



The Northern New Englander

Your NIDA-CTN Research-to-Practice Information Connection
Volume 4, Issue 2 - June 2006

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CTN Research Utilization

By Marc Copersino, Node Research Utilization Coordinator - The primary responsibility of the Research Utilization Committee (RUC) is to facilitate adoption within the CTN of interventions tested and proven successful by the CTN. As more studies conclude and primary outcome papers are published, dissemination of CTN-studied interventions becomes increasingly important to all CTN stakeholders.

In their report to the National Executive Committee at the March Steering Committee Meeting in Dallas, the RUC outlined a tentative strategic plan. As part of this plan, Node Research Utilization Coordinators (NRUCs) CTN-wide are being asked to conduct phone interviews with their CTP Directors during the month of May.

The purpose of these interviews is to assess experience with, and interest in, evidence-based practices (EBPs). The survey also asks CTP Directors to think about steps taken/anticipated and obstacles overcome/anticipated in implementing EBPs in their programs. Results will then be reported back to the RUC.

The RUC is requesting this information in order to stimulate thought and discussion about what help CTPs will need to implement EBPs (e.g., training and technical assistance). This information will also help the RUC to connect people in the CTN who are interested in adopting the same interventions.

The interview process has started in the NNE node and, to date, I have conducted three interviews. Among other things, results of these interviews highlight the unique and superlative programs among our NNE CTPs. Future issues of the Northern New Englander will feature results from individual CTP interviews.

The information collected from NNE CTP interviews will also help the RUC to better understand the challenges CTPs face when implementing new EBPs. For example, in their report to the Executive Committee (EC), the RUC identified "resources" and "interest" as two of the biggest challenges to dissemination of CTN-tested interventions. However, when I report back to the RUC, I can inform them that in addition to identified challenges, there is also enormous interest in, and action toward, adoption of EBPs in our node.

Moreover, CTP Directors have articulated the importance of continuous quality improvement, goal-setting, patient and staff satisfaction, and compatibility with program culture and core values when choosing to implement new EBPs. Clearly, there is a great time burden associated with such changes, and adoption of new EBPs must be weighed as an opportunity cost. But, with

NNE CTPs providing knowledge, experience, and leadership, adoption of CTN-tested and successful interventions within the CTN should be a little easier.

Again, over time, dissemination of CTN-studied interventions will become increasingly important to all CTN stakeholders as more products become available. In this issue of the Northern New Englander, you will find descriptions of the three NIDA/ATTC Blending Team products that have been released to date. Future Blending Products will include Motivational Interviewing (MI) Supervisor Training, Motivational Enhancement Therapy (MET) Supervisor Training, and Promoting Awareness of Motivational Incentives (a.k.a. Contingency Management).

As a result of strong interest in the CTN-0020 Protocol, Job-Seekers Training for Patients with Drug Dependence, a local planning committee has been formed to begin concrete plans for dissemination of this intervention. In so doing, the NNE Node is again leading by example, by turning dissemination strategy into action.

As always, please feel free to contact me (mcopersino@mclean.harvard.edu) about Blending Products, or about any other issues relevant to research utilization in our node. Also, please let me know if there is a particular issue or topic you would like covered or presented in future columns. ~

Marc Copersino is the NNE Node Research Utilization Coordinator. Michael Levy is a member of the CTN National Research Utilization Committee.

The Northern New Englander is always looking for submissions – news, announcements, topics of interest – please contact eloftus@mclean.harvard.edu with your comments, information, and interests!



Research to Practice: Blending Team Initiative Products

The NIDA-CTN and SAMHSA/CSAT ATTC Network collaborate in “blending teams” to translate treatment interventions validated through federally funded research into professional training programs.

These modules are available free of charge. To date, three “blending team products” have been released.

Several of these modules can facilitate buprenorphine treatment, including a separate module on using management of withdrawal symptoms.

The third module covers implementation of S.M.A.R.T. treatment planning. A module on Motivational Interviewing is planned for release in 2006.

