



Disaster Planning for Methadone Treatment Programs

By Deborah Podus, Principal Investigator
(dpodus@ucla.edu)

Although the likelihood of a natural disaster is small in any given community, the occurrence of such events is relatively common when viewed from a national perspective. Disaster planning is important for all drug abuse treatment modalities, but the issue is especially important for providers of medication-assisted treatment—especially methadone maintenance treatment.

A combination of factors makes disaster planning particularly problematic for methadone treatment providers. These factors include the strict federal and state regulation of treatment programs, limitations on the amount of medication that patients may take away from the clinic, and the fact that lack of patient access to medication results in the onset of withdrawal symptoms and may lead to drug use relapse.

To better understand disaster preparedness and the types of disaster-related problems methadone treatment programs and their patients have faced, ISAP researchers Deborah Podus and M. Douglas Anglin are conducting a study of methadone treatment providers in the five Gulf Coast states: Alabama, Florida, Louisiana, Mississippi, and Texas. The research is funded by grants from the National Institute on Drug Abuse and the Substance Abuse Policy Research Program of the Robert Wood Johnson Foundation. Also collaborat-

ing on the project is Jane Maxwell from the University of Texas.

The researchers are focusing on this region because the area experienced eight major hurricanes between 2004 and 2008, which placed many programs at risk. The study is concerned with not only the direct effects of these hurricanes (for example, clinic closures due to structural damage), but also the indirect or spillover effects (for example, an influx of disaster-affected patients to clinics outside the geographic area where the storm directly hit). Thus, it defines disaster-related effects broadly.

Although the primary focus of the study is hurricanes, the researchers are also interested in other types of disasters. Because many of the impacts of hurricanes (for example, power outages, disrupted land line and cell phone service, disrupted Internet access, transportation problems, etc.) are also caused by other types of disasters, it is expected that findings from the study will be relevant to providers in other regions of the country as well.

The first stage of the study is a survey of methadone treatment program directors in the five Gulf Coast states. At the present time, of the 141 treatment programs identified in the region, 64% of those contacted (90 programs) have responded to the survey. Other components of

(Please see Disaster Planning, Page 3)

ISAP Provides COD Trainings for Orange County Mental Health Providers	2
Trial of Opioid-Dependence Therapies Reaches Recruitment Milestone but Faces Retention Differential	3
ISAP Awarded Grant to Study Implementation of Drug Treatment in the Criminal Justice System.....	4
ISAP Offers Advanced, Efficient, and Secure Data Capture and Management Services for Programs	5
Recent UCLA ISAP Publications	6
L.A. County Pilot Project Uses Performance-Based Measures to Improve Treatment Services, Outcomes.....	7

By Thomas Freese, PSATTC Director & Training Director
 (tfreese@mednet.ucla.edu)

The UCLA ISAP Training Department has received funding from the Orange County Department of Mental Health (OCDMH) to provide training to providers on how to treat individuals with co-occurring disorders (COD), that is coexisting mental disorders and substance use.

Three trainings will be made available to 450 OCDMH providers this year. Each day-long training is provided twice to ensure that as many providers as possible are able to attend. These trainings draw together multidisciplinary participants from OCDMH agencies including counselors, psychiatrists, assessment/intake workers, and peer advocates.

The trainings cover the following topics:

Motivational Interviewing (February–March 2009): This training presented the concepts of motivational interviewing and specific skill-based techniques that providers can use when working with individuals with COD. Participants learned how to identify the stage of change at which a client is operating (e.g., pre-contemplation, contemplation, determination, action) and about specific interventions to help move the client to the next stage. The microskills of motivational interviewing (open-ended questioning, affirming, reflective listening, summarizing) were demonstrated and practiced. Attendees demonstrated use of these skills during role-play exercises using actual case histories.

Screening, Assessment, Brief Intervention (May–June 2009): This training provided an overview of alcohol and drugs of abuse, and then explored the interactions between mental illness and alcohol/drugs, the neurobiology of addiction and mental illness, and strategies for assessing clients with co-occurring disorders. Participants were instructed on using county screening and assessment forms to effectively determine if clients have COD. They then were instructed in the use of a structured brief intervention and given the opportunity to practice the intervention in role-play situations where they assisted a “client” in changing their

behaviors and/or accepting referral for more intensive treatment.

