



Meth Inside Out: A New Video-Based Curriculum

By Thomas Freese, Training Director & PSATTC Director (tefreese@ix.netcom.com)

The goal of the *Meth Inside Out* project, a video-based treatment curriculum on methamphetamine addiction and recovery, is to use well-planned and well-delivered information to help individuals, families, treatment professionals, and communities that are dealing with methamphetamine-related problems.

The video series contributes to better treatment outcomes by drawing on the following principles:

- A well-informed patient understands the goals of recovery and can more effectively participate in treatment.
- Providing accurate information facilitates treatment efforts by helping patients understand the biological basis of their addiction and recovery.
- When family members understand addiction and recovery, they can actively play a larger role in the patient's support system.

Meth Inside Out, which was produced by UCLA ISAP and Eyes of the World Media Group, meets these needs by providing critical information about

methamphetamine addiction in a clear, compelling way. The series employs 3D brain animations, accessible explanations, and personal accounts to help viewers understand complex scientific concepts. The human impact of addiction is emphasized through personal accounts of methamphetamine abusers and their families and through dramatic enactments.

Series and Episode Descriptions

The Three-Part Series: *Meth Inside Out*. Equips viewers with a clear and comprehensive understanding of the global methamphetamine problem, how methamphetamine affects the brain and behavior, various treatments of methamphetamine

addiction, and concrete tools for recovery.

Episode 1: The Complete Picture. Provides an eye-opening introduction to the global methamphetamine problem by focusing on the reasons people use methamphetamine, the magnitude of such use, and the qualitative and quantitative consequences of use.

Episode 2: Brain and Behavior. Promotes an understanding of the biological underpinnings of

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By Thomas Freese, PSATTC Director & Training Director
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Recently, staff from Family Health International (FHI) in Vietnam, ISAP, and the Matrix Institute on Addictions have been working with the Vietnamese government to develop new intervention strategies for heroin users throughout Vietnam.

Previously, treatment involved a one- to two-year stay in a program that provided primarily vocational training. Counseling for addiction as we know it in the United States is virtually unknown in Vietnam.

ISAP has been partnering with Matrix to provide training to providers in Vietnam. This project, funded by FHI, seeks to increase group counseling skills among providers working in methadone clinics and drop-in centers throughout the country.

Beginning in March 2008, Matrix provided training on the Matrix Model, an intensive outpatient treatment approach to substance abuse, to approximately 20 counselors and supervising staff in Hanoi, Vietnam. Matrix staff returned to Vietnam in May to conduct key supervisor trainings for staff from clinics throughout Vietnam. After having time to practice these skills, three supervisors from Vietnam traveled to Los Angeles to receive additional key supervisor training and to observe clinical services in Matrix clinics in Los Angeles.

In the fourth phase of the training program, Dr. Thomas Freese (Director of the Pacific Southwest Addiction Technology Transfer Center [PSATTC] and Director of Training for UCLA ISAP) traveled to Vietnam with Dr. Anne Helene Skinstad (Director of the Prairielands ATTC) to provide additional training to staff conducting Matrix groups.

During this trip, Drs. Freese and Skinstad observed nine counselors conducting Matrix groups in five programs in Ho Chi Minh City, Hanoi, and

Haiphong. Using simultaneous translation, they were able to take detailed notes on the process and content of the sessions and to provide counselors specific feedback on what they were doing well, as well as suggestions on how to improve their sessions.



Training participants at a methadone clinic in Haiphong, Vietnam.

In addition to providing feedback to counselors, Drs. Freese and Skinstad provided didactic training to the counseling and medical staff at each program on (1) the use of cognitive behavioral interventions with methadone-maintained clients, (2) recruitment and retention of clients in opioid treatment, and (3) use

of contingency management in clinical settings. These sessions, conducted through a translator, gave participants the opportunity to share research-based information with the staff and to discuss how to make the material relevant to their clients.

