



ISAP to Host Screening, Brief Intervention, and Referral to Treatment (SBIRT) Trainings in Six California Counties

By James Peck, Psychologist III (jpeck@mednet.ucla.edu)

According to the Centers for Disease Control and Prevention, only one in six adults—and only one in four binge drinkers—say a health professional has ever discussed alcohol use with them, even though excessive alcohol consumption is harmful to health. Only 15.4% of California healthcare professionals report asking about their patients' alcohol use.

In 2013, the U.S. Preventive Services Task Force recommended that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

Effective Jan. 1, 2014, such screening is considered an "essential health benefit" under the Affordable Care Act, and as such is covered by Medi-Cal. The California Department of Health Care Services (DHCS) is implementing screening, brief intervention, and referral to treatment (SBIRT) in all Medi-Cal certified clinics, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics.

SBIRT may be provided by non-licensed healthcare providers, including health educators, certified addiction counselors, medical assistants, and unlicensed behavioral assistants. In order to do so, they must have completed at least 4 hours of SBIRT training and be under the clinical supervision of a licensed physician,

physician assistant, nurse practitioner, or psychologist who has also completed at least 4 hours of SBIRT training.

Licensed clinicians providing SBIRT services are not required to have completed a 4-hour SBIRT training but are highly encouraged to do so. Each healthcare clinic or practice must have at least one supervising licensed provider who has completed SBIRT training.

In December 2013, UCLA ISAP and the Pacific Southwest

Addiction Technology Transfer Center (PSATTC) began working with the DHCS to develop a training plan and content to help providers achieve the required 4 hours of training.

The resulting 4-hour training curriculum focuses on screening procedures to identify risk; key motivational interviewing concepts and principles that are tied to effective use of the FLO (feedback; listen and under-

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California SBIRT Trainings

California Addiction Training and Education Series (CATES): Screening, Brief Intervention, and Referral to Treatment (SBIRT) half-day trainings

July 9 – Fairfield, CA (Solano County)

July 21 – Santa Ana, CA (Orange County)

Aug. 4 – Merced, CA (Merced County)

Aug. 20 – Quincy, CA (Plumas County)

For information, contact Charlotte Bullen at (310) 267-5408 or charlottebullen@ucla.edu, or visit psattc.org.

Substance Abuse Research Consortium (SARC): Screening, Brief Intervention, and Referral to Treatment (SBIRT) half-day trainings

Sept. 9 (12:45–5 p.m.) & 10 (9 a.m.–1:15 p.m.) – California State Association of Counties Conference Center, Sacramento, CA

Sept. 16 (12:45–5 p.m.) & 17 (9 a.m.–1:15 p.m.) – Los Angeles Area Chamber of Commerce, Los Angeles, CA

For information, contact: Charlotte Bullen at (310) 267-5408 or charlottebullen@ucla.edu, or visit psattc.org.

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First National Survey of Substance Use in Iraq, Which Began in February, Is Now on Hold

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

Iraq has been a center of conflict for the past 20-plus years, first with the Gulf War, Operation Desert Fox, the Iraq War, and, more recently, with the Iraqi insurgency and increased activity of Al Qaeda and the Islamic State of Iraq and Syria.

Like many war-torn countries, Iraq has been subject to a general disruption of normal financial operations, leaving it vulnerable to the establishment of an underground economy fueled by the drug trade.

Iraq is generally recognized as a transit point for drugs flowing from Afghanistan and Iran to the Gulf states. The combination of financial hardship, reduced community oversight, and extended/repeated exposure to violence makes Iraq a fertile environment for drug use.

Recognizing this potential problem, the Iraqi Community Epidemiological Work Group (I-CEWG) held its inaugural meeting in Baghdad in 2010. Members of the Iraq Ministry of Health, Ministry of Social Affairs, police, border patrol, customs, and other agencies came together to share data, information, and observations on the use of drugs in their respective jurisdictions.

While there was not an alarming rate of reported drug or alcohol use, collectively the group recognized that something was changing. Drug seizures were on the increase, people were presenting at hospital emergency departments under the influence, and drug-related arrests were on the rise.

Collectively, the group determined that a formal data-collection and data-sharing system was necessary to monitor the availability, use, and impact of drugs at the community level, while providing policy makers with accurate information so that an appropriate course of action could be determined.