Treatment Interventions and Trauma-Informed Services for Clients with COD

(August 2009): This training will address specific intervention strategies for COD clients, including cognitive behavioral counseling skills and strategies for intervening with clients who have COD and who have suffered trauma.

Training Strategy

Research has shown that adults learn more effectively when they can relate to the material, when they can see the relevance of the material to the work that they do, and when they have hands-on practice in utilizing newly learned skills. Considering this, several training techniques are used in this project. Information is presented in formal workshop/didactic presentations, and participants practice specific skills using practical, experiential techniques involving case vignettes, the development of treatment plans, role-play activities, and problem-solving difficult clinical issues.

In addition to these formal training sessions, providers receive ongoing consultation to help them refine their skills and address any problems. In order to maximize the availability of consultation within the available budget, two levels of consultation are provided. A staff person provides a minimum of 20 hours per week of direct onsite consultation (Level 1) to agency staff across Orange County. Providers can also request consultation via a Web site form or by calling a dedicated “warm” line (Level 2).

The online form and warm line allow individuals to leave a detailed message identifying the problem/issue for which they need consultation. Both online and phone requests for consultation are triaged to an appropriate expert. The provider receives confirmation that the request was received within one working day and a consultation response within three working days.

For more information, visit www.uclaisap.org/cod.

Trial of Opioid-Dependence Therapies Reaches Recruitment Milestone but Faces Retention Differential

www.uclaisap.org/ctn

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

The "Starting Treatment with Agonist Replacement Therapies" (START) trial has reached a milestone of 300 evaluable methadone participants with 1,100 randomizations overall.

Entering the final six months of participant recruitment, the START study has randomized more than 10% of the total participants randomized into all of the Clinical Trials Network (CTN) trials over the last 10 years (which is just over 10,000 participants).

The START study is designed to compare the impact on liver function in opioid-dependent individuals maintained on either Suboxone (buprenorphine plus naloxone) or methadone for a 6-month period.

Eight sites nationwide, including the Matrix Institute on Addictions in Los Angeles and the Turk Street Program of Bay Area Addiction Research and Treatment (CTN Pacific Region Node), have reached the combined target of 300 evaluable participants in the methadone arm of the study.

However, due to lower retention rates (43%) in the Suboxone arm compared to the methadone arm (73%), participant recruitment was extended to 1,300.

Protocol developers anticipated that participant retention would be 60% across both arms of the study. When, early into the trial, it was evident that the differential retention rate would not equalize, several training measures were instituted to increase retention in the Suboxone arm, including a more assertive induction schedule.

Unfortunately, after three and a half years of participant recruitment, the differential retention rate has remained consistent at 43% for Suboxone and 73% for methadone.

To evaluate retention in each arm of the START study, the NIDA CTN has contracted with ISAP's Yih-Ing Hser to conduct a qualitative evaluation of

the possible factors impacting participant retention. Working with the START lead team and representatives from each participating site, Project Director Cheryl Teruya is developing a qualitative strategy including focus group and individual interviews of START participants and site staff. The project is expected to be completed by the end of 2009.

Wanted: Community Treatment Programs to Participate in the NIDA CTN

Dr. Theresa Winhusen of the University of Cincinnati College of Medicine is seeking community treatment programs to participate in a clinical trial designed to evaluate the impact of substance-abuse treatment plus smoking cessation treatment compared to substance abuse treatment alone on drug abuse outcomes.

Approximately 12 community treatment programs will enroll approximately 45 participants into this 10-week trial to evaluate treatment as usual plus sustained-release bupropion versus treatment as usual only. Interested program officials should contact alhasson@ucla.edu.

Disaster Planning

(Continued from Page 1)

the project include site visits and more in-depth interviews with staff and patients at a subset of treatment programs and interviews with state and federal regulators and other stakeholders.

Preliminary analysis of study data suggests that methadone treatment providers in the Gulf Coast region have indeed been heavily affected by the major hurricanes in their region. We hope that their experiences dealing with problems will have much to teach us about the sources of vulnerability in the methadone treatment system and about how to better mitigate the adverse impacts resulting from hurricanes and other major disasters.

ISAP Awarded Grant to Study Implementation of Drug Treatment in the Criminal Justice System

www.uclaisap.org/CJS

By Elizabeth Hall, Pacific Coast Research Center Administrator (ehall@ucla.edu)

ISAP was recently awarded a five-year grant by the National Institute on Drug Abuse (NIDA) to participate as one of the research centers in the Criminal Justice Drug Abuse Treatment Studies 2 (CJ-DATS 2) cooperative. Michael Prendergast is the principal investigator.

