

UCLA Integrated Substance Abuse Programs

Biennial Report

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From the Director of ISAP

When the UCLA Integrated Substance Abuse Programs (ISAP) was founded in 1999 and I became its director, with Doug Anglin and Rick Rawson as associate directors, we had tentative visions of the organization's future in the changing environment of substance abuse research and treatment development. We were confident, however, that ISAP's unique array of fine researchers and support staff would produce reliable, relevant research products, responding to the needs of federal, state, and local agencies involved in addressing substance abuse problems. We also planned to increase our activities in the international arena. Our aspirations were considered bold, even after ISAP had been productive during its initial two years, but the organizational output in the past two years surpassed our expectations.

ISAP efforts increasingly shape the substance abuse research agenda at all levels. We have greatly expanded our international work, now operating research and training efforts in 14 countries, having recently added Thailand, South Africa, China, and Egypt to the list. In addition to extending our geographic scope, we have increased our capacity in substantive areas, such as human experimental work. At the national level, ISAP's role in the NIDA Clinical Trials Network and the Criminal Justice Drug Abuse Treatment System has provided important direction and planning input to these large-scale efforts. Similarly, ISAP regional work includes projects such as our evaluation of the seminal Substance Abuse and Crime Prevention Act ("Prop. 36") in California, and the Pacific Southwest Addiction Technology and Transfer Center, which provides training and guidance to substance abuse treatment entities serving three states with more than 50 million residents. Locally, ISAP leads the Los Angeles County Evaluation System project to create a county-wide reporting and assessment system for treatment providers and agencies.

ISAP's emergent leadership in the field of substance abuse research is most evident concerning the growing problem of methamphetamine; ISAP is the pre-eminent knowledge source regarding methamphetamine abuse, from natural history research to development of pharmaceutical and behavioral treatments.

This report briefly summarizes ISAP's projects during the past two years. Results of past and present projects have been widely disseminated in prominent journals, at scientific meetings, through Internet-based communications, and at community-oriented conferences. In the 2003 and 2004 fiscal years, more than 170 peer-reviewed publications were generated by ISAP researchers.

ISAP remains dedicated to the goal of reducing the extent and impact of substance abuse by improving the understanding of substance abuse and the care of afflicted individuals. Toward that goal, we will continue to enhance the scope and relevance of ISAP research by seeking interactions with other researchers, practitioners, policymakers, and community representatives. We are pleased to recount our recent endeavors and accomplishments in this report.

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A Letter of Appreciation

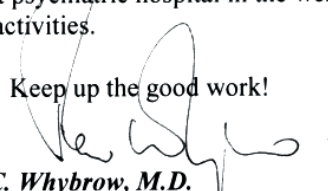
The faculty and staff of the UCLA Integrated Substance Abuse Programs (ISAP) continue to perform beyond our expectations, and we commend ISAP and its associates for their accomplishments during the two years covered in this report. The increasing prominence of ISAP in the field of substance abuse research and treatment development has consistently augmented the reputation and capacity of the UCLA scientific community. We view ISAP as a productive and important constituent of the UCLA Neuropsychiatric Institute and Hospital (NPI&H).

The innovative research conducted by ISAP continues to yield significant knowledge on substance abuse and its consequences. ISAP's work in developing effective treatments and in providing treatment service training has attracted worldwide attention, resulting in several interactions at UCLA and abroad among senior researchers and substance abuse professionals from many countries.


ISAP Director Walter Ling, M.D., and ISAP investigator Thomas Newton, M.D., have increased the treatment capacity at UCLA by developing the UCLA Substance Abuse Inpatient Service, further enhancing the role of NPI&H in addressing substance abuse disorders. ISAP's community partnership efforts have increased the presence of UCLA in Southern California, especially among minority communities severely impacted by substance abuse.

Sustained efforts to address substance abuse problems remain among our highest priorities as health care providers and researchers. ISAP has been instrumental in making UCLA one of the foremost institutions involved in substance abuse research and treatment, helping NPI&H maintain its ranking as the best psychiatric hospital in the western United States. We strongly support ISAP in their current and future activities.

Keep up the good work!



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The First Five Years of the UCLA Integrated Substance Abuse Programs

The UCLA Integrated Substance Abuse Programs (ISAP) was founded in 1999 to formally merge the expertise, resources, and activities of several organizations involved in substance abuse research and treatment in Southern California. Supported by dozens of prominent colleagues, M. Douglas Anglin, Ph.D., Walter Ling, M.D., and Richard A. Rawson, Ph.D., together forged a unified, multidisciplinary consortium of researchers and clinical professionals investigating substance abuse and its treatment. The resulting organization, directed by Dr. Ling, with Drs. Rawson, Anglin, and Douglas Longshore as Associate Directors, has brought to bear a uniquely coordinated, comprehensive approach to the study and treatment of substance abuse.

The first five years of ISAP activities have yielded results that significantly advanced the knowledge base regarding substance abuse, its consequences, and its treatment, with salient impacts on practice and policy at local, regional, national, and international levels. Examples of recent trends in ISAP activities include:

- Increased provision of treatment services throughout Southern California in ISAP-affiliated Matrix Institute clinics and other settings, and via the UCLA Substance Abuse Services Inpatient Unit, directed by ISAP's Thomas Newton, M.D.
- Expanded the imaging/neuroscience program investigating cognitive and neurobiological aspects of substance abuse, led by Dr. Newton and Edythe London, Ph.D.
- Continued leading development of medication and behavioral treatments through ISAP's role as the Pacific Region Node of the National Institute on Drug Abuse's Clinical Trials Network (CTN), the Medication Development Unit for Stimulant Abuse (Principal Investigator [PI] - Steven Shoptaw), the nationwide Methamphet-

amine Clinical Trials Group (PI - Richard Rawson), and the UCLA Clinical Trials Operations unit performing Phase I and II trials of potential pharmacotherapies (PI - Dr. Newton).

- Increased investigation of treatment outcomes and health services utilization, particularly among special populations such as offenders, as in the evaluation of California's "Proposition 36," which remands drug-abusing offenders to treatment (PIs - Dr. Longshore and Yih-Ing Hser, Ph.D.), and the dually diagnosed.
- Broadened and strengthened collaboration with service providers to diffuse research-based interventions into practice in community-based settings.
- Expanded and intensified training and dissemination through research and clinical training programs funded by the National Institutes of Health and via the Pacific Southwest Addiction Technology Transfer Center, as well as in trainings delivered throughout the country and the world by Dr. Rawson and other ISAP faculty.

With more than 300 researchers, clinicians, and support staff and a multisite treatment delivery capacity, ISAP is one of the world's most comprehensive groups dedicated to investigating and treating substance abuse disorders. ISAP constituents remain committed to the amelioration of substance abuse problems by developing, evaluating, and providing effective treatment, conducting innovative research, promoting integration of research advances into practice, and advising policymakers. These efforts will continue with increased vigor as ISAP builds on the strong foundation developed during the organization's first five years.

Richard A. Rawson, M. Douglas Anglin, and Douglas Longshore, UCLA ISAP Associate Directors

Synopsis of ISAP Research and Related Activities

The UCLA Integrated Substance Abuse Programs (ISAP) conducts research, delivers clinical training and research training, and provides treatment for substance abuse disorders in coordination with the UCLA Department of Psychiatry and Biobehavioral Sciences and in affiliation with other community-based treatment providers. ISAP efforts span the spectrum of scientific activities pertinent to the investigation and amelioration of substance abuse and related consequences. ISAP work ranges from epidemiological and policy studies to basic science and human laboratory programs to clinical trials of treatments involving innovative behavioral and pharmacological approaches. ISAP activities are briefly summarized below. Descriptions of ISAP research projects, training and dissemination efforts, and treatment services appear later in this report.

Basic Science/Neurophysiology/Imaging

An extensive program of brain imaging research is coordinated with a program of cognitive and neuropsychological assessment, using innovative imaging approaches (e.g., PET and fMRI) to study brain changes and physiologic responses to tobacco, methamphetamine, and other substances. 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 and Medication Development

ISAP directs the Pacific Region Node of the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN), which includes a geographically and clinically diverse group of community treatment programs throughout California

and Hawaii. In concert with other CTN nodes across the country, the Pacific Region Node conducts research on medication and behavioral treatments for drug abuse and dependence. ISAP also operates the world's leading Phase I and II research program for identifying potential medications and examining their safety and efficacy for treatment of stimulant dependence.

Consistent with NIDA's increased emphasis on developing effective medications for substance abuse disorders, ISAP investigators are pioneers in the field, having been instrumental in the development and implementation of several medications for opiate dependence, most recently advancing the approval of buprenorphine for use by physicians in office-based treatment of opiate dependence. ISAP's innovative development of pharmacotherapies (delivered in the context of behavioral treatment platforms) addresses the growing problem of stimulant dependence, especially regarding methamphetamine. Notably, ISAP's NIDA-funded P50 Center is leading the way in identifying, testing, refining, and implementing medication-based and behavioral therapies for stimulant abuse.

Natural History, Treatment Process and Outcomes, and Health Services

ISAP is the lead organization or a participating member in most significant treatment outcome evaluations at the national level, in California, and in the Los Angeles area. Specific research projects focus on treatment effectiveness for dually diagnosed patient populations and development of enhanced strategies for engaging difficult-to-treat and special populations. These research efforts have involved ISAP researchers who are expert in the design and application of advanced analysis techniques

such as structural equation models, hierarchical linear models, latent curve models, and latent transition models. Incorporation of these techniques into ISAP investigations ensures rigorous research and carefully derived findings. Several publications produced by ISAP researchers have been used as guides for the application of statistical methods to social science research.

Criminal Justice Populations

ISAP researchers have conducted comprehensive reviews of drug treatment in the criminal justice system and have examined treatment programs focused on women offenders and ethnic minority offenders. Other work has investigated the differential effects of incarceration, parole, and methadone maintenance on drug use and criminal behavior, and has documented the effects of civil commitment and other forms of compulsory treatment. ISAP investigators have consistently explored the relationship between drug use and crime, including outcomes of treatment for drug-abusing offenders, and the role of drug use in perpetuating the cycle of crime among offenders. In addition to its role in evaluating California's Substance Abuse and Crime Prevention Act of 2000 ("Proposition 36"), ISAP is a participant in the NIDA Criminal Justice Drug Abuse Treatment Services Research System, a nationwide effort to optimize treatment for drug-abusing individuals under criminal justice supervision.

HIV/AIDS

Since the early 1980s, ISAP researchers have investigated HIV/AIDS among drug abusers and have participated in community-based interventions to combat HIV, including tracking long-term trends in risk behaviors among drug-

abusing arrestees. A series of studies testing psychosocial predictors of HIV risk reduction led to the development of a culturally congruent HIV education program now serving drug users in Los Angeles. Several NIDA-funded projects have used an experimental design to evaluate the effectiveness of an enhanced methadone maintenance protocol in reducing risk of HIV infection among injection drug users.

International Activities

ISAP investigators conduct ongoing collaborative research efforts in the Middle East, Southeast Asia, Mexico, Europe, Latin America, South Africa, and Australia. ISAP personnel conduct extensive training throughout the world, disseminating research methods and proven clinical practices. ISAP directors have contributed to United Nations/World Health Organization policymaking efforts to address drug problems around the world.

Research-to-Practice Efforts and Practice Improvement

A major focus of ISAP efforts is increasing dissemination of research-proven treatment techniques into application, often termed "research to practice." Several ISAP projects have formed and supported networks of community-based treatment providers and researchers committed to improving the quality of interaction among service providers, policymakers, researchers, and members of the community. These efforts, such as the Los Angeles Practice Improvement Collaborative (LAPIC) provide educational activities, assist community programs with the use of evidence-based treatment practices, and foster new collaborative projects in the community.

Special Populations and Topics

ISAP researchers have examined patterns of substance abuse and related behaviors as they vary according to differences in individual/demographic characteristics, with recent work examining genetic-based variations. Research has shown that treatment must be designed to accommodate the unique needs of special populations, such as substance abusers who are dually diagnosed (with substance abuse and mental health disorders), women, adolescents, homeless, welfare recipients, disabled, or homosexual, bisexual, and/or transgender. In addition, the engagement and retention of such persons in treatment require targeted efforts informed by research.

Substance Abuse Policy

Serving in an advisory capacity, senior members of ISAP have supported efforts of the U.S. Attorney General's office, the White House Office of National Drug Control Policy, four 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, the Food and Drug Administration, and the United Nations.

Training and Dissemination

Many ISAP professionals contribute to the UCLA education mission by providing coursework and lectures within the University. ISAP personnel also provide training in substance abuse treatment protocols and research processes, delivering hundreds of workshops and presentations in the United States and abroad. ISAP's NIH/NIDA-funded Drug Abuse Research Training Center supports two-year fellowships for three predoctoral and eight postdoctoral fellows. In addition,

ISAP is the organizational host of the Pacific Southwest Addiction Technology Transfer Center (PSATTC), one of 14 regional centers supported by the Center for Substance Abuse Treatment. The PSATTC provides training, information, and collaborative promotion of empirically proven substance abuse treatment practices. Like LAPIC and CTN, the PSATTC increases knowledge about and improves the delivery of effective treatments for substance abuse disorders. ISAP researchers annually produce approximately 100 publications in peer-reviewed journals and present research findings at scientific meetings throughout the world.