From left: Dr. Emad Abdulrazzaq (Iraq Ministry of Health); Dr. Nesif Al-Hemiary (College of Medicine, University of Baghdad), Dr. Richard A. Rawson (UCLA ISAP), Albert L. Hasson, (UCLA ISAP), Dr. Jawad Al-Diwan (Ministry of Health) and Dr. Ali Abutiheen (Kerbala University College of Medicine) at the Iraqi National Survey training in Erbil, Iraq, in January.

In response to the I-CEWG recommendations, the Center for Human Services (CHS), UCLA ISAP, and the Iraqi Society for Addiction Medicine teamed up to submit a grant to the U.S. Bureau of International Narcotics and Law Enforcement Affairs (INL) to fund a survey of substance use in Iraq. The survey, which was funded in 2013, will

- compile demographic data on the incidence of licit and illicit drug use,
- identify specific contributing factors to drug and alcohol use,
- identify emerging trends and patterns of drug use in the community, and
- identify social disincentives to acknowledging drug use.

Survey results will provide a more comprehensive profile of

patterns of substance use in Iraq and assist policy makers and treatment providers in designing appropriate interventions.

Over the course of the last 8 months, the survey was developed and translated into Arabic and Kurdish, and reviewed by local, national, and international experts. Its implementation has been handled by local experts in the 18 governorates across Iraq.

A national training was held at the CHS offices in Erbil, Iraq, in January 2014. Following some revisions to the document as recommended by INL and the local experts, the first surveys were administered in February 2014.

To date, over 1,300 surveys have been administered across Iraq, with the original goal of administering 3,200 surveys countrywide. However, due to the violence in parts of the country as well as widespread Internet shutdowns that may affect whether data can be electronically sent to UCLA, recruitment and data collection have been temporarily suspended. The study's Iraqi leadership team and advisors will continue to assess the situation in Iraq to determine the best of course of action regarding study activities.

By Michael Prendergast, Principal Investigator
(mprendergast@mednet.ucla.edu)

Although studies have found that providing treatment to offenders following prison can be effective in reducing drug use and crime, a substantial portion of clients either do not show up to enroll in treatment or drop out before completion.

The benefits of treatment cannot be realized if offenders do not enroll in treatment or do not remain in treatment for a sufficient length of time; hence, the need for approaches that encourage enrollment and retention.

Providing positive reinforcement (contingency management [CM]) in the form of vouchers for abstinence, attendance, or other recovery-oriented behaviors has been found in numerous studies to be a highly effective adjunct to psychosocial treatment.

By most criteria, CM is an evidence-based practice that should be widely used in treatment, but limited research has been conducted on CM in criminal justice settings, particularly where attendance is the target behavior.

Building on the previous research on CM, ISAP researchers recently completed a NIDA-funded randomized study to test the effectiveness of providing vouchers to parolees for attendance in a residential treatment program, compared with a brief educational session on the importance of attending aftercare. Both groups received all of the comprehensive services provided at the treatment program.

Clients in the voucher group received \$2.50 per day for the first week (\$12.50 total for the week), \$3 per day for the second week (\$15 total), \$3.50 per day for the third week (\$17.50 total), and so on up to the 22nd week. Upon successful completion of weeks 5, 10, and 15, clients received a bonus voucher worth \$10. Maximum earnings was \$882.50, but the average amount received was \$392.08.

Despite expectations, at five months after treatment entry, program records indicated that clients in both groups stayed in treatment about the same length of time.

In fact, the education-only group remained in treatment three more days than the voucher group (82 vs. 79), although the difference was not statistically different.

Results for those completing treatment were similar: 27% of the comparison group were still in treatment at the end of five months, compared with 22% of the voucher group, but again the difference was not statistically different. Analysis of 12-month outcomes is underway.

“...one lesson from this research is that it cannot be automatically assumed that contingency management (or probably any evidence-based practice) is effective for populations with which it has not been studied.”

- Michael Prendergast
ISAP Principal Investigator

These findings are consistent with two other ISAP studies in which vouchers were found to have no statistically significant effect on abstinence and prosocial behaviors among drug court and Proposition 36 clients.

