



NIDA-CTN-0030 (POATS) study update: Main Trial and Long-Term Follow-up Project



The purpose of the NIDA-CTN-0030 POATS study was to determine whether treatment outcome for subjects dependent on prescription opioid analgesics can be improved by adding individual drug counseling to the prescription of buprenorphine/naloxone with standard medical management. This was examined during: a) an initial four-week treatment with taper; b) a 12-week stabilization treatment for those who did not respond successfully to the initial treatment; and c) a long-term follow-up assessment at 18 months, 30 months, and 42 months post Phase 1 randomization.

Main Trial Update. The database for the main portion of the study was locked on September 8, 2009 by the NIDA Data and Statistics Center. Results from the study will be available in the near future. Overall, 653 participants were randomized into Phase 1 and 360 participants were randomized into Phase 2. Locally, the McLean Hospital site randomized 85 subjects into Phase 1.

Long-Term Follow-up Project Update. Research staff at McLean Hospital are now actively conducting the Long-Term Follow-Up portion of the project. The purpose of the follow-up project is to examine long-term outcomes for individuals with opioid analgesic (OA) dependence who participated in CTN-0030. Specifically, we wish to describe the substance use trajectories of randomized participants and identify factors associated with long-term recovery from OA dependence for future research. This exploratory, naturalistic study is intended to help generate hypotheses and guidance for further treatment research on opioid analgesic dependence.

As of November 1, 2009, 139 18-month assessments have been completed and 47 30-month assessments have been completed.

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News from the Field

Awards/Honors

Shelly Greenfield's 2007 publication in *Drug and Alcohol Dependence* entitled, "Substance abuse treatment entry, retention, and outcome in women: A review of the literature" was listed as one of the Top 10 cited papers between 2006 and 2008 by Elsevier Publishers. This review paper was the product of work completed by members of the CTN Gender Special Interest Group. Congratulations!

Substance Abuse Policy Research Program (SAPRP):

Policy Briefs and Five-Year Research Agenda—2010 through 2015



The **Substance Abuse Policy Research Program (SAPRP)**, with support from the Robert Wood Johnson Foundation, recently released two timely policy briefs relevant to substance abuse Community Treatment Programs.

The policy brief on Buprenorphine Treatment for Opioid Addiction reviews the organizational, political, and financial barriers to the adoption of buprenorphine in clinical practice.

The policy brief on Racial and Ethnic Disparities in Substance Abuse Treatment reviews the gaps in knowledge about racial and ethnic difference in alcohol and drug treatment.

The Five-Year Policy Research Agenda outlines potential policy research priorities for the treatment of substance use disorders. The report further explains that the goal of policy research on addiction treatment is to increase access to services, promote utilization of services, and strengthen the quality of addiction treatment services. All three of these resources are publicly available through the SAPRP website, <http://www.saprp.org/index.cfm>.



Levy's Corner

Dr. Michael Levy is the Director of Clinical Treatment Services at CAB Health & Recovery Services, Inc. in Peabody, MA. He is the author of a syndicated column where he responds to reader's questions about mental health conditions, resources, and problems. In this section of our newsletter, we have reprinted letters from the column.



Is there any evidence that when a young person uses drugs like painkillers that they have a greater chance of being addicted to it when they get older? Thanks.

Substance abuse prevention experts believe that the chance of developing a substance use disorder is lessened the later a person starts using substances. Certainly, with alcohol, it is clear that early use of alcohol increases the risk of developing an alcohol problem as an adult. I also saw a recent study that suggests this may be true with opioid painkiller drugs as well. In this study that used mice, the researchers found that young mice self-administered such medication in smaller amounts

than did older mice, which suggests that younger mice are more sensitive to the drug. In addition, this research showed that mice exposed to opioids during adolescence were more sensitive to the drug after they were re-exposed to the drug as an adult as compared to mice who were never exposed to this kind of drug when younger. This indicates that using drugs triggered lasting changes in the brain that sensitized and primed the brain to the drug's effects. The researchers believe that this could lead to an increased chance of opioid drug addiction if exposed to the drug when older. So in answer to your question, early drug use isn't good and it appears that it can lead to an increased chance of developing a drug problem as an adult.

I stopped drinking and doing drugs about two months ago. While things are going ok, I am feeling lonely as everyone I know still uses drugs and I have been staying away from them. I haven't even been talking to my old friends. Honestly, I work, go home, and haven't been doing much else. I guess this is normal, but do you have any ideas about what I can do? Thanks.

