



Treating, Rather Than Incarcerating, Nonviolent Drug Offenders Saves Money

By Liz Evans, Project Director (laevans@ucla.edu)

The overall societal costs of substance use disorders (SUDs) have reached disproportionate levels nationwide in recent years.

Criminal justice activities represent the largest and fastest-growing cost components, particularly in-

creased spending on law enforcement and adjudication, as well as high rates of incarceration for drug offenses.

A reduction or cessation of drug use is recognized as a primary way to reduce drug-related crime, enforcement costs, and other adverse social consequences associated with drug use.

To this end, local and federal jurisdictions have experimented with various strategies to divert drug-involved offenders into alternative intervention programs.

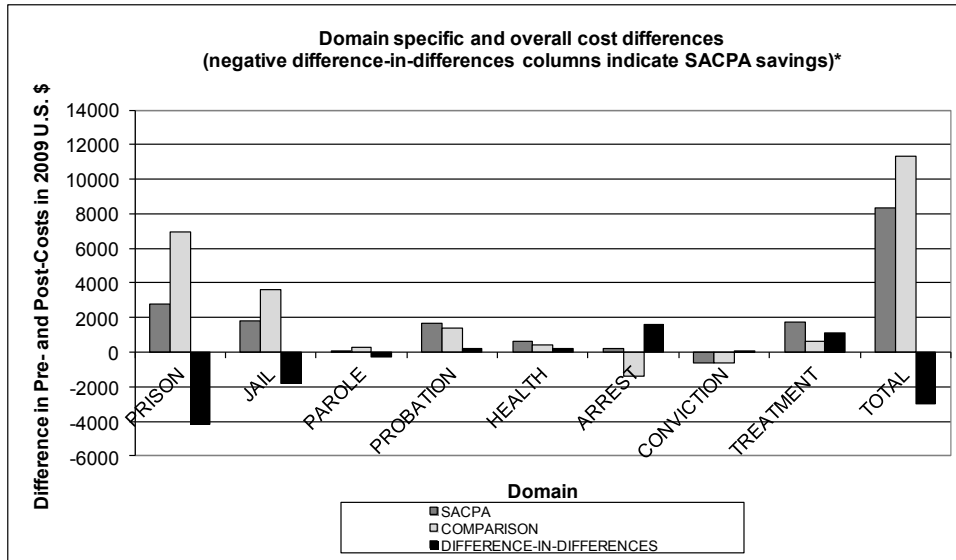
One of the most extensive and recent of these programs was prompted by public dissatisfaction with ex-

isting California enforcement policy, which led advocates to propose Proposition 36 in the November 2000 state election. The proposition was passed by citizens and enacted into California law as the Substance Abuse and Crime Prevention Act of 2000 (SACPA).

SACPA represented a major shift in criminal justice policy in that adults convicted of nonviolent drug offenses who meet eligibility criteria can be sentenced to probation with community-based substance use disorder treatment instead of incarceration or probation without treatment.

Since implementation began in 2001, SACPA has been extensively evaluated by investigators at

UCLA ISAP and elsewhere. A principal finding of this body of research is that SACPA has had a substantial impact on SUD treatment in California. It is also generally acknowledged that SACPA required a large financial investment.



*The following corrections have been made to this figure for clarification: The Y axis title has been changed from "Cost" to "Difference in Pre- and Post-Costs," the "Difference" column has been relabeled as "Difference-in-Differences," and the parenthetical title information has been changed to reflect the column label change. For complete results, see Anglin et al. (2013). *American Journal of Public Health*, 103(6), 1096-1102.

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Update on the Pacific Region Node of the NIDA Clinical Trials Network



By Albert Hasson, Project Director (alhasson@ucla.edu)

This has been an incredibly busy year for the Pacific Region Node of the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN).

UCLA ISAP is leading three major trials, *Cocaine Use Reduction with Buprenorphine* (CTN 0048-CURB), *START Follow-up* (CTN 0050), and *ADAPT* (CTN 0054), while community treatment programs continue to take an active role in the CTN: Bay Area Addiction Research and Treatment (BAART) and the Matrix Institute on Addictions completed the *START Follow-up* project, ISAP's Outpatient Clinical Research Center (OCRC) is participating in the *ADAPT* and *ACCENT* (CTN 0053) trials, and the Tarzana Treatment Program is preparing to implement *XBOT* (CTN 0051).

