DDC were significantly more likely to reunify with their children, compared to parents who were dismissed from the DDC, and their children spent less time in out-of-home placement. Lastly, rates of re-entry into a new placement episode following case closure were significantly lower among cases in the DDC counties, compared with their respective comparison counties. Cost analyses estimated offsets due to the higher rates of reunification and lower rates of foster care re-entry in the DDC vs. comparison counties.

Evaluation of Cost Avoidance and Child Welfare Outcomes of Dependency Drug Court Participants was funded by the State of California, Department of Social Services, Contract 05-2035 (July 2005 through June 2006).

### **Evaluation of the Effective Adolescent Treatment (EAT) Project**

*Christine E. Grella, Ph.D., Principal Investigator  
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Jeffrey Annon, M.A., Project Director*

ISAP is conducting the site-level evaluation of the *Effective Adolescent Treatment (EAT) Project* at Tarzana Treatment Centers (TTC). The EAT projects are sponsored by the U.S. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. TTC is providing an evidence-based intervention, the Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescents – 5 sessions (MET/CBT 5), to adolescents who are in their outpatient substance abuse treatment program for youth. The goals of the MET/CBT 5 intervention are to increase motivation for and engagement in substance abuse treatment, and to provide behavioral skills training for relapse prevention and drug-use resistance. ISAP provides evaluation and data management services to the EAT project through a contract with its Data Management Center, monitors project implementation, and provides technical assistance for tracking and locating participants for follow-up.

Evaluation of the Effective Adolescent Treatment (EAT) Project was funded by Tarzana Treatment Center, Subcontract HR-096 (October 2004 through September 2007).

### **Evaluation of the Homeless Interventions Treatment Options Project (HI-TOP)**

*Christine E. Grella, Ph.D., Principal Investigator  
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Suzanne Spear, M.A., Project Director*

ISAP is conducting the process and outcome evaluations of the Homeless Interventions Treatment Options Project (HI-TOP), which is an intervention project provided by Special Service for Groups, Inc. The project is funded by a 5-year grant from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. HI-TOP provides comprehensive substance abuse treatment and case management services to homeless individuals who have co-occurring substance abuse and mental health disorders. Treatment approaches include cognitive behavioral and motivational enhancement therapies within the context of residential treatment and aftercare services provided to participants. The evaluation study is tracking the characteristics of project participants, and examining the delivery of project-specific services, adherence to the treatment models, barriers encountered in project implementation, and solutions devised to address those barriers. Focus groups with project participants and interviews with project staff are being conducted in order to monitor their respective perceptions and experiences of the project; feedback is provided from the evaluation in order to refine the project implementation.

Evaluation of Homeless Interventions Treatment Options Project was funded by Special Service for Groups, Inc., Subcontract 243 (April 2005 through September 2009).

### **Linking Substance Abuse Treatment and Child Welfare Outcomes: Secondary Analyses of Data from Two Service Delivery Systems**

*Christine E. Grella, Ph.D., Principal Investigator  
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This study is conducting secondary analyses of data linked from two existing databases: the California Treatment Outcome Project (CaTOP), which contains information on participants in a statewide substance abuse treatment outcome monitoring project; and the Child Welfare Services/Case Management System, which is the statewide data system containing information on all child welfare events in California. Bivariate analyses and multivariate logistic regression were conducted comparing mothers in CaTOP who were ( $N = 1,939$ ) and were not ( $N = 2,217$ ) involved with child welfare (Grella, Hser, & Huang, 2006). Mothers who were involved with child welfare were younger (31.6 vs. 34.4), had more children (2.9 vs. 2.1), and had more employment problems (as measured by ASI

severity scores). They were more likely than others to be referred to treatment by the criminal justice system (OR = 1.31,  $P < .01$ ), to have a history of physical abuse (OR = 1.39,  $P < .0001$ ), and to be treated in outpatient programs (OR = 1.55,  $P < .0001$ ). They had lower levels of alcohol severity, but did not differ in regard to psychiatric severity or criminal involvement. Primary users of methamphetamine were disproportionately represented among the child-welfare involved group (47% vs. 37%). We are currently conducting longitudinal analyses of child welfare outcomes using pretreatment characteristics, treatment services received, and status at a 9-month follow-up as predictors. Study findings will have application to policies that aim to improve the outcomes of child-welfare involved mothers in substance abuse treatment.

