



## ISAP Researchers Pursue Unique Angle on HIV Research

By Steven Shoptaw, ISAP Principal Investigator

**U**CLA has a long history of research into HIV and its treatment and prevention starting more than 20 years ago when the first cases of an immune deficiency syndrome that would become known as AIDS were recognized at UCLA.

At ISAP, many of our investigators and trainees shape the national agenda with our HIV-related epidemiological, clinical, health services, and policy research concerning drug use and abuse. Many of our studies address the major role of drug abuse in acquiring HIV/AIDS and in living with it.

### Epidemiological Projects

Currently funded projects by ISAP investigators include: street-based HIV-risk behavior assessment and prevention among drug-using gay, lesbian, bisexual, and transgender individuals in the Hollywood area (Cathy Reback), evaluation of the role of injection and non-injection drug use in transmission of HIV (Steven Shoptaw), and coordination of Los Angeles County HIV prevention networks to facilitate referrals for clients seeking services at agencies that provide HIV prevention, drug abuse treatment, and primary care services (Rosemary Veniegas and Uyen Kao).

### Clinical Projects - Adolescents

The national Adolescent Trials Network evaluates behavioral strategies for HIV-infected and HIV-at-risk young people. One protocol assesses a simplified HIV vaccine trial consent for adolescents and another tests a mother/daughter intervention to reduce risk behaviors in adolescent African American females (Debra A. Murphy, Dannie Hoffman, and Lisa Greenwell). Donnie Watson recently received a good score on a NIDA application to translate a prevention intervention created by Mary Jane Rotheram-Borus of UCLA's Center for Community Health, for use with adjudicated youth.

### Clinical Projects – Adults

Current projects being conducted with adults already infected with HIV or who are at high risk of infection reflect the diversity of interests of ISAP researchers. Thomas Newton is training physicians in addressing the psychiatric needs of HIV-infected individuals.

Many ISAP researchers study behavioral, psychological, and medical aspects common to groups of substance abusers at high-risk for HIV infection as well as treatments for them (M. Douglas Anglin, M. Lynn Brecht, David Farabee, Thomas Freese, Yih-Ing Hser, Sherry Larkins, Patricia Marinelli Casey, Walter Ling, Meredith Portnoff, Richard Rawson, Cathy Reback, Erin Rotheram-Fuller, James Peck, Jane Steinberg, and Xiaowei Yang).

*(Please see ISAP's HIV Research, Page 8)*

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# Community Treatment Programs Wanted to Participate in the NIDA Clinical Trials Network

[www.uclaisap.org/ctn/index.html](http://www.uclaisap.org/ctn/index.html)

By Albert Hasson, CTN Pacific Node Coordinator ([alberthasson@earthlink.net](mailto:alberthasson@earthlink.net))

**I**SAP is looking for three community treatment programs in Southern California to participate in the National Institute on Drug Abuse, Clinical Trials Network (CTN).

The NIDA CTN was initially funded in 1999 with six Regional Research and Training Centers, and has since expanded to 17. ISAP, one of the original six university-based research centers participating in the CTN, is actively involved in seven CTN research projects.

The mission of the CTN is twofold: (1) to conduct studies of behavioral, pharmacological, and integrated behavioral and pharmacological treatment interventions in rigorous, multisite clinical trials to determine their effectiveness across a broad range of community-based treatment settings and diverse patient populations, and (2) to transfer the research results to physicians, providers, and patients to improve the quality of drug abuse treatment throughout the country.

In order to fulfill this mission, community treatment programs throughout the nation are linked with research organizations, facilitating a bi-directional communication resulting in reality-based research projects.

Currently, ISAP is working with five California community treatment programs: the Betty Ford Center, the Bay Area Addiction Research and Treatment Center, Haight Ashbury Free Clinics, the Matrix Institute on Addictions, and the Tarzana Treatment Center.

Representatives of these and other treatment programs throughout the United States serve as integral contributors to the development, design, and implementation of research in the CTN.

One example of the bi-directional process of research to practice and practice to research has been the feasibility testing of a telephone-based counseling intervention designed by John Schwarzlose, Nancy Waite-O'Brien, and Briar Faulkner of the Betty Ford Center.

Known as "TELE," short for "Telephone Enhancement of Long-term Engagement," the project has completed participant recruitment and a follow-up phase and will soon be evaluated for feasibility as a multisite trial.

Representatives of treatment programs interested in becoming a part of the Pacific Region Node may contact Albert Hasson at [alberthasson@earthlink.net](mailto:alberthasson@earthlink.net).

