

UCLA Integrated Substance Abuse Programs

Annual Report

Fiscal Year 2001-2002
(July 1, 2001, to June 30, 2002)

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From the Director

The UCLA Integrated Substance Abuse Programs (ISAP) has become one of the largest substance abuse research and treatment organizations in the world. Its formation was, in itself, a great achievement, but its subsequent accomplishments have exceeded all expectations. The most important aspect of ISAP's success is the progress made toward realizing its primary mission: to increase the understanding of substance abuse and to improve the treatment for substance abuse disorders.

The achievements of ISAP are attributable to the dedication and tireless efforts of our entire staff, including a group of scientists with expertise in all aspects of substance abuse treatment and research. I am proud to be the director of an organization that features so many innovative and hard-working individuals.

As illustrated by the 70 diverse projects summarized in this report, the uniquely comprehensive capacity of ISAP has been recognized and rewarded by the National Institute on Drug Abuse (NIDA), the Center for Substance Abuse Treatment (CSAT), the State of California, private foundations, and local agencies. ISAP research results have been widely disseminated in prominent journals, at scientific meetings, through Internet-based communications, and at community-oriented conferences. In the 2001-2002 fiscal year, almost 100 publications were generated by ISAP researchers.

Looking ahead, we constantly seek greater interactions with other researchers, practitioners, policymakers, and community representatives in order to enhance the scope and relevance of ISAP research. Our innovative work will continue to make significant contributions to the understanding of substance abuse and the care of the addicted individual, and we are proud to share our recent endeavors and accomplishments with you through this report.

*Walter Ling, M.D.
Director, UCLA Integrated Substance Abuse Programs*



From the Director and Medical Director of the UCLA Neuropsychiatric Institute and Hospital

We congratulate the faculty and staff of the Integrated Substance Abuse Programs (ISAP) and its affiliates for their successes in the past two years and for their ambitious plans for the future.

The integration of the highly respected UCLA Drug Abuse Research Center, the Pacific Node of the National Institute on Drug Abuse Clinical Trials Network, the Matrix Institute on Addictions, the UCLA Addiction Studies Neurobiology Unit, and the UCLA Substance Abuse Services Inpatient Unit has created ISAP, one of the largest and most comprehensive centers for substance abuse research and treatment in the country. UCLA and the UCLA Neuropsychiatric Institute and Hospital are proud to host ISAP, an important and productive organization.

The abuse of alcohol and other drugs and the effects of that abuse on families, on the workforce, and on communities is staggering. The search for why people are drawn to the use and abuse of psychoactive substances, how they become addicted, and how to treat such addictions deserves to be among our highest priorities as health care providers and researchers.

We salute ISAP and its affiliates for their dedication to this most serious and challenging work and for their vision regarding the future of substance abuse research and treatment.

Peter C. Whybrow, M.D.

Director, Neuropsychiatric Institute

Judson Braun Professor and Executive Chair, Department of Psychiatry and Biobehavioral Sciences

Physician in Chief, Neuropsychiatric Hospital

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Fawzy I. Fawzy, M.D.

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A History of the UCLA Integrated Substance Abuse Programs

The UCLA Integrated Substance Abuse Programs emerged in the late 1990s as a result of decades of effort by many people in several organizations involved in substance abuse research and treatment. Starting with the UCLA Drug Abuse Research Group (formed in 1972 by the late Bill McGlothlin, Ph.D.), M. Douglas Anglin, Ph.D., and Yih-Ing Hser, Ph.D., conducted extensive epidemiological work and treatment evaluation in the 1980s. Meanwhile, Walter Ling, M.D., and Rick Rawson, Ph.D., were developing the Matrix Institute treatment clinics and related research sites in Southern California while also conducting medication development work and evaluating pharmacotherapies for drug dependence. In the late 1980s, the two groups expanded, attracting many distinguished substance abuse researchers.

The organizations and the individual researchers remained informally linked on the basis of geographic proximity, UCLA affiliations, and the common involvement in studying or treating substance abuse problems in Southern California. Gradually, researchers from one group became co-investigators or consultants on projects that were led by another group, and the compatibility of personalities and complementary scientific orientations inspired additional interactions.

Building on this increasing collaboration in the early 1990s, Dr. Anglin continued his efforts to forge a unified, multidisciplinary consortium of substance abuse researchers and clinical professionals working together to investigate substance abuse and its treatment. With increased federal funding and designation as a Center by the National Institute on Drug Abuse (NIDA), Dr. Anglin's group became the UCLA Drug Abuse Research Center (DARC), taking a step closer to a uniquely coordinated,

comprehensive approach to the study of substance abuse.

In 1999, UCLA agreed to a formal merger of the activities and resources of DARC, the Matrix Institute, and associated substance abuse research and clinical components under one unifying entity—the UCLA Integrated Substance Abuse Programs (ISAP), administratively housed within the UCLA Department of Psychiatry and Biobehavioral Sciences, operating under supervision of the Neuropsychiatric Institute (NPI), which is led by Drs. Peter Whybrow and Fawzy Fawzy.

Directed by Dr. Ling, with Dr. Anglin and Dr. Rawson as Associate Directors, ISAP consists of many entities in addition to the considerable components of DARC and Matrix: the NIDA Clinical Trials Network Pacific Node, the Addiction Studies Neurobiology Unit (ASNU) at NPI, led by Thomas Newton, M.D., and Edythe London, Ph.D., and the UCLA Substance Abuse Services Inpatient Unit, directed by Dr. Newton.

With more than 300 researchers, clinicians, and support staff and a multisite treatment delivery capacity, ISAP is one of the largest, most comprehensive, self-supported groups investigating and treating substance abuse disorders. ISAP and its affiliates—UCLA, Matrix Institute, Veterans Affairs, Friends Research Institute, Inc.—are committed to the amelioration of substance abuse problems by providing effective treatment for substance abuse disorders, conducting innovative, collaborative research, evaluating substance abuse treatment programs, promoting integration of research advances into practice, and advising policymakers.

*M. Douglas Anglin, Ph.D., and
Richard Rawson, Ph.D.,
UCLA ISAP Associate Directors*

A Synopsis of ISAP Research

The UCLA Integrated Substance Abuse Programs (ISAP) coordinates substance abuse research and treatment within the Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA. As one of the largest substance abuse research groups in the United States, ISAP works to:

- develop and evaluate new approaches for the treatment of substance abuse disorders;
- move empirically supported treatments into mainstream application;
- advance the empirical understanding of substance abuse and support efforts to ameliorate related problems; and
- investigate the epidemiology, neurobiology, consequences, treatment, and prevention of substance abuse.

ISAP's network of activities extends from highly sophisticated and specialized laboratory research (including molecular genetics, brain imaging, and medication testing), to pharmacological and behavioral clinical research, to community-based research, research on public health policy, and research on substance abuse treatment services. The basic categories of ISAP activities are:

Substance Abuse Treatment Services

The Substance Abuse Services Inpatient Unit at the UCLA Neuropsychiatric Hospital is an inpatient service linked with a network of community-based outpatient clinics (Matrix Institute clinics). This clinical system supports patient care, teaching, and research activities.

Biobehavioral Research

An extensive program of world-class brain imaging research is coordinated with a program of cognitive and neuropsychological assessment. In addition, the UCLA Human Infusion Laboratory is one of the leading national resources for the study of interactions of potential treatment medications and illicit drugs.

Clinical Trials Network

The Pacific Region Node of the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN) includes a geographically and clinically diverse group of community treatment programs in California: the Haight Ashbury Free Clinics, Inc., the Betty Ford Center, the Matrix Institute on Addictions, the Tarzana Treatment Center, and the Aegis Medical Systems. The CTN conducts research on medication and behavioral treatments for drug-dependence disorders.

Treatment Outcomes and Health Services Research

ISAP is the lead organization or a participating member in virtually every significant national, state, and local treatment outcomes initiative. Other research projects focus on treatment effectiveness for dually diagnosed patient populations, development of enhanced strategies for engaging difficult-to-treat populations, and the linkage between substance use and a substantial proportion of the criminal justice system population.

Substance Abuse Policy and International Issues

ISAP investigators provide research findings and data to help guide substance abuse research, treatment, and training agendas at the national, state, and local levels. Serving in an advisory capacity, members of ISAP have supported the efforts of the U.S. Attorney General's office, the White House Office of National Drug Control Policy, two directors of NIDA, the director of the Center for Substance Abuse Treatment (CSAT), and agencies and organizations in many states and counties. Senior ISAP scientists have testified as experts before Congress, state legislatures, and the FDA. In addition, ISAP is involved in ongoing collaborative research efforts in the Middle East, Southeast Asia, Europe, Latin America, Southern Africa, and Australia.

Practice Improvement and Research-to-Practice Efforts

A major focus of ISAP efforts is increasing dissemination of research-based treatment into application, often termed "research to

practice." The Los Angeles Practice Improvement Collaborative (LAPIC), funded by CSAT, is a network of community drug abuse treatment providers and researchers committed to improving the quality of interaction and exchange between service providers, policymakers, researchers, and members of the recovery community. LAPIC organizes educational programs, assists community programs with the use of evidence-based treatment practices, and fosters new collaborative projects in the community.

Training and Education

ISAP's NIDA-funded Drug Abuse Research Training Center supports 4 predoctoral and 10 postdoctoral fellowships for Ph.D. and M.D. participants annually. ISAP professionals contribute to the UCLA teaching mission by providing coursework and lectures within the University. ISAP personnel also are active community teachers and trainers in the area of substance abuse treatment protocols and research processes, delivering hundreds of workshops and presentations in the United States and abroad. In addition, ISAP is the organizational home of the Pacific Southwest Addiction Technology Transfer Center (PSATTC), one of 14 regional centers supported by CSAT. The PSATTC provides training, information, and collaborative promotion of empirically proven substance abuse treatment practices. The PSATTC, like LAPIC, will improve the delivery of effective treatment for substance abuse disorders.

Auxiliary Services Within ISAP

Regulatory, Quality Assurance, Recruitment, Administrative Support, Writing/Editing

The UCLA Integrated Substance Abuse Programs (ISAP) provides a number of support services to our researchers, including regulatory oversight, quality assurance, recruitment, administrative support, and writing/editing support. Our belief is that with a strong infrastructure, the quality of our work and product is unparalleled.

Regulatory oversight includes assistance to Principal Investigators in the grant submittal and award process. Our regulatory staff person assists in obtaining human subjects protection certification and ensures that our research is in full compliance with all human subject regulations.

Quality assurance staff spend their time primarily in the field. They visit research sites to ensure compliance with protocols and best research practices involving data collection. They are charged with training staff at new sites on how to collect our data so that it is “clean.”

Recruitment staff manage phone calls from substance abusers seeking treatment on

the 1-800-991-DRUG line. They direct potential participants to the appropriate ISAP studies based on drug of choice and location of the clinic. They also assist Principal Investigators in selecting the most effective media for presenting their recruitment ads.

Administrative support includes fund management, personnel, purchasing, information technology, and operational support. ISAP is located in four buildings, three of which are in West Los Angeles. Due to our off-campus locations and our diverse research projects, we have unique operational needs. Our administrative staff provide the support required to ensure that research projects have the materials, personnel, and services needed to do their work.

Writing and editing services are provided to assist Principal Investigators in the grant submittal process and in publishing findings in peer-reviewed journals. This unique service has become indispensable as our research efforts expand.

Janis Rosebrook
Chief Administrative Officer

Data Management Center

The Data Management Center (DMC) is a full-service data center that handles forms printing and collating, data acquisition, and the transfer, cleaning, reporting, and storage of data for ISAP. We currently supply the data needs of more than 20 projects conducted through six local clinics and three multisite projects conducted in sites outside of Los Angeles.

The DMC mainly uses the Cardiff Teleform data system, in which faxed images of forms are translated by the computer program into alphanumeric data. This system allows interviews to be conducted on paper and the information to be either faxed into the data center or entered into a secure server via the Web. We have created more than 400 measures for our studies and receive an average of 30 fax transmissions a day.

These transmissions result in the entry of more than 500 pages of data into our databases (which total 800) every business day.

We supported 35 studies this fiscal year: 31 single-project, single-site studies, two multisite projects, and two NIDA Clinical Trials Network (CTN) projects, for which we are lead node but will not collect data. We started nine studies this year and closed out four. We printed 125,000 multiple-page forms, or, on average, about 2,400 forms per week, and received 86,000 forms into our databases.

For more information, please visit us at our Web site: www.isapdmc.org.

Jeffrey Annon
Director, Data Management Center

Community Affiliates

ISAP's relationships with community affiliates, including Friends Research Institute, Inc. (FRI), and the Matrix Institute on Addictions, are critical to ISAP's goal of fully integrating substance abuse research, training, and treatment. These collaborations allow ISAP to conduct research in "real world" community treatment facilities and programs.

Friends Research Institute, Inc.

FRI has more than 45 years of national experience in research and grants administration, including a 30-year history of collaboration with ISAP Director Dr. Walter Ling and a 15-year history with Associate Director Dr. Richard Rawson.

FRI works with investigators in the Los Angeles area to provide research in substance abuse treatment methodologies. Several FRI researchers, including Drs. Leslie Amass, Cathy J. Reback, and Donnie W. Watson, collaborate with UCLA investigators to develop cutting-edge treatment and research programs. Two important projects of this nature include Dr.

Patricia Marinelli-Casey's Methamphetamine Abuse Treatment - Special Studies and Dr. Thomas Newton's CTO: Double-blind, Placebo-controlled Dose Response Trial of Ondansetron for the Treatment of Methamphetamine.

The Matrix Institute

The Matrix Institute is in its 19th year of delivering outpatient treatment services in Southern California. Over the past two decades, Matrix has expanded physically into five locations and has broadened its efforts beyond treatment delivery into research and training.

In the past year, more than 1,800 patients with drug and alcohol problems have received treatment from Matrix/UCLA Outpatient Treatment Service programs. Trainings in the Matrix Model have occurred in many states and are now expanding to other countries. Over the past 15 years, more than 30 research projects have been conducted at Matrix Institute sites either by Matrix or in collaboration with investigators from UCLA and FRI.

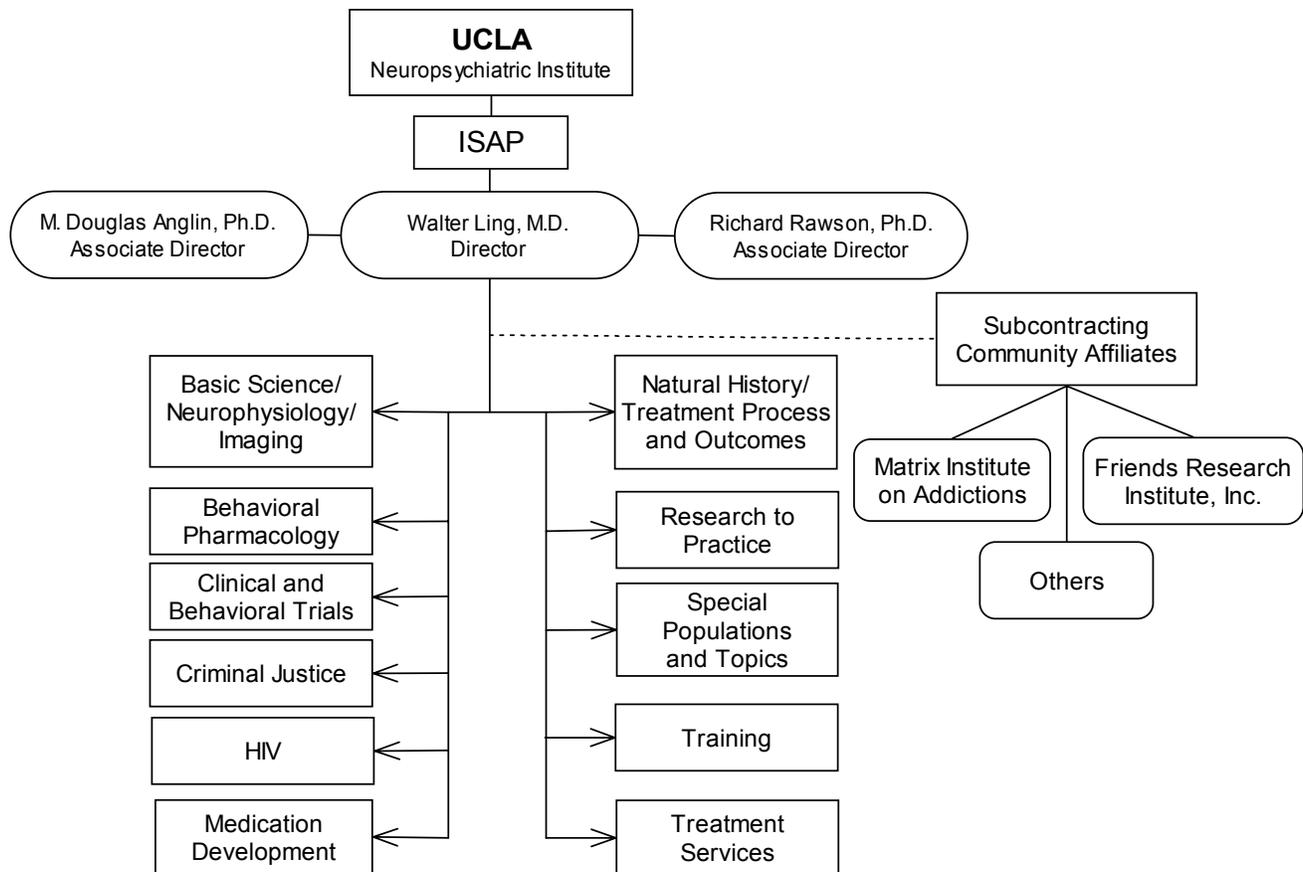
Organizational Structure

The Integrated Substance Abuse Programs (ISAP) is a unique organization with long-established connections with the substance abuse treatment community. As the graph below illustrates, UCLA is the home site for ISAP. Contractual affiliations with Friends Research Institute, Inc. (FRI), and Matrix

Institute on Addictions are key to the research program.