Linking Substance Abuse Treatment and Child Welfare Outcomes: Secondary Analyses of Data from Two Service Delivery Systems was funded by the Robert Wood Johnson Foundation, Grant 52673 (April 2005 through December 2006).

### **Alcohol and Homeless Women's Use of Health Services**

Lillian Gelberg, M.D., Principal Investigator  
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Douglas Longshore, Ph.D., Co-Investigator  
(deceased Dec. 30, 2005)

This secondary analysis project examined correlates of health care utilization and unmet need for care among homeless alcohol-using women in Los Angeles.

Alcohol and Homeless Women's Use of Health Services was funded by the National Institute on Alcohol Abuse and Alcoholism to the UCLA Department of Family Services, Grant 5 R21 AA13398, with collaboration by UCLA ISAP (March 2002 through February 2006).

### **Children Exposed to Methamphetamine Use and Manufacture**

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Patricia Marinelli-Casey, Ph.D., & Richard Rawson, Ph.D.,  
Co-Investigators

Florentina Marcu, M.S., Project Director

With the cooperation of the existing Drug Endangered Children (DEC) program in Los Angeles County and the Los Angeles County Department of Children and Family Services (DCFS), UCLA ISAP is conducting a 2-year pilot study to analyze existing Los Angeles DEC case data to enhance our understanding of the extent, epidemiology, and medical (e.g., respiratory, dental, dermatological, etc.) and developmental (e.g., cautions or delays) problems

of drug-exposed children, as well as child-welfare case management services, treatment, and placement for these children. The study will further provide the basis for ongoing and expanded research applications on drug-endangered children state- and nationwide.

Study Aims: UCLA ISAP proposes to assist the DEC initiative by achieving the following aims:

1. To document and describe the epidemiology (e.g., number, age-range, gender, race/ethnicity, rates of neglect, abuse, or MA-related accidental or purposeful deaths) of children removed from home-based MA labs in Los Angeles County;
2. To explore the nature and extent of the medical problems (e.g., respiratory, dental, dermatological, burns) associated with children removed from home-based MA labs in Los Angeles County;
3. To explore the nature and extent of the developmental problems (e.g., cautions or delays) associated with children removed from home-based MA labs in Los Angeles County;
4. To describe the child welfare placement outcomes (e.g., termination of parental rights, kinship care, foster care, adoption) of children removed from home-based MA labs in Los Angeles County.

Children Exposed to Methamphetamine Use and Manufacture was funded by the National Institute on Mental Health, Contract 1 R21 DA019566 (August 2005 through May 2007).

### **Drug Treatment and Mental Health Services: Ethnic Differences in Access and Outcomes**

Noosha Niv, Ph.D., Principal Investigator  
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Yih-Ing Hser, Ph.D., Co-Investigator

The goal of this study was to provide an analysis of ethnic differences in utilization of mental health services and psychiatric outcomes among drug-abusing patients with mental health problems. The study addressed the following objectives: 1) to examine the mental health service histories and needs among patients in substance abuse treatment by ethnicity (African American, Hispanic, White); 2) to explore if ethnicity and patients' mental health severity are related to how mental health services and drug treatment were structured (Integrated, Partnership, No Mental Health); 3) to compare ethnic groups by the type, frequency, and sources of mental health services received; 4) to examine treatment satisfaction and rates of treatment completion; and 5) to investigate the relationship between ethnicity and outcomes (e.g., mental health, drug and alcohol, recidivism), controlling for patient characteristics.