CJ-DATS 2 is a multisite set of research studies designed to explore issues related to the delivery of effective drug treatment for drug-abusing offenders in the criminal justice system. In particular, the focus of CJDATS 2 is on implementation.

All projects are intended to improve knowledge about the implementation and organizational issues involved in the adoption and maintenance of evidence-based interventions and assessments by criminal justice agencies.

"CJ-DATS 2 is about moving criminal justice treatment forward. We have some good tools, and now the next step is to have them implemented in an effective and sustainable way," states Dr. Prendergast. "That's why we are working so closely with our criminal justice partners. We want to make sure that the interventions and their implementation will be appropriate and useful to criminal justice agencies."

The ISAP CJ-DATS 2 center is known as the Pacific Coast Research Center (www.uclapcrc.org) and includes criminal justice and treatment partners in California, Oregon, and Washington. ISAP staff involved in CJ-DATS 2 are David Farabee, William Burdon, Elizabeth Hall, Christine Grella, Jerome Cartier, and Stacy Calhoun. Patricia Noble-Desy, administrator of Chemical Dependency Treatment Services for the Washington State Department of Corrections, is a co-investigator.

CJ-DATS 2 consists of nine research centers, partners from criminal justice agencies, a coordinating center, and researchers at NIDA.

CJ-DATS 2 research centers are located at Arizona State University, Connecticut Department of Mental Health and Addiction Services, Lifespan Hospital in Rhode Island, National Development and Research Institute in New York, Texas Christian University, Temple University in Philadelphia, UCLA, University of Delaware, and University of Kentucky.

CJ-DATS 2 will develop and carry out four projects: an organizational survey of CJ-DATS criminal justice and treatment partners and three field studies focused on implementation issues involved in the adoption and use of evidence-based assessment instruments, behavioral treatments, and HIV prevention and treatment interventions within agencies and programs that serve drug-abusing offenders.

CJ-DATS 2 continues work conducted over the previous six years that carried out studies intended to improve collaboration between the criminal justice system and the treatment system in providing treatment and other services to drug-abusing offenders. Information about CJ-DATS research can be found at the CJ-DATS Web site at www.cjdats.org.



Deborah Van Stade (right), Director of Specialised Support Services at the Department of Social Development, Cape Town, South Africa, visited ISAP in February, learning about ISAP's training, program evaluation, and women's projects. She's pictured here with (from left) Ruthlyn Sodano, ISAP researcher, and Anne Bellows, ISAP evaluation projects director.

ISAP Offers Advanced, Efficient, and Secure Data Capture and Management Services for Programs

www.uclaisap.org/evaluation

By Jordana Hemberg, Evaluation Coordinator, & Anne Bellows, Evaluation Projects Director

ISAP offers program evaluation services that assist agencies with their grant and program evaluation at any stage by assessing program needs, writing culturally appropriate evaluation plans for applications, collecting meaningful evaluation data, monitoring performance and outcomes, and analyzing evaluation data.

An integral element of program evaluation is the data capture system. One of the data capture systems that the UCLA ISAP evaluation team employs is Teleform.

The ISAP evaluation team works collaboratively with the ISAP Data Management Center (DMC; www.uclaisap.org/dmc) to collect, organize, and analyze data using Teleform. Teleform is an optical character recognition (OCR) program that uses technology similar to that of the Scantron system. You may be familiar with the Scantron forms that require you to “bubble your response fully using black ink.”

Using a customized, unique form, Teleform data is collected and reported through either scanning or faxing the forms into the system. DMC staff members review the forms and then transfer the data into the study's database.

The process of developing and implementing Teleform data collection procedures begins with the agreement between the contracting agency and the ISAP evaluation team on the content and length of the data collection instrument.

Once the instrument is created, the evaluation team gives an electronic copy to DMC staff, who then design the Teleform according to the proposed protocol. The data can be recorded in bubbles (similar to the Scantron format), numeric text, or free text. The Teleform program is also capable of reading and translating signatures and bar codes.