Most of the investigators in this report are UCLA Principal Investigators. However, since we enjoy a collegial working environment within our group, the research of FRI investigators and the work of Matrix are integrated into this report.

ISAP Research Structure



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Financial Report for Fiscal Year 2001-2002

(July 1, 2001, to June 30, 2002)

SAP is a financially dynamic organization with a number of diverse funding sources and a fast-growing funding base. In the last 10 years, ISAP's annual funding has grown from around \$5 million to more than \$18 million.

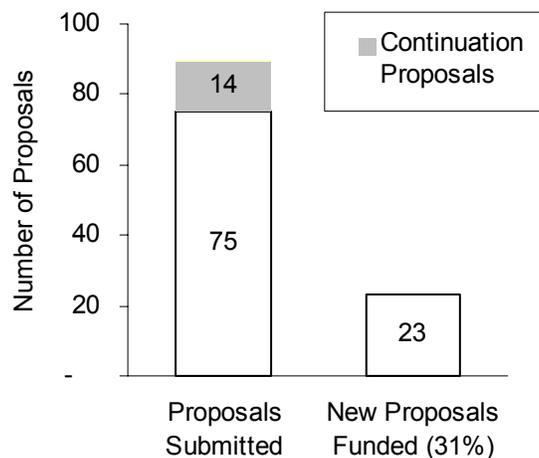
Funds are received from the following sources:

- Federal Grants \$7,677,575
- Federal Contracts \$3,826,534
- State Contracts \$2,813,280
- UCLA-related \$1,495,193
- Private Agency Awards \$1,422,040
- University of California \$125,779

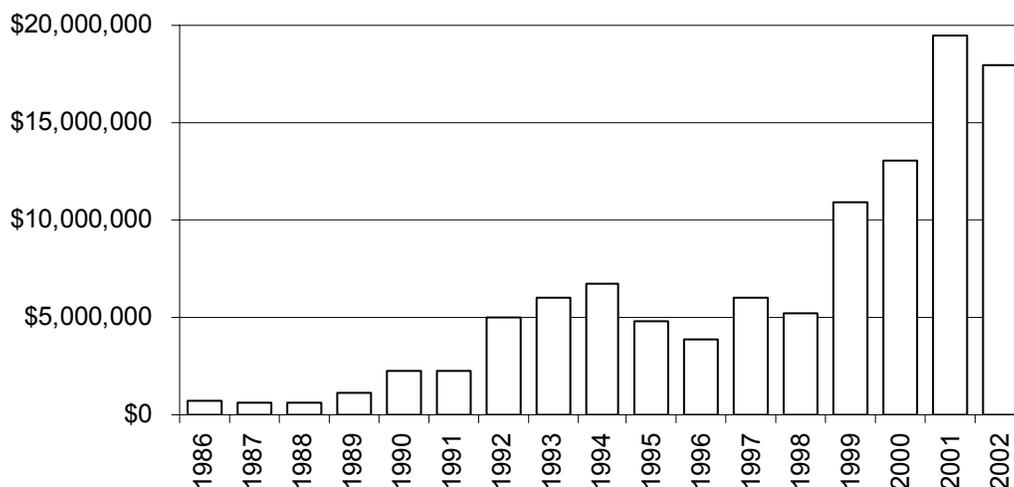
In order to maintain this funding level, we submitted 75 new proposals and 14 renewal requests in fiscal year 2001-2002; 31% of our new proposals were funded.

In terms of expenses, salaries and benefits (at 52% of funding) was our largest item. Our unique contractual agreements with community affiliates (Matrix Institute on Addictions and Friends Research Institute, Inc.) and other universities and practice sites throughout the United States constituted 24% of our expense budget.

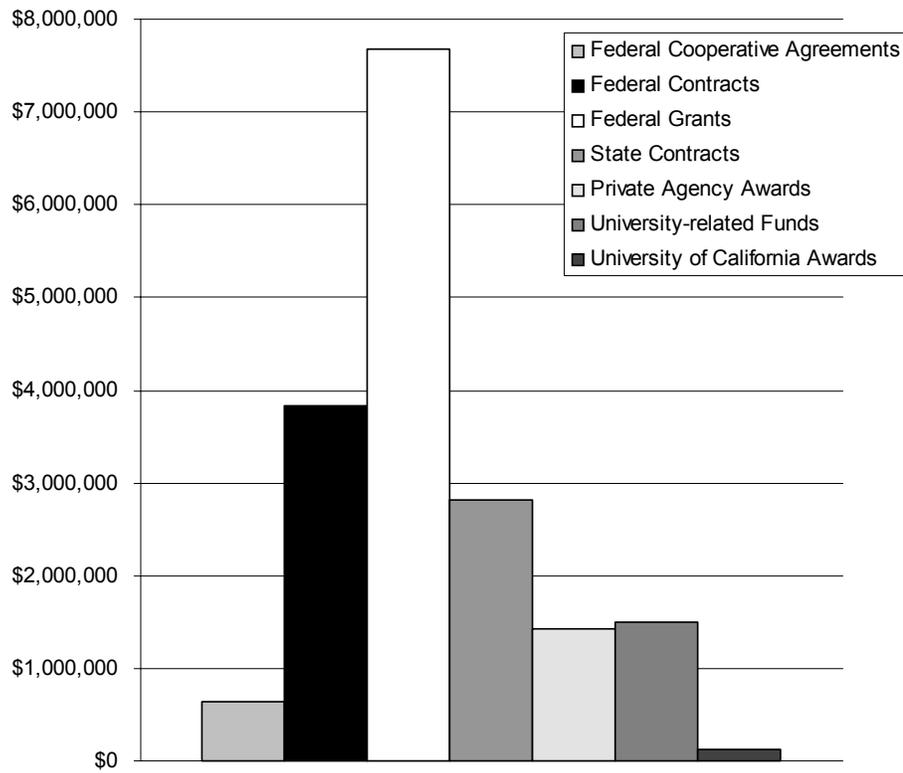
**Fiscal Year 2001-2002
Proposal Submissions**



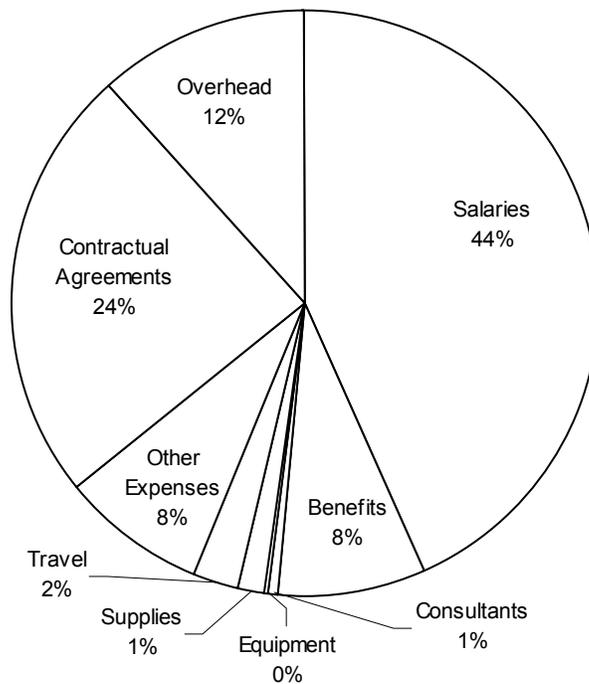
Award Funding (1986-2002)



Fiscal Year 2001-2002 Awards by Funding Source



Fiscal Year 2001-2002 Expenses by Category



Principal Investigators

Leslie Amass (Ph.D. in Experimental and Physiological Psychology, Boston University, 1990) is a Principal Investigator at the Friends Research Institute, Inc. Her major research interests are the treatment of opioid dependence and transfer of empirically validated pharmacological and behavioral therapies to community treatment settings. Her work includes evaluating buprenorphine and buprenorphine-naloxone for opioid dependence treatment, and examining cost-effective strategies for transporting voucher-based reinforcement therapy (VBRT) into community practice. Dr. Amass is the National Project Director and Lead Co-Investigator for the first two Buprenorphine-Naloxone Detoxification Protocols for the NIDA Center for Clinical Trials Network, and the Principal Investigator of a NIDA grant studying cost-effective strategies for transporting VBRT to community clinics. She has published over 70 scientific reports, review articles, and monographs and serves on several federal advisory boards and review committees. Dr. Amass received the Joseph Cochin Young Investigator Award of the College on Problems of Drug Dependence in 2000 and was appointed to the College's Board of Directors in 2002. lamass@friendsresearch.org

M. Douglas Anglin (Ph.D. in Social Psychology, University of California, Los Angeles, 1979) is an Associate Director of UCLA ISAP. Dr. Anglin has been conducting research on substance abuse and treatment evaluation since 1972 and is author or co-author of more than 150 articles. He has been Project Director or Principal Investigator on over 20 federally funded studies. Dr. Anglin has served as an advisor to many prominent treatment evaluation studies, including the Drug Abuse Treatment Outcome Study and the Federal Bureau of Prisons Drug Programs Evaluation Project. He has also served as consultant to the following agencies: National Institute on Drug Abuse, Office of National Drug Control Policy, Center for Substance Abuse Treatment, National Academy of Sciences Institute of Medicine, National Institute of Justice, California Department of Corrections, California Youth Authority, California Office of Criminal Justice Planning, and Los Angeles County Alcohol and Drug Program Administration.

Mary-Lynn Brecht (Ph.D. in Research Methods and Evaluation, University of California, Los Angeles, 1979) is Principal Investigator of the NIDA-funded project "Methamphetamine Use: Natural History and Treatment Effects." Dr. Brecht also manages statistical support for UCLA ISAP, consulting on research methods and statistical topics and lecturing on multivariate statistical methods. She has experience in the development/adaptation, application, and integration of quantitative research methodologies, with emphasis in the area of drug abuse, health systems, and treatment evaluation research. Dr. Brecht has continuing research interest in substance abuse topics, including maturing out, effects of social interventions, prevalence estimation methods, and needs assessment, as well as in other health care related topics including quality of life. She is particularly interested in longitudinal research and methods. lbrecht@ucla.edu

Roger Donovanick (M.D. from New York Medical College, Valhalla, New York, 1996) conducted his residency in psychiatry at the UCLA Neuropsychiatric Institute (NPI), where he was the Chief Resident for the geriatric service during his final year. He completed his residency in 2000 and was board certified in psychiatry in December 2001. Dr. Donovanick has worked with UCLA ISAP since residency and has participated in several clinical trials, including studies with alcohol-, opiate-, and stimulant-dependent patients. He has also been the Medical Director at the Matrix Methadone clinic since 1999. Dr. Donovanick is currently interested in methamphetamine dependence and is a site Principal Investigator for a multisite clinical trials group looking at medications to treat methamphetamine dependence. He is also an attending psychiatrist at the UCLA NPI, where he works on the inpatient unit and teaches residents. rdonovick@mednet.ucla.edu

David Farabee (Ph.D. in Experimental Psychology, Texas Christian University, 1992) is an Associate Research Psychologist at UCLA and Director of the UCLA ISAP Juvenile Justice Research Group. He currently serves as Research Director of a 5-year evaluation of the California Substance Abuse Treatment Facility (funded by the California Department of Corrections), Principal Investigator for a multisite study of substance abuse, medication adherence, and criminality among mentally ill parolees (funded by the National Institute of Justice), and Principal Investigator for an evaluation of a specialized re-entry program for mentally ill parolees (funded by the California Department of Corrections). He has published extensively in the areas of substance abuse, crime, and offender treatment; was co-editor of the recent book *Treatment of Drug Offenders* (2002, New York: Springer); and is currently co-editor of *The Offender Substance Abuse Report*, a bimonthly report published by the Civic Research Institute. dfarabee@ucla.edu

Principal Investigators

Thomas E. Freese (Ph.D. in Clinical Psychology, California School of Professional Psychology, 1995) is currently the Director of Training for UCLA ISAP and the Director of the Pacific Southwest Addictions Technology Transfer Center (PSATTC). He has served as the Project Director on a number of studies including research on methamphetamine use, HIV risk in gay/bisexual men, and smoking cessation interventions. Dr. Freese has worked in the substance abuse field since 1983. He oversees the NIDA Institutional Training Grant and has planned and implemented major CSAT and NIDA-funded conferences. He has developed and conducted trainings for various CSAT projects and NIDA Clinical Trials Network (CTN) multisite projects in 15 states and directs all of the UCLA ISAP in-house trainings. He has provided clinical training and workshops for clinicians-in-training at the doctoral and master's level. Dr. Freese and other UCLA ISAP staff developed the materials that are being used nationally for training CTN Nodes on good research practices. tefreese@ix.netcom.com

Christine E. Grella (Ph.D. in Psychology, University of California, Santa Cruz, 1985) is an Associate Research Psychologist at UCLA ISAP. She joined the UCLA Drug Abuse Research Center in 1992, after completing a NIMH postdoctoral fellowship in Mental Health Services Research in the UCLA Department of Sociology. Her research has focused on treatment processes and outcomes, with an emphasis on special populations, including women, adolescents, the homeless, injection drug users, and the dually diagnosed, and the relationships across multiple service systems to these populations. She is Principal Investigator on a NIDA-funded study on the organization of substance abuse and mental health services in Los Angeles County; on the Evaluation of the Female Offender Treatment and Employment Project, which is funded by the California Department of Corrections; on the evaluation of an enhanced HIV-risk reduction protocol for substance-abusing women offenders, funded by the University of California; and on a study of substance abuse treatment services for women, funded by CSAT. grella@ucla.edu

Yih-Ing Hser (Ph.D. in Psychology, University of California, Los Angeles, 1986) has been conducting research in the field of drug abuse and its treatment since 1980 and has extensive experience in research design and advanced statistical techniques applied to drug abuse data. Dr. Hser has published in the areas of treatment evaluation, epidemiology, natural history of drug addiction, health services, and innovative statistical modeling development and application. Her publications have been featured in the *American Journal of Public Health* and the *Archives of General Psychiatry*. She is an Adjunct Professor in the Department of Psychiatry and Behavioral Sciences at UCLA and currently leads several studies, including "Evaluation of California Treatment Outcomes Project" and "A 12-Year Follow-up of a Cocaine-Dependent Sample." yhser@ucla.edu

