



## NIDA-Funded Center for Advancing Longitudinal Drug Abuse Research (CALDAR) to Serve as National Resource

By Cheryl Teruya (*cteruya@ucla.edu*) and Liz Evans (*laevans@ucla.edu*), Project Directors

The alcohol and other drugs field has increasingly recognized the often chronic nature of addiction. Further, drug users frequently come in contact with other service systems in addition to drug treatment (e.g., criminal justice, mental health, welfare, health care).

Longitudinal research can improve our understanding of how drug use evolves and interacts with service systems over time.

This information can be helpful in designing and shaping strategies/systems to effectively intervene with or manage individuals whose problems re-occur and in addressing the disconnect that now exists between treating chronic drug use disorders with acute, episodic treatment approaches and the need for long-term strategies.

ISAP investigators have been conducting long-term follow-up studies using innovative analytic and methodological techniques to grapple with



Yih-Ing Hser, principal investigator, and Douglas Longshore, co-principal investigator, of the CALDAR project.

thorny research issues (e.g., the multiple and interactive causes and effects of drug use) for several decades, and so it may not be surprising that the National Institute on Drug Abuse has chosen ISAP to serve as a national resource on longitudinal drug abuse research through a center under the leadership of Yih-Ing Hser and Douglas Longshore.

The name of this newly funded center is CALDAR (Center for Advancing Longitudinal Drug Abuse Research) and its specific aims are to:

(Please see *CALDAR*, Page 8)

### *CALDAR's Overarching Theme*

Development and application of rigorous scientific approaches for advancing longitudinal research on drug abuse and its interplay with HIV infection, drug treatment, and other service systems.

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## ISAP Director to Lead Study Comparing Effects of Buprenorphine vs. Methadone on the Liver

[www.uclaisap.org/ctn/index.html](http://www.uclaisap.org/ctn/index.html)

By Albert Hasson, CTN Pacific Region Node Coordinator ([alberthasson@earthlink.net](mailto:alberthasson@earthlink.net))

The National Institute on Drug Abuse (NIDA) has asked Walter Ling, director of the UCLA Integrated Substance Abuse Programs, to be the lead investigator on the Starting Treatment with Agonist Replacement Therapies (START) project.

The primary objective of the START study is to compare the effect of buprenorphine/naloxone and methadone on liver function in 600 opioid-dependent individuals in 10 opioid treatment programs across the nation. Eligible study participants will receive either buprenorphine or methadone for up to 32 weeks.

The Food and Drug Administration requested this Phase 4 study to compare the effects of buprenorphine and methadone on liver function in opioid-dependent persons.

Phase 4 studies are conducted after a drug has been approved. They may explore areas such as new uses or new populations for the drug, long-term effects, or how participants respond

to different dosages. Funding from Reckitt Benckiser and NIDA will support this project.

The Bay Area Addiction Research and Treatment (BAART) Geary Clinic in San Francisco has been

selected from the Pacific Region Node to participate in this protocol. Under the direction of Lori Spencer, medical director, and Allan Cohen, research coordinator, BAART-Geary survived a rigorous national screening process to become one of 10 sites chosen nationwide.

ISAP's Maureen Hillhouse, Christie Thomas, Jessica Fradis, and Sandy MacNicoll, who recently completed a multisite national trial comparing three detoxification schedules for buprenorphine, make up the remainder of the project team.

Congratulations to Dr. Ling and the ISAP START team.



ISAP Director Walter Ling

Congratulations to  
ISAP Associate Director  
**M. Douglas Anglin**  
who will be awarded the  
**Nyswander-Dole Award**  
by the  
**American Association for the  
Treatment of Opioid Dependence**  
at their April 2006 conference in Atlanta

By Thomas Freese, PSATTC Director  
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The Pacific Southwest Addiction Technology Transfer Center (PSATTC) is planning another very busy year for 2006. Following is a summary of currently planned activities.

### **Methamphetamine Trainings**

Methamphetamine has been and will continue to be a major focus of our training efforts. During 2005, Richard Rawson, ISAP associate director, and Tom Freese delivered more than 75 presentations on methamphetamine across the country and internationally. We anticipate an even greater number of requests for these trainings in 2006.

### **Los Angeles County Process Improvement Pilot Project**

Beth Rutkowski from PSATTC will be working with the Los Angeles County Alcohol and Drug Program Administration (ADPA), Steve Gallon from the Northwest Frontier ATTC, Todd Molfenter from the University of Wisconsin, and seven Los Angeles County treatment providers to implement a process improvement strategy designed to reduce wait time for treatment admission and to retain clients in treatment longer.

This methodology has been evaluated through the Network for the Improvement of Addiction Treatment, a partnership between The Robert Wood Johnson Foundation and the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (www.niatx.org). In this LA County roll out, programs are volunteering to try this methodology without the additional support of grant funding to look at real-world application of these techniques.

### **California Training and Education Series (CATES)**

The CATES trainings will continue in the spring and fall of 2006. 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 is presented in such a way that it is directly useful

when working with clients. CATES trainings cover two topics per year. Each topic is presented in Northern and Southern 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.