Buprenorphine Treatment: a Training for Multidisciplinary Addiction Professionals.

The primary goal of this training package is to create awareness about buprenorphine among multi-disciplinary addiction professionals.

The materials include information designed to increase motivation for bringing buprenorphine to local communities, as well as information about what to expect when someone is treated with this medication.

Additionally, materials discuss legislation that permits office-based buprenorphine treatment, the science of addiction, the mechanism of buprenorphine, patient selection issues, and various patient, counseling and therapeutic issues.

Short-Term Opioid Withdrawal Using Buprenorphine

The primary goal of this training package is to instruct providers in the administration of a 13-day buprenorphine taper for opioid dependent patients.

The training will review the results from research conducted by the NIDA Clinical Trials Network comparing buprenorphine versus clonidine in both inpatient and outpatient settings. The training will then provide instruction for implementing this protocol into treatment settings.

Topics will include methods of evaluation and induction, the taper schedule, and use of ancillary medications during treatment.

S.M.A.R.T. Treatment Planning: Utilizing the Addiction Severity Index: Making Required Data Collection Useful

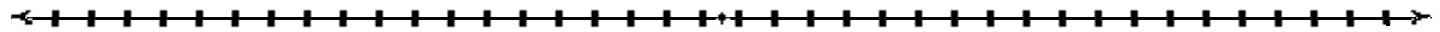
The primary goal of this training package is to transform required “paperwork” into clinically useful information. The Addiction Severity Index is one of the most widely used tools for the assessment of substance use-related problems.

Addiction counselors working in community-based treatment centers administer the ASI, yet often fail to use findings to identify client problems, develop individualized treatment plans, and make referrals matched to client needs.

Intake workers, counselors, supervisors, and managers often view the ASI assessment as time consuming and not clinically useful. Supervisors and administrators often do not utilize treatment plans to monitor treatment outcomes and/or client retention. ~

You can obtain details and download Blending Team Initiative modules at:

<http://www.nattc.org/aboutUs/blendingInitiative/products2.htm> ~



Journal Publications

An article by Dr. Shelly Greenfield and colleagues entitled “Substance Abuse Treatment Entry, Retention, and Outcome in Women: A Review of the Literature” was accepted for publication in the journal *Drug and Alcohol Dependence* (in press). This article is based on the work of the NIDA CTN Gender Special Interest Group. Co-authors from the NNEN include R. Kathryn McHugh and Melissa Lincoln. ~

Local News and Announcements

Dr. Michael Levy of CAB Health and Recovery Services (Peabody, MA) was awarded a scholarship by Center for Substance Abuse Treatment (CSAT) to attend the 68th annual meeting of the College on Problems in Drug Dependence (CPDD) this June 2006 in Scottsdale, Arizona. ~



Protocol Updates

No Longer Recruiting

CTN-0010: Treating Opioid Dependent Adolescents/Young Adults

This study is conducted locally at Mercy Hospital Recovery Center in Westbrook, Maine under the direction Dr. Mark Publicker. As of May 12, 2006, CTN-0010 in Maine has achieved an average follow-up rate of 89.2 percent.

The study site coordinator, David Erickson, left his position as of May 1st for a new job at the Chicago Research Center. Liz Clay and Crissa Evans are conducting the follow up interviews for the remainder of the study.

CTN-0017: HIV and HCV Intervention In Drug Treatment Settings

SSTAR in Fall River, MA and North Kingston, RI has been conducted locally under the direction of Nancy Paull, M.S. This study is scheduled to finish all follow-up interviews in July 2006.

As of May 12, 2006, the Fall River site achieved an average follow-up rate of 76.5 percent. North Kingston achieved an overall average follow-up of 62.9 percent.