Treatment Services

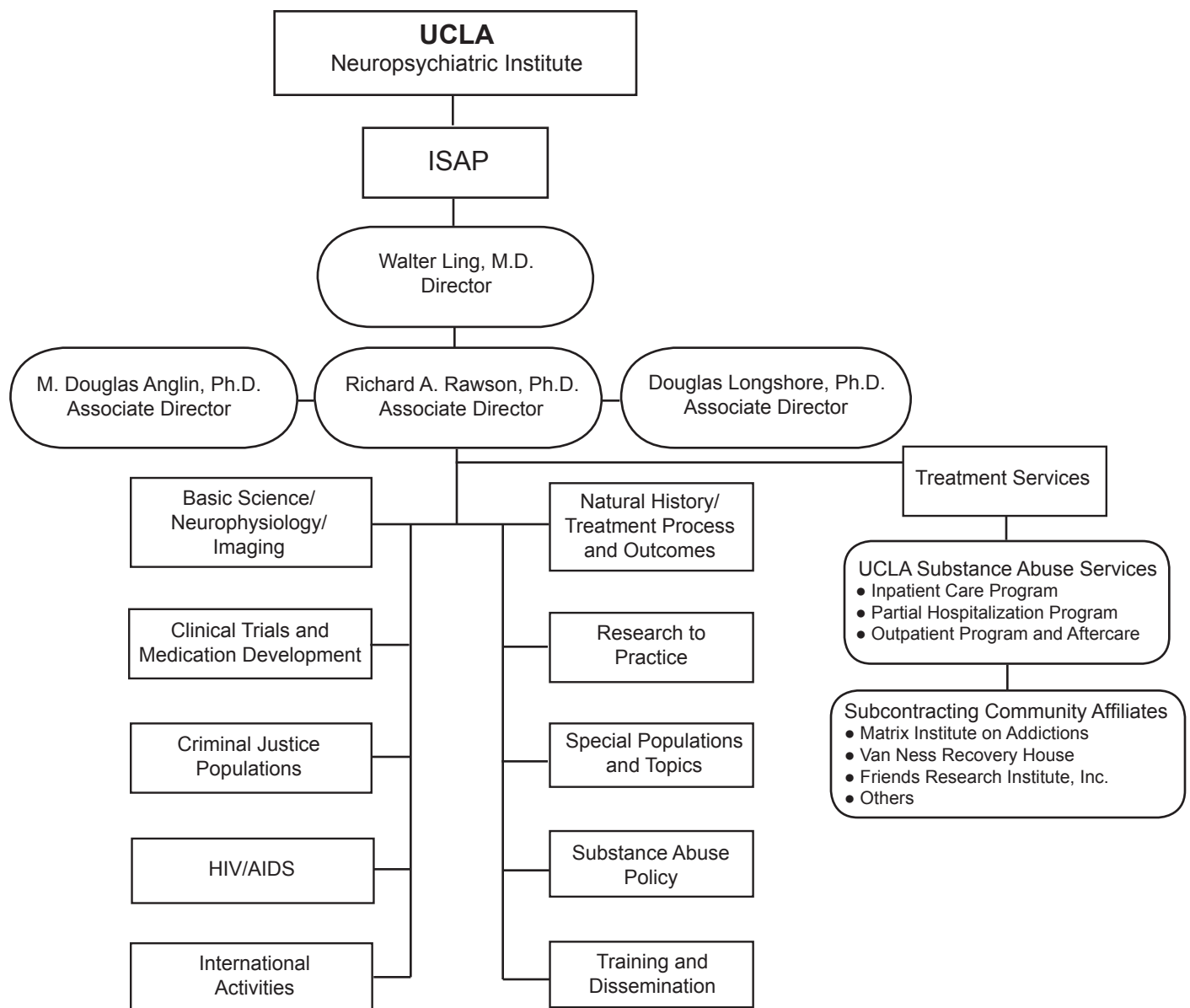
The UCLA Substance Abuse Services, based at the UCLA Neuropsychiatric Hospital, provides comprehensive, scientifically based assessment and treatment in a caring and confidential environment. The program is directed by ISAP's Thomas Newton, M.D., and offers partial hospitalization and inpatient/detoxification services, as well as outpatient treatment with aftercare, which occurs at the ISAP-affiliated network of community-based outpatient clinics (Matrix Institute on Addictions clinics, Van Ness Recovery House, Friends Research Institute sites, and others). This clinical system supports patient care, teaching, research and clinical training, and research activities.

Organizational Structure

The Integrated Substance Abuse Programs (ISAP) is a unique organization with long-established connections with the substance abuse treatment community. As illustrated below, the UCLA Neuropsychiatric Institute is ISAP's institutional home as well as

the setting for inpatient treatment for substance abuse disorders. Contractual affiliations with Friends Research Institute, Inc. (FRI), the Matrix Institute on Addictions, and the Van Ness Recovery House are important elements of the ISAP research program.

ISAP Organizational Structure



Auxiliary Services within ISAP

The UCLA Integrated Substance Abuse Programs (ISAP) provides a number of support services to ISAP researchers, including the following. Our belief is that a strong infrastructure supports the production of high-quality research findings.

Statistical Services

The statistical unit provides analysis of data from timely data cuts provided by the Data Management Center (see next page). ISAP statisticians are uniquely qualified to provide data analyses for research publications and in support of grant applications.

Writing/Editing Support

Writing and editing services are provided to assist principal investigators prepare reports, manuscripts, presentations, training manuals, protocol documentation, and funding applications. These support services have been instrumental in promoting publication of research findings in scholarly journals and in expanding ISAP efforts.

Web Management

The ISAP Webmaster keeps the ISAP external and internal Web sites current, secure, and accessible to all users. Each research project has a Web page with current research information. Online payment of registration fees for events held by the ISAP Training Center is a new feature. We welcome visitors to www.uclaisap.org.

Information Technology Support

The ISAP Information Technology staff provide support for our desktop computers and also ensure a secure server environment for our research group. ISAP is located in West Los Angeles, away from the general UCLA campus,

and so our technology needs are unique. Data management is secured through the use of firewalls and other technology tools.

Training Center

ISAP provides trainings on a fee-per-use basis. In addition, an ongoing series of ISAP-organized training conferences are being held throughout California. Check our Web site for more information. The training staff also provide in-house training in the use of the Structured Clinical Interview for the DSM (SCID) and Addiction Severity Index (ASI), as well as individualized courses upon request. The Training Center is available to non-UCLA researchers. Contact Thomas Freese at (310) 445-0874, ext. 304.

Operations and Facilities Management

Our operations staff provide facilities and material support to ISAP researchers and staff. ISAP is located in two buildings, with approximately 30,000 square feet of research space.

Financial Services

The financial staff process all the transactions that are involved in research including purchasing of services and equipment, subcontracts to other agencies, petty cash, and travel. The team provides monthly financial reports to each principal investigator and helps prepare grant budgets.

Human Resources Services

The human resources (HR) staff serve as a satellite office team linking ISAP to the Neuropsychiatric Institute's main Personnel Services. ISAP's HR personnel process paperwork for hiring, academic appointments, payroll, and other HR matters.

Janis Rosebrook
Chief Administrative Officer

Data Management Center

The ISAP 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 in six local clinics and two multisite projects conducted in sites outside of Los Angeles.

The DMC 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 DMC or entered into a secure server via the Web. We have created more than 600 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.

This year we are moving toward a PC- and Web-based data capture system. Several projects will become completely paperless using this technology.

For more information, please visit us at our Web site: www.isapdmc.org. Inquiries from non-UCLA researchers who wish to use the DMC's services are welcome. Please call (310) 445-0874, ext. 245.

Jeffrey Annon
Director, Data Management Center

Community and UCLA Affiliates

The UCLA Integrated Substance Abuse Programs' collaborations with the following affiliates at UCLA and in the community are vital to realizing our goal of fully integrating substance abuse research, training, and treatment.

UCLA Center for Community Health/CHIPTS

The mission of the UCLA Neuropsychiatric Institute's Center for Community Health (CCH) is to advance the understanding of children and adults in high-risk situations and to improve their health, development, and quality of life. CCH conducts research that crosses three significant areas impacting these individuals: HIV, mental health, and chronic illness. A primary component of CCH is the Center for HIV Identification, Prevention, and Treatment Services (CHIPTS). Drs. Steven Shoptaw (CHIPTS Intervention Core Director) and Rose Veniegas (CHIPTS Intervention Core Associate Director) of ISAP have been involved with CCH/CHIPTS since the Core received initial funding in January 2002.

Friends Research Institute, Inc.

In 2005, Friends Research Institute (FRI) will be celebrating its 50th anniversary providing administration of national and international research and grants. This includes a 30-year history of collaboration with ISAP Director Dr. Walter Ling and a 15-year history with Associate Director Dr. Richard Rawson. FRI-West Coast works with investigators west of the Mississippi to provide research administration on varied projects from biomedical to behavioral, including substance abuse treat-

ment methodologies. Several FRI researchers, including Drs. Leslie Amass, John Roll, Donnie W. Watson, and Cathy J. Reback, collaborate with UCLA investigators to develop cutting-edge treatment and research programs.

UCLA Hatos Center for Neuropharmacology

The Hatos Center for Neuropharmacology focuses on the neurochemical underpinnings of behaviors related to substance abuse and aspects of mental illness. The Center studies opioid receptors, nicotinic receptors, and neurotransmitter transporters at the molecular level and uses cellular and animal models to study the circuitry and behaviors these proteins regulate. The research integrates faculty expertise spanning molecular to behavioral approaches, with the broad goal of understanding how perturbation of neuronal receptors and transporters translates to modulation of behavior.

Accomplishments of faculty in the Center have included:

- Identification of the genes encoding opioid and nicotinic receptors,
- Elucidation of aspects of brain circuitry involved in reward,
- Understanding modification of memory circuitry via drugs of abuse,
- Identification of key regulatory processes of receptors and transporters in both opioid and monoaminergic transmission.

The Hatos Center is named in gratitude to Stefan and Shirley Hatos for their support

for its development and operation. For more information, visit hatos.ucla.edu.

Matrix Institute on Addictions

Established in 1984, the Matrix Institute is a nonprofit organization that delivers outpatient drug and alcohol treatment services in five clinics in three Southern California counties. In the past year, more than 1,600 patients received treatment from the Matrix Institute, which is funded by contracts with Los Angeles, San Bernardino, and Orange counties and the U.S. Department of Health and Human Services' Center for Substance Abuse Treatment (CSAT), as well as private insurance. Trainings in the Matrix Model have occurred across the United States and internationally. 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 Friends Research Institute.

Van Ness Recovery House

Van Ness Recovery House (VNRH) has more than 30 years of experience providing substance abuse treatment to lesbian, gay, bisexual, and transgender (LGBT) alcohol and substance abusers. Located in Hollywood, California, the 20-bed recovery house provides residential and day treatment, sober living skills, and job training. The VNRH Prevention Division, located in West Hollywood, provides HIV and substance abuse prevention interventions to non-treatment-seeking LGBT active users. Using the ideology of harm reduction, the Prevention Division's programs are de-

signed to increase social support and teach survival skills, while participants gradually change behaviors. Since 1995, VNRH, Friends Research Institute, Inc., and ISAP have worked together as research and community partners on studies funded by the National Institute on Drug Abuse, CSAT, and the University of California Universitywide AIDS Research Program, including three research/treatment clinics for gay and bisexual male methamphetamine users.

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Principal Investigators

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Mary-Lynn Brecht (Ph.D. in Research Methods and Evaluation, UCLA, 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’s research interests include maturing out, effects of social interventions, prevalence estimation methods, and needs assessment, as well as other healthcare-related topics including quality of life. She is particularly interested in longitudinal research and methods. lbrecht@ucla.edu

David Farabee (Ph.D. in Experimental Psychology, Texas Christian University, 1992) is Research Psychologist at UCLA ISAP and Director of the Juvenile Justice Research Group. He is currently Principal Investigator of an evaluation of a statewide program to transition mentally ill inmates back into the community (funded by the California Department of Corrections), and Co-Principal Investigator of the “Criminal Justice Drug Abuse Treatment Studies” (CJ-DATS; funded by the National Institute on Drug Abuse) and the “Treatment Services Impact” study (also funded by NIDA). He was co-editor of the recent book *Treatment of Drug Offenders* (2002, New York: Springer), author of the soon-to-be-released book, *Rethinking Rehab: Why Can’t We Reform Our Criminals?* (Washington, DC: AEI Press), and is currently co-editor of *The Offender Substance Abuse Report*, a bimonthly report published by the Civic Research Institute. dfarabee@ucla.edu

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 Addiction 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 at ISAP 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 26 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 ISAP staff developed the materials that are being used nationally for training CTN regional nodes on good clinical practices. tffreese@ix.netcom.com

Christine E. Grella (Ph.D. in Psychology, University of California, Santa Cruz, 1985) is a Research Psychologist at UCLA ISAP. She has been affiliated with ISAP since 1992, after completing a postdoctoral fellowship in Mental Health Services Research in the UCLA Department of Sociology. Her research focuses on the intersection of multiple service delivery systems, including substance abuse treatment, mental health, child welfare, health services, and criminal justice, and the relationship of service delivery to treatment outcomes. In particular, her research has examined treatment utilization and outcomes among women, adolescents, homeless individuals, and individuals with co-occurring disorders. She has been Principal

Principal Investigators

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Elizabeth A. Hall (Ph.D. in Cultural Anthropology with a specialization in psychocultural studies, UCLA, 1991) is a researcher in UCLA ISAP’s Criminal Justice Research Group. She is Principal Investigator for “Updating the *Staying in Touch* Fieldwork Manual” (funded by Lockheed Martin/CSAT) aimed at assisting CSAT grantees in improving their client follow-up rates. She is Co-Principal Investigator for the NIDA-funded “Gender Responsive Treatment for Women Offenders Study,” comparing the efficacy of standard drug court treatment to women-focused treatment for women offenders throughout Los Angeles County. Dr. Hall is Project Director of the “Pacific Coast Research Center of NIDA’s Criminal Justice – Drug Abuse Treatment Research Studies (CJ-DATS),” an effort to establish a nationwide research infrastructure to test the effectiveness of integrated treatment models within criminal justice settings. She is also Project Director of “Evaluating Voucher-Based Contingencies in a Drug Court/Proposition 36 Treatment Setting” (funded by NIDA). Her research interests include long-term studies of drug treatment effectiveness, particularly for drug-dependent women and their children, drug treatment service delivery, qualitative methodology, and program evaluation. ehall@ucla.edu

Yih-Ing Hser (Ph.D. in Psychology, UCLA, 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 “Treatment System Impact and Outcomes of Proposition 36” and “A 12-Year Follow-up of a Cocaine-Dependent Sample.” yhser@ucla.edu

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Walter Ling (M.D. from Chulalonghorm University Medical School, Bangkok, Thailand, 1963), Professor of Psychiatry and Director of UCLA ISAP, is a nationally and internationally recognized leader in the field of substance abuse. Over the course of his 40-year career he has been at the forefront in advancing the scientific knowledge and understanding of substance abuse. His contributions include development of innovative treatments, public health planning, professional and public educational enhancements, and policy shaping. He has served as a mentor, collaborator, research advisor, discussant, and reviewer for many of the leading substance abuse researchers throughout the world. Dr. Ling is board-certified in neurology and psychiatry and is active in both research and clinical work. He has been listed in the “Best Doctors of America,” “Best Doctors in the West,” and “Best Doctors in Los Angeles.” lwalter@ucla.edu

Edythe D. London (Ph.D. in Pharmacology with supporting program in Neurobiology, University of Maryland, 1976) is Professor of Psychiatry and Pharmacology, and a member of the Brain Research Institute 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 223 original research articles and 67 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 published landmark work on the functional and structural abnormalities induced in the human brain by methamphetamine. elondon@mednet.ucla.edu