At this point, the reason for the lack of effect of CM on offender behavior in these studies is unclear. More research on the use of CM with offenders is warranted in order to better understand how and with whom CM might be targeted to be effective.

Practitioners in criminal justice settings who are considering the use of incentives should be aware that they may not produce the desired outcomes. More generally, one lesson from this research is that it cannot be automatically assumed that contingency management (or probably any evidence-based practice) is effective for populations with which it has not been studied.

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ISAP Works with China MMT Sites to Provide Cell Phone Health Tools

By Marya Schulte, Clinical Psychologist (mtshulte@ucla.edu), and Giselle Otamendi, Research Associate

Methodadone maintenance treatment (MMT) has proven useful in reducing drug use and health risk behaviors associated with drug use (e.g., HIV risk).

While China has been successfully implementing MMT over the past decade, little has been done to teach people skills for identifying triggers and managing risky situations.

Smartphone-based applications can serve to bridge this gap in access to psychotherapeutic tools for recovery.

Specifically, Yih-Ing Hser's team at UCLA ISAP is currently collaborating with MMT sites in China to develop and test an application ("S-Health") aimed at increasing self-management skills through ecological momentary assessment (EMA), which allows people to report their feelings, behaviors, and experiences as they happen, and ecological momentary intervention (EMI), which are

treatments provided directly to people in their day-to-day living.

Thus far, a series of focus groups with MMT patients and service providers have been conducted in Shanghai, Taiwan, and Los Angeles to assist in developing an application designed to monitor daily use, cravings, and emotions, in addition to providing information on coping strategies and positive health behaviors in real-time.

With help from UCLA's Office of Information Technology, an iterative process of development, testing, and modifications has been used to streamline the survey and intervention functions of S-Health.

The next phase will focus on pilot-testing the translated application with MMT patients in China. Mobile health tools such as this have great potential in serving hard-to-reach populations in an affordable and accessible manner.

Using Cell Phones to Target ART Adherence and Opioid Drug Use

By Suzette Glasner-Edwards, Principal Investigator (sglasner@ucla.edu) and Vanessa Novoa, Staff Research Associate

UCLA ISAP is conducting a pilot study using cell phone technology that aims to improve treatment for HIV-positive opioid users.

The study, which will include 50 participants, explores the effectiveness of a 12-week text-messaging program based on principles of cognitive behavioral therapy (CBT). The goals of the study are to promote relapse-prevention skills, reduce HIV-risk behaviors, and improve adherence to HIV medication (antiretroviral therapy [ART]).

Newly recruited participants complete baseline measures as well as 2–3 phone-based pill counts to calculate their adherence to HIV medication and are then randomized into one of two groups, a group that will receive CBT-based text messages and a control group.

Individuals in the texting group meet with a CBT-trained clinician to review triggers for substance use and to identify barriers to taking HIV medications. Personal triggers for substance use and the three most applicable medication-adherence skills are identified for emphasis in the text messages.

Participants in the control group receive a pamphlet with information about substance use risks, HIV risk behaviors, and the importance of taking HIV medication.

Participants from both groups meet with study staff once a month during the 3-month intervention phase of the study and are followed-up 3 months after completing the intervention.

Feedback has been positive. When asked how taking medication has changed since starting the program, one participant in the group receiving texts responded, "Great—[I'm] taking all my medication. Texting makes me think about why I am taking the meds, rather than just taking them."

Another said, "Now it's routine, so I don't worry about it as much. Text messages helped make it routine."

Messages that encourage and give positive reinforcement have been cited as particularly helpful in promoting behavior change. Participants stated that messages like "Keep up the good work" and "You can do it" were most helpful in curbing urges and temptations.

Recruitment is more than 50% complete, and results are expected to be available in the coming year.

By Desirée Crèvecoeur-MacPhail, Principal Investigator
(desireec@ucla.edu)

In March 2012, the Los Angeles County Department of Public Health office of Substance Abuse Prevention and Control (SAPC) began a project to provide extended-release naltrexone (XR-NTX) to drug court participants. The Substance Abuse and Mental Health Services Administration (SAMHSA) funded this project through a Drug Court Enhancement grant obtained by SAPC.