Data for this study were collected in the California Treatment Outcome Project, a statewide outcome

## ISAP Projects: Special Populations and Topics

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monitoring system, which included all adult patients admitted to 43 substance abuse programs in 13 counties. All patients completed the Addiction Severity Index (ASI) at intake. Three-month and 9-month follow-up interviews were conducted with a subset of the intake sample. This subset completed the Treatment Service Review (TSR) and a treatment satisfaction questionnaire at the 3-month follow-up. The TSR was used to collect information regarding services received in each of the seven domains of the ASI. A subset also completed the ASI at the 9-month follow-up. Pretreatment and posttreatment administrative records regarding mental health treatment, substance abuse treatment, and criminal justice involvement were obtained as well. (Additional information is available at [www.rwjf.org](http://www.rwjf.org)).

Drug Treatment and Mental Health Services: Ethnic Differences in Access and Outcomes was funded by the Robert Wood Johnson Foundation, Grant 053085 (June 2005 through November 2006).

### **Prenatal Methamphetamine Exposure and Child Development**

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*Jeffrey Annon, M.A., Project Director*

Despite the fact that methamphetamine (MA) use is very high in some regions, little is known about the potential neurotoxic effects of prenatal MA exposure on the development of children. The IDEAL (Infant Development, Environment and Lifestyle) study was initiated to study these effects. The investigators enrolled 1,618 mothers at four clinical centers in cities where MA use was known to be a problem, Los Angeles, Des Moines, Tulsa, and Honolulu, and identified 84 newborns who were exposed to MA in utero, and 1,534 who were not exposed. The investigators looked at neonatal birth weight and gestational ages in weeks. They also looked at the relationship between MA exposure and the rate of small-for-gestational-age births. The study found that the children who were exposed in utero to MA were 3.5 times more likely than unexposed children to be small for their gestational age. MA-exposed infants were also more likely to be born pre-term (less than 37 weeks gestation). In all, 12.5% of the drug-exposed infants were born pre-term, compared with 6.5% of those who were not exposed ( $P = 0.036$ ). Mothers who used MA were more likely to have a lower socioeconomic status, live in a household earning less than \$10,000 per year, be on Medicaid, live without a partner, and were more likely not to have finished high school. They also tended to be younger, to seek prenatal care later in pregnancy, have fewer visits for prenatal care, and, somewhat surprisingly, to gain more weight during pregnancy relative to non-users. The latter finding reflects the fact that those who quit MA use earlier in gestation gained 10 pounds more than those who continued to use MA throughout their pregnancy, suggesting that the

anorexic effects of MA are limited to continuous use. For more information, see Smith, L.M., et al. (2006). The Infant Development, Environment, and Lifestyle Study: Effects of prenatal methamphetamine exposure, polydrug exposure, and poverty on intrauterine growth. *Pediatrics*, 118(3),1149-1156.

Prenatal Methamphetamine Exposure and Child Development was funded by the National Institute on Drug Abuse to the Emma Pendleton Bradley Hospital with collaboration by UCLA ISAP, Subcontract 712-7605-8985 (September 2001 through August 2007).

### **UCLA Access to Care Project**

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*Principal Investigators*  
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The project will develop and implement screening and brief intervention services for students engaging in high-risk use of alcohol and other drugs (AOD). These services will take place at the UCLA Student Psychological Services. Over the course of the 3-year project, Student Psychological Services will screen a minimum of 3,000 students per year and conduct brief interventions with 300 students per year. Staff at Student Psychological Services will use evidence-based tools developed specifically for college students, refined through collaboration with student representatives, campus groups, researchers, and community service providers. Central to the screening and brief intervention activity to be refined, implemented, and tested is the Alcohol, Smoking, and Substance Use Involvement Screening Test (ASSIST) developed by the World Health Organization. The Access to Care Project will harness the energy and activism of students and will build upon existing partnerships between campus and community organizations in an effort to reduce substance abuse and related consequences among students and their communities.

UCLA Access to Care Project was funded by the Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Treatment, Grant 1 H79 TL17244 (July 2005 through June 2008).