Douglas Longshore (Ph.D. in Sociology, UCLA, 1981) is an Associate Director 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, UCLA, 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" examines the functioning, health, and mental health status of methamphetamine users over time. "Methamphetamine Treatment Adherence" investigates the impact of conducting research in community-based settings and identifies changes made to existing treatment services. "Economic Analysis of the Methamphetamine Treatment Project" determines 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

Nena P. Messina (Ph.D. in Criminology and Criminal Justice, University of Maryland, College Park, 2000) is a Criminologist at UCLA ISAP and has been involved in substance abuse research for over seven years. Dr. Messina's main area of interest is the association between crime, psychiatric disorders, and substance abuse. She has also focused her efforts toward identifying the specialized treatment needs of drug-dependent women. She is currently the Co-Principal Investigator for the NIDA-funded "Gender Responsive Treatment for Women Offenders Study," comparing the efficacy of standard drug court treatment to women-focused treatment for women offenders throughout Los Angeles County. She was previously the Project Director of the California Department of Corrections Treatment Expansion Project, which included process and outcome evaluations of 15 prison therapeutic communities providing services to more than 9,000 men and women in 10 prisons. Dr. Messina has collaborated on numerous publications on the psychosocial correlates of substance abuse treatment outcomes. nmessina@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 HIV/AIDS behavioral research on children, adolescents, adults, and families over the past 14 years. She currently has a competing renewal to assess the impact of maternal HIV/AIDS on early and middle adolescents funded by the National Institute of Mental Health (NIMH); a family-based HIV risk reduction program for mothers and their high-risk adolescent daughters funded by the National Institute of Child Health and Human Development (NICHD); and a study of an antiretroviral adherence intervention funded by the NIMH. She is a member of the Behavioral Leadership Group of the Adolescent Trials Network (NICHD), which is investigating behavioral, microbicide, prophylactic, therapeutic, and vaccine strategies for HIV-infected and at-risk adolescents. 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

Principal Investigators

Thomas Newton (M.D. from Yale University School of Medicine, 1985) is a board-certified psychiatrist and Principal Investigator for UCLA ISAP neurobiology projects. 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 Biobehavioral Sciences and a Principal Investigator on training and research grants. tnewton@ucla.edu

James Peck (Psy.D. in Clinical Psychology, California School of Professional Psychology, 2001) is a Co-Investigator and Project Director of the "UCLA Medication Development Unit for Stimulant Abuse" (funded by NIDA), for which he manages Phase II clinical trials evaluating putative pharmacotherapies for methamphetamine dependence. Dr. Peck has worked for 6 years with Drs. Steven Shoptaw and Cathy Reback, who work in the nexus of substance abuse treatment and HIV prevention for high-risk populations. He has recently been funded as the Principal Investigator of "Behavioral Therapy Development for Stimulant Abuse" (NIDA), which tailors a cognitive-behavioral group intervention to HIV-seropositive methamphetamine-abusing gay and bisexual men, and evaluates the feasibility of delivering this intervention in an HIV medical care setting. Dr. Peck is also a licensed clinical psychologist and serves as Staff Psychologist for the UCLA Addiction Medicine Clinic, delivering clinical services and training interns and residents in the evaluation, diagnosis, and treatment of substance dependence and co-occurring disorders. jpeck@mednet.ucla.edu

Deborah Podus (Ph.D. in Sociology, Rutgers University, 1992) is an Associate Research Sociologist whose research interests are treatment effectiveness and substance abuse treatment policy. Areas of particular policy interest include the intersection of substance abuse and welfare reform and the regulation of treatment providers. Her work has been funded by the Robert Wood Johnson Foundation Substance Abuse Policy Research Program, the California Policy Research Center, and the Center for Substance Abuse Treatment. Dr. Podus has also collaborated with other ISAP researchers on several meta-analyses on drug abuse treatment effectiveness and 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. dpodus@ucla.edu

Michael Prendergast (Ph.D. in History, UCLA, 1978) is Director of UCLA ISAP's Criminal Justice Research Group. He has directed various projects studying drug treatment strategies in the criminal justice system, including treatment for women offenders. He has been Principal Investigator of evaluations of treatment programs in correctional settings in California: the "Forever Free Treatment Program" at the California Institution for Women; the "California Substance Abuse Treatment Facility at Corcoran"; and 15 treatment programs at other California prisons. He also been Principal Investigator of two NIDA-funded studies: a 5-year follow-up study of participants 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 the Substance Abuse and Crime Prevention Act ("Proposition 36") and Principal Investigator of the Pacific Coast Research Center of the NIDA-funded Criminal Justice Drug Abuse Treatment Studies. 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 an 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 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. rrowson@mednet.ucla.edu

Cathy J. Reback (Ph.D. in Sociology, University of California, Santa Cruz, 1986) is Principal Investigator for Friends Research Institute, Inc., on “Substance Abuse Treatment is HIV Prevention,” a treatment/research clinic for gay male methamphetamine users, and “An Enhanced HIV Prevention Intervention for Male-to-Female Transgenders” (both studies funded by the University of California, Universitywide AIDS Research Program); “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 Co-Investigator on the NIDA-funded study, “Voucher-based Incentives in a Prevention Setting.” Dr. Reback conducts research on the intersection of substance abuse, HIV risks and sexual/gender identity. She has an extensive background in conducting community/research collaborations, designing and implementing community 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 has been the Principal Investigator of a number of NIDA-funded projects, including “Adolescent Smoking Cessation”; “Human Methamphetamine Use: A Model”; “Human Behavioral Pharmacology of GHB”, “Contingency Management: Duration Effects”; and “Contingency Management: Long-Term Behavior Change.” He collaborates widely with other investigators from around the world. He has been an author or coauthor on numerous journal articles and chapters. Dr. Roll has served as a reviewer for National Institutes of Health and Veterans Affairs grant applications. Dr. Roll is on the Editorial Board of the *Journal of the Experimental Analysis of Behavior*. Dr. Roll’s primary research interests are in basic behavioral pharmacology and the development of behavioral interventions for substance abuse and related disorders. Dr. Roll is now an Assistant Director at the Washington Institute for Mental Illness Research and Training at Washington State University, Spokane.

Steven Shoptaw (Ph.D. in Clinical Psychology, UCLA, 1990) is Associate Research Psychologist at UCLA ISAP. He is Principal Investigator of a NIDA-funded P50 Center investigating medication development for stimulant abuse. His research involves evaluations of behavioral and pharmacological treatments for substance abuse, particularly in HIV-relevant populations. Together with Dr. Cathy Reback, Dr. Shoptaw leads several research projects evaluating behavioral drug counseling methods 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 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 dependency, a project supported by the City of Los Angeles Housing Opportunities for Persons With AIDS program. sshoptaw@mednet.ucla.edu

Sara Simon (Ph.D. in Cognitive Psychology, Claremont Graduate University, 1990) is an Associate 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, focusing on specific functions such as memory and learning. Her collaborations include several studies combining imaging and cognitive assessment with methamphetamine abusers and smokers with Dr. Edythe London, a World Health Organization study conducted simultaneously in seven countries with Dr. Walter Ling, and a GHB study with Dr. Karen Miotto. Dr. Simon provided the cognitive expertise for the Methamphetamine Clinical Trials Group and is presently working on studies in the NIDA Clinical Trials Network. slsimon2@earthlink.net

Darren Urada (Ph.D. in Psychology, University of Southern California, 2000) is a Project Director on the state’s evaluation of the Substance Abuse and Crime Prevention Act of 2000 and Principal Investigator on a conference grant to promote substance abuse research and treatment internationally. Previously, he was the Project Director for the California State Treatment Needs Assessment Program and for a study on substance abuse and welfare reform. He has served as an analyst on the California Treatment Outcome Project (CalTOP), meta-analytic studies on substance abuse and HIV/AIDS, and research on treatment expansion. He has also filled roles as External Communications Director for UCLA ISAP and co-editor of a recurring supplement to the *Journal of Psychoactive Drugs*. Dr. Urada has worked for the UCLA Drug Abuse Research Center/Integrated Substance Abuse Programs since 1998. durada@ucla.edu

Principal Investigators

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., Principal Investigator with UCLA ISAP's stimulant medication development unit. Dr. Watson is a Certified Clinical Research Coordinator (CCRC). He is the Torrance Site Principal Investigator for the NIDA-sponsored study "Double-Blind, Placebo-Controlled Multi-Center Trial of Baclofen for the Treatment of Cocaine Dependence." He is Principal Investigator for a NIDA R21 Award to evaluate the efficacy of a substance use and HIV prevention curriculum with ethnic minority youth in California probation camps. He is also Principal Investigator on a University of California, Universitywide AIDS Research Program grant to implement a research-proven HIV intervention for adolescent male detainees in California probation camp settings. Dr. Watson's research interests include outpatient stimulant medication development trials, interventions for adolescent substance use and HIV risk behavior, and addiction technology transfer to ethnic minority communities. *watsondonnie@aol.com*

Postdoctoral and Predoctoral Fellows

Two T32 Institutional Training Grants funded by the National Institutes of Health support ISAP training efforts. Participants in those training programs are listed below.

Postdoctoral Fellows

UCLA Drug Abuse Research Training Center

Geoff Twitchell	October 1999 – September 2002
Roger Donovick	June 2000 – May 2003
Aaron Lichtman	May 2001 – May 2003
Deborah Stote	June 2001 – June 2004
James Peck	September 2001 – August 2004
Jennifer Learn	February 2002 – May 2003
Thomas DeHardt	June 2002 – May 2003
Jiansong Xu	September 2002 – current
Didra Brown Taylor	June 2002 – May 2003; October 2003 - current
James Shoblock	January 2003 – current
Todd Helmus	January 2003 – current
Laura Corbit	June 2003 – current
Eunice Wong	June 2003 – current
Jerry Jacobson	June 2004 – current

Interdisciplinary Training in Neuropsychiatric Aspects of HIV/AIDS

Cory Campbell, M.D., Ph.D.	July 2003 – June 2005
Arif Karim, D.O.	July 2003 – June 2005

Predocctoral Fellows

UCLA Drug Abuse Research Training Center

Roberto Lopez	July 2001 – June 2004
Cameron Bryant	July 2001 – June 2004
Anna Grygoruk	July 2002 – June 2003
Rachel Gonzales	July 2003 – current

Interdisciplinary Training in Neuropsychiatric Aspects of HIV/AIDS

Brian Jackson	July 2003 – June 2004
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Basic Science/ Neurophysiology/Imaging

Early Methamphetamine Abstinence: fMRI and Cognition

Edythe D. London, Ph.D., Principal Investigator
(elondon@mednet.ucla.edu)

The goal of this project is to use functional magnetic resonance imaging (fMRI) to delineate the abnormalities in the brain circuits that underlie cognitive deficits in methamphetamine abusers.

Early Methamphetamine Abstinence: fMRI and Cognition is funded by NIH/National Institute on Drug Abuse, grant number 1R01 DA 15179 (July 2003 through June 2006).

Nicotine Withdrawal, Smoking and Attention: An fMRI Study

Edythe D. London, Ph.D., Principal Investigator
(elondon@mednet.ucla.edu)

This project determined the effects of cigarette smoking on selective attention and related brain activation, as related to abstinence from smoking.

Nicotine Withdrawal, Smoking and Attention: An fMRI Study was funded by the University of California, Tobacco-Related Disease Research Program, grant number 10RT-0091 (July 2001 through June 2004).

Nicotine Withdrawal, Smoking and Cognition: An fMRI Study

Edythe D. 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.

Nicotine Withdrawal, Smoking and Cognition: An fMRI Study is funded by the National Institute on Drug Abuse, grant number 1 R01 DA14093 (September 2001 through April 2005).

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

Edythe D. 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 (June 2000 through June 2005).

Clinical Trials and Medication Development

NIDA Clinical Trials Network: Pacific Region Node

Walter Ling, M.D., Principal Investigator
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Richard A. Rawson, Ph.D., Steve Shoptaw, Ph.D.,
and M. Douglas Anglin, Ph.D., Co-Principal Investigators;
Albert L. Hasson, M.S.W., Project Director

The mission of the NIDA Clinical Trials Network (CTN) is to conduct studies of behavioral, pharmacological, and integrated behavioral and pharmacological treatments in existing community treatment settings. These studies are rigorous, multisite 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. In addition, the CTN'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. UCLA ISAP serves as the Regional Research & Training Center for the Pacific Region Node of the CTN. ISAP designs and implements protocols and trains 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: Pacific Region Node is funded by the National Institute on Drug Abuse, grant number 1 U10 DA13045 (September 1999 through August 2005).

Medication Development Unit for Stimulant Abuse

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ISAP's P50-funded Center "Medication Development Unit for Stimulant Dependence" (MDU; DA 12755, Principal Investigator Walter Ling, M.D.) conducted medication development trials for stimulant abuse and dependence beginning in 1999. Continuation of the P50 funding replaces and extends that original effort with the "Medication Development Unit for Stimulant Abuse" (MDUSA). The MDUSA Center continues to involve the substantial expertise in clinical drug abuse research of ISAP faculty, and the scope of the Center is broadened by integrating P50 activities with research conducted by investigators of the UCLA Department of Psychiatry and Biobehavioral Sciences.

Like the existing P50 effort, the continuation Center focuses on medication development for stimulant abuse by evaluating medications in the context of carefully metered doses of specific behavioral therapies, by advancing measurement and analysis strategies, and by increasing the efficiency of the clinical trials processes. The Center reflects significant strengths of proven multidisciplinary collaborations that have helped guide medication development through early safety experiences to single-site pilot studies to multisite clinical trials. The Center has outstanding facilities and an appropriate number of trained staff experienced in the conduct of clinical trials. Moreover, the local environment has diverse populations of stimulant abusers (particularly methamphetamine abusers) in sufficient numbers to enable successful conduct of the proposed research, enhancing the potential of the Center to mount trials of medications that target drugs that are emerging as problems (e.g., "club" drugs).

The thematic emphasis that unifies the Center research is the development of pharmacological treatments for stimulant abuse through comprehensive and efficient methodologies applied by a multidisciplinary team. The Center team's decades of experience in conducting medication trials for pharmacological and behavioral treatments for drug dependence are the basis for the Center's integrative approach. The Center will increase the knowledge base on treatments for stimulant abuse by means of an ever greater linkage of Phase I with Phase II work, a stronger effort to apply advanced biostatistical methods to isolate potential medication effects in subgroups, a more concerted effort to identify biomarkers that discriminate meaningful differences between subgroups of stimulant abusers, and a more focused approach to the evaluation of medications within the context of carefully specified and timed behavioral interventions, ultimately seeking to improve the clinical practice and to address emerging problems in the field.

Medication Development Unit for Stimulant Abuse is funded by the National Institute on Drug Abuse (January 2003 to January 2008).