Teleform data is collected by pen and paper, typically by research assistants or project staff in the field. Although legibility of the handwritten

responses can be a factor in the accurate reading of the forms, the scanning method of OCR eliminates the need for keyed entry of the data, thereby removing a step in the process where an error can be made.

The DMC creates a custom script to check and validate within-form consistency. Each Teleform is printed with a unique code that the system can use to link multi-page forms. The preprinted serial number also aids in identifying duplicate records in a database and allows for quick location of individual records.

After the data is entered through the Teleform system and reviewed, the DMC stores and maintains the project database. The data is easily accessed for analysis and incorporation into progress reports and publications by the evaluation team.

For more information on ISAP's program evaluation services, please contact Anne Bellows at abellows@mednet.ucla.edu or 310-267-5232, or visit www.uclaisap.org/evaluation.

Congratulations to

ISAP Associate Director

Richard A. Rawson

who won the

UCLA Department of Psychiatry and
Biobehavioral Sciences Excellence in
Teaching Award

for

Outstanding Research Mentor



- Cartier, J.J., Greenwell, L., & Prendergast, M.L. (2008). The persistence of HIV risk behaviors among methamphetamine-using offenders. *Journal of Psychoactive Drugs*, 40(4), 437–446.
- Crevecoeur, D.A. (2008). Brain chemistry and addiction. In G.L. Fisher & N.A. Roget (Eds.), *Encyclopedia of substance abuse prevention, treatment, and recovery* (pp.135–139). Thousand Oaks, CA: Sage.
- Crevecoeur, D.A. (2008). Withdrawal. In G.L. Fisher & N.A. Roget (Eds.), *Encyclopedia of substance abuse prevention, treatment, and recovery* (pp.1004–1007). Thousand Oaks, CA: Sage.
- Dickerson, D.L., Leeman, R.F., Mazure, C.M., & O'Malley, S.S. (2009). The inclusion of women and minorities in smoking cessation clinical trials: A systematic review. *American Journal on Addictions*, 18(1), 21–28.
- Evans, E., Li, L., & Hser, Y.I. (2008). Client and program factors associated with dropout from court mandated drug treatment. *Evaluation and Program Planning*.
- Farabee, D., & Hawken, A. (2009). Methamphetamine and crime. In J.M. Roll, R. Rawson, W. Ling, & S. Shoptaw (Eds.), *Methamphetamine addiction: From basic science to treatment* (pp. 157–171). New York: Guilford Press.
- Fong, T., Campos, M., Rosenthal, R., Brecht, M.-L., Schwartz, B., Davis, A., & Chung B. (2009). Problem gambling knowledge and perceived community impact among Asian-Pacific Islanders and non Asian-Pacific Islanders. *Journal of Immigrant and Minority Health*.
- Frisman, L., Prendergast, M., Lin, H.-J., Rodis, E., & Greenwell, L. (2008). Applying classification and regression tree analysis to identify prisoners with high HIV risk behaviors. *Journal of Psychoactive Drugs*, 40(4), 447–458.
- Glasner-Edwards, S., Marinelli-Casey, P., Hillhouse, M., Ang, A., Mooney, L.J., & Rawson, R.; Methamphetamine Treatment Project Corporate Authors. (2009). Depression among methamphetamine users: Association with outcomes from the Methamphetamine Treatment Project at 3-year follow-up. *Journal of Nervous and Mental Disease*, 197(4), 225–231.
- Grella, C.E. (2008). From generic to gender-responsive treatment: Changes in social policies, treatment services, and outcomes of women in substance abuse treatment. *Journal of Psychoactive Drugs*, Suppl. 5, 327–343.
- Grella, C.E. (2009). Treatment seeking and utilization among women with substance use disorders. In K.T. Brady, S.E. Back, & S.F. Greenfield (Eds.), *Women and addiction: A comprehensive handbook* (pp.307–322). New York: Guilford Press.
- Grella, C.E., Karno, M.P., Warda, U.S., Niv, N., & Moore, A.A. (2009). Gender and comorbidity among individuals with opioid use disorders in the NESARC Study. *Addictive Behaviors*, 34(6-7), 498–504.
- Khalil, A., Okasha, T., Shawky, M., Haroon, A., Elhabiby, M., Carise, D., Annon, J.J., Hasson, A.M., & Rawson, R.A. (2008). Characterization of substance abuse patients presenting for treatment at a university psychiatric hospital in Cairo, Egypt. *Addiction Disorders & Their Treatment*, 7(4), 199–209.
- Ling, W., Hillhouse, M., Domier, C., Doraimani, G., Hunter, J., Thomas, C., Jenkins, J., Hasson, A., Annon, J., Saxon, A., Selzer, J., Boverman, J., & Bilangi, R. (2009). Buprenorphine tapering schedule and illicit opioid use. *Addiction*, 104(2), 256–265.
- Lu, L., Liu, Y., Zhu, W., Shi, J., Liu, Y., Ling, W., & Kosten, T.R. (2009). Traditional medicine in the treatment of drug addiction. *American Journal of Drug and Alcohol Abuse*, 35(1), 1–11.
- Messina, N., Marinelli-Casey, P., Hillhouse, M., Rawson, R., Hunter, J., & Ang, A. (2008). Childhood adverse events and methamphetamine use among men and women. *Journal of Psychoactive Drugs*, Suppl. 5, 399–409.
- Mooney, L., Glasner-Edwards, S., Rawson, R.A., & Ling, W. (2009). Medical effects of methamphetamine use. In J.M. Roll, R.A. Rawson, W. Ling, & S. Shoptaw (Eds.), *Methamphetamine addiction: From basic science to treatment* (pp. 117–142). New York: Guilford Press.
- Murphy, D.A., Marelich, W.D., & Amaro, H. (2009). Maternal HIV/AIDS and adolescent depression: A covariance structure analysis of the 'Parents and Children Coping Together' (PACT) Model. *Vulnerable Children and Youth Studies*, 4(1), 67–82.
- Murphy, D.A., Shetty, V., Resell, J., Zigler, C., & Yamashita, D.D. (2009). Substance use in vulnerable patients with orofacial injury: Prevalence, correlates, and unmet service needs. *Journal of Trauma*, 66(2), 477–484.
- Nyamathi, A., Compton, P., Cohen, A., Marfisee, M., Shoptaw, S., Greengold, B., de Castro, V., Reaves, M., Hasson, A., George, D., & Leake, B. (2009). Correlates of hospitalization for alcohol-using methadone-maintained persons with physical health problems. *Western Journal of Nursing Research*, 31(4), 525–543.
- Pearson, F.S., Cleland, C.M., Chaple, M., Hamilton, Z., Prendergast, M.L., & Rich, J.D. (2008). Substance use, mental health problems, and behavior at risk for HIV: (Please see *ISAP Publications*; Page 8)