Ari Kalechstein (Ph.D. in Psychology, Emory University, 1995) is an Assistant Research Psychologist at the David Geffen School of Medicine at UCLA in the Department of Psychiatry. Dr. Kalechstein completed postdoctoral fellowships at the UCLA School of Medicine in the areas of neuropsychology and substance abuse. Dr. Kalechstein's research interests include: documenting the neurocognitive consequences of stimulant dependence; determining the association between neurocognition and functional outcomes in stimulant-dependent individuals; and characterizing the association between neurocognition and physiological measures (e.g., MRI, PET) in stimulant-dependent individuals. He has published more than 20 peer-reviewed articles and presented more than 35 papers at various forums. He serves as a Co-Investigator on NIDA-funded grants, and as an ad hoc peer reviewer for several journals. adk@ucla.edu

Walter Ling (M.D., Chulalonghorn University Medical School, Bangkok, Thailand, 1963) is Professor of Psychiatry and Director of UCLA ISAP. Dr. Ling is recognized nationally and internationally as a preeminent leader in the field of substance abuse. His contributions to the substance abuse field include scientific advances, innovative treatment development, public health planning, professional and public education enhancements, and policy shaping. Over his career, Dr. Ling has served as mentor, collaborator, research advisor, discussant, and reviewer for many of the leading substance abuse researchers in the world. Dr. Ling is a board-certified neurologist and psychiatrist who is active in both research and clinical work, and has been listed in the "Best Doctors of America," "Best Doctors in the West," and "Best Doctors in Los Angeles." lwalter@ix.netcom.com

Emilia Lombardi (Ph.D. in Sociology, University of Akron, 1997) is the Principal Investigator of a NIDA-funded study examining the substance use and substance use treatment experiences of transgender/transsexual men and women. She is also the Principal Investigator for the Orange County Gay and Lesbian Center's Lesbian, Gay, Bisexual, and Transgender (LGBT) Tobacco Project. She has also participated in the Latino Adherence Project, Department of Nursing, UCLA, and currently serves as chair of the West Hollywood Transgender Task Force. She serves as the vice-chair of the Gay, Lesbian, Bisexual, and Transgender Constituent Committee of the California Department of Alcohol and Drug Programs, and is active within the LGBT Caucus of Public Health Workers, American Public Health Association. elomb@ucla.edu

Edythe London (Ph.D. in Pharmacology with supporting program in Neurobiology, University of Maryland, 1976) is a Visiting Professor of Psychiatry and Behavioral Sciences at UCLA. Dr. London's research has advanced the study of substance abuse and the development of new approaches and probes to study brain function. She has authored over 200 original research articles and 60 reviews. Her most recognized accomplishments involve PET scanning of human subjects who suffer from addictions. Her group was first to show a relationship between drug craving and activity of brain regions that link memory with emotion. She also showed that drug abusers have structural abnormalities in prefrontal cortex and deficits in decision-making tasks that depend on prefrontal cortex function. Her work influenced other researchers to look at the frontal lobe to understand the compulsive self-administration of drugs despite detrimental effects, which characterizes drug addiction. Recently, her laboratory has developed new probes for external imaging of those brain receptors to which nicotine binds, producing behavioral actions. elondon@tracer.org

Douglas Longshore (Ph.D. in Sociology, University of California, Los Angeles, 1981) is Director of Cognitive Research at UCLA ISAP and Principal or Co-Principal Investigator in studies of motivation for drug abuse treatment and recovery; motivational intervention; innovative correctional programs targeting drug-involved criminal offenders; etiology of crime and drug use; psychosocial processes of HIV risk reduction among drug users; and racial/ethnic issues in drug abuse, treatment, and recovery. dlongsho@ucla.edu

Patricia Marinelli-Casey (Ph.D. in Education, University of California, Los Angeles, 1998) has been involved in substance abuse and mental health research and treatment since 1985. She is an Assistant Research Psychologist at UCLA and serves as the Principal Investigator of three CSAT-funded studies focusing on methamphetamine treatment. "A 3-Year Methamphetamine Treatment Follow-up" will examine the current functioning, health, and mental health status of methamphetamine users over time. "Methamphetamine Treatment Adherence" will investigate the impact of conducting research in community-based settings and identify changes made to existing treatment services. "Economic Analysis of the Methamphetamine Treatment Project" will determine the costs of various outpatient treatment models and their benefits related to treatment outcomes. Prior to her current work, Dr. Marinelli-Casey served as the Project Director for a CSAT-funded national multisite study, "The Methamphetamine Treatment Project," which examined the effectiveness of outpatient treatments for methamphetamine dependence. She also directed two Robert Wood Johnson grants examining factors that influenced the implementation of new pharmacotherapies. pattymc@ucla.edu

Debra A. Murphy (Ph.D. in Psychology, Florida State University, 1987) is a Research Psychologist and Director of the Health Risk Reduction Projects within UCLA ISAP. She has conducted research on HIV/AIDS for 10 years. She chairs the Behavioral Leadership Group of the Adolescent Trials Network (National Institute of Child Health & Human Development), which is investigating behavioral, microbicial, prophylactic, therapeutic, and vaccine strategies for HIV-infected and at-risk adolescents. She is Principal Investigator of two National Institute of Mental Health projects: "Assessment of the Adjustment of Young Children Who Are Living with Maternal HIV/AIDS," and "Evaluation of a Cognitive-Behavioral Medication Adherence Intervention for HIV+ Adults." Prior to coming to UCLA, she was the Associate Director for the Center for AIDS Intervention in Wisconsin, and Co-Investigator on a series of federal grants focused on outcome evaluations of HIV behavioral risk-reduction interventions. dmurphy@mednet.ucla.edu

Thomas Newton (M.D., Yale University School of Medicine, 1985) is a board certified psychiatrist and Principal Investigator for UCLA ISAP neurobiology projects. Dr. Newton's thesis was *Magnetic Resonance Imaging in Psychiatry*. His psychiatry residency was at UCLA's Department of Psychiatry and Biobehavioral Sciences. Dr. Newton is currently an Associate Professor at UCLA's Department of Psychiatry and a Principal Investigator on training and research grants. tnewton@ucla.edu

Deborah Podus (Ph.D. in Sociology, Rutgers University, 1992) is an Assistant Research Sociologist whose research interests are treatment effectiveness and substance abuse treatment policy. She is Principal Investigator of "Closing the Loop on Welfare Reform," a study of the intersection between welfare reform and substance abuse in Los Angeles County, and "A Policy Analysis of Recent Changes in Federal Methadone/LAAM Treatment Regulation," a study of the history of the January 2001 federal ruling on the oversight of opioid treatment providers and its impact on state-level methadone/LAAM regulation. Both projects are funded by the Robert Wood Johnson Foundation. Dr. Podus also directed several other studies at UCLA ISAP, including a study of the impact in Los Angeles County of the repeal of Supplemental Security Income (SSI) benefits for individuals disabled by drug addiction and alcoholism, part of a CSAT multisite project, and a NIDA-funded meta-analysis of studies of drug abuse treatment effectiveness. dpodus@ucla.edu

Principal Investigators

Michael L. Prendergast (Ph.D. in History, University of California, Los Angeles, 1978) is Director of UCLA ISAP's Criminal Justice Research Group. He has been Principal Investigator of projects funded by the National Institute of Justice to study drug treatment strategies in the criminal justice system, including treatment for women offenders. He has been Principal Investigator of several evaluations of treatment programs in correctional settings in California: the "Forever Free Substance Abuse Treatment Program" at the California Institution for Women; the "California Substance Abuse Treatment Facility at Corcoran"; and 15 treatment programs at other prisons in California. In addition, he is Principal Investigator of two NIDA-funded studies: a five-year longitudinal follow-up study of inmates who participated in a prison-based therapeutic community, and an evaluation of the use of vouchers within a drug court treatment program. He is currently Co-Principal Investigator of the statewide evaluation of California's Substance Abuse and Crime Prevention Act (Proposition 36). mlp@ucla.edu

Richard A. Rawson (Ph.D. in Experimental Psychology, University of Vermont, 1974) is an Associate Director of UCLA ISAP. Dr. Rawson has spent his career conducting research and developing treatment systems for substance abuse disorders. He has been a member of the UCLA Department of Psychiatry and Biobehavioral Sciences for more than 20 years. As a UCLA ISAP Associate Director, Dr. Rawson oversees a portfolio of addiction research ranging from brain imaging studies, to numerous clinical trials on pharmacological and psychosocial addiction treatments, to the study of how new treatments are applied in the treatment system. During the past decade, he has worked with the U.S. State Department on large substance abuse research and treatment projects, exporting U.S. technology and addiction science to Mexico, Thailand, Israel, Egypt, and the Palestinian Authority. Dr. Rawson has published two books, 15 book chapters, and more than 100 professional papers, and has conducted over 1,000 workshops, paper presentations, and training sessions. matrixex@ucla.edu

Cathy J. Reback (Ph.D. in Sociology, University of California, Santa Cruz, 1986) is Principal Investigator for Friends Research Institute, Inc., on The HIS Study, a qualitative study of the HIV risks of heterosexual men who have sex with men and transgenders (funded by the City of Los Angeles) and is Co-Investigator, with Dr. Steven Shoptaw, on the CSAT-funded study "Behavioral Therapies for Gay Male Stimulant Abusers." Dr. Reback was Co-Investigator on the NIDA-funded project "Behavioral Therapy for Gay Male Methamphetamine Abusers" and was Co-Investigator on the University of California, Universitywide AIDS Research Program-funded study "An Evaluation of HIV Prevention Services for Transgenders." Dr. Reback conducts research on substance abuse and HIV risks among gay and bisexual males and male-to-female transgenders. She has an extensive background in conducting community/research collaborations, designing and implementing street-based intervention programs for active substance users, and managing large-scale HIV prevention and intervention programs. Dr. Reback serves on several local and national HIV and substance abuse task forces and committees. rebackcj@aol.com

John Roll (Ph.D. in Experimental Psychology, Washington State University, 1994) joined UCLA ISAP and Friends Research Institute, Inc., in December 1999. He is currently the Principal Investigator of a number of NIDA-funded projects, including "Behavioral Treatment for Methamphetamine Dependence: A Comparison of Contingency Management Schedules"; "An Evaluation of Two Medications (Gabapentin or Baclofen) and Placebo for the Treatment of Methamphetamine Dependence"; "Adolescent Smoking Cessation"; "Human Methamphetamine Use: A Model"; and "Human Behavioral Pharmacology of GHB." He collaborates widely with other investigators from around the world. He has been an author or co-author on over 30 journal articles and chapters. Additionally, Dr. Roll serves as the Pacific Node representative to several Clinical Trials Network Committees as well as being the Pacific Node's research faculty in charge of the Motivational Incentives protocol. Dr. Roll has served as a reviewer for NIH and VA grant applications. Dr. Roll's primary research interests are in basic behavioral pharmacology and the development of behavioral interventions for substance abuse and related disorders. ktlkz@aol.com

Steven Shoptaw (Ph.D. in Clinical Psychology, University of California, Los Angeles, 1990) is a Principal Investigator with Friends Research Institute, Inc. Dr. Shoptaw is Principal Investigator of a NIDA-funded P-50 center investigating medication development for stimulant dependence. His research work involves evaluations of behavioral and pharmacological treatments for substance abuse, particularly as they intersect HIV-relevant populations. Together with Dr. Cathy Reback, Dr. Shoptaw has been awarded two large research grants to evaluate behavioral drug-counseling methods (relapse prevention and contingency management) against a comparison HIV prevention and drug abuse intervention for reducing high-risk drug use and sexual behaviors among gay/bisexual substance users in Los Angeles. Dr. Shoptaw also is Director of the Intervention Core of the UCLA Center for HIV Identification, Prevention and Treatment Services and Executive Director for Safe House, a residential facility for persons with HIV/AIDS who have co-occurring mental illness and/or chemical dependence, a project supported by the City of Los Angeles Housing Opportunities for Persons With AIDS program. shoptaw@friendsresearch.org

Sara Simon (Ph.D. in Cognitive Psychology, Claremont Graduate University, 1990) is an Assistant Research Psychologist at UCLA ISAP. Dr. Simon's primary research interests are in the long-term and immediate cognitive effects of drugs of abuse. Recently she has been investigating the time course of the recovery of cognitive function after the cessation of drug abuse. In collaboration with Dr. Edythe London, she is examining the cognitive functioning of methamphetamine abusers in early abstinence. Her collaborations also include several studies combining imaging and cognitive assessment with smokers, with Dr. London, and a World Health Organization study being conducted simultaneously in seven countries, with Dr. Walter Ling. Dr. Simon also has provided the cognitive expertise for the Methamphetamine Clinical Trials Group. ssimon2@earthlink.net

Donnie W. Watson (Ph.D. in Clinical Psychology with a minor in experimental design and concentration in alcohol studies from Vanderbilt University, 1982) is a Friends Research Institute, Inc., investigator with ISAP's stimulant medication development unit. Dr. Watson is a Certified Clinical Research Coordinator (CCRC). He is Principal Investigator for a CSAT-sponsored project to develop interventions for adjudicated Latino and African American youth and their families. He is also Principal Investigator on a Friends Research Institute, Inc., Awards Review grant to survey the use of club drugs among East and West Coast middle school youth. He has recently expanded his portfolio to include international research. In this regard, he is Co-Principal Investigator on a NIDA-sponsored project to develop adult outpatient treatment research efforts in Southern Africa. Dr. Watson's research interests include outpatient stimulant medication development trials, interventions for adolescent substance use, and addiction technology transfer to ethnic minority communities. watsondonnie@aol.com

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Brain Changes in Drug Dependence: Clinical Implications

*Thomas Newton, M.D., Principal Investigator
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The prevalence of amphetamine abuse and dependence has increased dramatically in Western states, particularly in California. The increasing prevalence of abuse has focused attention on the neuropsychiatric sequelae of stimulant dependence, both as a medical concern and because of potential effects on treatment outcome. The effects of amphetamines, including amphetamine and methamphetamine (MeAmp), on the central nervous system have been studied extensively in animals, but studies of the effects of MeAmp on humans are extremely limited. A critically important related question is whether MeAmp-related brain changes alter the subjective and physiologic responses in humans to MeAmp. We address these questions by studying MeAmp-dependent subjects using PET and ¹¹CWIN35,428 (WIN, a probe for the dopamine transporter DAT) and ¹⁸F¹⁸FDG, a measure of brain metabolic activity. Non-treatment-seeking subjects will then enter the human pharmacology laboratory at UCLA. Analysis will determine (1) the availability of the DAT in MeAmp dependence in humans and (2) the association between brain metabolic activity and subjective and physiologic responses to MeAmp challenge.

Brain Changes in Drug Dependence: Clinical Implications is funded by the National Institute on Drug Abuse, grant number 5 K08 DA00388-03, budgeted at \$813,600 from July 1999 through June 2004.

Nicotine Withdrawal, Smoking, and Cognition: An fMRI Study

*Edythe London, Ph.D., Principal Investigator
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The major goal of this project is to determine the effects of smoking history and condition on brain function performance of the N-Back and Stroop tasks. This project uses functional imaging by fMRI to understand the changes in attention and working memory that have been detected in smokers as a function of abstinence and satiety. Thirty-six subjects have completed the study.

Nicotine Withdrawal, Smoking, and Cognition: An fMRI Study is funded by the National Institute on Drug Abuse, grant number 1 R01 DA14093-02, budgeted at \$1,056,789 from September 2001 through April 2004.

Nicotine Withdrawal, Smoking, and Cognition: An fMRI Study

*Edythe London, Ph.D., Principal Investigator
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This project shares specific aims with NIH/NIDA 5 RO1 DA14093 (above) and provides for administrative and computer support to that project. No research is directly supported through the Philip Morris funds.

Nicotine Withdrawal, Smoking, and Cognition: An fMRI Study is funded by the Philip Morris External Research Program, agency award number 02066286-001, budgeted at \$219,050 from February 2002 through January 2003.

Nicotine Withdrawal, Smoking, and Attention: An fMRI Study

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The goal of this project is to determine the effects of abstinence and satiety of cigarette smoking on selective attention and related brain activation. Thirty-seven subjects have been studied with the Stroop task under conditions of both satiety and abstinence.

Nicotine Withdrawal, Smoking, and Attention: An fMRI Study is funded by the University of California, Tobacco-Related Disease Research Program, grant number 10RT-0091, budgeted at \$475,303 from July 2001 through June 2004.