## Substance Abuse Policy

### Assessing Treatment Disparities Following Drug Policy Reforms

*M. Douglas Anglin, Ph.D., Principal Investigator  
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Angela Hawken, Ph.D., Co-Investigator*

With 61% of voters approving Proposition 36 in 2000, California was in the vanguard of states adopting drug-treatment programs as an alternative to incarceration or probation without treatment for certain types of drug offenders. As enacted in 2001, the Substance Abuse and Crime Prevention Act of 2000 (SACPA) established sentencing guidelines for adults convicted of nonviolent drug offenses. In evaluating SACPA, we found low rates of placement into residential care for high-severity SACPA clients, particularly for young Hispanic men, and woefully inadequate use of narcotic-replacement therapy, particularly for young African-American men. The type of treatment that high-severity SACPA clients receive does matter, both for their improved treatment outcomes and for the broader public, through the impact on their criminal-justice outcomes. We make several suggestions for policy reforms related to the treatment of SACPA offenders, including:

- Expanded use of residential treatment for high-severity SACPA clients, particularly among those reporting methamphetamine as their primary drug. Follow-up outcomes suggest the provision of such treatment will be cost effective.
- Expanded use of narcotic-replacement therapy for SACPA clients reporting opiates as their primary drug. Follow-up outcomes suggest the provision of such treatment will be cost effective.

Such undertreatment of SACPA clients, in particular the disparity in the provision of residential treatment to minority offenders and the limited use of NRT, warrants further investigation, as it may be amenable to policy change.

*Assessing Treatment Disparities Following Drug Policy Reforms was funded by the California Policy Research Center (July 2005 to October 2006).*

### Drug Abuse Treatment: Process, Outcomes, & Social Policy

*M. Douglas Anglin, Ph.D., Principal Investigator  
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The NIDA Senior Scientist Award (K05) provides support for researchers who have consistently and productively advanced the empirical understanding of substance abuse and its amelioration. The award enables scientists to

develop their research capabilities unencumbered by the constraint of salary maintenance solely through research funding sources. In 1994, after providing 5 years of support through Research Scientist Development Awards and Independent Scientist Awards, NIDA granted Dr. Anglin the K05 award for a 5-year span to: (1) provide direction for ISAP; (2) conduct research that advances the scientific understanding of substance abuse and treatment; (3) promote integration of research findings into policymaking, serving to bridge the gap between research and practice, and to improve practice standards for the delivery of publicly funded treatment for substance abuse; and (4) promote the education and training of junior investigators and postdoctoral fellows in substance abuse research. This award was competitively renewed for an additional 7 years in 1999. As an Associate Director of ISAP, Dr. Anglin continues to guide the organization's multidisciplinary approach to studying the patterns and consequences of substance abuse, which has yielded major contributions to the field in such areas as research methods, treatment development, treatment evaluation, and the forming of policy related to substance abuse and its treatment.

*Drug Abuse Treatment: Process, Outcomes, & Social Policy was funded by the National Institute on Drug Abuse, Grant 5 K05 DA00499 (September 2000 to August 2007).*

### Addiction Health Services Research Conference 2005

*Douglas Longshore, Ph.D. (deceased Dec.31, 2005), and  
Christine E. Grella, Ph.D. (grella@ucla.edu),  
Principal Investigators  
Cheryl Teruya, Ph.D., & Darren Urada, Ph.D.,  
Project Directors*

The grant provided support for the annual Addiction Health Services Research Conference, which was co-hosted by UCLA ISAP and the RAND Corporation. The conference was held in October 2005 at the RAND facilities in Santa Monica. Approximately 150 individuals attended, included representatives from the conference sponsors, National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the Robert Wood Johnson Foundation (RWJF). Plenary presentations included: (1) *Principles of Community-Based Participatory Research* (P. Koegel, RAND); (2) *NIH Roadmap: Links from Basic to Services Research* (R. Builder, UCLA); (3) *Clinical Research in Community Settings* (K. Kahn, UCLA and RAND); (4) *Clinical Health Services Research: Quality Assurance and Data Monitoring* (R. Chandler, NIDA); and (5) *Future Directions in Health Services Research* (W. Compton, NIDA; V. Capoccia, RWJF; M. Willenbring, NIAAA). The conference also included a presentation by the Entertainment Industries Council on *From the Lab to the Lens*; break-out sessions, poster sessions, and opportunities for junior investigators to meet with NIH staff. A special issue based on the conference proceedings is

## ISAP Projects: Substance Abuse Policy and Training and Dissemination

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being prepared for publication. (Additional information is available at [www.uclaisap.org/ahsr/presentations.html](http://www.uclaisap.org/ahsr/presentations.html).)

