



## ISAP Publishes First-Year Evaluation of Prop. 36

By Douglas Longshore, Ph.D., Principal Investigator

**M**ore than 30,000 drug offenders have been placed in treatment—more than half of them for the first time—during the year following the July 1, 2002, enactment of California’s Substance Abuse and Crime Prevention Act (also known as Proposition 36 or “Prop. 36”), according to an initial evaluation by ISAP.

Prop. 36 was a major shift in criminal justice policy. Adults convicted of nonviolent drug-related offenses and otherwise eligible for Prop. 36 can be sentenced to probation with treatment instead of either probation without treatment or incarceration.

Offenders on probation or parole who commit nonviolent drug-related offenses or who violate drug-related conditions of their release may also receive treatment.

Upon voter approval of Prop. 36 in 2000, the Governor’s Office designated the California Department of Alcohol and Drug Programs (ADP) to serve as the lead agency in implementing and evaluating Prop. 36. Subsequently, ADP chose ISAP to conduct the independent evaluation of the program through June 30, 2006.

The evaluation found that about half of Prop. 36 offenders in treatment identified methamphetamine as their primary drug problem. Also, about half of Prop. 36 treatment clients were white (non-Hispanic), 31% were Hispanic, and 14% African American; 72% were men.

The evaluation by ISAP researchers offers the first profile of the flow of offenders through the Prop. 36 pipeline across all 58 California counties during the 12 months ending June 30, 2002. The program has placed in treatment thousands of new clients whose participation was voluntary, reflecting an affirmative decision by eligible offenders.

Early signs of success in implementation are notable in view of the scope and complexity of system changes required to make Prop. 36 work. Numerous county agencies were involved in its

*(Please see Prop. 36, Page 8)*

ISAP’s complete evaluation of the first year of Prop. 36’s implementation, entitled

**Evaluation of the  
Substance Abuse and  
Crime Prevention Act  
2002 Report**

is available on the ISAP Web site:

[www.uclaisap.org](http://www.uclaisap.org).

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# ISAP Compares Outpatient Retention in Trials of Buprenorphine and Clonidine for Heroin Addiction

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

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

One of the more perplexing problems in treating heroin dependence on an outpatient basis is patient retention. While outpatient treatment can be less disruptive than inpatient treatment in that it allows patients to continue their routine daily activities, it also allows them to possibly continue their contacts with drug users and access drugs.

Until the recent U.S. Food and Drug Administration approval of buprenorphine, the two most widely used detoxification agents, clonidine and methadone, had, at best, limited success in short-term, outpatient detoxification.

Patients generally report feeling well during the first 10 days of a 21-day methadone detoxification. As the medication is tapered, however, patients tend to supplement it with heroin, eventually drop out of treatment altogether, and return to daily heroin use.

With clonidine, significant side effects, including severe drowsiness and lethargy, as well as incomplete suppression of withdrawal symptoms, tend to reduce its usefulness as an outpatient treatment intervention.

Recently, the Clinical Trials Network (CTN) of the National Institute on Drug Abuse completed a comparison of buprenorphine and clonidine. Under the direction of principal investigator Dr. Walter Ling, director of ISAP, and co-principal investigator Dr. Leslie Amass, two multisite clinical trials were implemented in 12 community treatment programs across the nation.

"While the analysis of this project has yet to be concluded," states Dr. Ling, "based upon the overwhelming completion rate of patients randomized to buprenorphine, it appears as though patients favor buprenorphine over clonidine."

The Betty Ford Center in Rancho Mirage, CA, under the direction of principal investigator Nancy Waite-O'Brien, and the Aegis Medical



Dr. Walter Ling, director of ISAP and principal investigator of ISAP's Clinical Trials Network studies on buprenorphine, and Dr. Leslie Amass, co-principal investigator of the buprenorphine studies.

Systems clinic in Oxnard, CA, under the direction of principal investigator Allan Cohen, M.A., M.F.T., were the CTN Pacific Node Community Treatment Programs participating in these protocols.

At this time, Drs. Ling and Amass are preparing manuscripts for publication. Look for more complete results of these studies in an upcoming issue of the *ISAP News*.

*From UCLA ISAP and ACS Federal Healthcare, with funding from the Center for Substance Abuse Treatment:*

## **Staying in Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers in Follow-up Studies 2nd Edition**

is available on the ISAP Web site:  
[www.uclaisap.org](http://www.uclaisap.org).

*Staying in Touch* assists substance abuse treatment staff in tracking and locating clients for follow-up interviews.