CTN 0048 – Cocaine Use with Buprenorphine (CURB)

This study evaluated buprenorphine in the presence of Vivitrol® for the treatment of cocaine dependence.

Randomization of participants occurred September 2011 to November 2012, with the final report submitted to NIDA in December 2013. Look for the results of this very exciting trial in the near future.

CTN 0050 – Starting Treatment with Agonist Replacement Therapies (START) Follow-up

CTN 0050 is a longitudinal study of the 1,267 individuals who participated in the main *START* trial. Researchers will attempt to complete three interviews one year apart over a five-year period. Wave 1 interviews were completed in December 2013 by program staff from each of the eight programs participating in the trial.

Community treatment program staff have done an excellent job of tracking, locating, and interviewing 861 (68%) of the *START* participants.

Wave 2 interviews are being completed by UCLA ISAP staff, under the direction of Yih-Ing Hser, one year following the completion of the Wave 1 interviews. To date, 600 of the 739 (81%) Wave 2 interviews have been completed. Wave 3 interviews, which also are being completed by UCLA ISAP research staff, are just underway.

CTN 0051 – Extended Release Naltrexone vs. Buprenorphine for Opioid Treatment (X-BOT)

The primary goal of this study is to estimate the difference in the time to relapse between use of extended-release naltrexone and buprenorphine for opioid treatment.

This two-arm comparative effectiveness study will be implemented in the Los Angeles area at the Tarzana Treatment Center and at eight community treatment programs across the nation; 400 participants will be

randomized, 200 to extended-release naltrexone and 200 to buprenorphine.

The medication phase of this trial will last 24 weeks, with follow-up interviews scheduled at Weeks 28 and 36.

CTN 0053 – Achieving Cannabis Cessation: Evaluating N-Acetylcysteine Treatment (ACCENT)

The UCLA OCRC was one of six programs across the nation to participate in the *ACCENT* study, the first NIDA CTN trial targeting cannabis use in adults who meet dependence criteria. *ACCENT* is a six-site randomized controlled trial evaluating N-acetylcysteine (NAC) and contingency management in 300 adults aged 18–50.

Kevin Gray, M.D., and Susan Sonne, Pharm.D., of the Medical University of South Carolina, were selected to lead this trial based upon their previous work using NAC with adolescents, which had promising results. Recruitment is scheduled to begin in February 2014.

CTN 0054 – Accelerated Development of Additive Pharmacotherapy Treatment (ADAPT)

ADAPT, the ninth CTN trial to be led by the Pacific Region Node, is evaluating bupropion in the presence of Vivitrol® for methamphetamine use disorder.

This three-site open-label trial is being implemented at the Nexus Recovery Center in Dallas, the University of Hawaii, and UCLA ISAP. The first participant was randomized in December 2013. Recruitment is expected to be completed in March 2014.

CTN 0056 – Testing and Linkage to HIV Care in China: A Cluster Randomized Trial

This trial is led by Zunyou Wu, M.D., Ph.D., Director of the National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention, with UCLA co-investigators Roger Detels, M.D., M.S., and ISAP Founding Director Walter Ling, M.D.

This study will evaluate the effects of a comprehensive diagnostic approach to enhance the percentage of participants who receive their HIV test results and counseling in 14 county hospitals in the Guangxi Zhuang Autonomous Region in southern China.

Seven hospitals will be randomized to standard care, while the other seven hospitals will be randomized to this new testing algorithm. A total of 420 patients will participate in this trial. Recruitment will begin in January and is expected to end in April 2014.

Individuals interested in participating in any of the clinical trials listed above should call the UCLA ISAP Outpatient Clinical Research Center at (310) 267-5020 or e-mail alhasson@ucla.edu.

More Than 750 Attend 10th Statewide Integrated Care Conference

By Sherry Larkins, Research Sociologist (larkins@ucla.edu)

On Oct. 23 and 24, 2013, UCLA Integrated Substance Abuse Programs (ISAP) and the Los Angeles County Department of Mental Health co-sponsored the 10th Statewide Integrated Care Conference, held at the Hilton Universal in Universal City.