Double-Blind, Placebo-Controlled Assessment of Potential Interactions between Intravenous Methamphetamine and Aripiprazole

Thomas Newton, M.D., Principal Investigator
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Richard de la Garza, Ph.D., Project Director

This is a double-blind inpatient study in which subjects' eligibility for participation, including cardiovascular responses to screening/baseline methamphetamine (MA) infusions of 15 mg and 30mg IV administered over 5 days (sessions #1-3), will be established. Four days after infusion, a MA cue reactivity test will be conducted. Five days after infusion session #3 or when urine MA level is lower than 1,000ng/mL, subjects will be randomized into one of two treatment groups and on the same day will initiate treatment with 15mg aripiprazole ($n = 8$) or matched placebo ($n = 8$) for 20 days. Thirteen days after initiation of daily treatment with either 15mg aripiprazole or placebo, another MA cue reactivity test will be conducted. Fourteen days after initiation of daily treatment with either 15mg aripiprazole or placebo, subjects will receive treatment MA infusions of 15mg and 30mg IV over 6 days (sessions #4-6). For 2 days after infusion sessions #2, 3, 5, and 6, samples for PK analysis will be collected. Each series of repeated MA administrations (screening/baseline and treatment) will consist of 3 infusions; each infusion session will be conducted on a different day with a 1-day break between infusions except for a 2-day break between infusions #5 and #6. Subjects will be randomized with the order of administration of the saline, 15mg MA, and 30mg MA infusions; the 15mg MA infusions will always precede 30mg MA infusions. The subjects will be discharged from the hospital 4 days after the last dose of aripiprazole and treatment infusion. The subjects will be asked to return twice for safety follow-ups 1 and 4 weeks after clinic discharge.

Double-Blind, Placebo-Controlled Assessment of Potential Interactions between Intravenous Methamphetamine and Aripiprazole is funded by NIDA, MDS contract number N01 DA 3 8824 (September 2003 through February 2005).

Phase I Double-Blind, Placebo-Controlled Assessment of Potential Interactions between Intravenous Cocaine and Ethanol and Oral Disulfiram

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Richard de la Garza, Ph.D., Project Director

This two-site, double-blind, placebo-controlled inpatient study determined the cardiovascular and psychiatric safety of alcohol use in cocaine-dependent subjects who had used cocaine after treatment with disulfiram. In this study, subjects were screened for eligibility including initial

screening for clinical tolerance to a cocaine infusion of 30mg IV. Thereafter, baseline cardiovascular responses to IV cocaine and ethanol infusions (on days -2 and -1, respectively) were established. One day after infusion #3, subjects were randomized into one of two treatment groups and on the same day initiated oral dosage treatment with 250mg disulfiram or placebo once a day for 7 days. Three days after initiation of daily treatment with either 250mg disulfiram ($n = 8$) or placebo ($n = 4$), all subjects received treatment infusions. On day 4, subjects received only IV saline; on day 5, 30mg IV cocaine; on day 6, IV dose of ethanol; and on day 7, 30mg IV cocaine followed by IV ethanol 5 minutes later. After the day 7 dose of disulfiram/placebo, double-blind oral treatment ceased, but the subjects remained in the hospital until discharge 1 week later on day 14. Subjects were requested to return for safety follow-ups approximately 1 and 2 weeks after the day of discharge. All infusions were single blind and "double-dummy"; i.e., the cocaine infusion was blinded by a parallel saline infusion and the alcohol infusion was blinded by a parallel glucose infusion. Study agent (disulfiram/placebo) was administered double-blind.

Phase I Double-Blind, Placebo-Controlled Assessment of Potential Interactions between Intravenous Cocaine and Ethanol and Oral Disulfiram was funded by the National Institute on Drug Abuse, MDS contract number N01DA-3-8824 (September 2003 through November 2004).

Phase I Double-Blind, Placebo-Controlled Assessment of Potential Interactions between Intravenous Methamphetamine and GBR 12909

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Richard de la Garza, Ph.D., Project Director

This is a double-blind inpatient study in which subjects' eligibility for participation, including cardiovascular responses to screening/baseline methamphetamine (MA) infusions of 15mg and 30mg IV administered over 5 days (sessions #1-3), will be established. Subjects will enter the study in three separate cohorts, each with 8 participants (6 active and 2 placebo). Five days after infusion session #3 or when urine MA level is lower than 1,000ng/mL (whichever is first), subjects in each cohort will be randomized to receive GBR 12909 or matched placebo once daily. The subjects in the first cohort will get 75mg of GBR 12909 for 14 days and the subjects in the second cohort will get 125mg GBR 12909 for 14 days. After beginning of daily treatment with either GBR 12909 or placebo, subjects will receive treatment MA infusions of 15mg and 30mg IV over 5 days at the end of each dosage level. Each series of repeated MA administrations (screening/baseline and treatment) will consist of 3 infusions; each infusion session will be conducted on a different day with a 1-day break between infusions in each of the series. Subjects will be randomized with the order

of administration of the saline, 15mg MA, and 30mg MA infusions; the 15mg MA infusions will always precede 30mg MA infusions.

Phase I Double-Blind, Placebo-Controlled Assessment of Potential Interactions between Intravenous Methamphetamine and GBR 12909 is funded by the National Institute on Drug Abuse, MDS contract number N01 DA 3 8824 (October 2004 through January 2006).

MCTG Phase II Double-Blind, Placebo-Controlled Trial of Bupropion for the Treatment of Methamphetamine Dependence

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Richard A. Rawson, Ph.D., and Walter Ling, M.D.,
Co-Principal Investigators;
Valerie Pearce, B.A., Project Director

The NIDA Methamphetamine Clinical Trials Group (MCTG) establishes five clinical research sites coordinated by UCLA researchers where medications with potential value for methamphetamine (MA) users will be tested. The goal of this network is to speed the development of MA pharmacotherapy research by establishing multiple research clinics in geographic regions of the United States with substantial MA problems. The bupropion protocol is currently being conducted by investigators associated with five organizations: University of Missouri-Kansas City; University of Hawaii (Queens Hospital) Honolulu; Matrix Institute on Addictions, Costa Mesa, California; South Bay Treatment Center, San Diego, California; and the Iowa Health Systems (Office of Research, Lutheran Hospital), Des Moines. This study is a preliminary assessment of the efficacy and safety of bupropion in reducing MA use in subjects with MA dependence. It is hypothesized that bupropion treatment, compared to placebo, will be associated with fewer days of MA use as measured by quantitative urine analysis for MA. This is a double-blind, placebo-controlled, randomized, two-arm study comparing 150mg BID dose of bupropion to placebo administered to MA-dependent outpatients. All subjects will receive a base of standardized, manual-driven cognitive behavioral therapy (a 90-minute group session thrice weekly) over 12 weeks of treatment. A final follow-up assessment will be conducted 4 weeks after completion of treatment.

MCTG Phase II Double-Blind, Placebo-Controlled Trial of Bupropion for the Treatment of Methamphetamine Dependence is funded by the National Institute on Drug Abuse, contract numbers N01DA-0-8804 and N01DA-3-8824 (April 2002 through June 2005).

MCTG Phase II Double-Blind, Placebo-Controlled Trial of Selegiline for Methamphetamine Relapse Prevention

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*Richard A. Rawson, Ph.D., Co-Principal Investigator;
Valerie Pearce, B.A., Project Director*

As part of the NIDA Methamphetamine Clinical Trials Group (MCTG), this study is a preliminary assessment of the efficacy and safety of selegiline relative to placebo in delaying or preventing relapse to MA use in subjects with MA dependence. It is hypothesized that selegiline, as compared to placebo, will be associated with (1) increased time to first post-randomization MA use ("relapse" outcome), or (2) a higher mean proportion of MA non-use days following the first post-randomization MA use day ("usage" outcome). This is a double-blind, placebo-controlled, parallel group design study in which during 2 weeks of screening for eligibility, the candidates must provide one MA-positive urine as well as satisfy other screening measures. Once the MA-positive urine is provided and other screening measures have been completed, the subjects may proceed to baseline assessments and are required to provide 2 consecutive weeks of 3 MA-negative urines per week during a 6-week period (baseline abstinence). Contingency management (CM) will be conducted during the screening and baseline period to assist candidates in stopping their MA use. Eligible subjects that achieve 2 consecutive weeks of abstinence at baseline will be randomly assigned to receive either 5mg selegiline or placebo orally twice a day for 8 weeks with follow-up assessments for 6 weeks after treatment completion. All subjects will receive weekly psychosocial counseling during the 8-week treatment period.

MCTG Phase II Double-Blind, Placebo-Controlled Trial of Selegiline for Methamphetamine Relapse Prevention is funded by the National Institute on Drug Abuse, contract number N01DA-3-8824 (June 2004 through June 2006)

Clinical Trials Operations (CTO)

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A number of ISAP investigators are conducting studies aimed at determining the safety and potential efficacy of medications in human volunteers for the treatment of stimulant dependence. A variety of medications are under study for cocaine and methamphetamine. These include a dopamine partial agonist, an ACE inhibitor, disulfiram, an acetylcholine esterase inhibitor, and a dopamine transport inhibitor. The projects are funded by several grants and contracts from the National Institute on Drug Abuse.

MCTG Double-Blind, Placebo-Controlled, Dose-Response Trial of Ondansetron for the Treatment of Methamphetamine Dependence

*Thomas Newton, M.D., Principal Investigator
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*Richard A. Rawson, Ph.D., and Walter Ling, M.D.,
Co-Principal Investigators;
Valerie Pearce, B.A., Project Director*

As part of the NIDA Methamphetamine Clinical Trials Group (MCTG), this ondansetron protocol was conducted by investigators associated with six organizations: the University of Texas Health Science Center, San Antonio; University of Missouri-Kansas City; University of Hawaii (Queens Hospital) Honolulu; 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. This study was a preliminary assessment of the efficacy and safety of three wide-range doses of ondansetron (0.25, 1.0, and 4.0mg taken orally twice per day) to reduce MA use in subjects with MA dependence and to determine the optimal dose of ondansetron. This was a double-blind, placebo-controlled, randomized, four-arm dose-ranging study comparing three dose levels of ondansetron to placebo administered to MA-dependent outpatients. All subjects received a base of standardized, manual-driven cognitive behavioral therapy (a 90-minute group session thrice weekly) over 8 weeks of treatment. A final follow-up assessment was conducted 4 weeks after completion of treatment.

MCTG Double-Blind, Placebo-Controlled, Dose-Response Trial of Ondansetron for the Treatment of Methamphetamine was funded by the National Institute on Drug Abuse, contract number N01DA-0-8804 (September 2001 through October 2003).

CTO: Phase II Double-Blind, Placebo-Controlled Trial of Cabergoline for the Treatment of Cocaine Dependence

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*Walter Ling, M.D., Robert Malcolm, M.D., Steven Shoptaw,
Ph.D., Richard A. Rawson, Ph.D., Donnie W. Watson,
Ph.D., and Thaddeus Juarez, M.D.,*

*Co-Principal Investigators;
Donnie Watson, Ph.D., Project Director, Torrance, CA;
Kristie Cochran, Project Coordinator,
Medical University of South Carolina, Charleston, SC*

The purpose of this study is to assess the efficacy and safety of cabergoline in reducing cocaine use in subjects with cocaine dependence. The treatment sites are Torrance, California, and Charleston, South Carolina. 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 2-week baseline period, subjects will be equally randomly assigned to receive either 0.5mg cabergoline or placebo once per week for 12 weeks, with a follow-up assessment 4 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 BE-positive urine specimen during the 2-week baseline period, and who have the ability to understand and provide written informed consent will be included. One hundred forty participants have been enrolled: 70 from the Torrance site and 70 from the Medical University of South Carolina. We are now in the data cleaning and data analysis process.

CTO: Phase II 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 (February 2000 through February 2005).

CTO: Double-Blind, Placebo-Controlled Assessment of Potential Interactions between Intravenous Methamphetamine and Oral Bupropion

Thomas Newton, M.D., Principal Investigator
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Richard de la Garza, Ph.D., Project Director

This double-blind inpatient study first established eligibility for participation, then randomized subjects (stratified by site) into one of two treatment groups (placebo [$n = 10$] or bupropion [$n = 10$]). All subjects had one series of intravenous methamphetamine (MA) baseline challenges (0, 15, and 30mg) before placebo or bupropion administration and a second MA challenge series (0, 15, and 30mg) starting 6 days after the initiation of the twice-daily placebo or bupropion administration (treatment challenges). The order of the 0 and 15mg challenge sessions were randomly assigned. Thus, the investigator was unblind to the 30mg MA challenge. The 30mg challenge followed the 0 and 15mg challenge. After clinic discharge, all subjects were asked to return weekly for 2 weeks for safety follow-ups.

CTO: Double-Blind, Placebo Controlled Assessment of Potential Interactions between Intravenous Methamphetamine and Oral Bupropion was funded by the National Institute on Drug Abuse, CTO contract number N01 DA 0-8804 (September 2001 through March 2003).

Perindopril-Methamphetamine Interaction Study

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Richard de la Garza, Ph.D., Project Director

The aim of this Phase I trial is to assess the safety of perindopril treatment in a population of methamphetamine users so that an outpatient trial can be conducted to assess whether perindopril will decrease craving and relapse and thus help with cessation of methamphetamine use. This is a double-blind inpatient study in which, after establishing eligibility by screening the responses to methamphetamine infusions of 15 and 30mg IV, subjects will be randomized to receive either perindopril (2, 4, 8, or 16mg) or matched placebo. On the third and fifth day of perindopril (or placebo) treatment, subjects will receive additional methamphetamine infusions of 15 and 30mg. Each methamphetamine infusion will either be preceded or followed at 1 hour by a control saline infusion in random order. Safety of methamphetamine administration in perindopril-dosed subjects will be evaluated using primarily cardiovascular assessments. Subjective effects of methamphetamine as well as ratings of craving will also be assessed.

The Perindopril-Methamphetamine Interaction Study is funded by the National Institute on Drug Abuse, grant number 1 R21 DA 17182 (September 2003 through December 2006).

A Phase I Double-Blind, Double-Dummy, Randomized, Three-Period Cross-Over Study Designed to Assess the Abuse Potential of Two Doses of NS2330 (1mg, 6mg) and 10mg Methamphetamine in Recreational Stimulant Users Who Demonstrate a Response to 10mg Methamphetamine During the Screening Phase

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Richard de la Garza, Ph.D., Project Director

NS2330 is a medication being developed for the treatment of Alzheimer's dementia. NS2330 shares certain similarities with stimulant drugs, both in its mechanism of action and its behavioral effects. Therefore, NS2330 should be evaluated for abuse potential. The main goal of this study was to determine the abuse potential of NS2330 in a population of known recreational users of stimulant drugs. Subjects received a single capsule (10mg) of methamphetamine or placebo on outpatient visit 1, day 2, and day 3. Subjects who demonstrated a response to 10mg methamphetamine were eligible for the 9-day inpatient study. Eight recreational stimulant drug users (non-dependent individuals) were studied in an inpatient research ward.