PET Combined with Stereotactic Probes to Develop Therapeutic Interventions for Drug Abuse

*Edythe London, Ph.D., Principal Investigator
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The goal of this project is to develop a microPET scanner to do brain imaging research on non-human primates, which can be used to investigate issues related to addiction.

PET Combined with Stereotactic Probes to Develop Therapeutic Interventions for Drug Abuse is funded by the U.S. Army/Office of National Drug Control Policy, grant number DABT63-00-C-1003, budgeted at \$4,237,187 from June 2000 through September 2003.

Human Behavioral Pharmacology of GHB

John Roll, Ph.D., Principal Investigator (kllkz@aol.com)

Thomas Newton, M.D., Co-Principal Investigator

Joy Chudzynski, M.A., Project Director

This project is a series of rigorous, laboratory-based, placebo-controlled, experimental evaluations of the subjective, reinforcing, pharmacokinetic, and physiological properties of several doses of GHB (gamma-hydroxybutyrate). We will assess the effects of GHB on several aspects of cognition and motor function as well as the degree to which volunteers will self-administer GHB. These assessments will be made in a group of regular GHB users who are not seeking treatment. Participants will be housed in the General Clinical Research Center for three weeks. During this time, participants will receive the following doses of orally delivered GHB or placebo, in an ascending order: placebo, 12.5 mg/kg, 25 mg/kg, 37.5 mg/kg, 50 mg/kg. Blood samples will be drawn after drug administration in order to facilitate pharmacokinetic analysis of GHB absorption and elimination kinetics. Participants will complete a series of subjective effects questionnaires and cognitive tasks to assess the effect of the drug on their mood and cognition. Also, participants will take part in a Multiple Procedure Task, which is designed to assess the reinforcing potential of a drug. During the final phase of the study, participants will sample Drug A and Drug B (placebo or a dose of GHB) for four sessions. In the subsequent sessions, they will choose which drug they wish to have. This choice procedure is to assess the extent to which participants will self-administer GHB due to its reinforcing qualities.

Human Behavioral Pharmacology of GHB is funded by the National Institute on Drug Abuse, grant number 1 R01 DA14871-01, budgeted at \$761,159 from September 2001 through August 2003.

Human Methamphetamine Use: A Model

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Methamphetamine, one of the most popular of the "club drugs," is a powerful psychostimulant with considerable abuse potential. Methamphetamine abuse appears to be most amenable to treatment via behavioral interventions. However, recent advances in our understanding of the pharmacology of the psychostimulants and human neuroanatomy have increased the likelihood of finding a pharmacotherapeutic agent that will decrease methamphetamine use without producing unacceptable side effects. It will be important to assess these new pharmacotherapies in an ecologically valid model. Furthermore, methamphetamine, like most drugs, is rarely taken by itself. An ecologically valid model of methamphetamine self-administration using human volunteers will be needed to determine how this pattern of

polysubstance use influences the subjective, physiological, and reinforcing potential of methamphetamine. This project involves a plan to modify and combine two human self-administration models that have been validated with other drugs of abuse. The models have been shown to be sensitive to both pharmacological and environmental manipulations. In brief, the new model will allow for the examination of the variable of interest (pharmacological or environmental) on methamphetamine self-administration under three conditions, each of which occasions a different degree of self-administration (low, medium, and high). It will also provide a platform from which information on the subjective and physiological effects of methamphetamine, alone or in combination with other drugs, can be measured.

Human Methamphetamine Use: A Model is funded by the National Institute on Drug Abuse, grant number R21 DA14392, budgeted at \$178,500 from July 2001 through June 2003.

Clinical and Behavioral Trials

Adolescent Smoking Cessation

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The U.S. Supreme Court (2000) recently found that "tobacco use, particularly among children and adolescents, poses perhaps the single most significant threat to public health in the United States." If current rates of youth smoking continue, more than five million children alive today will die as a result of cigarette smoking (Campaign for Tobacco Free Kids, 2000). This study represents a small-scale clinical trial of contingency management (CM) to assess its potential utility in treating adolescent cigarette smoking. Secondly, the proposed study will provide valuable information on the nicotine withdrawal syndrome in adolescents, a topic about which relatively little is known. Participants are randomly assigned to one of two groups (CM attendance and CM abstinence). Participants in both groups receive educational material about the benefits of smoking cessation. Participants in the CM attendance group earn vouchers for daily attendance, regardless of cigarette smoking test results. Those in the abstinence group only receive vouchers if their smoking test indicates no recent cigarette smoking. Thus, by comparing these two groups, it will be possible to directly determine whether or not contingent reinforcement of abstinence promotes abstinence above and beyond the provision of educational smoking cessation aids.

Adolescent Smoking Cessation is funded by the National Institute on Drug Abuse, grant number RO3 DA13941, budgeted at \$121,500 from May 2001 through April 2003.

**Medication Adherence Intervention
for HIV+ Persons**

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*Charles Farthing, M.D., AIDS Healthcare Foundation,
Co-Principal Investigator*

Dannie Hoffman, M.A., Project Director

The purpose of this project is to develop, implement, and evaluate a tailored behavioral intervention, STAR (Staying Healthy Taking Antiretrovirals Regularly), that includes social support and patient education components and maintenance booster sessions to promote medication adherence and effective problem-solving related to medication compliance among HIV-positive individuals ($N = 144$) over long-term follow-up. The specific aims of this research are to determine the level of adherence that is maintained over time in the intervention group; determine if improvement in medication adherence is associated with less evidence of emotional and behavioral stress, and better quality of life; explore how medication adherence is associated with sexual transmission risk behaviors; and explore relationships between medication adherence and potential moderating and mediating variables (including self-efficacy and outcome expectancies related to adherence, behavioral intentions, coping methods, and health care satisfaction). A National Institutes of Health, Office of AIDS Research, supplemental one-year award was granted to conduct focus groups ($N = 72$) with monolingual Spanish-speaking HIV+ patients to determine barriers to comprehension and adherence for this population and to translate and present portions of the tailored behavioral intervention to the focus groups in order to identify revisions to the intervention needed for a monolingual Spanish-speaking population. This supplemental study was completed in Year 3 of the project.

Medication Adherence Intervention for HIV+ Persons is funded by the National Institute of Mental Health, grant number 5 RO1 MH59419-05, budgeted at \$2,044,020 from September 1998 through May 2003.

Challenge Study for Anti-Cocaine Antibodies

*Thomas Newton, M.D., Principal Investigator
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This study is examining the use of transgenic human-to-mouse anti-cocaine antibodies to reduce the euphoric and reinforcing effects of cocaine.

Challenge Study for Anti-Cocaine Antibodies is funded by the University of Cincinnati, agency award number DA12043, budgeted at \$573,554 from July 1998 through June 2003.

**Cooperative Study #1020, A Phase III,
Placebo-controlled, Double-blind Multi-Site
Trial of Lofexidine for Opiate Withdrawal**

*Walter Ling, M.D., Principal Investigator
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Jerry Cunningham-Rathner, B.A., Project Director*

The aim of this clinical trial was to evaluate the efficacy of lofexidine, an alpha-2-adrenergic agonist, in alleviating opiate withdrawal symptoms in opiate-dependent individuals. Currently, there is no non-opiate medication approved by the Food and Drug Administration for this use in the United States. The present trial utilized a placebo-controlled, double-blind multi-site design with 96 subjects, 32 each in California, New York, and Philadelphia. Participants were recruited through advertisements, word of mouth, physician fliers, and self-referral. There were three major phases in this study: (1) Opiate Stabilization Phase: Morphine sulfate was used to stabilize subjects on a fixed dose of opiate agonist. Subjects who completed Phase I and met all criteria were randomized on day 4. (2) Detoxification: Medication or Placebo Phase (Days 4-8): Following abrupt termination of morphine, subjects received either Lofexidine (0.2 mg QID) or placebo, and the effects of these on the alleviation of opiate withdrawal symptoms were assessed. (3) Post Medication/Detoxification Phase: All subjects received placebo on days 9 and 10 and no lofexidine or placebo on day 11. Subjects were discharged following physical examination and phlebotomy. Complete study findings are not currently available; however, the study was suspended on April 17, 2002, by the Data Safety Monitoring Board because preliminary findings indicated that Lofexidine was efficacious and that continuing to place human subjects on placebo would be unethical.

Cooperative Study #1020, A Phase III, Placebo-controlled, Double-blind Multi-Site Trial of Lofexidine for Opiate Withdrawal is funded by the National Institute on Drug Abuse/Veterans Affairs, NIDA/VA Study #1020.

**Intervention for Children Aware of
Mothers' HIV+ Serostatus**

*Debra A. Murphy, Ph.D., Principal Investigator
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Dannie Hoffman, M.A., Project Director

This project is a randomized, controlled, pilot trial of a support group intervention for children age 7-14 whose mothers have disclosed their HIV status to the children. Children of these mothers with HIV/AIDS will be randomly assigned to attend "Children United with Buddies" (CUB), a support group intervention, or a waiting list control group. The aims of this study are to: determine whether the CUB intervention improves children's knowledge

about HIV and how it is transmitted; determine if the CUB intervention reduces children's fears regarding stigma and the number of medications their mother takes; determine if the CUB intervention improves child/mother communication; investigate concerns and fears of the children through transcription of the audiotaped intervention sessions and conduct thematic analyses; and investigate the concerns and fears of mothers with HIV/AIDS through transcription and the audiotaped discussion sessions.

Intervention for Children Aware of Mothers' HIV+ Serostatus is funded by the University of California Universitywide AIDS Research Program, project number ID01-LA-019, budgeted at \$99,958 from September 2001 through November 2002.

Center for Substance Abuse Treatment (CSAT) Replication of Effective Treatment for Methamphetamine Dependence and Improvement of Cost-Effectiveness of Treatment (CSAT Methamphetamine Treatment Project)

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Patricia Marinelli-Casey, Ph.D., Project Director*

The Methamphetamine Treatment Project (MTP) is a CSAT-funded eight-site randomized clinical trial designed to compare the Matrix Model of treatment for methamphetamine-dependent individuals with "Treatment As Usual" at each site. The Matrix Model is a manualized outpatient treatment approach that integrates treatment elements from a number of specific strategies, including cognitive-behavioral therapy, motivational interviewing, psychoeducational counseling, family therapy literature, and 12-step program involvement. The type, length, and intensity of treatment services as well as overall program philosophy differ across sites. The objective of this project is to conduct a scientifically rigorous study of the clinical effectiveness of the Matrix Model for treatment of methamphetamine abuse. The study compares the effectiveness of the Matrix Model to other locally available outpatient treatments of methamphetamine abuse and establishes the cost and cost-effectiveness of the Matrix approach, compared with the locally available treatments. It also explores the replicability of the Matrix Model and problems involved in technology transfer. (Additional information is available at: www.methamphetamine.org.)

CSAT Methamphetamine Treatment Project is funded by Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Treatment, cooperative agreement number 1 UD1 T111440, budgeted at \$2,635,268 from September 1998 through September 2002.

**NIDA Clinical Trials Network:
UCLA Research Node**

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Frank Flammino, Ph.D., Project Director*

The mission of the Center for Clinical Trials Network (CCTN) is to conduct studies of behavioral, pharmacological, and integrated behavioral and pharmacological treatments in existing community treatment settings. These studies are rigorous, multi-site clinical trials to determine effectiveness across a broad range of community-based treatment settings and diverse patient populations. The research results of effective interventions will be transferred to physicians, providers, and their patients to improve the quality of drug abuse treatment throughout the country using science as the vehicle. In addition, the CCTN's mission is to bring innovative research findings into practice at the level of the community treatment provider. This "research to practice" mission is the first of its kind in the field of substance abuse. The staff of UCLA ISAP serve as members of the Regional Research Training Center. They design and implement protocols and train the staff of the Community Treatment Providers to conduct the protocols in their facilities. (Additional information is available at: www.nida.nih.gov/CTN/Index.htm.)

NIDA Clinical Trials Network: UCLA Research Node is funded by the National Institute on Drug Abuse, grant number 1 U10 DA13045-03, budgeted at \$11,650,000 from September 1999 through August 2004.

**Psychosocial Treatment Dose -
A Prospective Study**

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The goal of this study is to prospectively evaluate some basic parameters of outpatient substance abuse treatment and determine if these parameters influence treatment effectiveness. Although tremendous resources are being expended to develop new and more effective approaches for substance abuse disorders, there is an equally important need to study ways to deliver existing treatment services more effectively. Without evidence to support specific treatment parameters, policymakers and treatment providers are at a loss to respond to the cost-cutting demands of payers. These studies address several fundamental questions facing treatment providers and payers. How much treatment is enough? What is the optimal size and frequency for units of psychosocial treatment? Study 1 compares 4 weeks and 16 weeks of treatment "doses." Study 2 investigates the importance of

the frequency of each group session dose. The size of the dose in Study 2 is a 90-minute group one time per week, or three times per week over 12 weeks. In each study, a standardized psychosocial protocol will ensure consistency of treatment materials delivered. A battery of data will be collected in each study to assess the impact of treatment delivery parameters on retention in treatment; use of primary drug of choice during treatment; other drug and alcohol use during treatment; psychosocial behavior change; and HIV-related risk behaviors. Long-term effects will be assessed at 6 and 12 months.

Psychosocial Treatment Dose - A Prospective Study is funded by the National Institute on Drug Abuse, grant number R01 DA11972, budgeted at \$1,700,000 from January 1999 through June 2003.

Criminal Justice

Arrestee Drug Abuse Monitoring (ADAM) Project

*M. Douglas Anglin, Ph.D., Principal Investigator
Luz Rodriguez, Project Director*

The Arrestee Drug Abuse Monitoring (ADAM) Program is a research program of the National Institute of Justice that provides program planning and policy information on drug use and other characteristics of arrestees in 35 U.S. cities through quarterly interviews with adult and juvenile arrestees in holding facilities. ADAM has two fundamental components. The first is the interview and the second is drug testing by collecting a urine specimen from the respondent, which is tested to detect recent drug use. The typical data collection period is two consecutive weeks per quarter at each holding facility. Data from the ADAM project are disseminated to local communities and can be used for planning, monitoring, and resource allocation. Thus, data collected through ADAM can provide a fundamental research and evaluation tool for local analysts, policymakers, and practitioners. (Additional information is available at www.medsch.ucla.edu/som/npi/DARC/SA/research.htm#6.)

Arrestee Drug Abuse Monitoring (ADAM) Project is funded by the National Opinion Research Center (NORC), agency award number 02066406, budgeted at \$49,673 from January 2002 through September 2002.

An Outcome Evaluation of the Forever Free Substance Abuse Program

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Elizabeth Hall, Ph.D., Project Director*

As part of the Residential Substance Abuse Treatment for State Prisoners Evaluation Program (funded by the National Institute of Justice), ISAP conducted a 12-month,

post-release follow-up study of the women who participated in the Forever Free Substance Abuse Treatment Program at the California Institution for Women. Forever Free was an intensive, six-month, cognitive-behaviorally oriented treatment program, followed by up to six months of community residential treatment. The objectives of the study were: (1) To compare the 12-month outcomes of Forever Free participants with a comparison sample with regard to parole performance, drug use, employment, and psychological functioning. (2) To determine differential outcomes of Forever Free participants within selected subgroups (e.g., time in community residential treatment, primary drug problem, ethnicity, criminal history). (3) To examine differences between Forever Free women and comparison women with regard to their relationship with their children following release to parole (custody, placement, services received, and reunification). We completed follow-up interviews with 84% of the 215 women in the study. At follow-up, Forever Free women had significantly better outcomes than the comparison group on drug use, employment, and time to reincarceration. Both Forever Free and comparison women experienced significant gaps between services needed during parole and services received, although this was less true for Forever Free participants who received treatment while on parole. (For additional findings, see: Prendergast, M.L., Hall, E.A., & Wellisch, J. [2002]. *An outcome evaluation of the Forever Free Substance Abuse Treatment Program: One-year post-release outcomes*. Los Angeles: UCLA Integrated Substance Abuse Programs.)

An Outcome Evaluation of the Forever Free Substance Abuse Program is funded by the National Institute of Justice, grant number 1999-RT-VX-K003, budgeted at \$100,000 from January 1999 through March 2002.