XR-NTX is a mu-opioid receptor antagonist that partially blocks the dopamine increase that occurs when alcohol is consumed and that completely blocks the increase when opioids are used. Project participants can receive up to three doses of the medication, free of charge to the patient and the treatment provider.

Study Details

To obtain the medication, patients must be enrolled in treatment, complete an assessment of primary and secondary substance use as well as their urge to use opioids or drink alcohol, and pass any required medical screenings and tests.

Once the patient receives medical clearance and agrees to the process, UCLA then collects additional evaluation information prior to the first dose (baseline), then weekly for the first 3 weeks after the first dose, and monthly thereafter for the next 2 months or as long as the patient is taking the medication. UCLA also conducts a 6-month post-enrollment follow-up.

As of March 2014, 69 individuals had enrolled in the project. Most were male (73.9%), Latino (59.4%), and enrolled in outpatient treatment (85.3%); their average age was 34 years. Over half of the patients (62.3%) reported alcohol problems, whereas just over a third (37.7%) were in treatment for opioid use. Most clients took more than one dose of the medication (62.8% for the alcohol group and 61.5% for the opioid group).

Results So Far

According to the 41 discharge records analyzed thus far, both the engagement rate (i.e., in treatment at least 30 days) and retention rate (i.e., in treatment for at least 90 days) were high. The engagement rate in outpatient counseling programs for the alcohol group was 100% and retention was 92%. For those in treatment for opioid use, the engagement rate in outpatient counseling was also 100% and retention was 86%.

Changes were also noted in urges to either drink alcohol or to use opioids, as measured by the Urge to Drink/Urge to Use scale. The urge-to-drink score decreased from 11 at baseline to 3.9 in the first week and remained under 5 at each subsequent assessment. The urge-to-use (opioids) score decreased from 14.4 at baseline to 5.6 in the first week and remained under 6 at each subsequent assessment.

Recidivism and details on substance use will be examined as more data becomes available.

The drug court system has historically produced good outcomes; however, many people, including drug court participants, struggle with substance use disorders, sometimes relapsing several times before getting sober.

Although there was no random assignment in this project, and therefore the positive outcomes cannot be causally attributed to the medication, the expectation is that the inclusion of XR-NTX provides an additional benefit over and above that provided by drug court procedures and allows some, who perhaps would not otherwise complete the process, to remain in treatment.

California SBIRT Trainings

(Continued from Page 1)

stand; options explored) brief intervention; and referral to treatment for patients with more serious substance-related problems.

The ISAP Training Department/PSATTC will be the primary provider of SBIRT training for the state. Due to the critical need for SBIRT training, ISAP Training Department staff will be conducting a high volume of trainings around the state through the remainder of 2014. See Page 1 for training locations. All trainings will last about half a day.

The *Foundations of SBIRT* online training is available at <http://www.healthknowledge.org> and more online learning opportunities are under development.

Sign up for our listserv at www.psattc.org to receive notifications about all of these activities and additional training available through the PSATTC, or contact Charlotte Bullen at charlottebullen@ucla.edu to inquire about customized training and technical assistance opportunities to meet your organization's needs.



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

UCLA ISAP is going into its 15th year as an integral part of the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN).

Under the direction of Drs. Walter Ling and Larissa Mooney of ISAP, the CTN Pacific Region Node is actively participating in several NIDA CTN sponsored trials, including:

CTN 0050 – Dr. Yih-Ing Hser continues to lead efforts to locate and interview 1,267 **Starting Treatment with Agonist Replacement Therapies (START; CTN 0027)** participants during this 3-phase, 5-year follow-up to that study. At the time of this writing, 798 participants had completed Interview 1 at one of the eight CTN 0027 community treatment programs; 653 of Wave 1 participants had completed Interview 2, and 209 participants had completed the Wave 3 interview. Wave 2 and 3 interviews are being completed by ISAP staff. Data collected from this longitudinal study provide us with an understanding of how patients treated with methadone and buprenorphine fare following a 6-month treatment episode.

CTN 0051 – Led by Dr. John Rotrosen, principal investigator of the CTN Greater New York Node, the **Extended-Release Naltrexone vs. Buprenorphine for Opioid Treatment (X:BOT)** trial is being implemented at the Tarzana Treatment Center in California. X:BOT is designed to estimate the difference in time to relapse to opioid use between these two FDA-approved medications. This trial will be implemented by Drs. Ken Bachrach and a newcomer to the Tarzana Treatment Program and the CTN, Dr. Dagmar Liepa.