Patients were randomly assigned to one of two groups. Patients in both groups received one of the 2 doses of the test drug NS2330 (1mg and 6mg). Each group received placebo or methamphetamine (10mg) on inpatient days 1 and 3, and NS 2330 (1mg and 6mg) on day 5. The order of administration of the placebo and methamphetamine on days 1 and 3 was counterbalanced across subjects in each group, meaning that one half of each group received a placebo on day 1 and methamphetamine on day 3, and vice versa. Measures included mood and drug effect questionnaires, behavioral tasks, vital signs, and blood samples. Following the administrations, patients answered questions regarding their response to the drug. A nurse took blood samples at specified times. Patients were watched closely for changes in heart rate and blood pressure. Patients were discharged on the 9th day, four days after the medication was discontinued and after it was determined that the patient was stable and had no adverse drug reactions. Subjects returned for a follow-up visit 10 days later.

This Phase I study was funded by Boehringer Ingelheim (June 2004 through October 2004).

Double-Blind, Placebo-Controlled Multi-Center Trial of Baclofen for the Treatment of Cocaine Dependence

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This study will test whether the drug baclofen, taken orally, is useful and safe for treating cocaine addiction. About 160 people at eight centers across the United States will participate in this study. It will take approximately 12 months to enroll all 160 patients. The maximum amount of time that clients will participate in this study is 14 weeks. Baclofen has been approved by the U.S. Food and Drug Administration for the treatment of muscle spasms caused by multiple sclerosis, spinal cord disease, and spinal cord injury. Baclofen has been used safely in humans for 20 years. Because baclofen is not FDA-approved for treating cocaine addiction, it is considered an investigational drug.

Double-Blind, Placebo-Controlled Multi-Center Trial of Baclofen for the Treatment of Cocaine Dependence is funded by the National Institute on Drug Abuse, Cooperative Studies 1021 (July 2004 through August 2005).

Reducing the Disproportionate Burden of Orofacial Injury

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Douglas Longshore, Ph.D., Co-Principal Investigator;

Luis Santiago, Project Director

This project is a randomized trial to test the effectiveness of a two-session motivational intervention among patients receiving treatment in a trauma care setting for drug/alcohol-related facial injuries.

Reducing the Disproportionate Burden of Orofacial Injury is funded by the National Institute on Drug Abuse, grant 1 R01 DA16850 (August 2004 to July 2009).

Criminal Justice Populations

Evaluation of the Mental Health Services Continuum Program

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Sylvia Sanchez, B.A., Project Director

To enhance the California Department of Corrections ability to identify and treat mentally ill parolees, the Mental Health Services Continuum Program (MHSCP) was developed by the Parole and Community Services Division (P&CSD) in July of 2000. The purpose of the MHSCP is to enhance the quality and timeliness of mental health services provided to mentally ill parolees after release, with the overarching goal of reducing recidivism and improving public safety. The current project is a 4-year evaluation of the MHSCP initiative for the period of July 1, 2002, through June 30, 2006. The purpose of the evaluation is to determine: (1) How well were the in-prison and community-based components planned, developed, and implemented? (2) What problems were encountered and how were they addressed? and (3) What impact does the MHSCP program have on recidivism of mentally ill parolees?

Evaluation of the Mental Health Services Continuum Program is funded by the California Department of Corrections, contract number P02.0016 (July 2002 through June 2006).

Evaluation of Female Offender Treatment and Employment Project (FOTEP)

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The Female Offender Treatment and Employment Project (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 community-based FOTEP programs are located throughout the state and provide residential drug treatment for 10-15 months. Enhanced treatment services include intensive case management, employment assistance, and family services. The project goals are to increase employment, improve family functioning, and reduce recidivism to crime and drug use following parole. In Phase 1, the evaluation recruited a sub-sample of FOTEP participants ($n = 350$) and a comparison group of eligible, but nonparticipating, parolees ($n = 150$). Baseline and 12-month follow-up interviews were conducted with study participants; outcomes examined include alcohol and drug use, family status, criminal behavior, employment, and psychosocial functioning at 1 year following parole. In Phase 2, the evaluation is conducting analyses of state administrative data for all FOTEP participants, in order to examine the relationship of client characteristics and treatment participation with return-to-custody over time.

Evaluation of Female Offender Treatment and Employment Project (FOTEP) is funded by the California Department of Corrections, Office of Substance Abuse Programs, contract C98.316 (March 1999 through June 2003) and contract C03.052 (July 2003 through June 2006).

Evaluating Voucher-Based Contingencies in a Drug Court

*Michael Prendergast, Ph.D., Principal Investigator
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Elizabeth Hall, Ph.D., Project Director
(succeeded John Roll, Ph.D.)*

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. 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 are in effect during the first 6 months of a 12-month drug court treatment program that has been operated by Matrix Institute on Addictions since July 1998. Follow-up assessments (at 6, 12, and 18 months) are nearing completion.

Evaluating Voucher-Based Contingencies in a Drug Court is funded by the National Institute on Drug Abuse, grant number 1 R01 DA13114 (September 1999 through August 2005).

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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William Burdon, Ph.D., and Nena Messina, Ph.D.,
Project Directors*

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 TC model of treatment during their last 6-24 months of incarceration, followed by up to 6 months of treatment in community-based programs. Under two contracts with CDC, ISAP has conducted evaluations of 15 of these programs located in 9 prisons. The 1,000-bed evaluation study commenced in 1998 and ended in 2003. The 2,000-bed evaluation study commenced in 1999 and ended in 2004. The database contains information on 27,898 treatment participants (18,676 men and 9,222 women). Information on participation in community treatment following release to parole was also collected on 19,170 parolees. The evaluations were divided into two phases, a process evaluation and an outcome evaluation. As part of the process evaluation, treatment staff collected client-level data by administering the Intake Assessment (IA) instrument at the time the inmate entered the SAP. The IA was designed to assess a client's pre-treatment/pre-incarceration socio-demographic background, criminality, employment, and substance use/abuse. ISAP also received treatment admission and discharge data from the SAP and aftercare programs. As part of the outcome evaluation, a total of 906 in-depth baseline interviews were conducted

with men and women inmates in a SAP and a non-treated comparison group at various security levels. Data from the Offender Based Information System (offense charge, expected parole release date, county of commitment, and return to custody) was also collected for both treatment and comparison groups. Publications related to these studies have addressed issues in providing treatment to women (Messina et al., 2003), the impact of TCs on prison management (Prendergast et al., 2001), integrated systems of care for drug-dependent offenders (Prendergast & Burdon, 2002), treating drug-dependent sex offenders in correctional settings (Burdon et al., 2001), treatment for offenders with co-occurring psychiatric disorders (Messina et al., 2004) and the impact of involuntary treatment in prison on psychosocial outcomes (Prendergast et al., 2002). Among the findings of these studies are that drug use within prison treatment programs is very low, treatment programs improve prison management, return-to-custody rates decline with increased exposure to treatment (in prison and in the community), and more improvement is seen in outcomes the longer that programs are in operation. With specific regard to aftercare participation, it appears that it is the length of time that clients spend in treatment, not the type of treatment, that predicts reincarceration.

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 (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 (May 1999 through April 2004).

The Pacific Coast Research Center of the NIDA CJ-DATS

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*David Farabee, Ph.D., and Christine Grella, Ph.D.,
Co-Principal Investigators;
Elizabeth Hall, Ph.D., Project Director*

The goal of the multisite Criminal Justice Drug Abuse Treatment Research Studies (CJ-DATS), funded by the National Institute on Drug Abuse (NIDA), is to establish a research infrastructure to test the effectiveness of integrated treatment models within criminal justice settings. A key feature of the project is its emphasis on promoting collaboration among researchers, clinicians, and correctional staff/administrators. Toward this end, ISAP created the Pacific Coast Research Center, which has research partners in California, Oregon, and Washington, including the departments of corrections and community treatment agencies (Mental Health Systems, Phoenix House, and Walden House in California; New Directions Northwest and ASAP Treatment Services in Oregon; and

CiviGenics, Inc., in Washington). The CJ-DATS research system, which consists of nine research centers, a coordinating center, and NIDA, is designed to evaluate interventions in multisite studies that address systems-level issues related to integrating public health and public safety approaches for drug-using offenders. Approved studies include evaluations of (1) a case management model to improve the transition process from prison to community, (2) a model that integrates parole officers into the treatment program, (3) a prison exit survey designed to determine what level of care is needed during parole, (4) specialized models of treatment for adolescent offenders, and (5) instruments intended to measure progress over the course of treatment.

The Pacific Coast Research Center of the NIDA CJ-DATS is funded by the National Institute on Drug Abuse, cooperative agreement U01DA16211 (September 2002 through August 2007).

Substance Abuse Treatment Facility: Extended Evaluation

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The three main goals of this continuing evaluation of the Substance Abuse Treatment Facility (SATF) are (1) to conduct a 3-year analysis of official California Department of Corrections (CDC) data to determine whether subsequent cohorts of SATF parolees have declining levels of recidivism during the first 12 months of parole; (2) to develop a Substance Abuse Program admissions screening instrument to be used by CDC personnel to identify appropriate clients; and (3) to assist in data collection for a benefit-cost analysis to be conducted by San Diego State University. To date, analyses of three successive cohorts of SATF parolees have shown a decline in recidivism percentages over time, especially among parolees who attend a minimum of 90 days of post-release aftercare. Development of the admission screening instrument is ongoing; it appears that SATF treatment is most successful with clients who have extensive histories of both substance abuse and arrests. The benefit-cost analysis is ongoing.

Substance Abuse Treatment Facility: Extended Evaluation is funded by the California Department of Corrections, contract C02.017 (July 2002 through June 2005).

HIV/AIDS

Assessment of Acceptability and Feasibility of Preventive Vaccine Initiatives for Adolescents

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The primary objective of this project was the development and evaluation of a prototype HIV vaccine process for adolescents. The prototype development included: (1) reducing reading grade level of materials by simplifying sentence structure and decreasing the use of infrequently used words; (2) re-organizing and categorizing the material for improved flow; and (3) developing a set of pictures designed to emphasize key concepts in the material. These materials were tested among small focus groups with the target population to obtain feedback on the simplified and adolescent-tailored version. Development was followed by a comparison of the simplified, adolescent-tailored prototype to the current NIAID Vaccine Trial Information Booklet, using a pre-post test design. Adolescents at risk for HIV ($N = 187$) recruited from adolescent care clinics and community agencies in Ft. Lauderdale, Florida, Los Angeles, and New York City were randomly assigned to be presented the standard or the simplified version. There were no significant differences between the groups in terms of education, the K-BIT, or Woodcock Johnson Passage Comprehension scores. Adolescents who received the simplified version had significantly higher comprehension scores immediately following presentation of the material than did adolescents who received the standard version (80% correct vs. 71% correct), and were also significantly more likely to recall more study benefits and procedures. This study has been completed, analyses have been conducted, and the outcome paper is in preparation. A follow-up study using the simplified HIV vaccine information is planned to investigate methods of presentation and parental consent, as well as adolescent assent.

Assessment of Acceptability and Feasibility of Preventive Vaccine Initiatives for Adolescents was funded by the Adolescent Medicine Trials Network, through a subcontract of grant 5 U01 HD40533 from National Institutes of Health/ National Institute of Child Health and Human Development (September 2002 through December 2004).

Family-Based HIV Prevention for Adolescent Females

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The objective of this study is to test the feasibility of implementing a mother-daughter risk reduction intervention for at-risk female adolescents and to preliminarily explore intervention effectiveness. A sample of 68 African American or mixed-race female adolescents aged 15-19

and their mothers or mother figures (total $N = 136$) will be randomized to either a family-based risk reduction intervention or a no-treatment control group condition. Aims of this pilot study are to develop a theoretically driven, developmentally appropriate family-based intervention to reduce risk of HIV transmission among disadvantaged, minority adolescent females who live in high HIV prevalence areas; conduct a preliminary efficacy test of the intervention to determine if trends toward significant effects for reducing unprotected sex and/or reducing substance use are found; and explore the feasibility of different recruitment methods for engaging mother (and mother figure)/daughter pairs to participate in the intervention.

Family-Based HIV Prevention for Adolescent Females is funded by the Adolescent Medicine Trials Network, through a subcontract of grant 5 U01 HD40533 from National Institutes of Health/National Institute of Child Health and Human Development (June 2004 through May 2007).

Leadership Group for the Adolescent Medicine Trials Network

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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 (HPTN), HIV Vaccine 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.

Leadership Group for the Adolescent Medicine Trials Network is funded by the National Institutes of Health/National Institute of Child Health and Human Development (subcontract HD 40533 runs from March 2001 through February 2006; Dr. Murphy's current subcontract runs from March 2004 through February 2005).

An Enhanced HIV Prevention Intervention for Male-to-Female Transgenders: e.Trans

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Male-to-female (MTF) transgender women are exposed to several sociocultural conditions that contribute to their risk of HIV infection, such as low income, high unemployment, lower levels of education, and unstable housing. Many transgender women engage in extremely high levels of injection use of hormones, unprotected sex, sex work, and substance use. This study addresses the HIV high-risk behaviors among this population as well as the limited

access to services for MTF transgenders. The study adds a high-intensity enhanced prevention case management intervention to a low-intensity standard transgender harm reduction program and evaluates outcome findings from the standard and enhanced interventions. The enhanced prevention case management intervention, "e.Trans," works with high-risk MTF transgenders to (a) reduce sex work by facilitating legitimate employment; (b) lower HIV injection risks by helping transgender women obtain legal and monitored hormones; (c) reduce substance abuse by helping transgender women with the decision to enter treatment and facilitating the referral process when the decision for treatment is made; and (d) reduce homelessness by helping transgender women obtain stable, affordable housing.

An Enhanced HIV Prevention Intervention for Male-to-Female Transgenders: e.Trans is funded by the University of California, Universitywide AIDS Research Program (UARP), grant number CR09-FR11-522, and Friends Research Institute, Inc, contract number 18563 (November 2003 through October 2005).