Evaluating Voucher-based Contingencies in a Drug Court

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Drug court defendants who agree to participate in the Evaluating Voucher-based Contingencies in a Drug Court study are randomly assigned to one of four groups shortly after admission to the drug court treatment program, with 60 participants in each group. The standard treatment program serves as a "platform" for the evaluation of the two contingency management approaches as supplemental interventions. The two variables being evaluated are contingent vouchers for drug-free urine samples (drug-testing variable) and contingent vouchers for completion of assigned treatment plan tasks (treatment plan variable). The resulting four conditions are: (1) standard drug court treatment, no vouchers (Standard Group); (2) standard drug court treatment plus

vouchers contingent upon testing negative for illicit drugs (Drug-Testing Group); (3) standard drug court treatment plus vouchers contingent upon completing specific, verifiable treatment tasks designed to promote abstinence and recovery (not including negative drug tests) (Treatment Plan Group); and (4) a combined group that receives standard drug court treatment plus vouchers contingent upon testing negative for drugs and/or completing treatment plan tasks (Combined Group). These interventions will be in effect during the first 6 months of a 12-month drug court treatment program that has been operated by Matrix Institute since July 1998. The study will obtain baseline data at intake and will assess the impact of vouchers on program retention, drug use, crime, and other behaviors at three assessment points.

Evaluating Voucher-Based Contingencies in a Drug Court is funded by the National Institute on Drug Abuse, grant number 1 R01 DA13114-03, budgeted at \$1,898,514 from September 1999 through August 2004.

Evaluation of Female Offender Treatment and Employment Program (FOTEP)

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*Michael Prendergast, Ph.D., Co-Principal Investigator
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The Female Offender Treatment and Employment Program (FOTEP) study is evaluating the impact of participation in a specialized substance abuse treatment program for women offenders as they parole from prison and re-enter the community. The pilot programs provide residential drug treatment for six months, including intensive case management services, employment assistance, and family services. The project goals are to increase employment, promote reunification with children, and reduce recidivism to crime and drug use following parole. A cost-effectiveness assessment is also included within the evaluation design. The outcome evaluation compares women who participate in FOTEP with a comparison group of eligible, but non-participating, parolees. Follow-up interviews are conducted one year following parole.

Evaluation of Female Offender Treatment and Employment Program (FOTEP) is funded by the California Department of Corrections, Office of Substance Abuse Programs, contract number C98.316, budgeted at \$1,083,390 from March 1999 through June 2003.

Evaluation of the California Substance Abuse Treatment Facility

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*David Farabee, Ph.D., Research Director
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The Substance Abuse Treatment Facility provides treatment to 1,056 inmates using the therapeutic community model for prison treatment. ISAP has completed a five-year process and outcome evaluation of the program, under contract to the California Department of Corrections. The outcome evaluation consisted of baseline, pre-release, and 12-month follow-up interviews with 404 treatment subjects and 404 matched comparison subjects. The evaluation addresses the following questions: (1) How well are the in-prison and community-based components planned, developed, and implemented? (2) What problems are encountered and how are they addressed? (3) To what extent do activities and services achieve the program's goals and objectives? (4) What is the impact of the program on prison functioning (e.g., 115s [Rule Violation Reports]) and on the behavior of participants during in-prison treatment and after leaving the institution (up to 12 months following parole)? (5) What are the costs and cost-benefits of the program?

Evaluation of the California Substance Abuse Treatment Facility is funded by State of California Department of Corrections, contract number C97.243, budgeted at \$1,998,952 from July 1997 through June 2002.

Improving Criminal Justice System Policy by Projecting ADAM Drug-Use Rates onto Local, State, and National Arrest Data

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Haikang Shen, Ph.D., Co-Principal Investigators*

A relatively small portion of the arrestee population has been surveyed quarterly in medium and large cities around the country through the Arrestee Drug Abuse Monitoring (ADAM) Program sponsored by the National Institute of Justice. A major challenge remains in methodologically applying these ADAM survey results based on a relatively small sample of U.S. cities to obtain reasonable prevalence estimates of drug use among the 12 million adult arrestees in the nation every year. Various statistical methods have been explored, and the logistic regression synthetic estimation model, developed and refined by researchers at ISAP, has been considered the most promising method of providing relatively reliable prevalence estimates. To improve criminal justice policy, the study used an updated logistic regression model to

project the year 2000 ADAM drug-use rates onto local (county), state, and national arrest data to estimate the number of drug users among adult arrestees. Based on the year 2000 arrest information provided by the FBI Uniform Crime Reporting system and on population information abstracted from the 2000 Census, the study produced drug-use prevalence estimates and their 95% confidence limits for various gender/age subpopulations, criminal offenses, drug types, and geographic areas. The advantages and weaknesses of the method have been discussed, and suggestions have been made for future studies and further improvement of the logistic regression estimation method.

Improving Criminal Justice System Policy by Projecting ADAM Drug-Use Rates onto Local, State, and National Arrest Data is funded by the National Institute of Justice, grant number 2000-IJ-CX-0017, budgeted at \$127,629 from April 2000 through September 2002.

Reducing Risk for HIV Among Women Offenders in Drug Treatment

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Teresa Diaz, M.S., Project Director*

This pilot project is evaluating a specialized HIV risk-reduction intervention that was designed for substance-abusing women offenders. Participants are women with minor children who have been sentenced to a one-year alternative sentencing residential drug treatment program. The intervention module has been designed to address the problems of substance-abusing women offenders, such as history of injection drug use, participation in the sex industry, multiple high-risk sexual partners, low self-esteem, lack of assertiveness skills, and limited access to health education and health care. Study participants attend six weekly 90-minute sessions in either the experimental group, based on the specialized intervention protocol, or the control group, which consists of a standard HIV psycho-educational group. Baseline interviews assess HIV knowledge and risk behaviors prior to incarceration; follow-up interviews assess changes in behavior following parole and are conducted three months after discharge. Outcomes include changes in HIV risk behaviors, including both drug use and sexual behaviors, attitudes and knowledge about HIV, and communication and other behavioral skills that reduce HIV risk.

Reducing Risk for HIV Among Women Offenders in Drug Treatment is funded by the University of California Universitywide AIDS Research Program, grant number R00-LA-111, budgeted at \$150,225 from July 2000 through June 2002.

Therapeutic Community Treatment for Prisoners: Long-term Outcomes and Costs (The Amity Project)

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Elizabeth Hall, Ph.D., Project Director*

The Amity Project is a collaborative effort between the Criminal Justice Research Group of ISAP, the National Development and Research Institutes, and the Health Services Research Center of the University of Miami. The project is a five-year follow-up study of the Amity in-prison treatment program and the Amity-Vista community aftercare program and has the following specific aims:

- To assess long-term post-treatment outcomes of a prison-based therapeutic community (TC) substance abuse treatment program. Five-year post-treatment outcomes (drug use, criminality, employment health status, family and social relationships, and psychological status) of treatment subjects will be compared with control subjects.
- To conduct secondary analyses of data previously collected on the sample.
- To provide a comprehensive economic cost analysis of the prison TC program, the aftercare TC program, and the control group.

Five-year follow-up has been completed; 80% of the original 715 subjects were interviewed. Research papers in submission or preparation include: "Using multiple measures of crime and drug outcomes to assess the effectiveness of a prison treatment program: Is in-prison treatment enough?"; "A cost-effectiveness analysis of prison-based treatment and aftercare services for substance-abusing offenders"; "Risk and protective factors for recidivism and relapse among prisoners who received therapeutic community treatment"; "Easy-to-find and hard-to-find subjects: Are their characteristics and outcomes different?"; and "An in-prison therapeutic community: Five-year treatment outcomes."

Therapeutic Community Treatment for Prisoners: Long-term Outcomes and Costs is funded by the National Institute on Drug Abuse, grant number 1 RO1 DA11483-05, budgeted at \$1,641,176 from March 1998 through February 2003.

**Evaluation of Therapeutic Community
Substance Abuse Programs for Prisoners
(1,000-Bed Treatment Expansion)**

and

**CDC Prison Treatment Expansion Project:
Program Evaluations and Research Studies
(2,000-Bed Treatment Expansion)**

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Currently, the California Department of Corrections (CDC) operates 34 therapeutic community (TC) substance abuse programs (SAPs) for prisoners in 17 state prisons. These programs provide treatment to male and female substance-abusing inmates at all levels of security using the therapeutic community model of treatment during the last 6-24 months of incarceration, followed by up to 6 months of treatment during parole in community-based treatment programs. Under two contracts with CDC, ISAP is conducting evaluations of 15 of these programs located in 9 prisons. The 1,000-bed evaluation study commenced in 1998. The 2,000-bed evaluation study commenced in 1999. As of June 30, 2002, our database contained 13,131 treatment participants (6,161 men and 6,970 women). In addition, information on participation in community treatment following release to parole has been collected on 5,022 parolees (2,503 men and 2,519 women). These evaluations address a number of questions regarding the TC SAPs and their effects on the participants, including (1) How were the in-prison and community-based treatment components planned, developed, and implemented? (2) What problems were encountered and how were they addressed? (3) To what extent do activities and services achieve the goals and objectives of each of the providers and CDC? (4) How were inmates selected and assessed for assignment to the programs? (5) What are the characteristics and needs of inmates who participate in the programs? (6) What is the impact of the programs on inmate performance (e.g., disciplinary actions, drug use)? (7) How many clients enter community-based treatment, what types of programs do they enter, how long do they remain in treatment, and how many complete treatment? (8) What effects do the programs have on clients at 12 months after leaving the prison in terms of recidivism, drug use, and psychosocial behaviors? (9) What are the costs of the programs? The evaluations are divided into two phases, a process evaluation and an outcome evaluation. We have completed data collection for the process evaluations and are currently collecting baseline data for outcome evaluations at four programs, using a treatment and matched-comparison group design.

Evaluation of Therapeutic Community Substance Abuse Programs for Prisoners (1,000-Bed Treatment Expansion) *is funded by the State of California*

Department of Corrections, contract number C97.355, budgeted at \$1,573,174 from April 1998 through March 2003.

CDC Prison Treatment Expansion Project: Program Evaluations and Research Studies (2,000-Bed Treatment Expansion) is funded by the State of California Department of Corrections, contract number C98.346, budgeted at \$3,714,099 from May 1999 through April 2004.

**Substance Abuse, Medication Adherence,
and Criminality Among Mentally Ill Parolees**

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Currently, the California Department of Corrections Parole Division serves approximately 9,000 mentally ill offenders a year through five Parole Outpatient Clinics across the state. Prior research and anecdotal information from the clinical staff at these sites suggest that psychiatric medication adherence is a major obstacle to effective treatment. Moreover, poor psychiatric medication adherence combined with substance dependence is associated with a significantly higher likelihood of violent behavior and rearrest. This project is designed to (a) assess the rates of antipsychotic medication adherence among severely mentally ill parolees, (b) validate the use of hair assays as a means of assessing medication compliance, (c) compare medication adherence of mentally ill (non-substance dependent) and comorbid parolees, (d) identify reasons for adherence/non-adherence (according to clinical staff and parolees), and (e) measure the extent to which medication adherence is associated with various parolee outcomes such as violent behavior, return to custody, and psychosocial functioning. These goals will be accomplished by collecting data from 300 psychotic parolee outpatients at the time of admission to the Los Angeles Parole Outpatient Clinic and again at three months and six months following admission. Psychiatric medication adherence and illicit drug use will be monitored using self-report, hair, and urine samples. Violence and other criminal activity during the 12 months following institutional release will be monitored through self-report and criminal justice records.

Substance Abuse, Medication Adherence, and Criminality Among Mentally Ill Parolees is funded by the National Institute of Justice, grant number 1999-CE-VX-0003, budgeted at \$299,961 from January 2000 through June 2002.

Adolescent Trials Network (ATN)

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The Behavioral Leadership Group conducts research, both independently and in collaboration with existing research networks such as the HIV Prevention Trials Network (HVTN), the Pediatric and Adult AIDS Clinical Trials Groups (PACTG, AACTG), the Community Programs for Clinical Research on AIDS (CPCRA), and others, on promising behavioral, microbicial, prophylactic, therapeutic, and vaccine modalities in HIV-infected and HIV-at-risk adolescents, ages 12 through 24 years. Dr. Murphy serves as the chair of the Behavioral Leadership Group of the ATN.

The Adolescent Trials Network is funded by National Institutes of Health/National Institute of Child Health and Human Development, grant number U01 HD040533-02, budgeted at \$417,265 from March 2001 through February 2006.

Center for HIV Identification, Prevention and Treatment Services: Intervention Core

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The overall goal of the Center for HIV Identification, Prevention and Treatment Services (CHIPTS) is to promote HIV-related science, partnership, and dissemination. The Intervention Core is one of three CHIPTS science cores (Intervention, Policy, and Treatment Services). The specific aims of the Intervention Core are to provide infrastructure, support, and training to execute intervention trials with fidelity; to provide technical assistance to organizations fielding HIV interventions; to support the design, implementation, and evaluation of HIV intervention projects; to develop new intervention delivery formats that are consumer-focused and that can be easily and broadly disseminated; and to assist in the development of new HIV intervention projects focused on individuals, small groups, and communities. (Additional information is available at: <http://chipts.ucla.edu>.)

Center for HIV Identification, Prevention and Treatment Services: Intervention Core is funded by the National Institute of Mental Health, grant number 2 P30 MH58107-06, budgeted at \$160,169 from April 2002 through December 2006.

Young AIDS Orphans: A Prospective Bereavement Study

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The purpose of this project is to longitudinally follow the mental health, behavioral, and social adjustment of children of mothers with AIDS (MWAs) over 36 months to identify characteristics of the children that may mediate the impact of parental illness, including background factors, skills (problem solving, coping, and self-valuing), and their relationship with the MWA, and to evaluate characteristics of the MWA that may mediate the impact of parental illness, including background factors and parenting skills. An administrative supplement was awarded during a no-cost extension year to conduct an additional assessment with this cohort. This supplement will maintain participation of the families in anticipation of the research continuing as the children enter early and middle adolescence through a new R01 that is in submission.

Young AIDS Orphans: A Prospective Bereavement Study is funded by the National Institute of Mental Health, grant number 5 R01 MH57207-05, budgeted at \$2,111,831 from April 1997 through March 2003.

Medication Development

CTO: Double-blind, Placebo-controlled, Dose-response Trial of Ondansetron for the Treatment of Methamphetamine

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The NIDA Methamphetamine Clinical Trials Operations (CTO) group involves the establishment of five clinical research sites coordinated by UCLA researchers where medications with potential value for methamphetamine users will be tested. The goal of this network is to speed the development of methamphetamine pharmacotherapy research by establishing multiple research clinics in geographic regions of the United States with substantial methamphetamine (MA) problems. The ondansetron protocol is currently being conducted by investigators associated with six organizations: the University of Texas Health Science Center, San Antonio, Texas; University of Missouri-Kansas City, Kansas City, Missouri; University of Hawaii (Queens Hospital) Honolulu, Hawaii; Friends Research Institute (Matrix Institute on Addictions), Costa Mesa, California; South Bay Treatment Center, San Diego, California; and the Iowa Health Systems (Powell

Chemical Dependency Center, Lutheran Hospital), Des Moines, Iowa. This study is a preliminary assessment of the efficacy and safety of three wide range doses of ondansetron (0.25, 1.0, and 4.0 mg taken orally twice per day) to reduce methamphetamine use in subjects with methamphetamine dependence and to determine the optimal dose of ondansetron. It is hypothesized that ondansetron treatment, compared to placebo, will be associated with a decrease in methamphetamine use as measured by quantitative urinalysis for methamphetamine. This is a double-blind, placebo-controlled, randomized, four arm dose-ranging study comparing three dose levels of ondansetron to placebo administered to methamphetamine-dependent outpatients. All subjects will receive a base of standardized, manual-driven cognitive behavioral therapy (a 90-minute group session thrice weekly) over eight weeks of treatment. A final follow-up assessment will be conducted four weeks after completion of treatment.

CTO-Double-blind, Placebo-controlled, Dose-response Trial of Ondansetron for the Treatment of Methamphetamine is funded by the National Institute on Drug Abuse, contract number N01DA-0-8804, budgeted at \$2,121,169 from February 2000 through February 2005.