L.A. County Pilot Project Uses Performance-Based Measures to Improve Treatment Services, Outcomes

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

In September 2008, the Los Angeles County Evaluation System (LACES) and the Los Angeles County Alcohol and Drug Program Administration (ADPA) initiated the Performance-Based Pilot Project, which seeks to increase our understanding of the relationship between treatment encounters and client outcomes at county substance abuse treatment programs.

The conception of the pilot stemmed from the March 2008 summit entitled "Using Performance and Outcome Measures to Improve Treatment," where Los Angeles County Public Health Director Dr. Jonathan Fielding introduced current and future efforts to improve performance measures and standards in the county.

The purpose of the Performance-Based Pilot Project is to (1) assess what additional client level information is necessary to develop performance standards, (2) determine procedures to improve program performance, and (3) help develop the contract language, data system, and related formulas and reports that would allow ADPA to provide automated, timely reports to Los Angeles County providers regarding their performance and to implement performance-based contracting.

Programs that participated in the Pilot Project were selected from a group of volunteer providers. Fourteen agencies participated (11 outpatient counseling programs and 3 narcotic treatment programs). Each participating provider collected and submitted encounter data (e.g., individual counseling sessions, group counseling sessions, drug testing, case management, and methadone dosing) via a Web-based system.

Baseline data collection was completed in March 2009. The project is now analyzing the data and reviewing the preliminary results with ADPA and the providers. Discussions are also underway regarding which performance measures would be best for Los Angeles County. Performance measures under consideration include client engagement and retention, timing of the treatment plan and assessment, com-

pletion of exit interviews, and timely submission of accurate data.

The inclusion or exclusion of these variables in the performance-based management process will depend, in large part, upon the results of the data analysis. ADPA may determine that additional variables are needed or that fewer variables will be sufficient.