## Calendar of Events

### June

June 21 & 22

#### **Co-Occurring Disorders: Treating Substance Abuse and Mental Disorders Across the Lifespan**

Long Beach Convention Center, CA

Contact: Sylvia DeGraff - (310) 641-7795, ext. 147

June 23-25

#### **Complexities of Co-Occurring Conditions: Harnessing Services Research to Improve Care for Mental Illness, Substance Use, and Medical/Physical Disorders**

Washington, DC

Co-sponsors include NIMH, NIDA, NIAAA, AHRQ, HRSA, SAMHSA

[www.ccccconference.com/pages/about.html](http://www.ccccconference.com/pages/about.html)

ISAP Congratulates

ISAP Associate Director

**Dr. M. Douglas Anglin**

for being the 2003-2004 recipient

of the

**Paul Tappan Award**

for Outstanding Contributions to Criminology

by the

**Western Society of Criminology**

By Thomas Freese, PSATTC Director  
([tefreese@ix.netcom.com](mailto:tefreese@ix.netcom.com))

The Pacific Southwest Addiction Technology Transfer Center (PSATTC), in collaboration with ISAP, Matrix Institute on Addictions, the Los Angeles Practice Improvement Collaborative (LAPIC), and the Pacific Node of the NIDA Clinical Trials Network has launched a major training initiative as part of its ongoing effort to bring science-based information to the field.

The initiative is centered around two major activities: The California Addiction Training and Education Series and the Western Conference on Addictions.

#### California Addiction Training and Education Series (CATES)

CATES is a series of one-day trainings designed to provide in-depth information to individuals working with substance-using populations. The information will be based on sound science but presented so that it is directly useful in working with these clients. CATES meetings will cover two topics per year. Each topic will be presented in Northern and Southern California.

The target audience for CATES is substance abuse and mental health treatment providers, administrators, and other professionals (e.g., researchers, psychologists, educators, law enforcement personnel, nurses, and physicians) interested in the latest information on the impact of substance abuse and effective interventions and treatments.

The first Southern California CATES meeting, which covered methamphetamine, was conducted March 30 at the Pasadena Hilton. Topics presented included:

- Methamphetamine and the brain,
- Methamphetamine and psychosis,
- Health consequences,
- Use patterns among special populations,

- Labs and production of the drug,
- Drug-endangered children,
- Adolescent treatment,
- Science-based behavioral treatments,
- Treatment outcomes with methamphetamine users.

Northern California CATES meetings on methamphetamine will be held as part of the Haight Ashbury Conference on June 11 in San Francisco and on Aug. 20 in Sacramento (see Page 5 for details). Later in the year, CATES meetings on engagement and retention of clients will be conducted in Northern and Southern California.

#### Western Conference on Addictions

ISAP's Training Department is also organizing the Western Conference on Addictions: Best Practices in Treatment and Community Interventions, to be held Nov. 11-14, 2004, at the Sheraton Universal in Universal City, California.

The Western Conference on Addictions will be a major vehicle for disseminating state-of-the-art information on addictions.

Treatment professionals, administrators, and educators will have the opportunity to attend advanced-level courses on the latest research and clinical tools (see Page 8 for details).

For more information on these and other events or to register, please visit the PSATTC Web site at [www.psattc.org](http://www.psattc.org) or the ISAP Web site at [www.uclaisap.org](http://www.uclaisap.org).

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By Suzanne Spear, LAPIC Project Director  
([sspear@ucla.edu](mailto:sspear@ucla.edu))

When Richard Rawson, Jeanne Obert, and Mickey McCann developed the Matrix Model for outpatient treatment, they never imagined church volunteers in South Los Angeles using it.

However, through LAPIC, ISAP researchers, including Associate Director Dr. Rawson, and Jeanne Obert, Executive Director of Matrix Institute on Addictions, have formed a collaboration with Ron Simmons, Director of Free 'N' One, a spiritual recovery program based in Los Angeles.

Free 'N' One offers a Christian version of the 12-step program—that is, the 12-step principles are explained in relation to biblical passages.

These partners have created a manual that combines the Free 'N' One and Matrix approaches, adding cognitive behavioral techniques to the work that Free 'N' One facilitators are doing in their churches.

The manual helps to train Free 'N' One facilitators in early recovery techniques such as calendars and dots, scheduling, and thought stopping, and includes information on addiction and the brain (see box).