**Double-blind, Placebo-controlled
Assessment of Potential Interactions
Between Intravenous Methamphetamine and
Oral Bupropion**

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Nicolette van Sluis, M.A., Project Director

This is a human laboratory clinical pharmacology study to assess potential interactions between intravenous methamphetamine challenge and treatment with oral sustained-release bupropion. The primary aim is to assess safety prior to undertaking an outpatient clinical trial of bupropion for the treatment of methamphetamine dependence. This is a double-blind inpatient study in which, after establishing eligibility, subjects will be randomized (stratified by site) into one of two treatment groups (placebo [$n = 10$] or bupropion [$n = 10$]). All subjects will undergo one series (baseline challenges) of intravenous methamphetamine challenges (0, 15, and 30 mg) before placebo or bupropion administration and a second methamphetamine challenge series (0, 15, and 30 mg) starting six days after the initiation of the twice-daily placebo or bupropion administration (treatment challenges). The order of the 0 and 15 mg challenge sessions will be randomly assigned. Thus, the investigator will only be unblind to the 30 mg methamphetamine challenge. The 30 mg challenge will always follow the 0 and 15 mg challenge. After clinic discharge, all subjects will be asked to return weekly for two weeks for safety follow-ups.

**CTO: Assessment of Potential Interactions
Between Intravenous Methamphetamine and
Oral Selegiline**

This is a human laboratory clinical pharmacology study to assess potential interactions between intravenous methamphetamine challenge and treatment with oral selegiline. The primary aim is to assess safety prior to undertaking an outpatient clinical trial of selegiline for the treatment of methamphetamine abuse/dependence. This is a single-blind inpatient study in which, after establishing eligibility, subjects will be randomized into one of two treatment groups (placebo [$n = 8$] or 5 mg twice daily oral selegiline [$n = 8$]). All subjects will receive repeated intravenous methamphetamine challenges (0, 15, 30 mg) before placebo/selegiline administration (baseline challenge sessions) and five days after daily placebo/selegiline administration (treatment challenge sessions). Subjects randomized to the selegiline group will undergo 18-FDG PET and have an MRI scan. After discharge, subjects will return weekly for two weeks of safety follow-ups.

**CTO: Assessment of Potential Interactions
Between Intravenous Cocaine and
Oral Tolcapone**

This is a human laboratory clinical pharmacology study to assess potential interactions between intravenous cocaine infusion and treatment with tolcapone. The primary objective of this study is to determine the safety of tolcapone treatment, compared to placebo treatment, concurrent with intravenous (i.v.) cocaine infusions of 20 and 40 mg, with the focus being on cardiovascular responses (HR, BP) to the i.v. cocaine infusions. This is a double-blind inpatient study in which, after establishing eligibility by screening the responses to cocaine infusions of 20 and 40 mg i.v., subjects will be randomized into one of the two treatment groups (placebo [$n = 8$] or tolcapone [$n = 8$]). All cocaine infusions will be preceded one hour earlier by a saline infusion. Subjects in both treatment groups will receive baseline cocaine infusions of 20 and 40 mg i.v. on days 7 and 8, respectively. They will take one 100 mg capsule of tolcapone (or placebo) t.i.d. (three times a day) orally starting on the evening of study day 8 and through the afternoon of day 14. Subjects will receive repeated i.v. cocaine infusions (20 mg and 40 mg on days 13 and 14, respectively). They will take two 100 mg capsules of tolcapone (or placebo) orally t.i.d. starting on the evening of study day 14 and through day 21. Subjects will receive repeated i.v. cocaine infusions of 20 and 40 mg on days 20 and 21, respectively. They will also receive repeated cue exposures on days 12, 13, and 20. After discharge, subjects will return weekly for two weeks of safety follow-ups.

The above three projects are funded by the National Institute on Drug Abuse, contract number N01DA-0-8804, budgeted at \$8,583,022 from February 2000 through February 2005.

Medication Development Unit for Stimulant Users

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The mission of this P50 project is to conduct a series of early Phase II trials designed to collect initial efficacy and continued safety data for medications used to treat stimulant dependence. Over the past 13 years, multiple trials have been conducted investigating treatments for opioid dependence (i.e., methadone, LAAM, buprenorphine, buprenorphine/naloxone), for cocaine dependence (i.e., amantadine, baclofen, Zyban, and combination pharmacotherapies) and for methamphetamine dependence (i.e., sertraline, gabapentin, and baclofen). More recently, the center grant project has funded randomized controlled trials evaluating the efficacy of contingency management. As new medications for opiate dependence have become available, trials under this program project are exclusively designed to evaluate medications for stimulant dependence. Activities sponsored by the P50 that support these clinical trials for stimulant dependence include centralized recruitment, pharmacy, data management, and quality assurance. The P50 also supports application of advancements in biostatistical methods for analyzing data from clinical trials of medications to treat substance dependence. The Medication Development Unit for Stimulant Users comprises the following five projects:

An Assessment of the Interaction of Cocaine with Amantadine and Baclofen, Alone and in Combination: Cardiovascular Responses, Subjective Responses, Reinforcing Efficacy, and Cue Reactivity

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Steven Shoptaw, Ph.D., Co-Principal Investigator
Nicolette van Sluis, M.A., Project Director

This is a human clinical pharmacology study to assess potential interactions between cocaine and combined amantadine and baclofen treatment. The main purpose of this study is to assess the safety of combined amantadine and baclofen treatment while experienced volunteer cocaine-dependent users ($N =$ up to 8 completers) undergo experimental intravenous cocaine challenges (0, 20, or 40 mg). In doing this, valuable information is gained concerning any possible interactions between such treatment and cocaine use prior to a NIDA clinical trial involving these medications. Craving for drugs is a critical component of addictive disorders, with the existing premise that neuroadaptations in the mesolimbic dopamine (DA) system are imperative in drug use and relapse. Therefore, the second purpose of this study is to assess the ability of combined amantadine and baclofen

pretreatment to alter the reinforcing efficacy, ameliorate the euphorogenic properties, and diminish cue-induced craving for cocaine. A reduced startle amplitude and enhanced prepulse inhibition (PPI) in abstinent cocaine users has been reported and attributed to a state of decreased DA activity in this population. The third purpose of this study, therefore, will be to examine the effects of cocaine on startle amplitude and PPI during cocaine challenges prior to and subsequent to a pretreatment combination with amantadine and baclofen. Pharmacokinetics parameters for cocaine and study medications also will be assessed.

Evaluation of the Safety and Clinical Usefulness of Bupropion Hydrochloride (Zyban®) for the Treatment of Cocaine Abuse/Dependence

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Donnie Watson, Ph.D., Project Director

The purpose of the study is to assess the safety and efficacy of Zyban (Bupropion Hydrochloride-300 mg per day) for the treatment of cocaine abuse/dependence. This double-blind study randomized 70 participants to either placebo or Zyban for a 16-week treatment period, and followed their concurrent cocaine use at baseline, throughout the trial, and throughout a four-week follow-up period. All participants were also administered cognitive behavioral therapy three times per week using a group format. Outcome variables included urine drug screening, retention, reported adverse events, and craving.

Gabapentin and Baclofen for Treating Methamphetamine Dependence

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This project seeks to evaluate the efficacy of two medications (gabapentin and baclofen) compared to placebo in treating methamphetamine dependence. These medications are being studied in conjunction with a base of standardized, manual-driven psychosocial relapse prevention drug counseling (Matrix Model) in 120 methamphetamine-dependent individuals. The project features a three-parallel group design with two active medication conditions and a common placebo. Participants are randomly assigned to one of three conditions: (1) gabapentin ($n = 35$), (2) baclofen ($n = 35$), or (3) placebo ($n = 50$), using an urn randomization procedure. The main questions of interest in this rapid screening protocol is whether participants who are randomly assigned to either active medication arm have better outcomes than participants assigned to receive placebo. Comparison of medication conditions with each

other are of no interest, since the purpose is to identify, as rapidly as possible, medications with sufficient promise to commit further resources for a larger sample in a multisite trial. The primary advantage of the common placebo is that it substantially reduces the number of participants needed to evaluate the active medication arms. The common placebo also minimizes historical threats that can occur from changes in drug-use trends during a series of studies.

Contingency Management Schedules for Initiating Abstinence

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This study is designed to elucidate the appropriate contingency management intervention for initiating abstinence during the course of clinical trials investigating potential pharmacotherapies for stimulant abuse. Abstinence can be conceived of as having two discrete components, initiation and maintenance, and this study has been designed to specifically isolate the factors that are necessary in a contingency management intervention to initiate abstinence. Participants will be randomly assigned to receive one of twelve different contingency management schedules, each of which lasts for 12 weeks. All contingency management vouchers will be contingent upon urine samples that test negative for methamphetamine and cocaine. In addition, each participant will attend relapse prevention groups for 16 weeks. The proposed design allows for evaluation of the efficacy of these contingency management schedules in initiating abstinence, reducing drug use, enhancing psychosocial functioning, and in mitigating HIV-related risk behaviors.

Contingency Management Schedules for Maintaining Abstinence

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This study is designed to elucidate the appropriate contingency management intervention for maintaining abstinence during the course of clinical trials investigating potential pharmacotherapies for stimulant abuse. Abstinence can be conceived of as having two discrete components, initiation and maintenance, and this study has been designed to specifically isolate the factors that are necessary in a contingency management intervention to maintain abstinence. Participants agreeing to take part in this study will be randomly assigned to receive one of several different contingency management schedules lasting 12 weeks. All contingency management vouchers will be contingent upon urine samples that test negative for methamphetamine and cocaine. In addition, each

participant will be attending relapse prevention groups for 16 weeks. The proposed design allows for evaluation of the efficacy of these contingency management schedules in reducing drug use, enhancing psychosocial functioning, and in mitigating HIV-related risk behaviors.

Medication Development Unit for Stimulant Users is funded by the National Institute on Drug Abuse, grant number 1 P50 DA 12755, budgeted at \$6,108,591 from September 1999 through August 2004.

Nalmefene in the Treatment of Pathological Gambling

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This is a medical research study whose purpose is to determine whether nalmefene is safe and effective in treating pathological/problem gambling. The medication blocks mu opiate receptors in the brain. By blocking those receptors, the study medication may reduce the desire to gamble.

Nalmefene in the Treatment of Pathological Gambling is funded by Chiltern International, agency award number 4-59207, budgeted at \$166,800 from March 2002 through February 2003.

CTO: Phase 2, Double-blind, Placebo-controlled Trial of Cabergoline for the Treatment of Cocaine Dependence

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The purpose of this study is to assess the efficacy and safety of cabergoline in reducing cocaine use in subjects with cocaine dependence. It is hypothesized that cabergoline treatment, compared to placebo, will be associated with fewer days of cocaine use as assessed by self-report and confirmed with urine assays for benzoylecgonine (BE). This is a double-blind, placebo-controlled, parallel-group design study in which, after screening and a two-week baseline period, subjects will be equally randomly assigned to receive either 0.5 mg cabergoline or placebo once per week for 12 weeks, with a follow-up assessment four weeks after treatment completion. The subjects ($N = 140$), who will meet Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), criteria for cocaine dependence,

as determined by the Structured Clinical Interview (SCID), will be randomized into one of two treatment groups (70 per group). Subjects who are at least 18 years old, who provide at least one urine BE positive specimen during the two-week baseline period, and who have the ability to understand and provide written informed consent will be included.

CTO: Phase 2, Double-blind, Placebo-controlled Trial of Cabergoline for the Treatment of Cocaine Dependence *is funded by the National Institute on Drug Abuse, contract number N01DA-0-8804, budgeted at \$1,771,476 from February 2000 through February 2005.*

Natural History/Treatment Processes and Outcomes

Drug Abuse Treatment: Process, Outcomes, and Social Policy

M. Douglas Anglin, Ph.D., Principal Investigator

The NIDA Senior Scientist Award (K05) provides support for exemplary researchers who have consistently and productively devoted themselves to advancing the empirical understanding of substance abuse and its amelioration. The award enables such esteemed scientists to pursue their professional endeavors and to develop their research capabilities unencumbered by the constraint of seeking salary through research funding. In 1999, after providing seven years of support through Research Scientist Development Awards and Independent Scientist Awards, NIDA granted Dr. Anglin the K05 award for a five-year span to support his continued work in the following areas: (1) to provide direction for ISAP; (2) to conduct research that advances the scientific understanding of substance abuse and treatment; (3) to promote integration of research findings into policymaking, serving to bridge the gap between research and practice, and to improve practice standards for the delivery of publicly funded treatment for substance abuse; and (4) to promote education and training of junior investigators and postdoctoral fellows in substance abuse research. As an Associate Director of ISAP, Dr. Anglin continues to guide the organization's multidisciplinary approach to studying the patterns and consequences of substance abuse, which has yielded major contributions to the field in such areas as research methods, treatment development, treatment evaluation, and the forming of policy related to substance abuse and its treatment.

Drug Abuse Treatment: Process, Outcomes, and Social Policy *is funded by the National Institute on Drug Abuse, grant number 5 K05 DA00499-02, budgeted at \$568,620 from September 2000 through August 2005.*

Los Angeles County Evaluation System: An Outcomes Reporting Program (LACES)

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The Los Angeles County Evaluation System (LACES) program is designed to assess the overall effectiveness of the alcohol and drug treatment/recovery system and measure the effectiveness of specific service modalities and service components. As part of the evaluation, providers will be trained in the use of the Addiction Severity Index (ASI). The ASI will be administered during intake, and a follow-up ASI will be conducted one-year later on a sample of approximately 1,200 clients. A subsample of this population will also provide urine samples to validate the ASI results. Additional information will be collected at the programmatic level including rates of counselor turnover, level of alcohol and other drug abuse treatment training, and whether treatment and ancillary services are offered to clients and, if so, at what level. LACES will develop a system to obtain information from other organizations such as the Los Angeles County Department of Health Services and the Department of Mental Health in order to track client usage or involvement in these systems. This information will determine what impact treatment has on other aspects of the clients' lives. Finally, various epidemiological projects will be completed, including monthly and quarterly reports on drug trends. LACES will demonstrate the benefits of drug and alcohol treatment and provide a wealth of data on clients, client outcomes, alcohol and other drug treatment services, and program effectiveness, as well as information regarding what constitutes treatment in Los Angeles County. (Additional information is available at: www.laces-ucla.org.)

Los Angeles County Evaluation System: An Outcomes Reporting Program (LACES) *is funded by Los Angeles County, contract number H210108, budgeted at \$2,150,000 from March 1999 through February 2004.*

Persistent Effects of Treatment Studies (PETS)

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The Center for Substance Abuse Treatment developed the Persistent Effects of Treatment Studies (PETS) as a family of coordinated studies that evaluate the outcomes of drug and alcohol treatment received through a wide range of publicly funded programs employing a variety of treatment methods. Populations to be studied are diverse in the nature and severity of their substance abuse, and in their personal characteristics and circumstances. The

conceptual underpinning of the PETS studies is a recognition that substance abuse disorders—while variable in their manifestations—are often chronic and prone to relapse. While most previous outcome studies in the field have examined changes taking place for only several months after a particular treatment episode, PETS looks at outcomes over three or more years. Careful attention will be given to the stage in the client's experience of substance abuse and treatment—to what has preceded their current treatment episode, and to any aftercare, relapse, and subsequent treatment that may follow. To complement PETS' efforts that involve primary data collection of long-term outcome data, ISAP researchers conducted secondary analyses of four existing data sets collected by UCLA. These data sets allow for the characterization of longitudinal patterns of drug abuse, treatment utilization, and outcomes among diverse drug-abusing groups (e.g., users of cocaine, marijuana, heroin, amphetamine; women and men; different ethnic groups; treated and untreated drug users; patients in various health care settings; and arrestees in jail).

Persistent Effects of Treatment Studies (PETS) is funded by the Center for Substance Abuse Treatment through Westat, Inc., agency award number 270-97-7011, budgeted at \$455,167 from September 1997 through September 2002.