CTN 0053 – The **Achieving Cannabis Cessation-Evaluating N-Acetylcysteine Treatment (ACCENT)** trial is being led by Dr. Kevin Gray at the Medical University of South Carolina. This six-site trial is building upon Dr. Gray's recently completed work utilizing the over-the-counter supplement N-acetylcysteine (NAC), which was shown to be effective in treating adolescents with cannabis use disorder. Recruitment for this 300-participant trial, which began in February, is going extremely well and is expected to be completed by this fall. Dr. Larissa Mooney is leading the recruitment efforts at ISAP for this exciting trial.

CTN 0054 – The **Accelerated Development of Addictive Pharmacotherapy Treatment (ADAPT)** study, led by Drs. Walter Ling and Larissa Mooney of ISAP, is in the second phase of participant recruitment at three sites: ISAP, the University of Hawaii of the CTN Pacific Region Node, and Nexus Recovery of the CTN Texas Node. The trial combines injectable, long-acting naltrexone and bupropion

for the treatment of methamphetamine use disorders.

Twenty six of the 49 participants have been recruited into this trial, with recruitment now scheduled to be completed in October.

CTN 0056 – The Guangxi Autonomous Region in the south of China is among the hardest hit provinces in all of China in regard to AIDS-related deaths. In 2011, 22% of the national total of AIDS-related deaths occurred in Guangxi, with loss to follow-up identified as the significant contributing factor to this high mortality rate. Overly burdensome testing practices are a potential stumbling block for individuals identified as high-risk and referred for testing by their medical provider. In an effort to engage individuals who screen positive for HIV, researchers from NIDA, the National Center for AIDS/STD Control and Prevention of China, Chinese Center for Disease Control and Prevention, and ISAP are evaluating a seek, test, and retain, point-of-care strategy in 12 hospitals throughout the province. The "One4All" testing algorithm is designed to engage patients by shortening the time between screening, CD4 testing, assessment of antiretroviral therapy (ART) eligibility, and receipt of ART.

Testing and Linkage to HIV Care in China: A Cluster Randomized Trial, led by Dr. Zunyou Wu, Director of the National Center for AIDS/STD Control and Prevention, with Dr. Roger Detels, of UCLA, and Dr. Ling, of ISAP, will evaluate the effects of a comprehensive diagnostic approach to enhancing the percentage of participants that receive their HIV testing results, counseling, and, if eligible, ART, in 12 county hospitals in Guangxi Zhuang. Six county hospitals will be randomized to standard care, while the other six county hospitals will be randomized to One4All. A total of 360 patients, down from the initially anticipated 420, will participate in this trial. Recruitment began in March and is now expected to run through August.



Dr. Bilal Salem (far left), a NIDA INVEST International Program awardee at ISAP from Saudi Arabia and his wife (far right), Ala'a Ballouli, shared a meal in May in Los Angeles with (from left) Dr. Richard Rawson, co-director of ISAP, Dr. Andy Dean, UCLA Department of Psychiatry, and Albert Hasson, project director, Tim Castro, staff research associate, and Valerie Antonini, project director, of ISAP.

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UCLA Integrated Substance Abuse Programs (ISAP)
Semel Institute for Neuroscience and Human Behavior
Department of Psychiatry and Biobehavioral Sciences
David Geffen School of Medicine at UCLA
405 Hilgard Ave., Box 956913
Los Angeles, CA 90095-6913
Phone: 310-267-5020

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Co-Directors

Richard A. Rawson, Ph.D.
Christine E. Grella, Ph.D.

Founding Director

Walter Ling, M.D.

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M. Douglas Anglin, Ph.D.

Editor

Kris Langabeer

Erratum

Some of the wording in the figure that appeared with the article "Treating, Rather Than Incarcerating, Nonviolent Drug Offenders Saves Money," which appeared on the first page of the January 2014 issue of the *ISAP News*, has been corrected for clarification. Please see www.uclaisap.org/newsletter/newsletters.html for details.

ISAP Publications

(Continued from Page 7)

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