The Addiction Health Services Research Conference 2005 was funded by the Robert Wood Johnson Foundation, Grant 55371 (September 2005 through September 2006) to Douglas Longshore/Christine Grella, and the National Institute on Drug Abuse, Contract 263-MH-517174 (September 2005 through December 2005) to Douglas Longshore/Christine Grella.

### Counselor Certification Regulations Advisory Committee Facilitation

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This contract was awarded to facilitate the California Counselor Certification Committee. Dr. Freese facilitates the scheduling and convening of meetings by the California Department of Alcohol and Drug Programs to understand and address issues from the 10 approved counselor certification boards currently recognized by the State of California. Additionally, ISAP Training Center staff attend the meetings to take minutes for the meeting.

Counselor Certification Regulations Advisory Committee Facilitation was funded by the State of California, Department of Alcohol and Drug Programs, Contract 05-00236 (January 2006 through June 2006).

### Training and Dissemination

#### The Pacific Southwest Addiction Technology Transfer Center

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Project Directors

The Pacific Southwest Addiction Technology Transfer Center (PSATTC) provides training, acquires and shares information, and promotes incorporation of empirically based substance abuse treatment practices. In order to help community service providers to efficiently produce optimum outcomes, the main work of the PSATTC is to disseminate knowledge about state-of-the-art treatment practices and their delivery. Drawing on research conducted by UCLA ISAP, a major focus of PSATTC work has been to educate providers about the impact of methamphetamine (MA) use and effective treatment strategies for MA-dependent individuals. The PSATTC works to promote changes in attitudes across all involved settings in the Pacific Southwest (including academic and government agencies, as well as among clinicians involved

in treating substance abusers) regarding the status of the field, the need to increase cultural competence among substance abuse professionals, the need for greater interaction among stakeholders, and the need for more training for substance abuse professionals. The PSATTC, led by ISAP in partnership with faculty from Arizona State University (ASU), provides an exemplary resource and an extraordinary array of expertise and experience in training, evaluation, and distance learning techniques for substance abuse professionals. The combination of the ISAP and ASU groups, along with stakeholders, consultants, and community organization partners in Arizona, California, and New Mexico, creates an extraordinary resource to meet the extensive and rapidly evolving training and technology transfer needs. (Additional information is available at: [www.psattc.org](http://www.psattc.org).)

The Pacific Southwest Addiction Technology Transfer Center was funded by the Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Treatment, Grant 5 UD1 TL13594 (March 2002 through September 2007).

### Western Conference on Addictions: Improving Treatment with Scientific Information

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Suzanne Spear, M.S., Project Director

The Western Conference on Addictions (WCA) is a major, recurring vehicle for disseminating state-of-the-art information on addictions. Hosted by UCLA Integrated Substance Abuse Programs (ISAP), the Pacific Southwest Addiction Technology Transfer Center, Matrix Institute, and the Clinical Trials Network - Pacific Region Node, WCA has drawn together experts from across the country to discuss the latest research on addiction and treatment interventions. The target audience for this conference has been psychologists, social workers, marriage and family therapists, nurses, and addiction specialists. The goals of WCA have been to develop state-of-the-art addictions conferences for the West Coast, to offer advanced courses on addiction science to professional therapists working in public and private settings, and to disseminate research findings and provide hands-on instruction on treatment interventions. The WCA was conducted on March 11-14, 2004, and March 11-13, 2005. Due to budget cuts, no WCA was held in 2006, but plans are being developed to reinstate the conference in late 2007. (Additional information is available at [www.psattc.org](http://www.psattc.org).)