By Jackie Stinnett, PSATTC Associate Director  
(stinnett@ucla.edu)

The Pacific Southwest Addiction Technology Transfer Center (PSATTC) provides training and technical assistance to substance abuse treatment providers, policymakers, educators, affiliated health care providers, and other key stakeholders.

The PSATTC seeks to help these stakeholders integrate service and science to improve the quality of care for clients in the PSATTC region (Arizona, California, and New Mexico).

The PSATTC is directed by two dynamic people who work hard to tailor the services to the specific needs of the target population and to make the activities engaging, interesting, and informative.

**Thomas Freese, Ph.D.**, is co-principal investigator and director of California activities for the PSATTC. Dr. Freese has worked in the substance abuse field since 1983, receiving his Ph.D. in clinical psychology from the California School of Professional Psychology in 1995.

Before coming to work at UCLA in 1997, Dr. Freese spent eight years at Childrens Hospital Los Angeles primarily working with homeless and runaway youth. He provided direct clinical services to the youth and participated in several research studies about substance use and HIV issues in this population.

At UCLA ISAP, Dr. Freese has served as the project director on a number of studies including research on methamphetamine use, HIV risk in gay/bisexual men, and smoking cessation.

He has planned and implemented major conferences sponsored by the Center for Substance Abuse Treatment (CSAT) and National Institute on Drug Abuse (NIDA) and has developed and conducted trainings for various CSAT and NIDA multisite projects in 20 states.

**Michael Shafer, Ph.D.**, is director of Arizona and New Mexico activities and oversees the evaluation of the PSATTC. He received his Ph.D. from Virginia Commonwealth University and has been on



Dr. Thomas Freese (left), co-principal investigator and director of California activities for PSATTC, and Dr. Michael Shafer, director of Arizona and New Mexico PSATTC activities.

the faculty at the University of Arizona in Tucson for 13 years.

Dr. Shafer directs the Applied Behavioral Health Policy Division at the University of Arizona. He has an extensive background in the evaluation of community-based behavioral health services and the development and design of training programs for community behavioral health providers.

One of Dr. Shafer's primary interests has been the development of distance education technologies and other mechanisms of providing in-service education for substance abuse counselors. To that end, Dr. Shafer and his staff have developed a series of video-based training modules covering a variety of topics related to the treatment of addictions and co-occurring disorders.

His current research focuses on strategies of innovation adoption and organizational change within treatment agencies.

While the PSATTC is the only ATTC region with two directors, such an arrangement ensures that the needs of the entire region are met. With more than 42 million people, the region contains some of the most densely populated urban areas in the country as well as sparsely populated rural areas.

The three states have vast cultural diversity and dissimilar treatment systems. Having directors with local expertise ensures responsiveness to these unique characteristics.

By Beth Finnerty, LAPIC, and Cynthia Farias-Munguia, Los Angeles County Alcohol and Drug Program Administration

In recognition of the need for ongoing educational programs for substance abuse treatment providers, the Alcohol and Drug Program Administration (ADPA) of the Los Angeles County Department of Health Services has been conducting educational and cutting-edge lectures for the past two years.

The overall objective of these free lectures is to keep the alcohol and drug abuse field up to date on the latest technology, educational and research findings, and state-of-the-art programs and services for alcohol and drug treatment clientele.

The ADPA Lecture Series has attracted attendees from several disciplines, including public health nurses and educators; school educators; faith-based community members; juvenile justice and criminal justice providers (including Proposition 36 providers; see Page 1); mental health practitioners; and alcohol and drug treatment and prevention providers. Attendance at the lectures has ranged from 150 to 200 individuals.

In 2003, the Los Angeles Practice Improvement Collaborative (LAPIC) and the Pacific Southwest Addiction Technology Transfer Center (PSATTC) partnered with ADPA to co-sponsor the lectures. The three groups share in the coordinating responsibilities.

LAPIC and PSATTC have co-sponsored three lectures thus far, all of which have been located at the ADPA Lecture Hall in Alhambra, CA. In February, Jeanne Obert (Matrix Institute on Addictions) and Dr. Martin Iguchi (RAND Corporation) presented a lecture entitled, "Engaging and Retaining Substance Abuse Patients in Treatment."

In May, Dr. Deni Carise (Treatment Research Institute, Philadelphia) presented: "Turning Required Data into Useful Information: An

Example with the Addiction Severity Index (ASI)."

