



ISAP Conducts Needs Assessment Study on Growing Issue of Problem Gambling in California

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Nationally and within California, recreational gambling has become a major growth industry.

In 2005, casino gambling revenues in the United States topped \$53 billion and are projected to increase to \$74.5 billion in 2010. In California, gambling revenues in 2004 exceeded \$13 billion, primarily from Indian casinos, horse racing, and the state lottery, according to a California Research Bureau report.

Increases in problems arising from gambling have accompanied this growth. The National Opinion Research Center of the University of Chicago estimates that 700,000 to 1.2 million Californians have gambling problems and 2.2–2.7 million more are at risk for such problems.

A needs assessment conducted by UCLA ISAP gathered information from California service providers and community leaders about their awareness of gambling problems among their clients and communities, their use of resources addressing problem gambling, types of technical assistance and training resources that would be useful, and ways to increase the utility of these resources. The study also asked similar questions of clients and community members.

The study collected information from many types of service providers, agencies, and communities across California using:

- telephone surveys of service providers (total 316)
- focus groups with service providers (12, with a total of 107 participants)
- telephone surveys (33) and in-depth interviews (50) with clients/community members.

Key Findings

A report on the findings, “Problem Gambling Prevention Technical Assistance and Training Project Needs Assessment—Final Report,” was completed in 2006, with the following key findings:

- Almost three-fourths of providers said they had clients with gambling problems, but few provide resources or services related to problem gambling. The most common resource (reported by 50% of providers surveyed) was referral of clients to treatment.
- Providers overwhelmingly said that a variety of resources related to problem gambling would be helpful in their work, especially helplines for locating services and pamphlets geared to them (each endorsed by 86% of providers) or certification courses

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California Trainings Focus on How to Increase Clients' Motivation to Change

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In 2004, the Pacific Southwest Addiction Technology Transfer Center (PSATTC), in partnership with UCLA ISAP, set out to develop a comprehensive training and conference initiative known as the California Addiction Training and Education Series (CATES).

CATES is a series of one-day trainings designed to provide in-depth information to practitioners working with substance-abusing clients in a variety of settings (e.g., substance abuse and mental health treatment programs, schools, correctional settings). The information provided is based on sound science but delivered in such a way that it is directly useful when working with clients.

In 2004-05, seven CATES trainings were conducted. In fall 2006, the PSATTC and the County Alcohol and Drug Program Administrators' Association of California (CADPAAC) partnered to host an expanded version of the CATES trainings in Orange, Sacramento, and Shasta counties that included ongoing supervision.

Training on Motivational Interviewing

The current CATES workshops were designed to provide individuals working in the substance abuse field with motivational interviewing (MI) information and skills.

Motivational interviewing is a directive, client-centered style of interaction aimed at helping people explore and resolve their ambivalence about their substance use and begin to make positive changes. Motivation for change is fostered by an accepting, empowering, and safe atmosphere.

Topics included a history and explanation of MI; principles of MI; MI micro-skills (using

"OARS" – Open-ended questions, Affirmations, Reflections, and Summarizing); and an overview of the process that individuals go through when they change their behavior.

The trainings were provided by three expert trainers from the Matrix Institute on Addictions (www.matrixinstitute.org), Jeanne Obert, Sam

Minsky, and Ahndrea Weiner. These trainers provided information, skill practice, and lessons from their own clinical experience to make the trainings a rich learning experience.

The training was interactive in nature, with group discussions/activities, including practice sessions in which

participants role-played the OARS micro-skills.

Post-Training Coaching

A total of 387 participants attended the three trainings, representing 36 California counties (or 62% of the state's counties). Some participants are now participating in a series of monthly coaching/technical assistance conference calls with the trainer from their respective day-long training.

The purpose of the calls is to provide participants ongoing education, technical assistance, and coaching; to give them the opportunity to ask questions about the MI microskills; and to address any challenges they might be facing in their attempts to implement MI in their clinical settings.

The CATES series will continue with a second topic in the fall. One topic under consideration for a future meeting is the use of process improvement techniques to improve client engagement and retention in treatment.