Dr. Freese also presented information on the use of cognitive behavioral treatment with clients receiving methadone to staff of the World Health Organization (WHO) and from several nongovernmental organizations providing HIV, substance abuse, and other health-related services throughout Vietnam. This presentation provided the opportunity for various organizations to discuss the new counseling services and why they could be useful to the clients they serve.

On the whole, the counselors conducting Matrix groups in Vietnam did an excellent job in implementing this treatment strategy with fidelity to the model. While additional training and support is needed to ensure ongoing quality of services, these trainings were highly successful in bringing this new service to Vietnam. The counselors and staff were very open to feedback, sought out new information to deepen their understanding, and were warm and welcoming to us.

STAGE 12 Project to Test 12-Step Program Participation for Stimulant and Other Drug Users

www.uclaisap.org/ctn

By Albert Hasson, Project Director
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Congratulations to service provider Hina Mauka, of Kaneohe, Hawaii, a Clinical Trials Network (CTN) Pacific Region Node site, for completing the site initiation process and beginning randomization into the NIDA CTN "STAGE 12" project.

STAGE 12 is a protocol designed to evaluate the degree to which exposing participants to a 12-step program and encouraging their involvement in it, as compared to "treatment-as-usual," reduces stimulant and other drug use.

Following an extensive evaluation process, Hina Mauka was selected as one of nine sites in the project.

The STAGE-12 intervention will consist of a combination of five group sessions taken from the *Project MATCH Twelve Step Facilitation Manual* and modified for use with drug abusers (Baker, 1998; Carroll, Nich, Ball, McCance, & Rounsaville, 1998), and three individual sessions taken from the *Twelve Step Facilitation Manual* developed by Timko and colleagues in 2006.

The 400 participants who were recruited into the nine community treatment programs will have the opportunity to participate in this eight-week trial with follow-up interviews at three and six months post-randomization.



The Hina Mauka, Hawaii, staff: (from left) Stephen Blotzke, Melody Cabrera, Keith Isawa, Marie Hughes, and Kau'i Baumhofer.

We are very proud of Christie Thomas of ISAP, Cindy Fernandez from the Pacific Node Regional Research and Training Center, and the Hina Mauka Staff (pictured above) for moving from selection to randomization in less than six months. Incredible job!

Also, congratulations to ISAP's Sandy MacNicoll, Claire Manneh, and the Outpatient Clinical Research Center staff for completing enrollment in the CTN Prescription Opiate Addiction Treatment protocol. Well done, folks.

Meth Inside Out

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the high, tolerance, craving, paranoia, aggression, and anhedonia associated with methamphetamine use, as well as the biological aspects of healing from methamphetamine use.

Episode 3: Windows to Recovery.

Explores effective treatment practices across program types and settings and warns that treatment is not a quick fix but a set of activities leading to long-term

changes in lifestyle, thinking, and behavior.

More information, costs, and video samples are available at www.methinsideout.com, which features highlights from the award-winning series and companion handbooks and shows how the materials can be used for optimal results.

Methamphetamine Use and HIV Risk in Offender Populations

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

Researchers at ISAP have contributed to a growing body of literature demonstrating the association between methamphetamine (MA) use and higher levels of HIV risk behaviors in gay, bisexual, and heterosexually identified men who have sex with men (MSM).

Researchers in the ISAP Criminal Justice Research Group have investigated whether a similar MA-HIV risk association exists in a predominately heterosexual offender population.

Two factors motivated these investigations: a high level of reported MA use among offenders and a higher prevalence of HIV in the incarcerated population as compared to the general population.

Our first study found that MA ranked second to marijuana as the most commonly used illicit substance during the six months prior to the inmates' current incarceration and that MA ranked first as the most *problematic* drug for these offenders.

Regarding HIV risk behaviors, we found that MA-using offenders were significantly more likely to report injection drug use than non-MA users, but there were no significant differences between the two groups of injection drug users in injection-related risk behaviors (e.g., sharing "dirty" needles, etc.).