And in September, Henry van Oudheusden (Pacific Clinics) and Dr. Monica Weil (Tarzana Treatment Center) spoke on "Relapse Prevention: Techniques for Diverse and High-Risk Populations."

Wayne Sugita and Cynthia Farias-Munguia have been instrumental in spearheading the effort on ADPA's behalf. LAPIC staff (Suzanne Spear, Beth Finnerty, and Lulu Heart) and PSATTC staff (Dr. Thomas Freese, Jackie Stinnett, and Amber Setrakian) have played a major role in the coordination of the lecture series, including registration; distribution of continuing education units for counselors, therapists, and social workers; material preparation; and ongoing contact with invited presenters.

Announcements for future lectures will be posted on the ADPA Web site (<http://lapublichealth.org/adpa/index.htm>), as well as on the LA Partnerships listserv. To subscribe to the listserv, please contact Beth Finnerty at [finnerty@ucla.edu](mailto:finnerty@ucla.edu).

## Calendar of Events

### November

Nov. 6 & 7

#### Best Practices Regional Training

Los Angeles, CA

Contact: Amber Setrakian (310-312-0500, ext. 519)

Nov. 7

#### Motivational Interviewing

Fresno, CA

Contact: Amber Setrakian (310-312-0500, ext. 519)

Nov. 13 & 14

#### Healing American Indian Nations: An American Indian Health and Wellness Conference

Sponsor: Los Angeles County Department of Mental Health

Wilshire Grand Hotel, 930 Wilshire Blvd., Los Angeles

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By Beth Finnerty, M.P.H., Epidemiologist  
(finnerty@ucla.edu)

Where can you find updates on the latest trends in substance abuse and their effects? *LA Info*.

*LA Info: Alcohol & Other Drug Information Sheets* are a product of a partnership between the County of Los Angeles Alcohol and Drug Program Administration (ADPA) and the Los Angeles County Evaluation System: An Outcomes Reporting Program (LACES).

The purpose of *LA Info* is twofold. The first is to keep alcohol and other drug treatment providers and other key stakeholders (that is, policymakers; community leaders; health-care and social service providers; educators; and the media) informed of substance abuse trends in Los Angeles County and around the country.

The second objective is to meet a number of the long-term goals of the ADPA's social marketing plan, which include: strengthening ADPA's relationship with treatment providers and other partners (including the Department of Mental Health, the Department of Children and Family Services, and Probation), developing a foundation of resources, and creating useful products that increase awareness of substance abuse within the community.

Several issues of *LA Info* have focused specifically on alcohol-related subjects, including:

1. The effects of alcohol on bodily functions, including impaired judgment and night vision, delayed reaction time, tunnel vision, and reduced control of body movements.
2. Alcohol consumption and violence. Approximately 3 million violent crimes occur each year in the United States in which victims perceive the offender to have been drinking at the time of the offense.

### 3. Alcohol consumption by women:

- Women become more intoxicated than men when drinking the same amount of alcohol, even if they weigh the same. Women have less water in their bodies, so alcohol is less diluted and has a stronger impact (National Clearinghouse for Alcohol and Drug Information, 2002).
- Nearly four million American women aged 18 and older can be classified as alcoholic or problem drinkers. Of these women, 58% are between the ages of 18 and 29 (National Institute on Alcohol Abuse and Alcoholism, *Alcohol Health and Research World*, 1994).

### 4. Fetal Alcohol Syndrome (FAS). According to the U.S. Centers for Disease Control and Prevention:

- More than 130,000 pregnant women per year in the United States consume alcohol at levels shown to increase the risk of having a baby with FAS or other alcohol-related conditions.
- One in 7 women of childbearing age (18 to 44 years of age) who report not being pregnant engage in "risk drinking" (seven or more drinks per week, or five or more drinks on any one occasion).
- In addition, 1 in 30 women who know they are pregnant engage in "risk drinking."

Other issues have focused on club drugs, women and methamphetamine, drug-related emergency department episodes, drug availability and trafficking patterns, and polysubstance abuse.

Future editions of *LA Info* will include separate multi-issue series on methamphetamine, cocaine, and heroin.

Back issues of *LA Info* are available on the LACES Web site (www.laces-ucla.org) under the "Newsletter" section.

To subscribe to *LA Info*, contact Beth Finnerty at 310-312-0500, ext. 376, or finnerty@ucla.edu.

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By Mary-Lynn Brecht, Ph.D., and Patricia Marinelli-Casey, Ph.D., Principal Investigators

**T**he rapid increase in the use of methamphetamine (MA) and its geographic spread in the last 13 years have led to MA abuse being labeled an epidemic.