In 2000, a collection of dedicated service providers, researchers, consumers, and other key stakeholders from across Los Angeles County gathered with the goal of creating a top-notch conference to address co-occurring mental health and substance use disorders.

They recognized that those suffering from dual disorders were the most disadvantaged and disempowered among us, with multiple and complex needs that our siloed systems of care were ill-equipped to address.

Through that first conference, they sought to merge science and service, and highlight best practices for delivering competent, sensitive, evidence-based care for these high-need consumers.

In the 10th Statewide Conference, we continued that original vision, with an eye toward the enormous transformation in health care delivery taking place in our state as we implement the Affordable Care Act.

The broad goal of the conference was to increase the collaboration between substance use, mental health, and primary care providers serving clients with comorbidities, and identify emerging best practices that address their complex needs.

The event attracted more than 750 people from across California, with representation from almost 30 counties.

Plenary and workshop sessions explored comprehensive screening, assessment, and treatment for individuals with comorbid health and mental health conditions, and high-

lighted local and national innovative approaches to integrated care.

The plenary presentations and policy and clinical workshops offered a variety of exceptional didactic and experiential learning opportunities for treatment providers as they work toward a unified, cross-system approach to co-occurring services.

To identify emerging best practices for treating the complex needs of clients with comorbidities, agenda highlights included:

- an opening plenary by Dale Jarvis, C.P.A., from Dale Jarvis & Associates, reviewing the current state of the Affordable Care Act implementation, health neighborhoods, and healthcare exchanges;
- workshops discussing health disparities, medication-assisted treatments, and integrated housing for those with co-occurring health, mental health, and substance use issues;
- skill-based sessions reviewing screening and brief interventions for non-dependent, risky alcohol and marijuana users; and
- a closing plenary panel with state representation (Dr. Karen Baylor, deputy director of Mental Health and Substance Use Disorder Services at the California Department of Health Care Services) and county-level representation from the areas of mental health (Dr. Marvin Southard, director of Los Angeles County Department of Mental Health), public health (John Viernes, Jr., director of Substance Abuse Prevention and Control at the Los Angeles County Department of Public Health), and health services (Dr. David Campa, director of Primary Care for the Ambulatory Care Network of the Los Angeles County Department of Health Services).



Thomas Freese, director of the UCLA ISAP Training Department addresses attendees at the 10th Statewide Integrated Care Conference, held in Universal City, CA, in October 2013.

By Kira Jeter, Project Director (kjeter@mednet.ucla.edu)

ISAP is evaluating a three-year project that began in December 2011 aimed at improving access to treatment for pregnant women and parents or caregivers of children under 5 years old in Los Angeles County.

The Access to Substance Abuse Services (SA Access) project is a collaboration between the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC), and the Department of Children and Family Services (DCFS) to provide screening, brief intervention, and referral to treatment (SBIRT) to families with open DCFS cases and suspected substance use disorders.

If a DCFS case worker suspects that a client has a substance use disorder, she or he is referred to a Substance Abuse Navigator (located within the DCFS office) who then assesses the client using the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) and motivational interviewing. If the parent or caregiver requires a higher level of treatment, the SA Navigator will link the client to a treatment provider.

Based on available data, demographic information for 968 unique individuals was entered into the UCLA Data Management Center (DMC) Web-based ASSIST. Seventy-one percent of those screened were

female. Sixty-one percent self-identified as Hispanic/Latino, 18.9% as White, 11.5% as Black, and 8.3% as "other" ethnicity.

In regard to primary language, the majority (85.1%) of ASSIST clients spoke English, 13.6% spoke Spanish, and 1.7% spoke a language other than English or Spanish. The mean number of children under age 18 per household was 2.1, and the mean number of children under age five was 1.5. Ninety-eight percent of SA Access participants were parents and the other 2% were relatives or other caregivers. About 6% of mothers reported being pregnant at the time of screening and 31.1% reported having given birth in the past 12 months.

Preliminary data suggests that clients reported less drug use (both primary and secondary drugs) at discharge compared to admission. The data also show a reduction in reported number of days with health problems as well as days with family conflict.