The CATES meetings for spring 2006 will cover methamphetamine treatment and will be held in Los Angeles and San Francisco.

### **Substance Abuse Research Consortium Meetings (SARC)**

The Substance Abuse Research Consortium (SARC) meetings offer an opportunity for professionals from a variety of disciplines (academic and agency research, law enforcement, criminal justice, treatment practice, and policy analysis) to exchange information on California substance use trends, promising prevention and treatment strategies, criminal justice/social service partnerships, and other substance abuse related topics.

The 33<sup>rd</sup> semi-annual meeting will be conducted in Los Angeles in spring 2006 and will focus on research related to substance abuse treatment. The 34<sup>th</sup> meeting will be in Sacramento in August 2006 and will focus on the application of research to substance abuse policy.

### **Border Training**

For the past two years, the PSATTC has collaborated with Pacific AIDS Education and Training Center to conduct trainings on substance abuse and HIV in communities along the U.S.-Mexico border. This initiative will continue on April 28-29, 2006, in Yuma, AZ, with a conference on "Management of TB, STDs, HIV and Hepatitis C on the Border: The Role of Addiction."

### **Find Out More**

This is a partial list of PSATTC activities. For more information and dates for these and other events, please check the PSATTC Web site at [www.psattc.org](http://www.psattc.org).

# ISAP's Project BRITE to Assess Behavioral Reinforcement in Prison-Based Treatment

[www.uclaisap.org/CJS/index.htm](http://www.uclaisap.org/CJS/index.htm)

By William M. Burdon, Principal Investigator  
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**B**ill Burdon, principal investigator, and Michael Prendergast, co-principal investigator, recently received funding from the National Institute on Drug Abuse to study behavioral reinforcement in a prison-based substance abuse treatment setting.

Project BRITE (Behavioral Reinforcement to Increase Treatment Engagement) is a four-year study that is being conducted in collaboration with the Washington State Department of Corrections and CiviGenics, Inc., the provider of prison-based treatment services to inmates in Washington State.

The lack of client motivation and participation in prison-based treatment remains a perennial obstacle to the delivery of effective treatment services in this unique environment. The results of recent meta-analyses emphasize the need to improve the overall effectiveness of prison-based treatment for substance-abusing inmates, a high-risk and costly population. By increasing client engagement in the treatment process, this behavioral reinforcement intervention is designed to achieve this goal.

The primary aim of the study is to assess how the behavioral reinforcement intervention impacts (a) client engagement in prison-based treatment, (b) psychosocial functioning over the course of treatment, (c) entrance into and retention in community-based treatment following release from prison, (d) post-incarceration illicit drug use, and (e) nine-month return-to-custody rates.

A secondary aim of the study is to qualitatively assess how this evidence-based innovation is implemented within a prison-based treatment program within the context of Diffusion of Innovations theory, which explains the process by which innovations are communicated to and adopted by individuals within a social system or organization over a period of time.

The study will be conducted at four 12-week intensive outpatient treatment programs in the Washington State prison system (two male and two female programs). Two of these programs (one male and one female)

will be designated Behavioral Reinforcement (BR; experimental) programs, and two programs (one male and one female) will be designated Standard Treatment (ST; comparison) programs.

Male and female inmates ( $N = 260$ ) receiving referrals to intensive outpatient treatment at the targeted institutions will be randomly assigned to one of the two types of programs (i.e., conditions). Inmates assigned to the BR programs will receive behavioral reinforcement contingent upon their attendance and participation in regularly scheduled program activities and completion of treatment-related tasks and assignments.

Behavioral reinforcement will be in the form of Motivational Incentive (MI) points that participants can redeem for low-cost canteen items or privileges, or convert to a cash donation to a community charity.

Study participants will be assessed in face-to-face interviews at baseline and immediately prior to discharge from the programs. Records-based data will be collected on aftercare participation, drug use, and reincarceration nine months following their release from prison.

Research design of the BRITE study.

Behavioral Reinforcement	McNeil Island Correctional Facility (Males)	Washington State Correctional Center for Women
Yes	Program 1 Experimental Program Males ( $n = 65$ )	Program 3 Experimental Program Females ( $n = 65$ )
No	Program 2 Standard Treatment Program Males ( $n = 65$ )	Program 4 Standard Treatment Program Females ( $n = 65$ )

By Desirée Crèvecoeur, LACES Project Director  
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When the Los Angeles County Evaluation System (LACES) first began, many substance abuse treatment providers in Los Angeles County were trained on assessment software that provided information on the employment, legal issues, family and social relationship concerns, and medical and psychiatric problems—as well as drug and alcohol use—of their clients.

Besides the benefit of providing information in these areas, the usefulness of this software was further demonstrated by the summary reports it created.

This assessment was replaced by the Los Angeles County Participant Reporting System (LACPRS). However, with the passage of time, new state and federal requirements for all drug treatment providers dictated changes to the admission and discharge questions on the LACPRS.

