



Developing New Treatments for Drug Abuse

By Thomas Newton, Principal Investigator (tnewton@ucla.edu), and
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What is the best way to find new medication treatments for addiction?

There are several tried-and-true approaches. The first is to test medications that are similar to those currently used. An example of this is buprenorphine for opiate dependence. Buprenorphine is like methadone, a medication that works for opiate dependence. Based on this similarity, researchers used clinical trials to see if buprenorphine successfully treats opiate dependence and found that it was better than methadone. This is the most straightforward approach.

A second approach is to reason that addiction is like some other psychiatric condition, and if a certain medicine works on that condition, it should also work for addiction. An example of this was the observation that nicotine withdrawal mimics some aspects of depression. Therefore, researchers tested Wellbutrin, a medication that has been shown to be effective in treating depression, in a clinical trial to see if it helped people stop smoking, and it worked!

A third approach has been to conceive of addiction as being too little or too much of a natural chemical in the brain. Opiate dependence is like this because with long exposure to opiates, the brain's supply of natural opiates is lowered, creating a very unpleasant withdrawal state if the brain is denied the external opiates. This deficiency state can be treated with opiates such as methadone, which is used to treat some of the symptoms of opiate addiction.

What if there are no other psychiatric problems that resemble the addiction you want to develop a new treatment for?

Hardest Cases

Cocaine and methamphetamine dependence are examples of stimulant addictions for which there are no medication treatments approved by the Food and Drug Administration. What is the best way to find medication treatments for these addictions?

A variety of strategies have been used, most based on the second and third approaches above.

For example, researchers reasoned that because cocaine or methamphetamine addiction is like depression, antidepressants might work as a treatment. However, dependence on cocaine or methamphetamine is not entirely like depression and, not surprisingly, antidepressants were not effective.

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New NIDA-CTN Study To Address Growing Dependence on Prescription Analgesics

www.uclaisap.org/ctn/index.html

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

The growing rate of dependence on narcotic painkillers has prompted the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN) to develop a protocol addressing the problem of prescription opioid dependence.

The "Prescription Opiate Addiction Treatment" (POAT) protocol, led by researchers Walter Ling, the Director of ISAP, and Roger Weiss, of Harvard Medical School and McClean Hospital, is tentatively scheduled to start in several community treatment programs across the nation this October.

Jennifer Sharpe-Potter, Coordinator of the CTN Northern New England Node at Harvard Medical School will serve as project director.

Contributing to the growing problem of prescription drug abuse is the increasing use of the opioid analgesics oxycodone, which is extensively used in rural America, and hydrocodone.

Treatment admissions for prescription opioid dependence doubled from around 30,000 in 1992 to 84,000 in 2002, with most of that increase occurring between 1997 and 2002, according to the 2002 Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episode Data Set (TEDS).

This problem has impacted all age groups, including school-aged youth. The Monitoring the Future 2004 survey found that about 10% of high school seniors report having used narcotics other than heroin within the past 12 months, while 40% of the seniors report narcotics are "fairly easy" or "very easy" to obtain.

The protocol development team includes representatives from CTN University Research Training Centers and Community Treatment Programs (CTPs) from across the nation. Site selection for this project will begin with a short survey that will be sent to the CTPs in May.

Other CTN News

The Bay Area Addiction Research and Treatment (BAART) Geary Street Clinic in San Francisco has been selected for participation in the "Starting Treatment with Agonist Replacement Therapies" research protocol.

This project will further evaluate and compare the relative safety of buprenorphine and methadone for the treatment of opioid dependence.

Congratulations to BAART Geary!

Calendar of Events

April

April 25-26

Annual Public Policy Conference

Sheraton Grand Sacramento

Sponsor: Coalition of Alcohol and Drug Associations

Contact: CAADPE Office - (916) 329-7409

May

May 4-6

Designing the Road Map: Research to Policy

Shaping the Future of Alcohol and Other Drug Treatment Services

Sacramento Convention Center

Sponsor: California Department of Alcohol and Drug Programs

Contact: Cal State University, Sacramento - (800) 858-7743

June

June 2-3

Fourth Annual Statewide Conference on Co-Occurring Disorders: One Person, One Team, One Plan for Recovery

Long Beach Convention Center

Contact: Sylvia DeGraff - (310) 641-7795, ext. 147

June 28

California Addiction Training and Education Series: Methamphetamine Treatment

San Diego County (Location TBD)

Contact: Beth Finnerty (310) 445-0874, ext. 376

June 30

California Addiction Training and Education Series: Methamphetamine Treatment

Santa Clara County (Location TBD)

Contact: Beth Finnerty - (310) 445-0874, ext. 376

By Thomas Freese, PSATTC Director
(tffreese@ix.netcom.com)

Pacific Southwest Addiction Technology Transfer Center (PSATTC) activities are led by a highly motivated team that ensures that PSATTC events are of the highest caliber and that participants have a satisfying experience while acquiring new information. One member of this dedicated team is epidemiologist Beth Finnerty.