The outcome evaluation will examine multiple domains that include: child and family services status (final case disposition); alcohol and other drug use; mental and physical health status; employment/education; crime and criminal justice involvement; stability in housing; social support / social connectedness; and access to the SA Access program as monitored by the number of persons served by age, gender, and race/ethnicity.

Treatment Saves Money

(Continued from Page 1)

M. Douglas Anglin recently led a team of UCLA ISAP investigators to determine the economic costs and savings attributable to SACPA. The study utilized a rigorous research design to examine the total cost per offender paid by state and county governments.

Costs were calculated in the 30 months before and after a SACPA-eligible conviction in eight cost domains: prison, jail, probation, parole, arrests, convictions (including adjudication costs), publicly funded health care utilization, and SUD treatment (see Figure on Page 1).

The study found that SACPA implementation led to a savings of \$2,317 per offender, mostly realized through reduced levels of incarceration. Extrapolating from this finding, the study reported that approximately

\$97.3 million in savings was accrued over time for the nearly 42,000 offenders affected by SACPA during the first year of its implementation.

Opponents of SACPA argued that the final cost of the initiative would be much higher than its promised savings after considering law enforcement, probation, and court costs. Contrary to this point of view, the results of this study indicate that the additional costs of SACPA were exceeded by its monetary long-term benefits.

The authors conclude that California will realize long-term cost savings by treating rather than incarcerating nonviolent drug offenders.

Full study results are available in the article:

Anglin, M.D., Nosyk, B., Jaffe, A., Urada, D., & Evans, E. (2013). Offender diversion into substance use disorder treatment: The economic impact of California's Proposition 36. *American Journal of Public Health, 103*(6), 1096-1102.

By William Burdon, Principal Investigator (wburdon@ucla.edu)

The *NOBLE Study: Residential vs. Intensive Outpatient Prison-based Treatment* was a 5-year NIDA-funded randomized trial that assessed the differential effectiveness of long-term residential treatment (LTR) versus intensive outpatient (IOP) prison-based treatment.

Research has begun to challenge the conventional wisdom that longer time in treatment or more intense treatment leads to more successful outcomes. This study represented the first of its kind—a randomized clinical trial designed to test the differential effectiveness of these two common forms of prison-based drug treatment.

Approximately 650 inmates (515 males and 135 females) who had referrals to prison-based substance abuse treatment while incarcerated were randomly assigned to receive either LTR or IOP treatment while incarcerated.

LTR treatment consisted of 9–12 months of modified therapeutic community treatment; IOP treatment consisted of 72 hours of highly structured cognitive behavioral treatment delivered over 12 weeks (three 2-hour group sessions per week).

Urn randomization controlled for ethnicity; risk level, as measured by the Lifestyle Criminality Screening Form; and substance abuse severity, as measured by the Texas Christian University Drug Screen.

Subjects were administered a comprehensive baseline interview, a posttreatment interview, and a 6-month post-release interview. In addition, 12-month post-release records-based data on arrests, infractions, and returns to custody were collected.

The following hypotheses were tested:

- Subjects who were matched to treatment (LTR or IOP) based on risk level and substance abuse severity would have the lowest rates of post-release arrests, infractions, and returns to custody.
- Subjects who were mismatched to treatment (LTR or IOP), resulting in less intense treatment than indicated, would have the highest rates of arrests, infractions, and returns to custody.
- Subjects who were mismatched to treatment (LTR or IOP), resulting in more highly intense treatment than indicated, would do no better or no worse than matched subjects, but better than mismatched subjects who received less intense treatment than indicated.

Separate analyses were performed to test the hypotheses based on risk level and then based on substance abuse severity. Each analysis examined differences between four groups of subjects that combined risk level / substance abuse severity (dichotomized as *high/low*) with intensity of treatment (*LTR-high* and *IOP-low*) treatment.

For each analysis, the primary dependent variables were post-release arrests, infractions that occurred in work release or while under community supervision, and returns to custody.

The results of the analyses did not support the hypotheses. Matching the level of risk and/or substance abuse severity to the intensity of treatment (LTR or IOP) did not predict outcomes as hypothesized. Regardless of intensity of treatment received, offenders at high risk of recidivating and with more severe substance abuse problems had poorer outcomes.