### Facilitator Trainings on the Early Phase of Recovery

In September 2003, LAPIC organized a half-day training, led by Ms. Obert, for 27 Free 'N' One facilitators on early recovery techniques.

The facilitators' use of the information after the training was encouraging. Of the 10 facilitators who sent back surveys, eight reported sharing the information and materials with others.

Seven facilitators reported using the materials since the training. Several of them noted that they like having the Matrix handouts because they provide a visual representation of their clients' daily activities and progress with sobriety.

### Early Recovery Tools from the Matrix Model

- **Scheduling:** Counselors work with clients to note their hourly/daily activities on a work-sheet. These schedules provide necessary structure for outpatients.
- **Calendars and Dots:** Clients use round colored stickers to record every drug- and alcohol-free day they achieve. This procedure helps counselors and clients track progress.
- **Thought Stopping:** Clients use various techniques (e.g., visualizing a switch, snapping a rubber band on their wrist and saying "No" to the thoughts) to stop the thoughts that lead to craving.
- **Educational Lecture:** Counselors present information to clients and families about how addiction works in the brain (e.g., craving responses, the addicted brain, understanding and managing triggers).

The scheduling procedure and handouts give the facilitators concrete tools to use in their one-on-one interactions with clients. As a non-threatening activity, scheduling helps clients develop structure in their daily lives and avoid situations that can lead to alcohol and drug use.

Beginning this spring, LAPIC will organize an extensive 10-session training program on early recovery and relapse prevention techniques for Free 'N' One facilitators and recovery sponsors.

For more information on the Matrix Model, visit [www.matrixinstitute.org](http://www.matrixinstitute.org). For more information on Free 'N' One, visit [www.free-n-one.org](http://www.free-n-one.org).

By Desirée Crèvecoeur, LACES Project Director  
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The Los Angeles County Evaluation System (LACES) assesses the outcomes of individuals in treatment for alcohol and drug use and abuse in programs funded by L.A. County.

Recent short-term outcomes data (changes in problems reported for the 30 days prior to admission compared to the 30 days prior to discharge) indicate improvements across service types in areas including substance use, employment status, and medical and psychiatric problems.

Below is a brief overview of some of the information that is available in the LACES report.

- In Residential treatment, days of cocaine and alcohol use to intoxication were reduced by 78%. Days engaged in illegal activities as well as the number of days of psychiatric problems were reduced by 50%.
- In Day Care Habilitative programs, which deal primarily with women and children, there was an 80% reduction in the number of days

of alcohol use to intoxication and 50% reduction in the number of days of methamphetamine and marijuana use. Psychiatric problems showed a decrease of 75%.

- In Outpatient Counseling, there was a 60% reduction in the number of days of reported methamphetamine use by the stimulant population (primary cocaine and methamphetamine users). Primary alcohol users reported a 57% decrease in the number of days of alcohol use to intoxication.

In addition, a follow-up assessment was conducted one-year post-admission. For participants in Narcotic Treatment Programs, there was a reduction of 99% in the number of days of heroin use when comparing the 30 days prior to admission to the 30 days prior to one-year post-admission.

Additional reductions were found in the areas of illegal activity, days spent incarcerated or detained, medical and psychiatric problems, and days of family conflict.

For the complete LACES Status Report (Phase I), visit <http://www.laces-ucla.org/index.html>.

### California Addiction Training and Education Series

## Methamphetamine

(Northern California Regional Meetings)

**June 11, 2004**

UCSF Laurel Heights Conference Center  
San Francisco, CA

and

**Aug. 20, 2004**

Sacramento Convention Center  
Sacramento, CA

### **Topics Include:**

Methamphetamine and the Brain, Psychiatric & Health Consequences, Drug-Endangered Children, Methamphetamine Use Among Special Populations, Current Behavioral Treatments, and Methamphetamine Treatment Outcomes

Earn 6 Hours of Continuing Education Credits

**To register, visit [www.uclaisap.org](http://www.uclaisap.org).**

*Sponsored by:*

*UCLA ISAP, Pacific Southwest Addiction Technology Transfer Center (PSATTC), Matrix Institute on Addictions, Pacific Node & California/Arizona Node of the NIDA Clinical Trials Network*

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# Using Meta-Analysis to Assess Substance Abuse Treatment



www.uclaisap.org

By Michael Prendergast and Deborah Podus,  
Principal Investigators

The number of empirical studies that show the effectiveness of drug abuse treatments is large and growing, easily exceeding 1,000.