Heterosexual Men Who Have Incidental Sex with Men and/or Male-to-Female Transgenders: The H.I.S. Study

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The H.I.S. Study was a qualitative research study of heterosexually identified men who have incidental and occasional sex with other males and/or pre-operative (i.e., biologically male) male-to-female (MTF) transgenders. The H.I.S. Study sought to better understand the social and sexual meaning of homosexual sex for heterosexual men and to assess the HIV risks involved in these sexual encounters as well as with their primary female partners. In-depth qualitative interviews were conducted with 31 heterosexual males who reported sex with another male and/or a MTF transgender in the previous 12 months. Sixty-one percent of the participants were African American/black, 23% Caucasian/white, 7% Hispanic/Latino, and 9% "other." Their ages ranged from 22 to 60 years with a mean age of 38.9 years (SD = 8.4). Fifty-eight percent of the participants reported an HIV-positive serostatus, another 58% reported current substance abuse, and 29% reported a history of childhood sexual abuse and/or trauma. Qualitative data themes included sexual initiation with male and/or transgender partners; their heterosexual identity and sexual relationships with female partners; sexual relationships with male and/or transgender partners (i.e., disposable sex and differentiating responsibility); HIV sexual risk behaviors with female, male, and transgender partners; and drug use and HIV

sexual risks. Findings gained from this study will be used to develop more effective HIV prevention programs for the target population and their sexual partners.

The H.I.S. Study was funded by the City of Los Angeles, AIDS Coordinator's Office, contract number C-102523 (November 2001 through April 2004).

Evaluation, Technical Assistance, and Coordination of Four Coordinated HIV/STD/TB/SA Prevention Networks

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Drs. Shoptaw and Veniegas, who are affiliated with ISAP and the Center for HIV Identification, Prevention and Treatment Services (CHIPTS), were selected to provide technical assistance with developing disease burden profiles, shared data collection systems, and evaluation tools for the Coordinated Prevention Networks (CPNs) in Los Angeles County. This technical assistance project supports community coalition building for reducing health disparities in communities of color. The Centers for Disease Control and Prevention funded 12 demonstration projects across the United States beginning in 1999. The Office of AIDS Programs and Policy selected four agencies in Los Angeles County Service Planning Areas (SPAs) 4, 6, 7, and 8 to build coordinated prevention networks (CPNs) for HIV, sexually transmitted diseases, tuberculosis, and substance abuse. Technical assistance was provided to the four lead agencies (JWCH Institute, Minority AIDS Project, AltaMed, and the City of Long Beach). Among the important tools provided to these agencies are SPA-specific disease burden profiles, a uniform data collection tool, and a draft network evaluation tool. CHIPTS is currently developing training to aid in implementing data collection. (Additional information is available at http://chipts.ucla.edu/interventions/coordinated_networks/index.htm.)

Evaluation, Technical Assistance, and Coordination of Four Coordinated HIV/STD/TB/SA Prevention Networks is funded by the Los Angeles County Office of AIDS Programs and Policy and the U.S. Centers for Disease Control and Prevention, contract H700024 (October 2002 through August 2005).

HIV/STD Risk Behaviors in Methamphetamine User Networks

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This project is part of NIDA's Sexual Acquisition and Transmission of HIV Cooperative Agreement Program (SATH-CAP), which is a multisite project designed to enhance understanding of the sexual acquisition and transmission of HIV and other sexually transmitted infections (STI) within drug-using networks, and from drug users to non-drug users. The main cross-site research questions are: (1) To what extent will HIV infections among drug-using populations spread to uninfected drug users and uninfected non-drug users? and (2) What individual, behavioral, network, and structural characteristics determine the speed, extent, and path of this spread? The cross-site research questions reflect the overall study design emphasizing the identification of individuals serving a functional role as bridgers for HIV and STI transmission from identified high-risk groups to lower-risk groups via sexual transmission. At this point in the Cooperative Agreement, a common assessment battery has been developed, training procedures developed, and regulatory documents filed. It is anticipated that the project will begin data acquisition in March 2005.

HIV/STD Risk Behaviors in Methamphetamine User Networks is funded by the National Institute on Drug Abuse, grant number U01 DA 17394 (October 2003 through May 2008).

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. Drs. Shoptaw, Murphy, and Veniegas and Ms. Kao of ISAP provide technical assistance

to community-based organizations, planning bodies, policymaking bodies, and investigators on evidence-based HIV intervention practices. Intervention Core projects include a family-based intervention for mothers and daughters (with daughters already engaged in high-risk behavior), a behavioral surveillance study of the social networks of methamphetamine users, a service linkage project to build coordinated prevention networks in Los Angeles County, and ongoing trainings on evidence-based HIV prevention with HIV-positive individuals. (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 (January through December 2004; renewal pending).

HIV/STD Risk Reduction in African American Couples

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This project is a four-site randomized clinical trial to reduce sexual risk behavior in African American couples in which one member has HIV.

HIV/STD Risk Reduction in African American Couples is funded by the National Institute of Mental Health, grant U10 MH064404 (July 2001 through June 2006).

Testing a Model of Risk Reduction for HIV+ Women

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This was a randomized trial of an 11-session intervention to reduce HIV transmission risks and enhance health and well-being among HIV-positive women with a history of childhood sexual abuse. Post-test data showed favorable effects on sexual risk taking and, among women who attended most of the sessions, improvement in HIV medication adherence. At the 3- and 6-month follow-ups, the effect on sexual risk taking persisted. There was no evidence of sustained improvement in medication adherence for women in the intervention condition compared to women in the control group or for those who attended most sessions compared to those who did not.

Testing a Model of Risk Reduction for HIV+ Women was funded by the National Institute of Mental Health R01 MH059496 (September 1999 through August 2003).

International Activities

Middle East Meeting on Epidemiology and Treatment Systems

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Although drug problems and treatment issues in the Middle East and the wider Eastern Mediterranean region cut across borders, cooperation and coordination among experts in the region have historically been underdeveloped. The planned meeting seeks to bring together regional experts to discuss and share information on regional problems related to the epidemiology of regional drug problems and methods to successfully build an integrated health system to best treat these problems. Experts from the United States will provide lessons learned, both good and bad, from the evolution of the U.S. system, while Middle Eastern experts will discuss their own experiences and shared issues in their current efforts to build a treatment infrastructure. A multinational collaborative team of scientists from around the region, from the United States, and from international organizations will plan and attend this conference.

Middle East Meeting on Epidemiology and Treatment Systems is funded by the United States Institute of Peace, grant number SG-233-03F (July 2004 through December 2005).

A Substance Abuse Monitoring System for Egyptian and Israeli Communities

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Drug use in Egypt and Israel appear to be considerable, though minimal data document this important issue in both countries. This scarcity of data makes it virtually impossible to develop interventions, be they preventive, educational, treatment-oriented, or interdictive in nature. The primary research objective of this project is to create a data collection infrastructure, similar to the Community Epidemiology Workgroup (CEWG) developed by the U.S. National Institute on Drug Abuse, in several cities in Israel and within several communities in Cairo, Egypt. A multinational team of scientists from Egypt, Israel, the United States, and the United Nations was brought together to create the work plan for this project. Using

the Addiction Severity Index (ASI), developed by Tom McClellan of the University of Pennsylvania, as the primary tool for data collection in Israel and an adapted version of the ASI, the Egyptian Addiction Severity Index (EASI) to be used in Egypt, data collected will be compared across sites in Israeli and Egyptian communities, and may be compared with several hundred programs participating in the Drug Evaluation Network System (DENS) in the United States. Once in place, data collected from this system will allow policymakers in Israeli and Egyptian communities to identify and subsequently address drug use problems among their citizens. This information will be invaluable to the Israeli and Egyptian health ministries when allocating resources.

A Substance Abuse Monitoring System for Egyptian and Israeli Communities is funded by the United States Agency for International Development, grant number TA-MOU-02-M23-010 (December 2002 through December 2005).

Natural History/Treatment Process 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 scientists to broadly pursue their professional endeavors and to develop their research capabilities unencumbered by the constraint of salary maintenance solely through research funding sources. In 1994, after providing 5 years of support through Research Scientist Development Awards and Independent Scientist Awards, NIDA granted Dr. Anglin the K05 award for a 5-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 the education and training of junior investigators and postdoctoral fellows in substance abuse research. This award was competitively renewed in 1999. 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 (September 2000 through August 2005).

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; and (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 (NHI), the study interviewed a sample of 365 MA users admitted to treatment for MA use in 1995-1997 to publicly funded outpatient and residential programs in Los Angeles County; a 3-year follow-up interview was also completed on this treated sample in order to understand longer-term treatment outcomes. The study also used the NHI to interview a second sample of 299 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. In-depth ethnographic interviews were also completed with selected participants. The study is currently completing data analysis.

Methamphetamine Abuse: Natural History, Treatment Effects is funded by the National Institute on Drug Abuse, grant number 1 R01 DA11020 (February 1998 through January 2005).

Gender Differences in a Long-Term Follow-up of Opiate Users in California

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This study will conduct a 25-year follow-up of opiate-dependent women ($n = 337$) and men ($n = 584$) who were originally sampled from methadone maintenance clinics in six Central and Southern California counties in the late 1970s. In-depth natural history interviews were conducted with subjects between 1978 and 1981. The natural history database established by this initial assessment will be extended in the current study, covering an additional period of approximately 25 years. The follow-up interview will assess drug use, criminal behavior, treatment participation, health status, and psychosocial functioning over this extended period. The study will examine gender differences in the factors that influence relapse to and cessation of opiate use over the course of the addiction career; the relationship of psychosocial functioning to identified patterns of use and abstinence; patterns of criminal activity, arrest, incarceration, and legal supervision; drug treatment utilization and other social interventions and associated outcomes; health status and health services utilization; and predictors and correlates of mortality. Death certificates will be obtained for deceased subjects and standard mortality ratios will be computed for gender differences within the sample and in comparison to the general population. The study will provide the longest follow-up study of women opiate users ever performed and will improve the understanding of gender differences in the long-term patterns and consequences of opiate use among this California-based treatment sample.

Gender Differences in a Long-Term Follow-up of Opiate Users in California is funded by the National Institute on Drug Abuse, grant number 1 R01 DA015390 (May 2004 through February 2008).

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 study funded by the National Institute on Drug Abuse. 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; and (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 RO1 DA13594 (September 2000 through July 2005).

Drug Abuse: Epidemiology, Treatment Process, and Outcomes

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Dr. Hser was granted a National Institute on Drug Abuse 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 (September 1989 through July 2005).

Psychotherapy Process in Alcoholism Treatment Matching

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This project examines interactions between therapist behaviors and patient attributes in behavioral treatment for alcoholism. The project uses causal chain analysis to identify the mechanisms underlying these interaction effects, hence providing insight into why and how alcohol treatments work. A multi-dimensional matching typology will be developed based on the study's findings to provide treatment providers with practical guidelines to improve the drinking outcomes of patients with alcoholism.

Psychotherapy Process in Alcoholism Treatment Matching is funded by the National Institutes of Health/National Institute on Alcohol Abuse and Alcoholism, grant number 2 R01 AA012155 (September 2004 to August 2008).

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 (June 1999 through August 2005).

Methamphetamine Abuse Treatment – Special Studies

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Methamphetamine Abuse Treatment – Special Studies (MAT-SS) is a collection of research studies that contributes to knowledge about the growing problem of methamphetamine abuse in the United States. The project examines 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* assesses a cohort of participants who were enrolled in the MTP by conducting follow-up interviews at 3-years post-intake. The purpose of the study is to examine patterns and consequences of methamphetamine abuse over time.
- *The Treatment Adherence Study* contributes 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* evaluates and compares 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 the Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Treatment, contract number 270-01-7089 (September 2001 through September 2005).

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

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The Los Angeles County Evaluation System (LACES) is designed to assess the overall effectiveness of the county's 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 an assessment tool that measures the effects of drug use/abuse on the clients'

physical and mental health, employment, family and social relationships, and legal status. This tool combines elements of the Los Angeles County Participant Reporting System, the Addiction Severity Index, the state-mandated California Outcomes Monitoring System, as well as the federal requirements as outlined in the Performance Partnership Grants. This instrument will be administered during intake, at discharge from treatment, and at the follow-up, conducted 1-year post-admission on a sample of clients. Additional information will be collected at the programmatic level, including policies for drug testing, level of counselor certification and training, and availability of ancillary services. Quarterly and annual epidemiological drug trend reports will be completed. LACES also will conduct a separate evaluation of the Substance Abuse and Crime Prevention Act for Los Angeles County. LACES will provide a wealth of data on clients, client outcomes, treatment services, and program effectiveness. (Additional information is available at: www.laces-ucla.org.)

Los Angeles County Evaluation System: An Outcomes Reporting Program (LACES) is funded by the Los Angeles County Alcohol and Drug Program Administration, contract number H 700244 (March 2004 through June 2007).

Research to Practice

Updating the *Staying in Touch* Fieldwork Manual of Tracking Procedures

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Staying in Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers in Follow-up Studies is designed to assist substance abuse treatment program staff in tracking and locating clients for conducting follow-up interviews. The manual is posted on the ISAP Web site at <http://www.uclaisap.org/trackingmanual/> and is available in both HTML and PDF versions. It describes strategies for successfully locating clients for follow-up. A wide variety of tracking resources are presented in detail, and links to these resources are available throughout the manual. The manual also contains information on integrating follow-up into evaluation design, how to protect client confidentiality, and how to set up and staff a follow-up effort. Printable forms, samples of completed forms, and other resources are available in the appendices. The manual is accompanied by a free database designed to facilitate the record keeping and other tasks necessary for successful follow-up. This Tracking Database Application automates tracking and locating tasks and allows users to easily assess the follow-up status of a particular client. Once basic information is entered into the database, users can flag cases approaching the eligibility date for the follow-up interview, generate personalized letters,

print address labels, and print client profiles for locators/interviewers to use in the field.

Updating the *Staying in Touch* Fieldwork Manual of Tracking Procedures is funded by the DHHS, Substance Abuse & Mental Health Services Administration, Center for Substance Abuse Treatment via a subcontract with Lockheed Martin, contract number 1605-020 (April 2003 to February 2005).

Practice and Research Collaborative (PARC)

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This observational study augments the patient process and outcome data collected under the California Treatment Outcome Project (CalTOP) by conducting program and workforce surveys and focus groups among community-based treatment programs (CTPs) that participated in CalTOP. The goal of the project is to improve our understanding of organizational and staff readiness for adopting and implementing research-based treatment interventions, especially those tested by the National Institute on Drug Abuse's Clinical Trials Network (CTN). Readiness for change and other organizational and staff factors related to patient outcomes are being explored through analyses of these new data and the comprehensive patient data already collected. Specific aims of the project are to: (1) assess organizational and managerial characteristics related to readiness to adopt and implement research-based interventions among non-CTN CTPs in California; (2) assess workforce characteristics related to readiness to adopt and implement research-based interventions among non-CTN CTPs in California; (3) assess patient outcomes (treatment retention, completion, posttreatment outcomes) in relation to organizational and workforce readiness for adopting and implementing research-based interventions; and (4) develop preliminary recommendations for (a) organizational adaptations and clinical practices that facilitate the incorporation of research-based interventions, (b) addressing workforce needs to increase the readiness for implementing research-based interventions, and (c) policies to encourage adoption of research-based treatment in mainstream CTPs by means of appropriate funding, provision of required resources, and technical guidance. (For more information, visit <http://www.uclaisap.org/projects/hser05A.html>.)