Please visit the PSATTC Web site at www.psattc.org or call our offices at 310-267-5408 for more information or to sign up to receive e-mailed announcements of upcoming trainings.



ISAP 25-Year Follow-up Study of Heroin Users Focuses on Women as Well as Men



www.uclaisap.org

By Christine E. Grella, Principal Investigator
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A current ISAP study is breaking with the tradition of conducting long-term follow-up studies with all-male cohorts of substance users.

The study, funded by the National Institute on Drug Abuse, is conducting follow-up interviews, over a span of 25 years, with a cohort of individuals who had been subjects in two previous studies of participants in methadone treatment in California in the late 1970s to early 1980s.

Unlike previous long-term follow-up studies, which have largely relied upon all-male samples from the VA or criminal justice settings, close to half of this treatment-based cohort are women. This provides us with a unique and timely opportunity to understand how the long-term trajectories and consequences of heroin use differ for men and women over the life course.

The study has proven to be fascinating. Foremost is the challenge of locating individuals who were initially interviewed approximately 25 years ago.

Tracking as Detective Work

The study interviewers comb through the original files of the subjects, use public records to update information, and generally “work the cases” like private detectives. With much effort, we have thus far identified the status of approximately 80% of the original sample of more than 900 subjects, and we fully expect to surpass that rate.

Most remarkable are the responses we receive from study participants. Many clearly remember the initial interview that was conducted so many years ago—and actually wondered when we would get around to interviewing them again!

Others only vaguely recall the original interview, but are able to confirm that they were in methadone treatment at that time. Most are astonished that we found them and are eager to participate in the study and learn the results of the original study.

The study interviewers have conducted interviews in places as diverse as nursing homes and truck

stops; they have driven through snowstorms and to rural areas where respondents live; and they have endured smoke-filled rooms and eaten many meals over interviews conducted at Denny’s restaurants!

The stories of the subjects are manifold. For some, their stint in methadone treatment was a minor event in their lives—they left treatment many years ago and have been abstinent ever since. Many have led successful and productive lives. Often, family and friends are not aware of their past drug use and participation in treatment.

For others, the road has been less direct. They continued using heroin, and also used cocaine and methamphetamine when they became widely available in later years, with intermittent spells of treatment and abstinence, as well as incarceration.

Heroin’s Toll on Women

In preliminary findings that we reported at the 2006 Addiction Health Services Research Conference, it is apparent that the women in the original study cohort have more serious health problems and poorer psychosocial functioning.

Slides from that presentation, “Gender Differences in Health Status and Health Services Use among a 25-Year Follow-up Study of Opiate Users,” are available online at www.uclaisap.org/html/presentations.html.

Women also reported more psychological problems than the men. The study will ultimately compare the physical and mental health profiles of study subjects with men and women in the general population of the same age and ethnic group.

Recently, epidemiologists have projected that an increasing number of aging “baby boomers” will continue to use drugs through their 50s and 60s. Health services researchers have stressed the need to prepare drug treatment providers, as well as other service providers, for treating this population, particularly given their anticipated high levels of impairment. The findings from our 25-year follow-up study will address these treatment- and policy-related questions, with an emphasis on gender differences in the longitudinal effects of heroin use.

ISAP Researchers Contribute to National Survey on Treatment for Offenders

www.uclaisap.org/CJS

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The *Journal of Substance Abuse Treatment* published a special issue in April (Vol. 32, Issue 3) on findings from the National Criminal Justice Treatment Practices Survey, which provides the first comprehensive findings on drug treatment programs for adults and juveniles in all correctional settings in the nation.

One of the main findings of the survey was that less than 10% of the nearly 8 million adults and 700,000 juveniles involved in the criminal justice system, most of whom have drug use problems, receive the treatment that they need.

The survey was one of the studies conducted by the National Institute on Drug Abuse (NIDA) Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), which includes the Pacific Coast Research Center (PCRC) at ISAP. PCRC researchers assisted with the administration of the survey in California, Oregon, and Washington, and wrote one of the articles in the special issue.