Beth was recently appointed as one of two Associate Directors of Training for UCLA ISAP. Beth oversees the development and implementation of new training initiatives. Jackie Stinnett is Associate Director of Training Administration.

Beth's responsibilities include working collaboratively with ISAP staff and outside presenters to ensure that the format and content of new trainings meet community needs and are accessible to the target audience, while ensuring that the information is based on empirical data.

CATES

Beth has worked directly and indirectly with the Training Department during her four years with ISAP and has made significant contributions to the training agendas. Foremost among her contributions is the development of the PSATTC-cosponsored California Addiction Training and Education Series (CATES).

This series is designed to help providers build treatment-related skills based on sound empirical evidence. Since CATE's inception at the beginning of 2004, approximately 1,000 providers have participated in trainings focusing on methamphetamine and on the engagement and retention of clients in treatment. The series will continue with meetings on June 28 and 30 on specific skills to treat methamphetamine-using clients.

In another California effort, Beth spearheaded the transformation of the twice-yearly California Substance Abuse Research Consortium meeting from a small gathering of researchers into a large, policy driven meeting with an average of 150-200 attendees from around the state.

Community Epidemiology Workgroup

Beth also has volunteered to be the ISAP member of the National Institute on Drug Abuse (NIDA) Community Epidemiology Workgroup (CEWG). Her work for CEWG includes preparing detailed reports about drug trends in Los Angeles County and presenting these data at the twice-yearly CEWG meetings.

The reports from CEWG members from across the country are one of the major sources for understanding regional drug trends and determining national drug policies. Her participation in these meetings brings much attention to the work being done by UCLA ISAP.

NIDA Clinical Trials Network

Beth also serves as the Clinical Trials Network (CTN) Pacific Region Node representative to the CTN Dissemination Subcommittee, facilitating a two-way exchange of information about activities to bridge the gap between science and clinical practice. She also has been a PSATTC representative on two of the NIDA-SAMHSA (Substance Abuse and Mental Health Services Administration) Blending Initiative Teams, which are designed to disseminate and encourage implementation of scientifically validated treatment strategies into real-world settings.

Going International

In the international arena, Beth was the main organizer for UCLA of an extensive series of substance abuse research meetings that occurred last fall in Cairo, Egypt.

This only scratches the surface of the many ways that Beth contributes to the PSATTC and ISAP missions. Beth is a great asset to the training team and a superb representative for ISAP in the community. Her ever-increasing skill as a public speaker and trainer make her a powerful voice for the great work that ISAP is accomplishing.



Beth Finnerty

Improving the Transition from Prison to Community Life and Treatment Engagement

www.uclaisap.org/CJS/index.htm

By Jerry Cartier, Study Director
(jcartier@ucla.edu)

A major obstacle to the effectiveness of post-prison treatment for substance-abusing offenders is low community treatment participation: the failure of many parolees to start scheduled treatment and, even if they do show up, their tendency to drop out early.

There is a need to improve the transitioning of offenders from prison to community life to increase the likelihood that individuals released from in-custody treatment will enter, and remain engaged in, community treatment for a reasonable time (about 90 days).

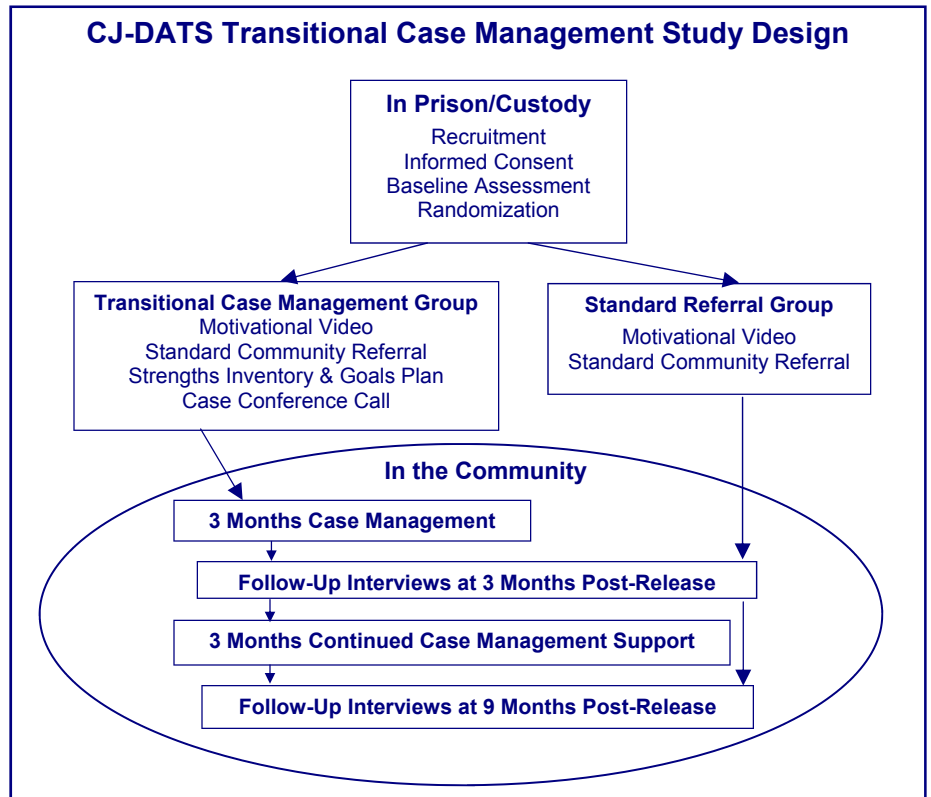
To address these issues, the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) Transitional Case Management (TCM) intervention is testing a parole re-entry model that consists of:

- completion by the inmate of a strengths and goals assessment as part of his or her discharge planning,
- a telephone case conference call that includes the inmate, case manager, and important members of the inmate's aftercare plan (including parole officer), and
- intensive case management in the community for 12 weeks to support treatment participation and the parolee's access to services.

ISAP is the lead center on this study, collaborating with the University of Kentucky, Connecticut Department of Mental Health and Addiction Services, the University of Delaware, and National Development and Research Institutes.

Study participants (200 at each site, 25% female) will be recruited in prison, or other correctional settings, from inmates who have a referral to community treatment. After giving informed consent and completing a baseline interview, they will be randomly assigned to either: (1) the Transi-

CJ-DATS Transitional Case Management Study Design



itional Case Management (TCM) condition or (2) the Standard Referral (SR) condition.

Participants in both groups will receive the standard planning and referral services that are available at their respective sites, including referrals to community treatment. Participants in both groups will also watch a motivational video that emphasizes the importance of community substance abuse treatment.

The TCM group differs from the SR group in that in addition to the standard discharge planning and referral process, a case manager helps the inmate complete a Strengths Inventory and Goals Plan, coordinates the case conference call about one month prior to release, and provides three months of intensive case management services after release.

Individual-level outcomes that will be evaluated include community treatment participation, drug use, criminal activity, and psychosocial functioning (based on 3- and 9-month follow-ups), and recidivism rates based on 12-month post-release records. A cost analysis of the intervention also will be conducted.

For more information on the TCM Study, visit www.uclapcrc.org. For information on other CJ-DATS studies, go to www.cjdat.org.

By Desirée Crèvecoeur, LACES Project Director
(desireec@ucla.edu)

Proposition 36: Latest Information on Treatment Effectiveness will be the topic of the next lecture in the Los Angeles County Alcohol and Drug Program Administration (ADPA) lecture series occurring May 13 from 10 a.m. to 1 p.m.

The quarterly lecture series, which occurs at the Alhambra Lecture Hall, 1000 S. Fremont Ave., Bldg. A-7, Alhambra, CA, provides ongoing educational programs for treatment providers, administrators, and others interested in alcohol and other drug treatment and prevention.

The series was initiated more than two years ago by the Los Angeles Practice Improvement Collaborative (LAPIC), ADPA, and the Pacific Southwest Addiction Technology Transfer Center.

Although the grant that funded LAPIC has expired, the lecture series continues.

The overall objective of the series is to provide the alcohol and drug abuse field with information concerning scientifically proven interventions for substance abuse treatment and prevention.

The lecture series is free and provides three continuing education credits per lecture for members of California Association of Alcoholism and Drug

ISAP Congratulates

ISAP Principal Investigator

Edythe London

whose team's MRI study on the damage done to the brain by chronic methamphetamine use is among

Discover Magazine's Top 100 Studies of 2004

(Thompson, P.M., et al. [2004]. Structural abnormalities in the brains of human subjects who use methamphetamine. *Journal of Neuroscience*, 24[26], 6028-6036.)

Online Registration

for the

ADPA Lecture Series

is now available at www.psattc.org.

- Click on "ADPA Lecture Series"
- Select "Click here to register"
- Enter your contact information and press "Submit Registration Information"
- Print your confirmation form, which also serves as your parking pass

Abuse Counselors (CAADAC), California Association for Alcohol/Drug Educators (CAADE), California Association of Addiction Recovery Resources (CAARR), and California Board of Behavioral Sciences (BBS).