Methamphetamine Abuse: Natural History, Treatment Effects

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This study addresses specific aims in three areas: (1) Assessment of methamphetamine (MA) use patterns over time and the long-term consequences of MA use, including the conditional impact of demographic, background, and health characteristics, and the relationships of MA-use histories to other substance use, HIV/AIDS risk behaviors, and criminal behaviors. (2) Examination of long-term treatment outcomes (including differential effects for ethnicity, gender, modality, and other user characteristics) and patterns of treatment utilization for MA users. (3) Description of motivation, addiction severity, and other barriers limiting treatment access for MA users who have not participated in treatment. Using the Natural History Interview, the study has interviewed an initial sample of 365 MA users admitted to treatment for MA use in 1995-97 to publicly funded outpatient and residential programs in Los Angeles County. Currently, we are conducting a three-year follow-up interview on this treated sample in order to understand longer-term treatment outcomes. In addition, the study is recruiting a new sample of 240 MA users

from Los Angeles County who have never been in treatment in order to better understand the untreated course of MA use, barriers to treatment entry, and differences in drug-use histories between treated and untreated MA users.

Methamphetamine Abuse: Natural History, Treatment Effects is funded by the National Institute on Drug Abuse, grant number 1 R01 DA11020-05, budgeted at \$2,329,383 from February 1998 through January 2004.

A 12-Year Follow-up of a Cocaine-Dependent Sample

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This study is a 12-year follow-up of 321 cocaine-dependent men who were originally admitted in 1988-1989 to the West Los Angeles Veterans Affairs Medical Center. These patients were interviewed at intake and in two follow-up interviews conducted in 1990-1991 and 1991-1992 as part of a NIDA-funded study. Their cocaine-use careers from onset of use to treatment entry averaged 11.5 years. The natural history database established by the previous interviews will be supplemented with data from almost 12 years after treatment admission. The aims of the study are: (1) to provide a detailed natural history description of approximately 24-year-long cocaine-use careers of cocaine-dependent men; (2) to identify factors that influence relapse and cessation of use over the course of the cocaine use career; (3) to analyze and describe morbidity and mortality among this sample; (4) to evaluate the extent of criminal activity, identify specific criminal career patterns in relation to cocaine use, and to assess patterns of institutionalization and legal supervision over the cocaine use career and their effects; (5) to analyze the history of treatment intervention and assess the effects of specific and cumulative treatment episodes on cocaine use. The study will inform policy and strategies for treating cocaine use by improving the understanding of long-term patterns and consequences of cocaine and other drug use, utilization of drug treatment and other social interventions, and the associated outcomes of such drug use and treatment.

A 12-Year Follow-up of a Cocaine-Dependent Sample is funded by the National Institute on Drug Abuse, grant number 1 R01 DA13594-02, budgeted at \$1,530,843 from September 2000 through July 2004.

Drug Abuse: Epidemiology, Treatment Process, and Outcomes

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Dr. Hser was granted a NIDA K02 Independent Scientist Award to continue her professional work by conducting six convergent research studies examining drug-use epidemiology and evaluating treatment interventions for drug abuse and dependence. These projects are (1) Natural History of Narcotics Addiction: A 33-year Follow-up Study, (2) Treatment Utilization and Effectiveness Study, (3) Tobacco Use and Cessation Study, (4) Drug Treatment Process Study, (5) Drug Abuse Treatment Outcome Study (DATOS), and (6) Persistent Effects of Treatment Studies (PETS). A special emphasis is on the examination of implications of research findings pertinent to the development of improved treatment strategies and recommending relevant social policy changes.

Drug Abuse: Epidemiology, Treatment Process, and Outcomes is funded by the National Institute on Drug Abuse, grant number 2 K02 DA00139-13, budgeted at \$483,880 from September 1989 through July 2004.

State Treatment Outcomes and Performance Pilot Studies (TOPPS II), also known as the California Treatment Outcome Project (CalTOP)

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Elizabeth Evans, M.A., Project Director*

This project aims to develop and test an outcome monitoring system for the statewide alcohol and other drug system of care and to enhance the existing management information system. The long-range objectives of the outcome plan are to pilot test a system that measures standardized patient assessment service needs, records service utilization, assesses outcomes and patient satisfaction, and determines the extent to which substance abuse treatment produces cost-offsets in other health and social service systems. (Additional information is available at: www.medsch.ucla.edu/som/npj/DARC/caltop/index.htm.)

State Treatment Outcomes and Performance Pilot Studies (TOPPS II) is funded by the California Department of Alcohol and Drug Programs, contract number 98-00245, budgeted at \$1,700,714 from September 1998 through September 2003.

Treatment Motivation in Drug Users

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It is commonly believed that drug abuse treatment success depends largely on the client's motivation during a given episode of treatment and over the course of the treatment career. But treatment motivation has shown only modest predictive value in drug-abuse research, and the concept of treatment motivation is not yet well understood with regard to drug users. This observational study is designed to examine correlates of motivation for treatment and motivation to quit drug use, and to identify variables that moderate the power of motivation as a predictor of treatment retention and outcomes. Phase 1 of the study includes secondary analyses of in-house datasets to explore the psychometrics of treatment motivation measures as a function of drug users' treatment careers and other characteristics. Phase 2 involves primary cross-sectional data collection to better understand and test motivation measures and other cognitive variables that may affect the relevance of motivation for treatment success. Phase 3 involves longitudinal primary data collection to examine the predictive value of treatment motivation.

Treatment Motivation in Drug Users is funded by the National Institute on Drug Abuse, grant number 1 R01 DA12476-03, budgeted at \$1,708,070 from June 1999 through May 2004.

Methamphetamine Abuse Treatment – Special Studies

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Methamphetamine Abuse Treatment - Special Studies (MAT-SS) is a collection of research studies that will contribute to knowledge about the growing problem of methamphetamine abuse in the United States. The project will examine the long-term consequences of methamphetamine dependence, the temporal trends in adherence to a manualized treatment model, and the costs of various treatment approaches. The MAT-SS project builds on the work conducted by the Methamphetamine Treatment Project (MTP), the largest randomized clinical trial of treatments for methamphetamine dependence to date. The MTP was conducted as an eight-site outpatient trial, with ISAP serving as the Coordinating Center. There are three separate studies included in the current MAT-SS project:

- *The Multiyear Follow-up Study* will assess a cohort of participants who were enrolled in the MTP by conducting follow-up interviews at three years post-intake. The purpose of the study is to examine patterns and consequences of methamphetamine abuse over time.
- *The Treatment Adherence Study* will contribute to knowledge about integrating research-based therapies into practice by assessing adherence to a manualized treatment as a function of time.
- *The Cost Analysis Study* will evaluate and compare the cost of a manualized treatment approach (Matrix Model) to other locally available treatment approaches studied in the MTP.

Methamphetamine Abuse Treatment - Special Studies is funded by Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Treatment, contract number 270-01-7089, budgeted at \$5,242,436 from September 2001 through September 2004.

Research to Practice

Cooperative Study 1018, A Multi-Center Safety Trial of Buprenorphine/Naloxone for the Treatment of Opiate Dependence

Walter Ling, M.D., Principal Investigator
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Jerry Cunningham-Rathner, B.A., Project Director

Until very recently, there has been no substitution treatment for opiate dependence beyond what is offered in narcotic treatment centers, and these sites and those who attend them are often the subject of much stigma. By offering treatments for opiate dependence in other settings, individuals who would not otherwise seek treatment may do so. This protocol aimed to assess the safety, efficacy, and feasibility of extending the use of buprenorphine/naloxone combination tablets for treatment of opiate dependence to office-based settings. It evaluated physicians' prescribing practices, patients' compliance and preferences, and use in a younger population (15-21 years of age). This study consisted of a prospective open-label trial of buprenorphine/naloxone combination tablet with no random assignment or stratification. Participants were opiate dependent and treatment seeking. Participants in the study were asked to complete eligibility screening, a stabilization phase, a maintenance phase, and a detoxification phase. Subjects could be maintained for one year, attending weekly appointments for the first 13 weeks, biweekly appointments from weeks 13-26, and monthly appointments thereafter. During these visits, subjects gave urine samples to be tested for drugs of abuse, completed questionnaires, and received psychosocial treatment (relapse prevention). Analyses will be conducted to determine retention rates, patient

improvement, dosing patterns, and urine results. Data from this study have been forwarded to the Veterans Affairs Cooperative Study Program in Perry Point, Maryland, and results are unavailable at this time.

Cooperative Study 1018, A Multi-Center Safety Trial of Buprenorphine/Naloxone for the Treatment of Opiate Dependence is funded by the National Institute on Drug Abuse/Veterans Affairs, NIDA/VA Study #1018; project completed June 2002.

Los Angeles Practice Improvement Collaborative

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Suzanne Spear, M.A., Project Director

The Los Angeles Practice Improvement Collaborative (LAPIC) is a network of community substance abuse treatment providers and researchers committed to improving the quality of interaction and exchange between service providers, policymakers, researchers, and members of the recovery community in the substance abuse field. The goal of LAPIC is to improve service coordination and delivery for substance-involved individuals by working with a variety of stakeholders to implement targeted, evidence-based substance abuse treatment practices and to evaluate the implementation of some of these practices by conducting knowledge adoption studies. LAPIC is focusing its efforts on increasing the application of scientifically based treatment methods in the substance abuse treatment programs in LA County. Additional information is available at: www.lapic.net.

Los Angeles Practice Improvement Collaborative is funded by Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Treatment (CSAT), cooperative agreement number 1 UD1 TI12905-01, budgeted at \$1,177,557 from September 2001 through September 2004.

Orange County Needs-based Treatment Intervention for Mothers' Engagement (ON-TIME)

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ON-TIME is a unique partnership of public and private agencies and researchers addressing the urgent need for timely intervention for women who abuse substances, have children, and are on welfare. The goals of the study are to assess the ability of the substance abuse and social services systems to respond to the new and faster time lines created by welfare and child welfare legislation, and to test the effectiveness of outreach, intervention, engagement, and re-engagement strategies in the child dependency court among women eligible for welfare. The target group is women whose children have been reported as victims of child abuse and/or neglect, who are eligible to receive income support through Temporary Assistance to Needy Families (TANF), and who need treatment for alcohol and other drug-related problems. ON-TIME has three outcome components: an extensive process evaluation; assessment of pre- to post-treatment outcomes; and a comparison group of women who meet program criteria one year prior to its implementation. The pre- to post-treatment component will assess the women's readiness to change using "stages of change" criteria and self-reported functioning using the Addiction Severity Index. The comparison group component will focus on service systems outcomes including utilization and retention in substance abuse treatment, welfare/employment status, child custody, and subsequent reports of child abuse/neglect.

Orange County Needs-based Treatment Intervention for Mothers' Engagement (ON-TIME) is funded by Children & Family Futures, agency award number 025597 (RAS), budgeted at \$389,451 from April 2000 through September 2002.

Substance Abuse Treatment Capacity Identification, Assessment, and Management

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With support from The California Endowment and Children and Family Futures, the County Alcohol and Drug Program Administrators Association of California and ISAP are working collaboratively to develop a model to define and measure substance abuse treatment need, demand, and capacity and to assist California counties in the planning necessary to strategically expand treatment capacity. The project partners, in consultation with an

advisory group of state and local substance abuse policy experts, are conducting a two-phase project to develop and pilot the implementation of a *Capacity Identification, Assessment and Management Tool*. The objective for a county in using the *Capacity Identification, Assessment and Management Tool* is the development of a comprehensive strategic plan to expand treatment capacity in a way that reflects the need and demand for treatment in that county. First, the tool will help county officials create and use a clear, accurate, and comprehensive picture of *need* within their counties. It will help them measure the size and demographic characteristics of populations among their residents who need treatment. Second, the tool will assist counties in conducting an assessment of *demand* by examining self-referrals and accounting for other systems that place demands upon the substance abuse service system. It will track client engagement and attrition, recognizing the critical function of each of these in determining clients' continuing demand for services. (Additional information is available at: www.cfutures.com/AOD_Policy/CCES/california_capacity_expansion_.html.)

Substance Abuse Treatment Capacity Identification, Assessment, & Management is funded by Children & Family Futures, agency award number 0001010, budgeted at \$30,000 from September 2001 through December 2002.

Pain Analgesic Response in Opiate Dependence

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The overall objectives of this project are to determine, compared to matched controls, the pain experiences of patients chronically exposed to heroin, methadone, or buprenorphine; to measure the analgesic responses of methadone- and buprenorphine-maintained patients and normal controls to added opiate and non-opiate analgesics; and to determine therapeutic plasma concentration levels of morphine for analgesia in methadone- and buprenorphine-maintained patients compared to normal controls. Studies conducted in Los Angeles aim to measure pain threshold and tolerance at three time points in groups of chronic heroin users treated with methadone and buprenorphine, utilizing two methods of pain induction, cold pressor and electric stimulation, at trough and peak methadone and buprenorphine concentrations, and compare these results to those obtained from similarly tested matched controls. Studies conducted at the University of Adelaide in Australia aim to measure the analgesic response to added opiate and non-opiate analgesics in groups of methadone- and buprenorphine-maintained patients, and to compare the results with those obtained from a group of non-

medicated controls. In addition, studies aim to characterize the therapeutic plasma concentration range and index of morphine for acute pain relief in methadone- and buprenorphine-maintenance patients to determine how these values are influenced by methadone and buprenorphine concentrations, and to compare the results with those obtained from normal controls.

Pain Analgesic Response in Opiate Dependence is funded by the National Institute on Drug Abuse, grant number RO1 DA13706, budgeted at \$1,865,557 from June 2001 through April 2004.

Evaluation of the Substance Abuse and Crime Prevention Act of 2000

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In November 2000, 61% of California voters approved Proposition 36, subsequently enacted into law as the Substance Abuse and Crime Prevention Act, or SACPA. This legislation mandated, for an initial five-year period, a major shift in the state's criminal justice policy. Under SACPA, nonviolent drug possession offenders may choose to receive drug abuse treatment in the community instead of being sentenced to a term of incarceration or being placed on community supervision without treatment. ISAP is conducting a statewide evaluation of SACPA over five years to understand how SACPA impacts the criminal justice and treatment systems, affects costs, and influences offender behavior. The evaluation will link research on SACPA and similar initiatives, communicate findings to state and national audiences, and identify implications for criminal justice and treatment policy. (Additional information is available at: www.medsch.ucla.edu/som/npi/DARC/sa/prop36/prop36.htm.)

Evaluation of the Substance Abuse and Crime Prevention Act of 2000 is funded by the California Department of Alcohol and Drug Programs, contract number 00-00124, budgeted at \$3,300,000 from June 2001 through June 2006.

Substance Use and Treatment Experiences of Transgendered Men and Women

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Discrimination against transgendered individuals can make their access to health services highly problematic. More specifically, substance use treatment programs may not be sensitive to transgendered individuals who have drug use problems. Because of this, the needs of transgendered individuals may go unmet. As indicated in

a resolution recently passed by the American Public Health Association (March 2000), a knowledge base must be built to aid substance use service providers in developing policies to increase their effectiveness when working with transgendered men and women. This study will examine (a) factors that influence transgendered men and women's substance use, (b) problems that may hinder their access to substance use treatment, (c) and problems they may face within such programs. Confidential, self-administered questionnaires will be distributed to transgendered men and women in Los Angeles and San Francisco (two areas with large concentrations of transgendered men and women). The recruitment strategy will utilize outreach and treatment organizations serving transgendered individuals, advertising in local newspapers and magazines, and respondent-driven sampling. The chief analytic task is to examine relationships between people's experiences of discrimination and physical/verbal abuse due to being transgendered, their experience in substance use treatment and other health services, and their substance use history. As this is an exploratory study, much of the analysis will be bivariate.

Substance Use and Treatment Experiences of Gender Variant Men and Women is funded by the National Institute on Drug Abuse, grant number 1 R03 DA1290 (RAS), budgeted at \$123,441 from April 2001 through March 2003.

Harm Reduction/Primary Care Program

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The goal of the Harm Reduction/Primary Care Program, which is administered by Tarzana Treatment Centers, is to improve access to health services by clients at needle exchange sites in Los Angeles County. Under this program, needle exchange clients are first invited to accept immediate (on-site) primary care services (e.g., screening for tuberculosis, hepatitis, HIV). Second, clients who receive on-site services are referred to additional (off-site) health services (e.g., follow-up exams and treatment) as needed. ISAP has been asked to conduct an evaluation of this program. The objectives of the program evaluation are to: (a) document "process": clients served, services accessed, implementation problems and solutions; (b) measure effects on health service access by clients and their social networks; (c) measure effects on client perceptions of needle exchange and health services; (d) develop "formative" feedback for agencies involved in the program; and (e) assist in developing future service delivery and evaluation plans.