Western Conference on Addictions – Improving Treatment with Scientific Information was funded in part by the California Endowment, Grant 20051895 (November 2005 through April 2006).

## California Addiction Training and Education Series (CATES)

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CATES is a series of one-day trainings (launched in March 2004) designed to provide in-depth information to individuals working with substance-using populations. The information provided is based on sound science but presented in such a way that it is directly useful when working with these clients. CATES trainings cover two topics per year. Each topic is presented in at least two locations across California. The target audience for CATES is substance abuse and mental health treatment providers, administrators, and other professionals (e.g., researchers, psychologists, educators, law enforcement personnel, nurses, and physicians) interested in the latest information on the impact of substance abuse and effective interventions and treatments. Topics covered to date in the CATES series include "Methamphetamine Treatment" and "Engagement and Retention." In 2007, CATES will focus on increasing client retention using Motivational Interviewing. (Additional information is available at [www.psattc.org](http://www.psattc.org).)

*CATES was funded in part by the State of California, Department of Alcohol and Drug Programs, Contract 05-00231 (October 2005 through September 2006).*

## Substance Abuse Research Consortium Conference Contract

Thomas E. Freese, Ph.D., Principal Investigator  
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Beth Rutkowski, M.P.H., Project Director

The Substance Abuse Research Consortium (SARC) meetings offer an opportunity for professionals from a variety of disciplines to exchange current information on California substance abuse trends, promising prevention and treatment strategies, criminal justice and social service partnerships, and other substance abuse-related topics. The target audiences for these meetings include substance abuse researchers, treatment providers, administrators, policymakers, and other individuals interested in substance abuse research- and policy-related issues. Recent meetings have been conducted in Sacramento, CA, on Sept. 13-14, 2004 (methamphetamine and criminal justice), Pasadena, CA, on May 9, 2006 (methamphetamine), and Sacramento, CA, Aug. 8-9, 2006 (methamphetamine and criminal justice). Additionally, the SARC contract has funded two special issues of the *Journal of Psychoactive Drugs*. Each of these issues contained articles written by the presenters at the SARC meeting based on the information that they presented. Additional products produced under the SARC contract include white papers on *Methamphetamine in the Workplace* and *Prescription Drug Abuse*, and a clinical toolkit on methamphetamine for

clinicians. Future meetings and products will be focused on the treatment of women and families. (Additional information is available at [www.psattc.org](http://www.psattc.org).)

*SARC Conference Contract was funded by the State of California, Department of Alcohol and Drug Programs, Contract 05-00231 (October 2005 through September 2006).*

## UCLA Drug Abuse Research Training Center

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The Drug Abuse Research Training Center (DARTC) offers training to three predoctoral fellows and eight postdoctoral Ph.D. and M.D. fellows. This research training program combines a core research methodology curriculum with hands-on training opportunities in an extraordinarily diverse group of research and clinical settings. The goal of the ISAP DARTC is to bring world-class researchers into the field of drug abuse research and help them gain the necessary skills to lead the field and advance the science in the 21<sup>st</sup> century. Fellows have access to more than 50 doctoral-level research faculty who are ISAP members and also faculty of the UCLA Department of Psychiatry and Biobehavioral Sciences. Drug abuse research at UCLA covers virtually all aspects of the subject, including basic research on the brain and behavior, clinical research on treatment development, and research on the psychosocial factors of drug abuse and drug abuse policy. Fellows also have the opportunity to develop training and lecturing skills as part of their research training. (Additional information is available at <http://www.uclaisap.org/training/pre-and-post-doc-training.html>.)

*UCLA Drug Abuse Research Training Center was funded by the National Institute on Drug Abuse, Grant 2 T32 DA07272 (September 1991 through June 2006).*

## Methamphetamine Tool Kit

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The California Department of Alcohol and Drug Programs contracted with ISAP to write 20 topical briefing sheets on methamphetamine (MA) for clinicians, counties, and other states. Topics covered included MA use among women, men, adolescents, men who have sex with men, and ethnic minority groups; children exposed to parental MA use and production; MA and criminal justice, MA and HIV and HCV; general health effects of MA; detoxification from MA; MA myths; MA prevalence in California; trends in MA treatment admissions in California; and best practices for treating MA-dependent individuals.