Previous lecture topics included:

- *Methamphetamine Labs and Drug-Endangered Children*
- *Alcohol, Drugs, and Disabilities*
- *Alcohol Marketing, Beverage Content, and Underage Drinking*
- *Engagement and Retention Strategies*
- *Addiction Severity Index*
- *Relapse Prevention*
- *Fetal Alcohol Syndrome*

Future lecture topics include:

- *Prevention of Substance Abuse Problems through Community-Based Strategies* (Sept. 9, 10 a.m. - 1 p.m.)
- *Effective Interventions for Youth and Families in Juvenile Justice, School, and Foster Care Settings* (Dec. 9, 10 a.m. - 1 p.m.)

For questions concerning the lecture series, please contact Suzanne Spear at (310) 445-0874, ext. 326, or visit the Pacific Southwest Addiction Technology Transfer Center (PSATTC) Web site at www.psattc.org.



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By Jeffrey Annon, Data Management Center Director

In any research group, the problem of transferring information from a questionnaire into a database is never ending.

How ISAP does this has been an evolutionary process. The result is a dynamic and unique department, the ISAP Data Management Center, which provides advanced and efficient data services to researchers.

In 1999, Jeffrey Annon took over the directorship of the DMC, which handled data capture and management for a collection of projects funded by Friends Research Institute, Inc., and Veterans Affairs Long Beach Research Foundation.

At that time, the data group was scanning bubble forms (those questionnaires with the empty circles that respondents pencil in) using the Scantron 7 system.

The Scantron 7 was a 4-foot-long machine that, after being fed the bubble forms, pushed out ASCII data into a Macintosh computer. ASCII, which stands for "American Standard Code for Information Interchange," is a code that allows information exchange between different brands of computers.

Jeffrey was tasked with overseeing this technology, while moving the group to the next generation of technology: Teleforms.

Teleforms is a paper-based system in which questionnaires are filled out by hand and then faxed into a data system, eliminating the data-entry step.

The impetus for moving to the Teleform system was the Methamphetamine Treatment Project (MTP), with lead researchers Richard Rawson and Patricia Marinelli-Casey, which began serving clients in Montana, Hawaii, and California in 1999.

Thanks to staff member Dave Bennett, over the next three years, the DMC was able to close out every bubble-form study and move to Teleforms.

During this time, the ISAP social science researchers were using a data entry system programmed in the computer language Fortran to run in DOS (disk operating system).

At about the same time, these researchers started to move toward other data capture methods, including FileMaker Pro, a step that was pioneered by ISAP data programmer Ron Zuniga.

ISAP's Data Management Center

offers data collection and management services to universities outside of UCLA.

Contact Jeffrey Annon at jannon@ucla.edu for details.

As ISAP grew in funding and scope, the DMC adapted to support new formats and expansions to these existing systems, including upgrading the Teleform system to enable data entry via the Internet.

The DMC also adapted the FileMaker Pro programming for use on a PC tablet, a handheld computer that you can handwrite or tap information into, enabling direct entry of data and eliminating the use of paper forms.

The DMC is keeping abreast of the latest data capture advances and advocating more direct entry systems when the grants for projects allow for the equipment and associated programming costs.

In the case where hard-copy questionnaires are still required, Teleforms continue to be a good option.

As ISAP moves forward in its research portfolio, the DMC continues to offer ISAP researchers a wide and ever-evolving range of data-capture choices.

The DMC not only provides data management services to UCLA investigators, but also contracts with other universities. The DMC provides unique data management services that are customized to fit individual researcher's needs and budget. Contact Jeffrey Annon at jannon@ucla.edu for information.

Developing New Treatments

(Continued from Page 1)

Similarly, researchers have reasoned that stimulant addiction may result in depletion of the body's natural stimulants, and so have tried giving stimulants to replenish these. This strategy did not work either and actually made people more dependent on methamphetamine.

UCLA's Inpatient Clinical Pharmacology Lab

This is where UCLA's Inpatient Clinical Pharmacology Laboratory comes in. This group, headed by Thomas Newton and Richard De La Garza, uses behavioral models of addiction to try to develop new approaches to treatment.

For example, people addicted to cocaine or methamphetamine take frequent doses of these drugs. In the laboratory, this can be modeled using drug self-administration designs with animals. We can then test medicines that have been shown to reduce drug self-administration in animals on people with stimulant addiction.

Another approach is to focus on cognitive problems that people with cocaine or methamphetamine dependence exhibit. People with these addictions appear to have trouble inhibiting learned responses and with working memory, and this contributes to excessive drug taking or poor decision making. We are developing medication and behavioral treatments targeting inhibitory control, with the idea that improving a patients' control over their behavior may help them to inhibit drug taking as well.

A final approach involves identifying and dealing with internal states that seem to enhance drug taking. Stress is one such state. Under stress, people with addictions frequently relapse or increase their drug-taking behavior. We are trying to find ways to better measure stress, so that we can then find treatments that are more effective at reducing stress or protecting against its effects.

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