Survey Questions

The articles in the special issue (see www.sciencedirect.com) provide new and detailed information on important questions regarding the provision of treatment to drug-abusing offenders, particularly the influence of organizational characteristics:

- What drug treatment services are provided to adult offenders in prisons, jails, and community corrections agencies?
- What services are provided to juvenile offenders in institutional and community corrections facilities?
- To what extent are evidence-based practices used in correctional and community-based drug treatment programs?
- What organizational factors are associated with the use of evidence-based

practices in adult and juvenile correctional programs?

- How does the internal organization of correctional agencies and community treatment programs affect the provision of HIV testing?
- In what ways do the organizational characteristics of drug treatment programs for offenders affect the provision of wrap-around services and treatment orientation?

The last question was addressed in the article by ISAP researchers Christine E. Grella, Lisa Greenwell, Michael Prendergast, David Farabee, Elizabeth Hall, Jerome Cartier, and William Burdon.

Among the findings was that a larger number of wrap-around services were associated with inpatient treatment, specialized drug treatment facilities, community setting, programs providing services to a diverse client population, programs with college-educated staff, and programs with a planned duration of treatment over 180 days. Policy makers and providers can use findings such as these to improve services to drug-abusing offenders.

In commenting on the special issue, NIDA Director Dr. Nora D. Volkow said, "The survey shows that far too few programs and services exist, and the ones that do exist are only offered to a handful of offenders. Since offenders are four times as likely as the general population to have a substance abuse disorder, treating the offender population could measurably lower the demand for drugs in our society, and reduce the crime rate."

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Methamphetamine Abuse: Symptoms and Treatment



By Desirée Crèvecoeur, LACES Project Director
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As a continuation of our prior article on the rise in treatment admissions for methamphetamine (MA) use in Los Angeles County (see the December 2006 *ISAP News* at www.uclaisap.org), this article will focus on the symptoms of MA intoxication and methods of treatment.

Methamphetamine is a potent psycho-stimulant that can be swallowed in pill form, smoked, or delivered intranasally, by injection, or through rectal insertion.

Immediate physiological changes associated with MA use are similar to those produced by the fight-or-flight response: increased blood pressure, body temperature, heart rate, and breathing. Negative physical effects typically include hypertension, tachycardia, headaches, cardiac arrhythmia, and nausea. The psychological impact is manifested by increased anxiety, insomnia, aggression, violent tendencies, paranoia, and visual and auditory hallucinations.

Behavioral Treatments

Research demonstrates that behavioral treatment for MA-related drug disorders is effective and produces measurable reductions in drug use as well as increases in prosocial behaviors compared to no treatment.

Even though there is a growing body of treatment outcome studies specific to MA-related drug disorders, the majority of studies investigating the effectiveness of behavioral treatments for stimulant addiction have focused on cocaine abuse and dependence.

However, several studies have demonstrated that treatment outcomes for MA users and cocaine users are comparable. It is likely, therefore, that the array of behavioral treatments with demonstrated efficacy for cocaine dependence can be

applied to MA-dependent users with an expectation of comparable outcomes.

For a review of stimulant-based treatments, see the Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol (TIP) No. 33, "Treatment for Stimulant Use Disorders" (available at www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.part.22441).

Key treatment concepts for stimulant users include:

- Improve motivation for recovery
- Teach skills for stopping MA use and avoiding relapse
- Involve family members in treatment activities
- Encourage participation in recovery support groups.

Methamphetamine Treatment:

A Practitioner's Reference 2007

Produced by:
California Department of Alcohol and Drug Programs &
UCLA Integrated Substance Abuse Programs (ISAP)

Now available at www.adp.ca.gov

Several behavioral treatments, including the Matrix Model (a structured behavioral therapy that incorporates cognitive therapy, social learning, motivational interviewing, education, and other strategies) and contingency management (provision of reinforcements/rewards for desired behaviors or performance) have been evaluated for MA dependence in controlled, randomized clinical trials at multiple sites and have shown evidence of efficacy.