The results suggest that the allocation of funding and resources for more intense treatment modalities that target incarcerated offenders at higher risk of recidivating or with more severe substance abuse problems may not be justified.

To the extent that prison-based treatment is used to treat offenders prior to release from prison, less intense cognitive behavioral treatment may provide an equally effective alternative to more intensive residential treatment provided in prison that is based on the therapeutic community model of treatment.

Need Data Management Services?

The 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 uses the Verify Teleform data system for both Web entry and fax-based data capture.

For more information, contact David Bennett at (310) 267-5330 or davebenn@ucla.edu.

ISAP Provides Telepsychiatry Services Through the Antelope Valley Rehabilitation Center

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Since April 2011, UCLA Integrated Substance Abuse Programs (ISAP) has partnered with the County of Los Angeles Department of Public Health's Substance Abuse Prevention and Control (SAPC) office to provide telepsychiatry services for substance use disorder patients admitted to the county-operated Antelope Valley Rehabilitation Center (AVRC) in Acton, CA.

The Kansas Telemedicine Policy Group defines telemedicine as "the practice of health care delivery, diagnosis, consultation, treatment and transfer of medical data and interactive tools using audio, video and/or data communication with a patient at a location remote from the provider," and the practice has been in use for over 20 years.

As technological advances have rapidly developed, so too has the development and expansion of telemedicine, which encompasses a number of medical disciplines including telepsychiatry/telemental health.

Telepsychiatry has been practiced within the University of California system since the late 1990s, and since 1996, UC Davis has provided over 5,000 clinical consultations and has been awarded more than 10 grants in this area. This project is the first of this nature between UCLA and Los Angeles County.

The AVRC is a residential treatment center located in the high desert of the county, where access to psychiatric services is limited due to the remoteness of the facility.

Throughout the project, UCLA ISAP psychiatrist Dr. Dan Dickerson has provided services related to substance use and mental health for patients who do not have a severe and persistent mental illness (SPMI) and therefore do not qualify for care through the Department of Mental Health.

He sees patients one day a week using a secure Web-based mobile telemedicine cart and accompanying soft-

ware. The freestanding cart includes a direct computer connection to the Internet, a high definition camera, and a high quality microphone.

This system allows the psychiatrist and patient to clearly see and hear each other. Once Dr. Dickerson meets with the patient, he makes notes to be stored with their UCLA patient record, and copies are sent via a secure line to the medical personnel at the Acton facility for placement in the patient's AVRC file.

Mental Health Outcomes for Discharged Telepsychiatry Patients (N = 171)

| Mental Health Outcome | N(%) |
|--|---------------|
| Patients diagnosed with a mental illness at admission | 79 (46.2%) |
| Patients diagnosed with a mental illness at discharge | 99 (57.9%) |
| Percent increase in diagnoses of mental illness | 25.3% |
| Patients taking prescription medications for mental health issues at admission | 46 (26.9%) |
| Patients taking prescription medications for mental health issues at discharge | 104 (60.8%) |
| Percent increase in taking medications for mental health issues | 126.1% |

As of Nov. 1, 2013, over 200 unique patients had been seen. Most patients have had a number of follow-up visits,

and, depending on their needs, some are seen on a weekly basis. Using a low-cost medication formulary, Dr. Dickerson prescribes psychotropic medications for a number of issues, including depression and anxiety. Orders are filled at a local Acton pharmacy.

This project has resulted in a number of positive outcomes, including increased access to psychiatric care for patients in remote areas and greater efficiency for the AVRC and UCLA systems.

As a result of the continuous care, there have been increases in diagnoses and prescribed medications for non-SPMI patients (see above Table). Other benefits include opportunities for enhanced cultural competency (i.e., increased interaction with traditionally underserved ethnic groups) and inter- and intra-agency collaboration.

This innovative project, which has been well-received by patients and staff from UCLA and AVRC, demonstrates a successful collaboration between two Los Angeles County agencies (Public Health and Health Services) and UCLA ISAP. It is testament to the benefits of integrated care, which has become increasingly important as the field of substance use disorder treatment continues to move toward a chronic care model.

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