There were significant differences between the MA users and non-MA users in sex-related risk. MA users were significantly more likely to have had unprotected sex with partners other than their spouse or regular sex partner (i.e., a casual partner), and MA users were more than five times more likely to have had unprotected sex with an injection drug user.

Our second investigation was conducted as part of a larger study designed to evaluate the effectiveness of a strengths-based case management model on offenders transitioning from in-prison treatment programs to the community.

Two primary research questions were posed for these analyses:

- Is there a significant association between MA use and HIV risk behavior in this sample of offenders prior to incarceration and treatment (baseline)? and
- Is there a significant association between post-release MA use and HIV risk when compared to a sample of non-MA using offenders prior to the follow-up interview at nine-months post-release?

When compared with the non-MA using sample, baseline MA use was significantly associated with overall unprotected sexual encounters, with unprotected sex with a casual partner, with unprotected sex when either partner was under the influence, and with injection drug use risks.

All of the above significant associations still existed in those who relapsed to MA use, whereas these associations were not found among subjects who had relapsed to other drug use or who were abstinent at follow-up.

As a result of our investigations, we believe that criminal justice treatment programs should adopt treatment strategies that have been proven effective with MA/stimulant users. It may be necessary to provide MA-using offenders a separate treatment track within the overall institutional program.

Due to the popularity of MA in the offender population and the high prevalence of HIV in this group, treatment providers need to stress the demonstrated associations between MA use and HIV risk.

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ISAP's Program Evaluation Services, which can help programs secure grant funding and improve services, has contracts to evaluate two new projects, as described below. Additional information about ISAP's Evaluation Services can be found online at www.uclaisap.org/evaluation.

Evaluation of Horizons' Integrated Alcohol and Other Drug Abuse Treatment/HIV Services for Women Offenders

*Principal Investigator: Nena P. Messina
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The Community Connections Program (CCP) of Horizons, Inc., is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand outpatient access to alcohol and other drug abuse (AODA) treatment and HIV services to women offenders, who are less likely to access treatment through formal systems. The goal of the project is to increase participants' access to gender-specific, integrated outpatient AODA treatment and HIV prevention services. Objectives include:

- (1) Increase the number of women who participate in integrated outpatient AODA/HIV services;
- (2) Enhance the CCP program with research-based AODA/HIV curricula focused on engaging hard-to-reach women, their children, and their partners; and
- (3) Increase the number of women and their partners who receive rapid HIV testing.

ISAP is conducting the evaluation, which includes process and outcome components to monitor the implementation of the intervention as well as measures of changes in participants from pre- to post-treatment in the following domains:

- alcohol and drug use,
- parenting behaviors and family functioning,
- quality of life and social functioning,
- criminal behavior and legal status,
- mental health and physical health status,
- HIV/AIDS risk reduction behaviors, and
- treatment and services received.

Evaluation of the Los Angeles County Screening, Brief Intervention, Referral and Treatment Demonstration Project

*Principal Investigator: Richard A. Rawson
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ISAP's Evaluation Center, under a two-year contract with the County of Los Angeles Department of Public Health, Alcohol and Drug Program Administration will evaluate the county's Screening, Brief Intervention, Referral and Treatment (SBIRT) demonstration project within two community transitions units (CTUs) of Los Angeles County and City jails. The project, which is funded by the California Department of Alcohol and Drug Programs and SAMHSA, uses the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) to screen detainees for alcohol and other drug risk factors. The goal of the evaluation is to provide a mechanism for monitoring the implementation and measuring the outcomes of this public health intervention, and to monitor the county's progress toward three related objectives:

- (1) Provide a public health intervention that will inform short-term detainees about the potentially harmful effects of substance use and abuse;
- (2) Screen at least 10,000 diverse, potentially high-risk, short-term detainees from the county sheriff's and Los Angeles Police Department's (LAPD) CTUs per project year; and
- (3) Increase access to treatment among detainees in the sheriff's and LAPD's CTUs.