Feeling this way is absolutely normal and this is very common when a person first stops drinking and using drugs. As you have separated yourself from the people you used to socialize with because they still use drugs and this would set you up to use again, missing them and feeling lonely is normal and it takes time to develop a new social network. Here are a few things to think about as a way to develop new relationships and to deal with feeling lonely:

Are there people you know who do not use drugs and who you grew apart from due to your using drugs? If so, this might be a good time to try to reconnect with them. You can even acknowledge that you grew apart due to your drug use, but that you are abstinent now and would love to see them. Family members can also be good people to reconnect with if you have family around. There may even be people at

work who you might attempt to get to know on a more social level.

Self-help meetings, such as AA and SMART Recovery, can be a great source of support to maintain abstinence from substances and are a great place to meet other people who are in the same place as you are. That is, they are also trying to no longer drink and use drugs, and have also probably separated themselves from many past friends and acquaintances.

You can also think about getting involved in fun activities that may have an interest for you. As most activities are social ones, you will likely find others who share similar interests that you do and over time, you may be able to develop some social relationships with them.

Those are just several ideas. The thing to remember is that feeling lonely is normal after being abstinent for two months. It takes time to develop new friends and a new social support system. But give it time and I am sure that you will eventually develop new friends.





NNE Node Presentations/Publications

PRESENTATIONS:

- **Weiss RD, Potter JS**, Byrne M, Sullivan C, Ling W. Use of an Adaptive Treatment Research Design in a CTN Study of Prescription Opioid Dependence Treatment. 71st Annual Meeting of the College on Problems of Drug Dependence. Reno/Sparks, Nevada June 20-25, 2009
- Winhusen T, Somoza E, Brigham G, Liu D, Green C, Covey L, Croghan I, Adler L, **Weiss R**, Leimberger J, Lewis D, Dorer E. A Double-Blind Placebo-Controlled Trial of Osmotic-Release Methylphenidate in Initiating and Maintaining Abstinence in Smokers with Attention Deficit Hyperactivity Disorder. 71st Annual Meeting of the College on Problems of Drug Dependence. Reno/Sparks, Nevada June 20-25, 2009
- Brooks A, **Meade CS, Potter JS**, Lokhnygina Y, Calsyn D, **Greenfield S**. Gender differences in HIV Risk Behaviors Among Drug Abusers. 71st Annual Meeting of the College on Problems of Drug Dependence. Reno/Sparks, Nevada June 20-25, 2009
- **Potter JS, Meade CS**, Peterson AT. A Systematic Review of Gender Differences in HIV Sexual Risk Behaviors Among Stimulant and Opioid Abusers. 71st Annual Meeting of the College on Problems of Drug Dependence. Reno/Sparks, Nevada June 20-25, 2009
- **Provost S**, Moore A. Quality Assurance and Site Monitoring Visits. Session #6 as part of the 2009 NIDA CTN Web Seminar Series. July 14, 2009
- Emsellem P, **Paul N**. Work-based Learning Strategies to Engage Front-line Workers in Career Paths and Improve Organizational Performance. NIATX National Conference. Tucson, AZ July 30, 2009
- **Chakrabarti A**. Opioid Dependence: An Indian Perspective and a Study of Predictors of Buprenorphine/Naloxone Dosing in Opioid-Dependent Youth. McLean Hospital Alcohol & Drug Abuse Treatment Program Monthly Brown Bag Lunch Lecture. September 16, 2009.

PUBLICATIONS:

- **Chakrabarti A**, Woody GE, **Griffin ML**, Subramaniam G, **Weiss RD**. Predictors of buprenorphine-naloxone dosing in a 12-week treatment trial for opioid-dependent youth: secondary analyses from a NIDA Clinical Trials Network Study. Drug Alcohol Depend, in press
- **Jaffee WB, Bailey GL**, Lohman M, Riggs P, McDonald L, **Weiss RD**. Methods of Recruiting Adolescents with Psychiatric and Substance Use Disorders for a Clinical Trials. The American Journal of Drug and Alcohol Abuse. 35: 381-284, 2009.
- **Weiss RD, Potter JS, Copersino ML, Prather K**, Jacobs P, **Provost S**, Chim D, Selzer J, Ling W. Conducting Clinical Research with Prescription Opioid Dependence: Defining the Population. American Journal on Addictions, in press.