Harm Reduction/Primary Care Program is funded by Tarzana Treatment Center, agency award number 000928, budgeted at \$45,000 from March 2000 through August 2002.

**Closing the Loop on Welfare Reform:
Interactive Effects of Federal, State, and
Local Welfare Reform Strategies on Welfare
Agencies and Substance-Using Recipients**

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Welfare reform and the emphasis on moving welfare recipients from welfare to work have heightened concern about substance abuse as a barrier to employment. Many policymakers assumed that substance use is widespread among the welfare population and that substance abuse fosters welfare dependence. In response to policymakers' concerns, welfare agencies around the country instituted substance abuse screening and treatment programs based on these assumptions. However, in many programs the number of persons who have disclosed a substance abuse problem to welfare staff is much lower than anticipated. This study examines the system-wide impact of reform efforts on welfare agencies and their substance-using recipients in a large, diverse urban area (Los Angeles County) by collecting process, epidemiological, and outcome data on the county Temporary Assistance for Needy Families (TANF) program, known as CalWORKs in California. The study contains three components: (1) a process evaluation of the implementation of the TANF substance abuse screening, assessment, and treatment referral program; (2) an epidemiological study of the prevalence of alcohol and other drug abuse among TANF applicants and recipients using both self-report and urinalysis data; and (3) a cohort study of TANF recipients to assess how welfare agencies process their clients and their resulting outcomes. (Additional information is available at www.medsch.ucla.edu/som/ddo/npi/Darc/curres/c/pro52.html.)

Closing the Loop on Welfare Reform: Interactive Effects of Federal, State, and Local Welfare Reform Strategies on Welfare Agencies and Substance-Using Recipients is funded by the Robert Wood Johnson Foundation, Substance Abuse Policy Research Program, agency award number 037363, budgeted at \$349,980 from September 1999 through February 2003.

**A Policy Analysis of Recent Changes in
Federal Methadone Treatment**

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In January 2001 the Department of Health and Human Services promulgated a ruling (66 FR 4076) that instituted major changes in the regulation of providers of

methadone and LAAM treatment for opiate addiction. The ruling created a regulatory system based on accreditation and transferred oversight responsibility for opioid treatment programs from the Food and Drug Administration to the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment. It also revised the standards of use. This ruling represents the first significant reform of the methadone regulatory system since it was established almost 30 years ago. Although many of the reforms had been debated over the last decade, no action occurred until 2001. This study examines the historical, political, and public health considerations that gave rise to the rule-making initiative; explores how the preferences of policy participants influenced the content of the final regulation; and assesses the impact of the initiative on the regulatory policies of the individual states. The study employs multiple methods: review of policy-relevant documents, interviews with policy participants, and a survey of state methadone authorities. It also includes several case studies of state regulatory responses to the policy change. Findings will provide timely and important information on key policy concerns regarding the regulation of opioid treatment providers. (Additional information is available at: www.medsch.ucla.edu/som/ddo/npi/Darc/curres/c/pro84.html.)

A Policy Analysis of Recent Changes in Federal Methadone Treatment is funded by the Robert Wood Johnson Foundation, Substance Abuse Policy Research Program, agency award number 041676, budgeted at \$263,913 from March 2001 through May 2003.

**Prenatal Methamphetamine Exposure and
Child Development**

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Despite the fact that methamphetamine (MA) use is very high in some regions, little is known about the potential neurotoxic effects of prenatal MA exposure on the development of children. We are conducting a longitudinal study of prenatal MA exposure and child outcome in four states (Iowa, Oklahoma, California, and Hawaii) in which MA use is prevalent. The sample will include 254 subjects in the MA-exposed group and 254 subjects in the comparison group matched for other drug use, prematurity, social class, gender, and race. The principal investigator is Barry Lester, M.D., from Brown University. ISAP's role is to oversee collection of the data and the coordination of all research activities. The study is a three-year longitudinal study with one year to screen and recruit the sample, developmental follow-up in the newborn period and at one, two, and three years, and a home visit at 18 months. Measures of the child include domains of arousal regulation, cognition, social relationships, neuromotor, neuroendocrine function, and

medical status. Measures of psychosocial risk factors include caregiving context and caregiver characteristics. Study hypotheses are related to the effects of prenatal MA exposure on child outcome when covariates, including other drug use, are controlled, and hypotheses related to the role of psychosocial risk factors mediating effects of prenatal MA exposure on child outcome. This will be the first large-scale study of the developmental consequences of prenatal MA exposure and will advance our scientific understanding of this emerging problem and enhance our ability to develop appropriate interventions for these children and their families.

Prenatal Methamphetamine Exposure and Child Development is funded by a National Institute on Drug Abuse award to the Emma Pendleton Bradley Hospital, agency award number 712-7605-8985, budgeted at \$930,609 from September 2001 through August 2006.

Contingency Management for Adolescent Cigarette Smoking

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This is a pilot study designed to assess the utility of contingency management in the treatment of adolescent cigarette smoking. Participants in the trial are randomly assigned to one of two groups. In one group, they receive gift certificates for attending regularly scheduled visits and receiving educational material about smoking cessation. The other group is identical except that in order to receive gift certificates, participants must have not recently smoked (assessed by expired carbon monoxide levels). By comparing these two groups, we will be able to directly determine whether contingent reinforcement of abstinence promotes abstinence above and beyond the provision of educational and motivational smoking cessation aids. This trial also helps us to establish effective recruitment and retention techniques for studying adolescent cigarette smokers.

Contingency Management for Adolescent Cigarette Smoking is funded by Friends Research Institute, Inc., budgeted at \$20,000.

Training

UCLA Drug Abuse Research Training Center

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The Drug Abuse Research Training Center (DARTC) offers training to 4 predoctoral fellows and 10 postdoctoral Ph.D. and M.D. fellows. The two-year research training program combines a core research methodology curriculum with hands-on training opportunities in an extraordinarily diverse group of research and clinical settings. The goal of the ISAP DARTC is to bring world-class researchers into the field of drug abuse research and help them gain the necessary skills to lead the field and advance the science in the 21st century. Fellows have access to more than 50 doctoral-level research faculty who are ISAP members and also faculty of the UCLA Department of Psychiatry and Biobehavioral Sciences. Drug abuse research at UCLA covers virtually all aspects of the subject, including basic research on the brain and behavior, clinical research on treatment development, and research on the psychosocial factors of drug abuse and drug abuse policy. Fellows also have the opportunity to develop training and lecturing skills as part of their research training. (Additional information is available at: www.medsch.ucla.edu/som/npi/DARC/SA/training/restrain.htm.)

UCLA Drug Abuse Research Training Center is funded by the National Institute on Drug Abuse, grant number 2 T32 DA07272-11, budgeted at \$2,997,868 from September 2001 through June 2006.

Postdoctoral Interdisciplinary Training HIV-AIDS

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The primary objective of the training program is to provide investigators with the training needed to become independent researchers by meeting the following goals: (1) To provide trainees with a comprehensive understanding of a topic relevant to the psychobiology and/or neurobiology of HIV. (2) To provide trainees the necessary (interdisciplinary) research training lasting two years at either the pre- or postdoctoral levels. (3) To educate trainees as critical scholars in the area of their specific topic, and continue their education through a two-year didactic seminar series covering many areas relevant to HIV. (4) To provide an intensive research experience in the clinical and/or basic sciences relevant to their chosen topic under the guidance of appropriate preceptors. (5) To launch trainees on a sustained course of research that will continue after the end of the

ISAP Projects: Training

traineeship. (6) To educate trainees to write successful grant applications and manuscripts reporting scientific results. (7) To encourage trainees to become part of national research communities by attending meetings, seminars, and symposia, and by making presentations. (8) To increase diversity in the training program by identifying and soliciting applications from promising candidates from underrepresented ethnic minority groups. In addition, trainees must produce a short grant application during their first year of training aimed at assisting them in refining their project into a focused protocol that can compete for intramural or extramural funding.

Postdoctoral Interdisciplinary Training HIV-AIDS is funded by the National Institute of Mental Health, grant number 2 T32 MH19200-13, budgeted at \$836,707 from September 1999 through June 2004.

Substance Abuse Research Consortium (SARC) Conference Contract

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ISAP provides research support and technical assistance to the State of California, Department of Alcohol and Drug Programs (ADP), through an annual Interagency Agreement. UCLA ISAP performs tasks and services such as ongoing support functions and new projects that address ADP's current and anticipated needs and interests. Specific tasks include: white papers, policy papers, and other products; Substance Abuse Research Consortium meetings; data analysis and integration; and application preparation, proposal writing, and request for proposal development. The semiannual Substance Abuse Research Consortium (SARC) meetings are sponsored by ADP and coordinated by ISAP. The SARC meetings offer an opportunity for professionals from a variety of disciplines (academic and agency research, law enforcement, criminal justice, treatment practice, and policy analysis) to exchange information on California substance abuse trends, promising prevention and treatment strategies, criminal justice/social service partnerships, program evaluation, and other substance abuse-related topics. Meetings are interactive and provide a forum for an exploration of ideas from multiple perspectives. Recent data and information are shared and discussed, and contacts are made and renewed between those involved in drug abuse prevention, treatment, and law enforcement. A constant focus is on the policy-relevant aspects of the epidemiology of substance abuse and outcomes of research findings.

These meetings are primary vehicles for information dissemination to many groups throughout the state.

Substance Abuse Research Consortium (SARC) Conference Grant is funded by the California Department of Alcohol and Drug Programs, contract number 00-00118, budgeted at \$111,500 from March 2001 through July 2002.

The Pacific Southwest Addiction Technology Transfer Center

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Thomas E. Freese, Ph.D., and Michael S. Shafer, Ph.D.,
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The Pacific Southwest Addiction Technology Transfer Center (PSATTC) provides training, acquires and shares information, and collaboratively promotes incorporation of substance abuse treatment practices that have been proven effective by empirical examination. In order to help service providers in the community to efficiently produce optimum outcomes, the main work of the PSATTC is to disseminate knowledge about state-of-the-art treatment practices and their delivery, seeking to effect changes in practice among community-based treatment providers. The PSATTC also will promote changes in attitudes across all involved settings in the Pacific Southwest (including academia and government agencies, as well as among clinicians involved in treating substance abusers) regarding the stature of the field, the need to increase cultural competence among substance abuse professionals, the need for greater interaction among stakeholders, and the need for more training for substance abuse professionals. The PSATTC, led by ISAP in partnership with faculty from the University of Arizona (UA), provides an exemplary resource and an extraordinary array of expertise and experience in training, evaluation, and distance learning techniques for substance abuse professionals. The combination of the ISAP and UA groups, along with stakeholders, consultants, and community organization partners in the four-state region, will create an extraordinary resource to meet the extensive and rapidly evolving training and technology transfer needs of Arizona, California, Colorado (offenders), and New Mexico. (Additional information is available at: www.psattc.org.)

The Pacific Southwest Addiction Technology Transfer Center is funded by the Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Treatment, cooperative agreement number 1 UD1 TL13594-01, budgeted at \$2,750,000 from March 2002 through March 2007.

Context and Effectiveness of Two Models of Service Delivery to Individuals with Comorbid Disorders

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Leslie Cooper, Ph.D., Project Director

The goal of this study is to evaluate the comparative effectiveness of different models of service delivery to individuals with co-occurring mental illness and substance abuse disorders within Los Angeles County. Four hundred participants with co-occurring disorders were recruited from 11 residential drug treatment programs within the county. All subjects were either currently seeking or receiving outpatient services from community mental health agencies. The drug treatment programs varied in their degree of integration and coordination of mental health services delivered in conjunction with the participating mental health programs. Subjects were assessed at the time of intake into residential drug treatment and at 6 and 12 months following treatment admission. Outcomes examined include treatment retention and completion, service use, alcohol and drug use, mental health status, criminal behavior, and psychosocial functioning. Treatment outcomes of clients will be examined within the context of the mental health and substance abuse service delivery systems within the county.

Context and Effectiveness of Two Models of Service Delivery is funded by the National Institute on Drug Abuse, grant number 1 R01 DA11966-04, budgeted at \$2,109,793 from August 1998 through July 2003.

National Evaluation Data Services II - Substance Abuse Treatment for Women

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Major social policy changes that were enacted over the past two decades have the potential to alter the provision of substance abuse treatment services to women. The goals of this study were to examine changes in the need for and utilization of substance abuse treatment among women over this period. The analysis utilized data from the National Household Survey on Drug Abuse and the Uniform Facility Data Survey over the period of approximately 1985-1999. Preliminary findings show that there were generally decreases in the proportion of women in the general population who needed treatment for alcohol and drug problems and initial declines in the proportion of women who received treatment over this period. There were also changes in the socio-demographic characteristics of women who received substance abuse treatment over this period, including increases in age; decreases

in the proportion of white women and increases in the proportions of women of other ethnic groups; increases in the levels of education and rates of employment; and increases in the proportions of women who were married and who had children less than 18 years of age. Rates of treatment received generally increased across a wide range of types of treatment settings. Study findings will have relevance for policymakers, treatment providers, and researchers concerned with improving women's access to and utilization of substance abuse treatment.

National Evaluation Data Services II - Substance Abuse Treatment for Women is funded by the Center for Substance Abuse Treatment through Caliber Associates, agency award number 270-00-7078, budgeted at \$61,504 from January 2002 through August 2002.

Behavioral Therapies for Gay Male Stimulant Abusers

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This recently completed study, known as the Friends La Brea project, provided substance abuse treatment in a research setting to 128 gay and bisexual men who abused stimulants (crystal methamphetamine, cocaine, crack, Ecstasy) and/or alcohol. Project goals involved studying the comparative efficacy of two types of group counseling interventions, a gay-positive cognitive-behavioral intervention (enhanced skills training) and a gay-positive social support intervention (enhanced social support), to learn best practices based on evidence for assisting gay men in reducing, if not eliminating, their high-risk substance abuse and sexual risk behaviors. (Additional information is available at: www.FriendsLaBrea.org.)

Behavioral Therapies for Gay Male Stimulant Abusers is funded by the Center for Substance Abuse Treatment, grant number T1 12043, budgeted at \$373,489 from September 1999 through September 2002.

Life Interventions for Family Effectiveness

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The Life Interventions for Family Effectiveness (LIFE) project assesses the feasibility and efficacy of a family-based, scientifically driven, and comprehensive approach to substance abuse interventions for extremely at-risk adolescents. The LIFE project seeks to generate new knowledge regarding community-based integrated substance abuse treatment, screening, and early intervention for adjudicated adolescents and their families

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in an alternative school. The population served is at-risk Latino and African American adolescents who attend an alternative school as a result of numerous delinquent behaviors. The cornerstone of the social delivery model is the Matrix Model for Adolescent Addiction delivered at school, community locations, or the students' homes. The other essential components of the model are computer literacy programs and computer-assisted graphic arts and musical programming delivered in the school setting. Forty youngsters who attend an alternative school in Los Angeles and their families receive comprehensive interventions. Their outcomes are compared to 40 participants at a comparison school who receive the standard social services.

Life Interventions for Family Effectiveness is funded by the Center for Substance Abuse Treatment, grant number TI 12498, budgeted at \$489,887 from September 2001 through September 2004.

National Evaluation Data Services II

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This project, with funding from the Center for Substance Use Treatment (CSAT), will provide CSAT with mechanisms to capitalize on prior, current, and planned data-generating activities and data-driven knowledge-generating activities. The project will develop a data collection and secondary analysis strategy for CSAT, identify and catalog existing and emerging sources of treatment services and client data, develop processes and tools to identify and organize current data-supported knowledge about substance abuse treatment, and perform secondary analyses using these data to address issues of treatment need, demand availability, access, utilization, efficacy, effectiveness, and efficiency. ISAP provides research services to achieve these objectives through subcontract with Caliber Associates.

National Evaluation Data Services II is funded by the Center for Substance Abuse Treatment through Caliber Associates, agency award number 270-00-7078, from September 2000 through September 2003.