The ASSIST will be scored, and moderate- and high-scoring participants will be given information and warned about their risk of developing problems related to substance use in the future. Detainees identified as currently using substances at a high level of risk will be given a brief intervention consisting of a discussion with a trained substance abuse professional about the benefits of reducing or stopping their drug use, and they will receive a referral for treatment.

The evaluation will track and monitor Government Performance Results Act (GPRA) data, which covers several domains of participant functioning such as drug use, social connectedness, employment, and criminal justice status. It also will evaluate the process of implementation of this program at the two CTUs, and report the characteristics of participants who received the ASSIST, who received the brief intervention, who received referrals for treatment, and who received treatment.



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L.A. County Treatment Providers Celebrate Their Success in Improving Client Engagement/Retention

By Beth Rutkowski, Associate Director of Training
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Representatives from treatment and recovery programs that contract with the County of Los Angeles Department of Public Health, Alcohol and Drug

Program Administration (ADPA) recently had reason to celebrate. They demonstrated that they could successfully implement the Network for the Improvement of Addiction Treatment (NIATx) process improvement model within their agencies, and as a result, positively impact their clients' early engagement and retention in treatment.



Conference attendees mark the end of Phase II of the Los Angeles County Process Improvement Pilot Project Oct. 20 in downtown Los Angeles.

A daylong conference marking the official end of Phase II of the Los Angeles County Process Improvement Pilot Project was held Oct. 20 at the California Endowment Center for Healthy Communities in Los Angeles.

A total of 67 individuals, including treatment program staff from eight county-contracted agencies; representatives from the California Department of Alcohol and Drug Programs and from the Commission on Alcoholism and Narcotics and Dangerous Drugs Commission; and project staff from the Pacific Southwest Addiction Technology Transfer Center (PSATTC), Northwest Frontier ATTC (NFATTC), UCLA ISAP, and ADPA were in attendance.

"Change Teams" from each participating agency were given the opportunity to share their success stories through oral presentations and through the creation of storyboards/poster presentations.

Participating agencies included: Antelope Valley Rehabilitation Center, Behavioral Health Services, Inc., California Hispanic Commission on Alcohol and Drug Abuse, Inc., Didi Hirsch Community Mental Health Center, House of Hope, MELA Counseling Services Center, SHIELDS for Families, Inc., and Tarzana Treatment Centers, Inc. The Phase II pilot project was sponsored by ADPA, PSATTC, and UCLA ISAP. Coaching and technical assistance was provided by the NIATx National Program Office at the University of Wisconsin-Madison.

The NIATx model is centered on four key aims for treat-

ment programs: reducing wait time, reducing no-shows, increasing admissions, and increasing client continuation.

Change Teams from each agency were given the opportunity to choose which aim(s) to focus on through implementing rapid-cycle (Plan-Do-Study-Act) change projects. Many teams implemented multiple change projects, which were decided upon through agency walk-throughs and data collection, over the course of approximately six months.

Beth Rutkowski (UCLA ISAP/PSATTC) and Alex

Bruehl (ADPA) presented aggregate project findings, which included the following:

- **37% average reduction** in wait time from clients' first contact to their assessment or admission appointment;
- **38% average reduction** in assessment/intake no-shows;
- **6% average increase** in overall 30-day client continuation in treatment;
- **21% average increase** in session-by-session attendance.

Steve Gallon, NIATx Process Improvement Coach, spoke on sustaining change and the importance of ongoing communication and data monitoring to ensure that initial gains are continued over time.

One pilot project participant provided the following testimonial: "We were given permission to break away from old, 'traditional' ways of doing things. As a result, each Change Team member feels responsible for contributing to a change to our program that brings success. Small change equals big success!"

Future project-related activities will include a qualitative evaluation, compilation of a final report and a manuscript for publication, and presentations of project findings at upcoming statewide and national conferences. For more information, please contact Beth Rutkowski at finnerty@ucla.edu.

ISAP Publications

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