Practice and Research Collaborative is funded by the National Institute on Drug Abuse, grant number DA014472 (December 2002 through November 2005).

Los Angeles

Practice Improvement Collaborative

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The Los Angeles Practice Improvement Collaborative (LAPIC) was 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. LAPIC organized training activities for service providers, evaluated the use of new treatment interventions in community-based settings, and hosted regular planning meetings for service providers, policymakers, and researchers. Over the past 3 years, LAPIC spearheaded a quarterly lecture series at the Los Angeles County Alcohol and Drug Program Administration, launched a service exchange initiative in South Los Angeles that worked to maximize existing resources for treatment providers, and developed a model that blends a faith-based recovery program with research-based cognitive behavioral interventions. (Additional information is available at: www.lapic.net.)

Los Angeles Practice Improvement Collaborative was funded by the Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Treatment (CSAT), cooperative agreement number 1 UD1 T112905 (September 2001 through September 2004).

Special Populations and Topics

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

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This study evaluated the comparative effectiveness of different models of service delivery for individuals with co-occurring serious mental illness and substance abuse disorders within Los Angeles County. Four hundred participants with co-occurring disorders were recruited at the time of treatment admission from 11 residential drug treatment programs within the county. All subjects were either currently seeking or receiving outpatient services from adjacent community mental health agencies. The degree of integration of mental health services provided

to clients, either on-site at the drug treatment programs or through partnerships with the outpatient mental health programs, was measured by surveys conducted with program administrators and staff. Subjects were assessed at the time of intake into residential drug treatment and at 6 and 12 months following treatment admission. The study findings show that patient, treatment, and program-related factors were uniquely related to the posttreatment outcomes (i.e., drug use and psychosocial functioning) of dually diagnosed patients in drug treatment. Controlling for patient characteristics, individuals in residential drug treatment who completed at least 90 days in treatment, who received more comprehensive services during the follow-up period, and who were treated in programs with a higher degree of service integration had better posttreatment outcomes.

Context and Effectiveness of Two Models of Service Delivery was funded by the National Institute on Drug Abuse, grant number 1 R01 DA11966 (August 1998 through July 2004).

Pain Analgesic Response in Opiate Dependence

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The overall objectives of this project are to determine the pain experiences of patients chronically exposed to heroin, methadone, or buprenorphine; to measure the analgesic responses of methadone- and buprenorphine-maintained patients and of matched 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 matched 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-maintained patients to determine how these values are influenced by methadone and buprenorphine concentrations, and to compare the results with those obtained from normal controls. Additionally we received

an international supplement to this project to look at the experience of French physicians in treating pain in patients maintained on buprenorphine. This supplemental work will take place in France by conducting surveys and focus groups with physicians who have treated both acute and chronic pain in patients maintained on buprenorphine. This work is being conducted in France since they have a large population of buprenorphine-maintained individuals and the treating physicians have been prescribing buprenorphine since 1996. One of the most frequently asked questions in the United States since the introduction of buprenorphine as a treatment for opiate dependence is how to treat acute and chronic pain in patients maintained on buprenorphine. Results of the French project will provide some guidance to providers in the United States.

Pain Analgesic Response in Opiate Dependence is funded by the National Institute on Drug Abuse, grant number RO1 DA13706 (June 2001 through April 2005).

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 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 under community supervision without treatment. ISAP is conducting a statewide evaluation of SACPA over 5 years to examine SACPA implementation, its costs and cost-savings, and its influence on 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.uclaisap.org.)

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 (June 2001 through June 2006).

Alcohol and Homeless Women's Use of Health Services

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This secondary analysis project is examining correlates of health care utilization and unmet need for care among homeless alcohol-using women in Los Angeles.

Alcohol and Homeless Women's Use of Health Services is funded by the National Institute on Alcohol Abuse and Alcoholism, grant number R21 AA13398 (March 2002 through February 2005).

Homeless Women: Drugs, Race/Ethnicity, and Health Care

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Homeless Women: Drugs, Race/Ethnicity, and Health Care is funded by National Institute on Drug Abuse grant number R01 DA14835 (September 2001 through August 2005).

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. ISAP's role is to oversee collection of the data and the coordination of all research activities. The study is a 3-year longitudinal study with screening and recruitment occurring the first year, developmental follow-up in the newborn period and at 1, 2, and 3 years, and a home visit at 18 months. Measures of the child include domains of arousal regulation, cognition, social relationships, neuromotor function, 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 mediating role of psychosocial factors on the impact of prenatal MA exposure on child development. This will be the first large-scale study of the developmental consequences of prenatal MA exposure.

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 (September 2001 through August 2006).

HIV Intervention Program

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The HIV Intervention Program (HIP) is a pilot study that will assess the feasibility of adapting a research-supported intervention (i.e., "Street Smart") to an extremely high-risk California population of Latino (60%) and African American (30%) juvenile offenders who, while detained in male-only residential youth correctional facilities, attend school on-site. The targeted youth exhibit a constellation of behaviors that include risky sexual behavior and substance use. Since they are detained in this secure setting for 4 months before returning to the community, HIP will address the sequelae of HIV risk behaviors by providing intensive after-school interventions delivered by master's level clinicians. The specific aims of this project are to: (1) adapt Street Smart for use with the target population by enlisting certified Street Smart trainers to train the clinicians who will deliver the intervention (in addition to ensuring fidelity, this training will include content review regarding cultural relevance for the target group of adolescents), and (2) conduct a randomized pilot to assess the preliminary short-term utility of the intervention in reducing HIV risk behaviors.

HIV Intervention Program is funded by the University of California Universitywide AIDS Research Program in the Innovative, Developmental, Exploratory Awards category, grant number ID04-FR11-073 (November 2004 through November 2005).

Life Interventions for Family Effectiveness

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The Life Interventions for Family Effectiveness (LIFE) project assessed 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 sought to generate new knowledge regarding community-based integrated substance abuse treatment, screening, and early intervention for adjudicated adolescents and their families

in an alternative school. The population served was at-risk Latino and African American adolescents who attended an alternative school as a result of numerous delinquent behaviors. The cornerstone of the social delivery model was the Matrix Model for Adolescent Addiction delivered at school, community locations, or the students' homes. The other essential components of the model were computer literacy programs and computer-assisted graphic arts and musical programming delivered in the school setting. Forty youngsters who attended an alternative school in Los Angeles and their families received comprehensive interventions. Their outcomes were compared to 40 participants at a comparison school who received the standard social services. Results indicate that even when controlled for baseline differences, 30 participants in the intervention group performed significantly better (.05) versus 28 participants in the control group on the psychiatric score on the Addiction Severity Index–Adolescent Version and better on the Problem Oriented Screening Instrument–Parent Version.

Life Interventions for Family Effectiveness was funded by the Center for Substance Abuse Treatment, grant number T1 12498 (September 2001 through September 2004).

Substance Use and HIV Prevention

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The purpose of the Substance Use and HIV Prevention (SUHIP) project is to develop and pilot test a new intervention that results from the adaptation of two evidence-based pre-existing culturally and gender-sensitive interventions shown to reverse negative trajectories toward substance use and HIV risk behaviors among at-risk adolescents (i.e., "Reconnecting Youth" [RY] and "Street Smart" [SS]). The target population is an extremely high-risk group of Hispanic and African American male and female juvenile offenders who, while detained in secure residential youth correctional facilities, attend school at on-site alternative high school settings. This exploratory proposal will evaluate the feasibility, acceptability, and tolerability of delivering the resultant intervention to a group of youth attending unique alternative schools in correctional settings. The project is novel in that this population is an understudied group. As part of this project, an integrated school-based curriculum will be provided. Eighty participants will be enrolled over the 2-year grant period.

Substance Use and HIV Prevention is funded by the National Institute on Drug Abuse, grant number 1 R21 DA018578 (September 2004 through July 2006).

Substance Abuse Policy

Proposition 36 Treatment System Impact (TSI) Study

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In November 2000, California voters approved the Substance Abuse and Crime Prevention Act, also known as "Proposition 36." Under this act, adult drug offenders can receive drug treatment in the community in lieu of incarceration. The impact of Proposition 36 on the criminal justice system and the substance abuse treatment system will have tremendous implications for future policy and practice at the national, state, and local levels. This project investigates the impact of Proposition 36 on the treatment service delivery system and on treatment outcomes. This 5-year study consists of the following:

(1) The System Impact Study, which aims to understand the impact of Proposition 36 on the county-level treatment service delivery system. The specific objectives are to: (a) describe counties' plans and strategies for implementing Proposition 36 in their drug treatment systems as well as the characteristics of drug offenders diverted to treatment; (b) assess the treatment system impact of and response to Proposition 36, including changes in clinical practices and organizational adaptations; and (c) assess the influence of program and staff characteristics on Proposition 36 client treatment retention and completion.

(2) The Treatment Outcome Study, which assesses treatment outcomes via follow-up interviews and cross-system data linkage. The specific objectives are to: (a) assess services received by Proposition 36 clients; (b) assess client self-reported treatment outcomes (e.g., drug use, criminal involvement); and (c) assess client treatment outcomes in other health/social data systems (e.g., arrest records in the criminal justice system). (For more information, visit <http://www.uclaisap.org/Prop36/TSI/index.html>.)

Proposition 36 Treatment System Impact (TSI) Study is funded by the National Institute on Drug Abuse, grant number DA15431 (June 2002 through June 2007).

Impact of Welfare Reform on Access to Medical Care, Mental Health Services, and Substance Abuse Treatment for CalWORKs Participants with Alcohol and Other Drug Use Problems

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This project further analyzed data collected for a study of the intersection of substance abuse and welfare reform in Los Angeles County funded by the Robert Wood Johnson Foundation Substance Abuse Policy Research Program. The analyses examined the prevalence of drug use in a sample of participants in the California Work Opportunity and Responsibility to Kids (CalWORKs) welfare program (as well as applicants who are probably eligible for the program) and explored the impact of welfare receipt on access to and utilization of health care services (medical care, mental health services, and substance abuse treatment) by persons with substance abuse problems. Findings will contribute to a better understanding of the interface between welfare and healthcare in the CalWORKs system.

Impact of Welfare Reform on Access to Medical Care, Mental Health Services, and Substance Abuse Treatment for CalWORKs Participants with Alcohol and Other Drug Use Problems was funded by the California Program on Access to Care, California Policy Research Center, grant number CNN10K (March 2004 through October 2004).

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 (OTPs) 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. Based on a review of historical documents and interviews with policy participants, the study found that the process of federal OTP regulatory reform was highly participatory and political in nature. The high degree of involvement by a broad range of stakeholders frustrated the ability of federal authorities

to achieve broad-based consensus and hence to develop and implement broad-based policy change. A survey of state methadone authorities (SMAs) conducted in 2004, three years after the federal regulation was promulgated, found that while some states have modified their state's regulatory policies to reflect some of the reforms adopted in the revised federal regulation, the process of regulatory reform at the state level has been slow and uneven. The SMA survey also found that in many states, the process of developing state methadone policy involves multiple political constituencies and that the states in which methadone policy formation is the most politicized tend to be the slowest to reform state OTP policies.

A Policy Analysis of Recent Changes in Federal Methadone Treatment was funded by the Robert Wood Johnson Foundation, Substance Abuse Policy Research Program, agency award number 041676 (March 2001 through August 2004).

Meta-Analysis of Contingency Management Interventions in the Treatment of Drug Use Disorders

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This study conducted a meta-analysis of the effectiveness of contingency management in the treatment of substance abuse disorders (alcohol, tobacco, illicit drugs). The primary outcome of interest was drug use (usually based on urine testing) measured during treatment and (if reported) following treatment. Standard meta-analysis procedures included: a comprehensive literature search; selection of studies based on eligibility criteria; development of a detailed codebook covering client, treatment, methodological, and context variables; coding of studies based on the codebook; calculation of effect sizes; and analysis of effect sizes and possible moderators. A total of 71 studies were coded. Preliminary analyses indicate that contingency management interventions yield a moderate average effect size ($d = .42$).

Meta-Analysis of Contingency Management Interventions in the Treatment of Drug Use Disorders was funded by the Center for Health Care Evaluation, Palo Alto Veterans Affairs, contract V261P-1447 (September 2002 through February 2004).

Training and Dissemination

Substance Abuse Research Consortium (SARC) Conference Contract

Thomas E. Freese, Ph.D., Principal Investigator
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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 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 Contract is funded by the California Department of Alcohol and Drug Programs, contract number 04-00124 (March 2005 through July 2005).

Brain Changes in Drug Dependence: Clinical Implications

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Richard de la Garza, Ph.D., Project Director

This career development grant provides salary and research support for Dr. Thomas Newton.

Brain Changes in Drug Dependence: Clinical Implications is funded by the National Institute on Drug Abuse, grant number 5 K08 DA000388 (July 1999 through June 2005).

Clinical Research Education for Drug Abuse Professionals

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This research training grant supports training of clinically trained professionals in clinical research techniques.

Clinical Research Education for Drug Abuse Professionals is funded by the National Institute on Drug Abuse, grant number 5 R25 DA014593 (September 2002 through May 2007).

Interdisciplinary Training in Neuropsychiatric Aspects of HIV/AIDS

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This program trains postdoctoral scholars in the neuropsychiatric aspects of HIV. Past trainees have focused on epidemiology, neuropathology, immunology, and neuropsychological aspects of HIV.

Interdisciplinary Training in Neuropsychiatric Aspects of HIV/AIDS is funded by the National Institute on Drug Abuse, grant number T32 DA 19200 (July 1999 through June 2004; pending renewal).

The Pacific Southwest Addiction Technology Transfer Center

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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. The PSATTC also works to promote changes in attitudes across all involved settings in the Pacific Southwest (including academic and government agencies, as well as among clinicians involved in treating substance abusers) regarding the status 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 three-state region, creates an extraordinary resource to meet the extensive and rapidly evolving training and technology transfer needs of Arizona, California, 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 (March 2002 through March 2007).