The changes brought Los Angeles County into compliance with California mandates, and the evaluation continued to cover the areas that were covered by the original assessment software. What the new LACPRS system did not provide was the summary report that many providers cited as useful in treatment planning and record keeping.

Well, this too has now changed.

LACES has developed two new reports: a clinical narrative report and a quarterly site report.

### Clinical Narrative Report

The clinical narrative report presents information based on the responses to the LACPRS admission questions. Once the questions are answered, the provider simply presses a couple of buttons and the report is generated automatically.

This report reads more like a story than a list of responses, and, on average, is about one double-sided page long.

The report can be used in treatment planning or referred to when determining the progress of treatment when discharging the participant. The clinical narrative report is currently available on the LACPRS system.

### Quarterly Site Report

In addition to the clinical narrative report, the LACES group also recently developed a quarterly site report (QSR).

Monthly LACPRS admission and discharge information from each program will be analyzed and compiled into quarterly reports. The QSR will use various outcome measures (timely submission of accurate data, completion rates, reduction in alcohol and other drug use, etc.) to provide this information to the program.

In some instances, the overall average by program type (e.g., outpatient counseling, residential, etc.) will also be available.

The first batch of QSRs will be available to a select group of providers this month. All programs will have access to the QSRs in early 2006.

In order to increase the usefulness of the QSRs, LACES will hold regional meetings in 2006 to introduce the report and discuss its usefulness to the alcohol and drug treatment system.

For questions concerning LACES, please contact Desirée Crèvecoeur at (310) 445-0874, ext. 314, or visit our Web site at [www.laces-ucla.org](http://www.laces-ucla.org).

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By Darren Urada, Principal Investigator ([durada@ucla.edu](mailto:durada@ucla.edu))

**P**rominent substance abuse experts from 23 countries gathered in Istanbul, Turkey, on Sept. 5-7 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 political differences to create a cooperative and productive atmosphere to discuss science-based answers to substance-abuse challenges.

Highlights of the conference included:

- Presentations on the unique challenges of measuring substance use and providing substance abuse services in countries undergoing political and social upheaval such as Iraq, Lebanon, and Ukraine.
- A presentation on Iran's approach to reducing HIV transmission in its prison system. While in the West the Iranian government has a reputation of being harshly conservative, it has adopted very effective measures to combat HIV transmission that might be considered liberal, even by Western standards. These include wide availability of clean needles and rapidly growing government-sanctioned use of methadone treatment.
- Presentations by experts from around the world on both the advantages and limitations of integrating substance abuse treatment with other health, social, and criminal justice systems. Research and lessons

learned from older substance abuse treatment systems could then be applied to countries where systems are still in the early stage of development.

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 for this U.S. participant to sit down at lunch with Middle Eastern participants having a lively debate about the Israeli-Palestinian situation and then to see 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.

"The drug traffickers in the region easily cross centuries-old cultural and political barriers in plying an illegal trade that devastates personal health, social institutions, and political and economic stability. A similar united front among the nations of the region is the most effective way to fight back," said Richard Rawson, Associate Director of ISAP. "We hope cooperation in this project will encourage dialogue on other common issues and help bridge long-broken relationships between nations."

The conference received financial sponsorship from the United States Institute of Peace, United Nations, World Health Organization, the U.S. Substance Abuse and Mental Health Services Administration, the U.S. National Institute on Drug Abuse, and the U.S. Agency for International Development's Middle East Cooperation program.



About 56 people from 23 countries attended an international conference organized by ISAP on substance abuse in Istanbul, Turkey, Sept. 5-7.

## CALDAR

(Continued from Page 1)

- increase knowledge of longitudinal patterns of drug addiction and their interplay with HIV infection, drug treatment, and other service systems;
- provide centralized support to serve common project functions, such as arranging resources and technical assistance;
- provide opportunities for scientific collaboration and cross-project analyses, stimulating conceptual development and integration and advancing improved research methodologies and statistical approaches; and
- facilitate dissemination of integrated project findings to a variety of communities.

As a national research center, CALDAR will provide training opportunities and educational materials on topics related to conducting longitudinal research, including instrumentation, reduc-

tion of subject attrition, regulatory affairs, and analytic techniques.

Yih-Ing Hser, CALDAR's principal investigator and director, and Douglas Longshore, co-principal investigator and associate director, are senior faculty members of the UCLA Department of Psychiatry and Biobehavioral Sciences and ISAP.

Other senior members include Mary-Lynn Brecht, Christine Grella, Debra A. Murphy, Michael Prendergast, all of ISAP, and Constance Weisner, of University of California, San Francisco, and Kaiser Permanente. The Center is also supported by many scientific advisors and collaborators from across the nation.

For more information or if you would like to collaborate on CALDAR activities, please contact Cheryl Teruya, at (310) 445-0874, ext. 236, or Liz Evans at ext. 242. The CALDAR Web site ([www.CALDAR.org](http://www.CALDAR.org)) is currently in development, but will be going "live" soon.

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