At the conclusion of the Pilot Project (June 2009), providers, UCLA, and ADPA will meet to discuss the results from the implementation phase and determine the next steps for the pilot project. Currently, a second pilot project is being discussed. Options include involving different providers and creating an expanded agency-wide pilot project. ADPA is also exploring methods for extracting billing data in order to pre-populate specific data fields.

ADPA and UCLA expect that the data collected from this pilot will provide useful information on the next steps in the process of deciding which performance measures to use and what standards to set for Los Angeles County substance abuse treatment providers.

Congratulations to

ISAP Researcher

Catherine Domier

for being awarded the

Susan Lemer Travel Grant

to attend the

*2009 Society for Neuroscience
Annual Meeting in Chicago*

by

*Friends of the
UCLA Semel Institute*

ISAP Publications

(Continued from Page 6)

- Evidence from CJDATS. *Journal of Psychoactive Drugs*, 40 (4), 459–469.
- Prendergast, M.L. (2009). Interventions to promote successful re-entry among drug-abusing parolees. *Addiction Science and Clinical Practice*, 5(1), 4–13.
- Roll, J.M., Rawson, R.A., Ling, W., & Shoptaw, S. (Eds.) (2009). *Methamphetamine addiction: From basic science to treatment*. New York: Guilford Press.
- Roll, J.M., Rawson, R.A., Shoptaw, S., & Ling, W. (2009). Introduction. In J.M. Roll, R.A. Rawson, W. Ling, & S. Shoptaw (Eds.), *Methamphetamine addiction: From basic science to treatment* (pp. 1–5). New York: Guilford Press.
- Rush, C.R., Stoops, W.W., & Ling, W. (2009). Behavioral pharmacology and psychiatric consequences of methamphetamine. In J.M. Roll, R.A. Rawson, W. Ling, & S. Shoptaw (Eds.), *Methamphetamine addiction: From basic science to treatment* (pp. 92–116). New York: Guilford Press.
- Rutkowski, B., Freese, T., & Rawson, R. (2008). Editors' introduction: California Substance Abuse Research Consortium, 2007: A focus on women. *Journal of Psychoactive Drugs, Suppl. 5*, 321–323.
- Rutkowski, B.A., & Maxwell, J.C. (2009). Epidemiology of methamphetamine use: A global perspective. In J.M. Roll, R.A. Rawson, W. Ling, & S. Shoptaw (Eds.), *Methamphetamine addiction: From basic science to treatment* (pp. 6–29). New York: Guilford Press.
- Sacks, S., Cleland, C.M., Melnick, G., Flynn, P.M., Knight, K., Friedmann, P.D., Prendergast, M.L., & Coen, C. (2009). Violent offenses associated with co-occurring substance use and mental health problems: Evidence from CJDATS. *Behavioral Sciences & the Law*, 27(1), 51–69.
- Shoptaw, S., Rawson, R.A., Worley, M., Lefkowitz, S., & Roll, J.M. (2009). Psychosocial and behavioral treatment of methamphetamine dependence. In J.M. Roll, R.A. Rawson, W. Ling, & S. Shoptaw (Eds.), *Methamphetamine addiction: From basic science to treatment* (pp. 185–201). New York: Guilford Press.
- Watson, D.W., & Rataemane, S. (2008, March). *Researchers report on progress of NIDA's Southern Africa Initiative. NIDA Notes*, 21(5).
- Watson, D.W., Tsai, W., Chu, V.S., Williams, E., III, Mouttapa, M., Asghar, A., & Shaw, M.E. (2008). The role of faith-based organizations in ex-offender reentry. *Californian Journal of Health Promotion*, 6(2), 25–35.
- Xu, J., Azizian, A., Monterosso, J., Domier, C.P., Brody, A.L., Fong, T.W., & London, E.D. (2008). Gender effects on mood and cigarette craving during early abstinence and resumption of smoking. *Nicotine & Tobacco Research*, 10 (11), 1653–1661.

UCLA

ISAP News

Volume 7, Issue 1
July 2009



www.uclaisap.org

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
1640 S. Sepulveda Blvd., Suite 200
Los Angeles, CA 90025-7535
Phone: 310-267-5444
Fax: 310-312-0538

Director

Walter Ling, M.D.

Associate Directors

M. Douglas Anglin, Ph.D.
Richard A. Rawson, Ph.D.

Editor

Kris Langabeer

Nonprofit
Organization
U.S. Postage Paid
UCLA