Pharmacotherapies

Efforts to develop and evaluate medications that may be useful in recovery from MA dependence have been underway for a decade. At present, bupropion and modafinil have exhibited some potential as adjuncts to behavioral therapy in treating MA dependence. Other medications (e.g., gabapentin, lobeline, vigabatrin, ondansetron) are under consideration.

In conclusion, although methamphetamine dependence is oftentimes difficult to treat, multiple treatments exist and recovery does occur for many.



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Recruitment Rises in Project Studying Safety of Buprenorphine for Opioid Dependence

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In continuing efforts to find pharmaceutical treatments for opioid dependence, the Clinical Trials Network (CTN) project "Starting Treatment with Agonist Replacement Therapy" (START; CTN 0027) is recruiting a sample of 1,000 opioid-dependent, treatment-seeking individuals at sites across the nation to evaluate the impact of either methadone or Suboxone (buprenorphine/naloxone) on liver function. The CTN is a project of the National Institute on Drug Abuse (NIDA).

ISAP members contributing to the START study spent part of spring traveling and taking care of housekeeping. In late March, a START meeting was held in Washington, D.C., offering a valuable opportunity for study staff from across the CTN nodes, which span the nation, to meet face-to-face and discuss the study's progress.

Not long after, ISAP team members traveled to the NIDA Data and Safety Monitoring Board meeting to discuss new strategies for the study's successful completion. The study's progress was also reviewed. And what progress it is!

The START study's record-setting recruitment in early 2007 doesn't seem to be slowing down. The trend continued to climb for the month of March, which saw 43 randomizations, beating out both January and February in number of recruitments.

In the spirit of record-setting, for the month of April, Bay Area Addiction Research and Treatment, Inc. (BAART) became the first site in the START study to randomize more than 50 participants. The sites have also improved their data accuracy and completeness, with six of the eight active sites providing more than 80% clean data, and four of those six more than 90%.

For the month of March, the START Rewards Program continues to award points to sites for the categories of recruitment, retention, and data accuracy and completeness. Congratulations to the March winners, who received gift baskets courtesy of the START Lead Team: 1st Place: Connecticut Counseling Centers, Inc. (New England Node); 2nd Place: Bi-Valley Medical Clinic, Inc. (California/Arizona Node);

and 3rd Place: BAART (Pacific Node).

Thanks for another impressive month to all the START study staff at Evergreen Treatment Services (Washington Node), Bi-Valley Medical Clinic, BAART, the Matrix Institute on Addictions (Pacific Node), Connecticut Counseling Centers, Hartford Dispensary (New England Node), CODA, Inc. (Oregon/Hawaii Node), NET Steps (Delaware Valley Node), Duke Clinical Research Institute (DCRI), the EMMES Corporation, and NIDA. Great job everyone!

For more information on the NIDA Clinical Trials Network, visit www.nida.nih.gov/CTN/index.htm.

Publications

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Problem Gambling

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(endorsed by 62%). Resources that they noted would be useful for their clients included pamphlets (endorsed by 90% of providers), billboards (60%), and online materials (51%).

They acknowledged that funding is a barrier to expansion of resources.

- Providers endorsed several strategies to improve resources, including more training opportunities, easier access to training opportunities (closer to home or work, cheaper), using a variety of approaches, and making materials easier to understand and more culturally/age relevant.
 - Providers supported a need for working within communities and with existing organizations to improve community capacity for dealing with problem gambling, for example, using training-the-trainer approaches and having resources available at community venues.
 - Both providers and clients acknowledged that barriers can limit the expansion of resources
- and their impact on communities. Such barriers include the acceptability of gambling in many communities, the social stigma associated with admitting gambling problems, insufficient community awareness of problem gambling, inadequate treatment resources for problem gambling, and the existence of other more pressing problems in some communities.
- Both providers and clients cited the need for public awareness campaigns as a way of overcoming barriers, with tailoring of messages, media, and other strategies to specific communities in terms of language and cultural/age relevance. They endorsed a variety of strategies for disseminating information, especially the use of TV, radio, posters, billboards, the Internet, and faith-based and other community centers. They also suggested that many types of resources should be available, such as informational pamphlets, helplines, and small take-away cards with information and helpline phone numbers.

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