UCLA Drug Abuse Research Training Center

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The Drug Abuse Research Training Center (DARTC) offers training to three predoctoral fellows and eight postdoctoral Ph.D. and M.D. fellows. This 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 <http://uclaisap.org/training/pre-and-post-doc-training.html>).

UCLA Drug Abuse Research Training Center is funded by the National Institute on Drug Abuse, grant number 2 T32 DA07272 (September 2001 through June 2006).

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Treatment Services

UCLA ISAP arranges and provides treatment services for the entire spectrum of substance abuse disorders. The UCLA Substance Abuse Services, based at the UCLA Neuropsychiatric Institute and Hospital, provides comprehensive, scientifically based assessment and treatment in a caring and confidential environment. The program offers partial hospitalization and inpatient/detoxification services, as well as outpatient treatment with aftercare, which occurs at the ISAP-affiliated network of community-based outpatient clinics (Matrix Institute on Addictions clinics, Van Ness Recovery House, and others). This clinical system supports patient care, research training, clinical training, and research activities.

Matrix Institute on Addictions Treatment Programs

Many of UCLA ISAP's research studies take place in the community-based treatment programs of the Matrix Institute on Addictions. The Matrix Institute, which was established in 1984, is a nonprofit organization governed by a board of directors. The mission of the Matrix Institute is to improve the lives of individuals and families affected by alcohol and other drug use through treatment, education and training, and research to promote a greater understanding of substance abuse disorders. Matrix Institute's overarching goal is to improve the quality and availability of treatment services by disseminating accurate, empirically based information on the treatment of substance abuse disorders into the healthcare system.

The Matrix Model of Treatment for Substance Abuse Disorders

The Matrix Model of intensive outpatient treatment was developed with an awareness of the diversity of problems that contribute to addictive disorders. To produce the best opportunity for success, the needs of the individual patient are considered in the design of each treatment plan. At the Matrix Institute,

the elements chosen to create optimal treatment plans include strategies and methods that have been demonstrated to be effective with substance abuse disorders. The intensity, duration, and content of treatment vary for individual patients, but certain key elements that are significantly related to treatment success are included within all Matrix treatment plans. They are:

Therapist Support

Matrix outcome reports have consistently found that the empathetic and directive support of a professional therapist is critical in developing a successful program of recovery.

Group/Individual Participation

Data from a recent Matrix follow-up research report identified participation in group activities during treatment to be highly related to long-term success. The regular four-month Matrix treatment protocol consists primarily of group sessions. Also available are the Intensive Individualized Treatment Program and the Six-Week Early Intervention Program, which is designed for people who are at the earliest stages of readiness for treatment and offers individual sessions only.

12-Step or Other Spiritual Group Involvement

Numerous outcome reports have demonstrated that patients who are involved in a 12-step or other support group have far better outcomes than patients who are not involved in such programs.

Relapse Prevention and Education

Substance abusers benefit from learning about how they became addicted, how they have been affected by their addiction, what they need to do to prevent a relapse, and what to do if they should return to drug and/or alcohol use.

Family Involvement

There is substantial research that clearly indicates superior treatment outcomes for patients whose families are involved in the treatment process.

Structure

Chemical dependency treatment requires an explicit framework giving patients a clear understanding of treatment requirements.

The Matrix Institute treatment system has been created to provide a comprehensive set of treatment options for substance-abusing populations. Five Matrix sites provide treatment services to a broad range of Southern California communities (West Los Angeles, Los Angeles, Orange County, San Fernando Valley, and San Bernardino County).

The foundation of the Matrix Model of treatment is a set of clinical protocols that have been constructed using established, empirically supported chemical dependency treatment principles. The manuals for these protocols have been developed and evaluated with funding from the National Institute on Drug Abuse, the Center on Substance Abuse Treatment, and the National Institute on Alcoholism and Alcohol Abuse.

These protocols include extensive assessment strategies, treatment placement guidelines, outpatient detoxification regimens, and structured outpatient options. The Matrix approach allows for maximal utilization of effective outpatient treatment methods. Due to the extensive involvement of the Matrix staff with clinical research efforts, patients treated at Matrix Institute have access to the newest and most effective pharmacotherapies and psychologically based treatment models. The substance abuse treatment system established by Matrix offers a set of options and a level of expertise unmatched in behavioral healthcare.

UCLA Substance Abuse Services

UCLA ISAP also makes use of and supports the UCLA Substance Abuse Services unit located on the UCLA campus in the UCLA Neuropsychiatric Institute and Hospital. Researchers at UCLA and elsewhere continue to develop new and increasingly more effective

medical and psychological treatments to hasten substance abuse recovery.

UCLA Substance Abuse Services, which is directed by ISAP's Thomas Newton, M.D., provides comprehensive, scientifically based assessment and treatment in a caring and confidential environment. Addiction disorders involving numerous substances are treated, including alcohol, prescription pain medications, cocaine, methamphetamine, opiates, benzodiazepines, and club drugs (Ecstasy and GHB).

An interdisciplinary team of experts offers a complete continuum of care based on the individual's needs, including inpatient and outpatient detoxification, partial hospitalization, structured outpatient treatment, and aftercare.

Treatment incorporates any or all of the following:

- addiction and recovery education
- Matrix Model of relapse prevention
- family involvement
- psychoeducational groups
- 12-step group participation
- medication (when appropriate)

Scope of Services

Inpatient Care Program

The Inpatient Care Program is housed in the UCLA Neuropsychiatric Hospital's Pavilion on the UCLA campus in Westwood (Los Angeles), California. This eight-bed, inpatient detoxification unit specializes in alcoholism and addiction services for adults. Based upon the patient's specific needs, a combination of physician addiction specialists, psychologists, licensed clinical social workers, marriage and family therapists, and registered nurses join together to form a highly personalized treatment team to facilitate the individual's recovery. In addition to the medical management of substance abuse disorders, patients are assessed, diagnosed, and treated for any psychiatric or medical

complications stemming from or affecting the addiction disorder. Referral to residential treatment programs for patients who require long-term inpatient treatment is also arranged.

Partial Hospitalization Program

Our Partial Hospitalization Program helps patients transition from an inpatient to outpatient treatment setting, or provides a structured environment for patients who do not need 24-hour supervision after detoxification but require more care than an outpatient setting can provide.

Outpatient Care Program

The Outpatient Care Program provides a range of outpatient services including an outpatient addiction clinic offering brief psychotherapy, and a detoxification program that allows individuals to continue to work and perform daily activities while pursuing addiction treatment.

Van Ness Recovery House

The mission of the Van Ness Recovery House (VNRH) is to meet the critical and expanding needs of the lesbian, gay, bisexual, and transgender community for alcohol and drug addiction recovery. The VNRH, a licensed and certified alcohol and drug recovery home, opened in May 1973 as a not-for-profit corporation. Utilizing the principles of Alcoholics Anonymous (AA), VNRH provides outpatient, day, and residential treatment; sober living services; and education, prevention, and outreach services in a socially supportive and chemically free environment. Services are available to anyone regardless of ability to pay or HIV status.

The VNRH residential program is 90 days in duration with an additional six to nine months available in a sober living apartment complex located adjacent to the residential facility. These two components allow for up to 12 months of structured help. VNRH is a social model

recovery house, which is philosophically based on the 12 steps of Alcoholics Anonymous.

The VNRH program comprises three 30-day phases. The first 30 days include group meetings that cover, but are not limited to, alcohol and drug education, HIV, homophobia, self-esteem, and relapse prevention. Each resident obtains a sturdy foundation for recovery through the AA program. Alcoholics Anonymous meetings are conducted daily at VNRH and residents are required to develop a working relationship with a sponsor.

The second 30 days focus on job skills development, in addition to ongoing group and AA meetings. Residents attend classes at an on-site classroom to obtain job-training skills necessary for finding and maintaining full-time employment.

The final 30 days focus on integrating recovery and sobriety into a productive life. Residents seek employment or they return to their previous place of employment. In the evening, residents meet with their counselor and attend AA meetings. Much of their counseling is geared toward maintaining recovery, keeping sobriety a first priority, and becoming financially responsible.

It is worth noting that prior to entering the first phase of the residential program, an individual may spend up to four weeks on a waiting list. People on the waiting list are required to call the VNRH office every morning, attend a nightly AA or Narcotics Anonymous meeting, and not drink or use any other drug while waiting for admission. Once a person enters the actual program, the expected maximum stay is 90 days. VNRH does not provide detoxification or sobering services but does refer individuals to appropriate facilities at any time during this process when appropriate.

The Van Ness Prevention Division (VNPD) of the VNRH is located three miles south of the VNRH. Using the ideology of harm reduction,

the VNPD's programs are designed to increase social support and teach survival skills to non-treatment-seeking gay and bisexual men and transgender substance users.

All of the Prevention Division program participants are street substance users, and many are sex workers and homeless or living in a transitional living situation. The overall objective of the prevention program is to reduce the harm that can result from drug use by preventing HIV infection and managing the physical, psychological, and psychosocial manifestations of drug use without the requirement of abstinence or recovery. Success is evaluated by any change in behavior that reduces physical, psychological, or psychosocial harm to participants, their loved ones, and/or their community. An important distinction between the VNRH and its Prevention Division is that the VNRH provides social model treatment, while the VNPD utilizes harm reduction strategies that guide HIV and substance abuse prevention interventions.

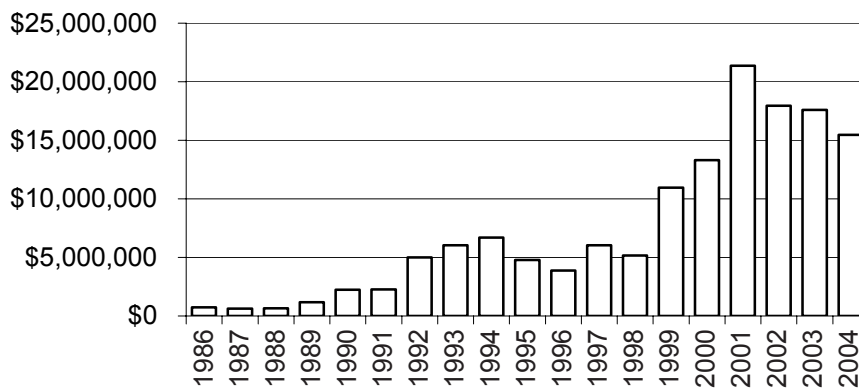
Financial Report

Fiscal Year 2002-2003 (July 1, 2002, to June 30, 2003) and

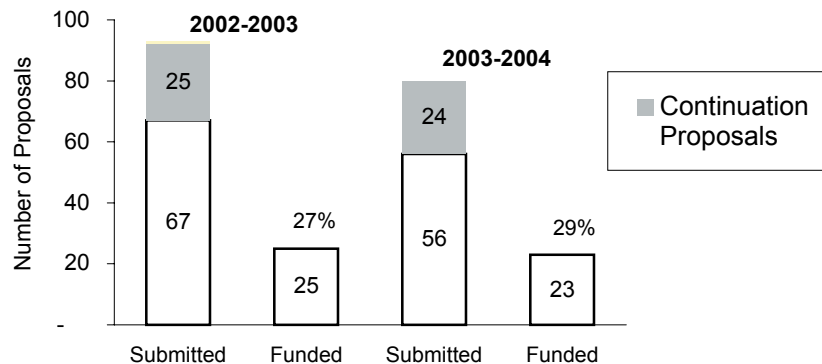
Fiscal Year 2003-2004 (July 1, 2003, to June 30, 2004)

The UCLA Integrated Substance Abuse Programs is a financially dynamic organization with diverse funding sources and an expanding funding base. In the last 12 years, ISAP's annual funding has grown from around \$5 million to \$15-18 million.

Award Funding (1986-2004)



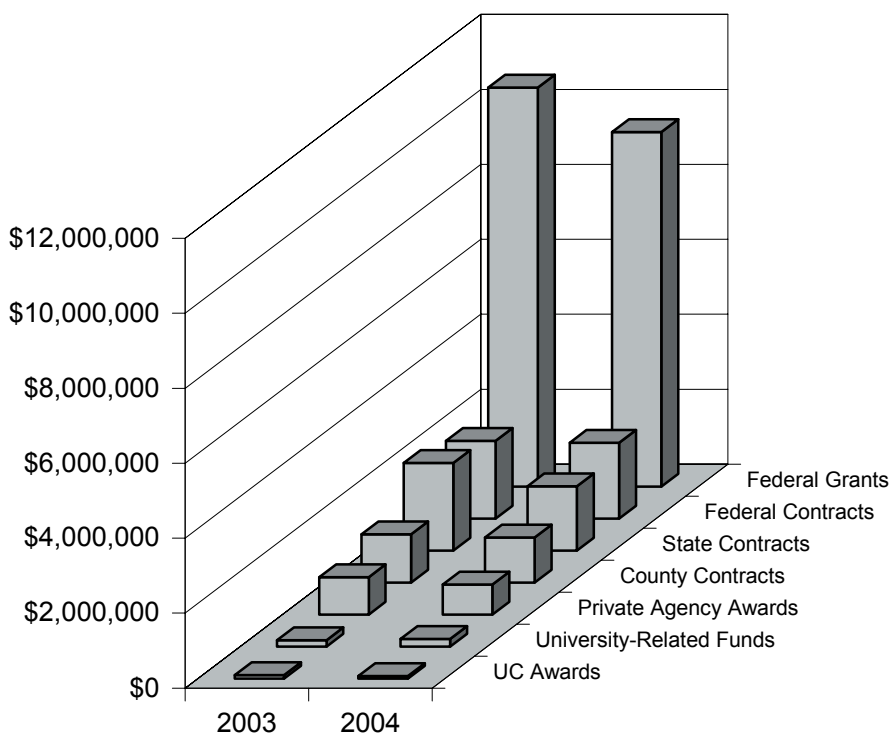
**Fiscal Years 2003 and 2004
Proposal Submissions**



During fiscal years 2002-2003 and 2003-2004, funds were received from the following sources:

	2002-2003	2003-2004
Federal Grants	\$10,644,673	\$9,455,733
Federal Contracts	\$2,070,370	\$2,020,606
State Contracts	\$2,336,329	\$1,719,292
County Contracts	\$1,289,853	\$1,205,663
Private Agency Awards	\$1,001,349	\$805,251
UCLA-related	\$166,500	\$201,000
University of California	\$89,737	\$66,275
Total:	\$17,598,811	\$15,473,820

**Fiscal Years 2002-2003 and 2003-2004
Awards by Funding Source**



Expenses

Expenses, salaries, and benefits constituted a consistent rate of ISAP's expenditures for the two fiscal years, reflecting approximately 49% of funding. 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 constitute 23% of our expense budget.