*Methamphetamine Tool Kit was funded by the State of California, Department of Alcohol and Drug Programs, Grant 05-00135 (April 2006 through June 2006).*

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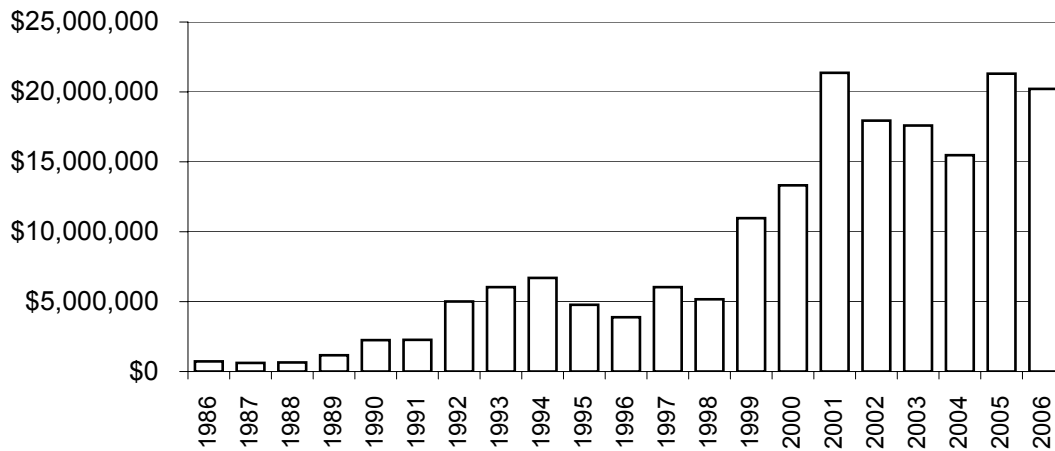
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# Financial Report

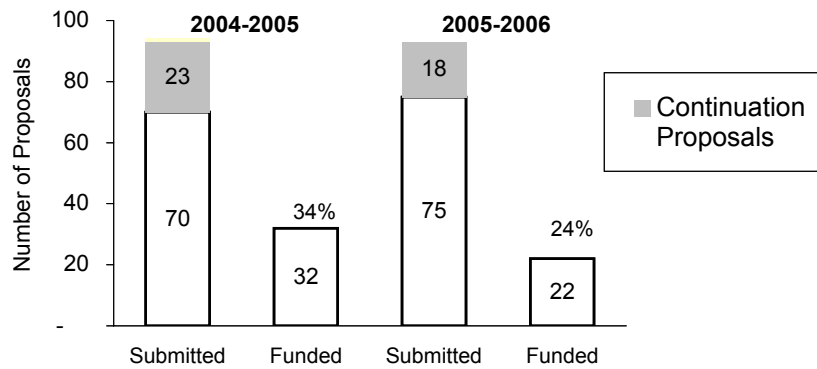
Fiscal Year 2005 (July 1, 2004, to June 30, 2005) and  
 Fiscal Year 2006 (July 1, 2005, to June 30, 2006)

The UCLA Integrated Substance Abuse Programs is a financially dynamic organization with diverse funding sources and an expanding funding base. In the last 16 years, ISAP's annual funding has grown from around \$5 million to \$20 million.

**Award Funding (1986-2006)**



**Fiscal Years 2005 and 2006  
 Proposal Submissions**



During fiscal years 2005 and 2006, funds were received from the following sources:

	2005	2006
Federal Grants (FY 2006 includes international funding [\$489,388] from the United Nations)	\$11,555,430	\$16,539,188
Federal Contracts	\$3,087,958	\$571,995
State Contracts	\$1,169,466	\$1,341,407
County Contracts	\$716,416	\$353,216
Private Agency Awards	\$4,518,325	\$1,124,973
University-Related Funds	\$205,000	\$160,000
UC Awards	\$51,436	\$125,662