Law enforcement officials in 23 states in the West and Midwest now say that methamphetamine is their most serious drug problem. Treatment admissions for MA in California have tripled in the past decade.

In response to the need to understand and address MA abuse and related problems, ISAP developed a comprehensive research program that examines the following: epidemiology and etiology of MA use (why, where, how, by whom, and how much MA is used), patterns of MA (and other drug) use over the life span, development and testing of treatment approaches (e.g., medications, cognitive behavioral, contingency management [the giving of rewards for desired behaviors]), effects of MA on the brain (neurobiologic and cognitive), and the relationship of MA to HIV/AIDS risk behaviors.

ISAP research projects are collecting data in Los Angeles County and across California, in several other states, and internationally (e.g., Thailand). The following selected studies are a small sample of the diverse ISAP research on MA (additional details and studies are available on the ISAP Web site: [www.uclaisap.org](http://www.uclaisap.org)):

- Evaluation of California's Proposition 36 (which allows some nonviolent drug-involved offenders to choose treatment in lieu of incarceration) has shown that half of all offenders participating in Prop. 36 treatment during the first year (July 2001 to June 2002) cited MA as their primary drug (Dr. Douglas Longshore).
- In separate studies, gay and bisexual male MA users report using MA to enhance, intensify, prolong, and heighten their sexual activities (Drs. Steven Shoptaw and Cathy Reback; Dr. Mary-Lynn Brecht)
- Electrophysiological abnormalities in MA users

are associated with poorer performance on tests of attention, memory, and frontal lobe functioning. This study continues to examine whether these effects persist after abstinence (Drs. Thomas Newton and Ari Kalechstein).

- For a sample of 350 Los Angeles County MA users, MA use and criminal behavior were generally lower in the two years following treatment than in the two years preceding treatment, but 60% of MA users relapsed within two years following treatment (Dr. Brecht)
- In a sample of gay and bisexual men, certain types of specialized treatment (e.g., contingency management or a cognitive behavioral therapy culturally tailored for gay and bisexual men) showed greater decreases in MA use than mainstream cognitive behavioral therapy, and the culturally tailored approach produced a greater decrease in high-risk sexual behaviors (Drs. Steven Shoptaw and Cathy Reback).
- The Methamphetamine Treatment Project (MTP), a multisite study of 1,016 MA users in three states that compared the Matrix Model to locally available treatment, found improvements in drug use and functioning at discharge and 6-months post-admission across both treatment conditions. Ongoing analyses will examine differences in treatment retention, treatment compliance, and abstinence from MA use, and will identify characteristics that predict positive treatment outcomes. (Drs. Richard Rawson and Patricia Marinelli-Casey).

A 3-year follow-up study to the MTP will assess physical, medical, psychological, and cognitive functioning in 600 of the original MA-dependent participants. (Drs. Patricia Marinelli-Casey, Richard Rawson, and Maureen Hillhouse)

Also conducting MA studies at ISAP are Drs. M. Douglas Anglin, David Farabee, Thomas Freese, Walter Ling, Edythe London, John Roll, and Sara Simon.

## *Prop. 36*

(Continued from Page 1)

planning and administration; needs assessment, treatment, and supervision of offenders; staff training; and problem solving. Despite the challenges, and worries about the adequacy of long-term funding, most county representatives have offered favorable reports on local implementation.

California courts found 53,697 drug offenders eligible for Prop. 36 treatment during the law's first year, and 82% (44,043) chose to participate in Prop. 36. Of those, 85% (37,495) completed assessment, and 81% (30,469) of assessed offenders entered treatment.

Thus, 69% of offenders who opted for Prop. 36 in court entered treatment—a “show” rate that compares favorably with rates in other studies of drug users referred to treatment by criminal justice and other sources.

About 50% of Prop. 36 offenders in treatment reported methamphetamine as their primary drug; 15% reported cocaine/crack, 12% marijuana, and 11% heroin.

On average, Prop. 36 clients had longer drug use histories than clients referred to treatment by the criminal justice system but not under Prop 36. Most Prop. 36 clients (86%) were placed in outpatient drug-free (non-methadone) programs, and 10% were placed in long-term residential programs.

Three strategies were associated with higher “show” rates at assessment: (1) placing probation and assessment staff at the same location, (2) allowing “walk-in” assessment, and (3) requiring only one visit to complete assessment. Handling Prop. 36 offenders in a drug court approach was strongly related to higher “show” rates at treatment.

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