Even for a specific technique to treat drug abuse, such as contingency management, there are nearly 100 articles. How does one make sense of all this information?

It would be easy if all of the articles told the same story and were of the same quality. But some studies find that the treatment group did better than the comparison group, others find no difference between the groups, and still others find that the treatment group actually had worse outcomes. In addition, some studies use rigorous research designs, while others have poor designs, which makes the findings difficult to interpret.

Over the past 30 years, a technique known as meta-analysis has become the primary method that researchers use to synthesize the results of different studies and draw conclusions about which treatments work and under what conditions.

Meta-analysis, while using many of the techniques of a traditional literature review, is a type of quantitative analysis. The above table shows the main steps in conducting a meta-analysis.

The end result of a meta-analysis is an "effect size," a number representing the average magnitude of the treatment effect across the studies examined. There are different ways to calculate and summarize effect sizes, but generally a positive effect size means that the treatment group had the better outcome, whereas a negative effect size indicates that the comparison group had the better outcome.

Over a dozen meta-analyses have been conducted on the effectiveness of various drug abuse treatment approaches and techniques (even more if alcohol is included). These meta-analyses have reported various clinically relevant findings:

## Steps in Conducting a Meta-Analysis

- Clearly define a set of research questions for a particular topic of interest
- Develop inclusion and exclusion criteria for identifying eligible documents
- Conduct a comprehensive literature search for potentially relevant documents
- Select those documents that meet eligibility criteria
- Code each study using a structured set of questions relevant to the research objectives, including calculating an effect size for each relevant outcome
- Calculate the overall average effect size and examine treatment or subject characteristics that might account for variability in the effect sizes

- The average effect size is about .30, which is the equivalent of a 15% difference in outcome between the treatment group and the comparison group.

- Most treatment modalities and techniques are effective, but not necessarily for the same clients.

- Treatments are more effective if they follow standard protocols and are implemented well.

- Longer time in treatment generally results in better outcomes.

- Outcomes can be improved if treatment addresses specific social and health problems (in addition to drug dependence).

The findings from meta-analyses have led to the notion of "evidence-based" practice, or treatment practices that are based on the best available evidence of "what works" rather than on tradition, anecdote, or opinion.

Meta-analysis will continue to contribute to the building of this body of knowledge about "what works." The challenge to the substance abuse field is to assist programs to adopt more evidence-based practices.

For a review of a systematic, worldwide project to develop meta-analyses on substance abuse treatment topics, see: Ling, W., Farrell, M., & Ali, R. (2004). Cochrane systematic reviews: Time for an introduction and appraisal. *Drug and Alcohol Dependence*, 73(3), 217-218.

## ISAP's HIV Research

(Continued from Page 1)

And, ISAP investigators are evaluating treatments specially designed to assist women offenders during their re-entry to the community, a period when they typically face the highest risk for HIV infection (Christine Grella)

### Health Services/Policy Projects

In 2001, Michael Prendergast, Darren Urada, and Deborah Podus published a meta-analysis (see Page 7) of HIV risk reduction programs implemented in drug abuse treatment settings.

And finally, Douglas Longshore is studying psychosocial models of drug- and sex-related HIV risk reduction among injection drug users, with the goal of isolating factors shown to correspond to safer drug use and sexual behaviors for men, women, adolescents, adults, Whites, African Americans, and Latinos.

### Save the Date

## Western Conference on Addictions: Best Practices in Treatment and Community Interventions

**November 11-14, 2004**

Universal City, California

### Topics and Speakers Include:

- Drugs and the Brain: Informing Clinicians and Patients—Carlton K. Erickson, Ph.D., University of Texas, Austin
- "Seeking Safety": An Approach to Treating Substance Abuse and PTSD—Lisa M. Najavits, Ph.D., Harvard Medical School
- Co-occurring Disorders: What They Are and Why They Matter—Peter E. Nathan, Ph.D., University of Iowa
- Latest Research on Methamphetamine Abuse and Treatment—Richard A. Rawson, Ph.D., University of California, Los Angeles
- New Knowledge on Adolescent Treatment—Paula D. Riggs, M.D., University of Colorado

15 hours of Continuing Education Credits will be offered.

### Sponsored by:

UCLA ISAP, Pacific Southwest Addiction Technology Transfer Center, Matrix Institute on Addictions, Los Angeles Practice Improvement Collaborative, and Pacific Node of the NIDA Clinical Trials Network.

For information or to register, visit [www.uclaisap.org](http://www.uclaisap.org).

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