

-
-
-

U.S. Agencies Involved with Substance Abuse Research and Treatment

Research Agencies

NIH
National Institutes of Health



NIDA

National Institute on Drug Abuse

NIAAA

National Institute on Alcohol Abuse & Alcoholism

-
-
-

U.S. Agencies Involved with Substance Abuse Research and Treatment

Service Agencies

SAMHSA

Substance Abuse, Mental Health Services Administration

CSAT

Center for Substance Abuse Treatment

CSAP

Center for Substance Abuse Prevention

•
•
•

Traditional “Culture” of U.S. Substance Abuse Research System

- **University-based, academic personnel**
- **Minimal community involvement**
- **Treatment viewed condescendingly**
- **Publish data in professional journals**
- **Little systematic attempt to transfer knowledge**
- **Topics of research omit clinical concerns**

•
•
•

Traditional “Culture” of U.S. Substance Abuse Service Delivery System

- **Recovering/paraprofessional staff**
 - **Minimal connections with academic tradition**
 - **Personal ideology determines treatment choices**
 - **Generally anti-medication**
 - **Uneven and inadequate treatment funding**
 - **Little attention to data**
 - **Science viewed as irrelevant**
- •
•
•
•
•
•
•

•
•
•

Challenges of Research to Practice: Examples

- **The methadone dose controversy**
- **LAAM: Highly effective, minimally used**
- **Counseling with methadone: More is better**
- **Contingency management: Effectiveness vs. acceptability**

The Methadone Dose Controversy

Empirical evidence has consistently supported the principle that the dose of methadone used needs to be adequate to reduce drug use and craving to block illicitly administered heroin.

The Methadone Dose Controversy

The practice of methadone maintenance treatment has long had a substantial number of “low dose” advocates. These individuals promote the use of methadone in as low a dose as possible. “Less is better.”

•
•
•

LAAM: Highly Effective; Minimally Used

Empirical evidence supports the position that Levo-alpha-acetylmethadol is a valuable and effective agonist pharmacology. A significant number of patients prefer LAAM to methadone and many demonstrate superior performance.

• • • • • • • • • •

-
-
-

LAAM: Highly Effective; Minimally Used

Although LAAM has been available for over 5 years only about 2-3% of agonist maintained patients in the U.S. Are on LAAM. Regulatory obstacles, staff resistance, and purchase price concerns have severely limited implementation.

-
-
-

Counseling with Methadone: More is Better

McLellan and colleagues (1997) have demonstrated that without some counseling methadone is not a clinically viable treatment. If additional counseling is added that addresses specific areas of need, clinical response can be greatly enhanced.

Counseling with Methadone: More is Better

**The practice of counseling in many methadone funded programs is less than adequate. In many places there is little, if any counseling services and the service that is delivered is very rudimentary
(Ball and Ross, 1989)**

Contingency Management (CM): Effectiveness vs. Acceptability

A recent book by Higgins and Silverman (1999) has documented that contingency management approaches are very effective in reducing drug use and increasing pro-social behavior. Data on the performance of these techniques begins in the 1970's with methadone patients and has continued through the 1990's with cocaine users in many settings.

Contingency Management (CM): Effectiveness vs. Acceptability

Higgins and Silverman (1999) also report on the tremendous resistance that CM techniques have encountered. The concept of “rewarding” a drug user for abstinence from drugs is considered “wrong” by many clinicians regardless of the effectiveness of the approach.

Strategies for Closing the Research to Practice Gap

1. Recognizing that the research to practice gap won't rapidly disappear without an active, two-way transfer effort.
2. Common forums for practitioners and researchers must be developed (e.g. ASAM).
3. The Clinical Trials Network Initiative.
4. Bringing practitioner problems to the scientific agenda. The CSAT Practitioner/Research Collaboration (PRC).

Strategies for Closing the Research to Practice Gap

5. Multi-level effort to promote new treatments:

A. Treatment innovators;

B. Regulatory system;

C. Service providers;

D. Physicians and nurses;

E. Program directors;

F. Counseling staff;

G. Clients and the public

6. Examine technology transfer literature from industry and other areas of science to facilitate system change.