CTN-0020: Job-Seekers Training for Patients with Drug Dependence

This study has been conducted locally at CAB Health and Recovery services at both Danvers and Salem, MA under the direction of Dr. Michael Levy. Both sites exceeded their recruitment goals; Danvers achieving 31 (target 30), Salem achieving 55 (target 52). This study is scheduled to wrap up in July 2006.

As of May 12, 2006, the average follow-up rate for each site is Danvers: 90.3 percent and Salem: 87.3 percent.

Active

CTN-0028: Treating ADHD in Adolescents with Substance Use Disorders



The NNE and SSTAR received endorsement to initiate recruiting on March 24th, and have randomized two subjects to date. Although below initial targets, enrollment rate is just ahead of national averages. Recruiting efforts have produced referrals from a broad range of sources, which are anticipated will lead to stronger enrollment in the future.

CTN-0028 is run locally at SSTAR under the direction of Genie Bailey, M.D.

CTN-0029: Treating Smokers with Attention Deficit Hyperactivity Disorder (ADHD)

This study is being conducted locally at the MGH Alewife clinic under the direction of Dr. Timothy Wilens. The site is currently recruiting and randomizing subjects, and is beginning outreach to local colleges and universities. As of May 12, 2006, 9 participants have been randomized.

The study site coordinator, Julia Whitley, is leaving her position on May 24th. Rob Sawtelle was recently hired as her replacement.

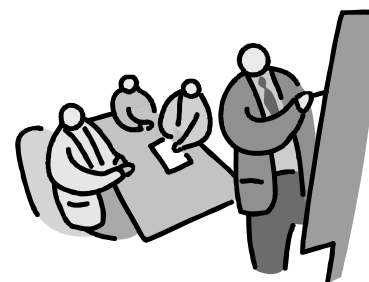
Up and Coming

CTN-0030 The Opioid Analgesic Dependence Treatment Study

This study is about to launch Wave 1 locally at McLean Hospital in Belmont, MA. Pre-screening of participants at McLean has already begun, while the last stages of the data management system are being finalized. The anticipated launch date for randomization at the McLean site is June 2006. ~

Upcoming Meetings and Events

June	17-22	CPDD Annual Meeting - Scottsdale, AZ
July	13-14	Data & Safety Monitoring Board (Tentative)
September	19-20	NIDA Council, NIDA – Rockville, MD
	27	CTN NNEN Executive Committee Face-to-Face Meeting – McLean Hospital, Belmont MA: 10am-Noon ~



Clinical Tips

This quick cross-reference between prescription analgesic/opiates and their “street” names has been assembled by the CTN-0030 staff at McLean Hospital in Belmont, Massachusetts, with particular thanks to Kate Dellaporta, Research Assistant. ~

Analgesics/Prescription Opiates Codelist

COMMERCIAL	CHEMICAL	SLANG
Actiq	fentanyl*	Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT Tango and Cash
Avinza	morphine	M, Miss Emma, monkey, white stuff
Benlyn Adult	dextromethorphan*	DXM, Orange Crush, Triple C's, C-C-C, Red Devils, Skittles, Dex, Vitamin D, Robo
Buprenex	buprenorphine*	
Combunox	oxycodone	oxy 80s, oxycotton, oxycet, hillbilly heroin, percs
Darvocet-N	propoxyphene	
Darvon		
Demerol	meperidine*	demmies, pain killer
Dilaudid	hydromorphone	juice, dillies
Dolophine	methadone*	Fizzies, amidone
Duragesic	fentanyl*	Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT Tango and Cash
Duramorph	morphine	M, Miss Emma, monkey, white stuff
Emprin with Codeine	codeine	Captain Cody, Cody, Schoolboy, (with glutimide) doors and fours, loads, pancakes and syrup
Fentanyl Matrix Patch	fentanyl*	Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT Tango and Cash
Fiorinal with Codeine	codeine	Captain Cody, Cody, Schoolboy, (with glutimide) doors and fours, loads, pancakes and syrup
Kadian	morphine	M, Miss Emma, monkey, white stuff
Lorcet	hydrocodone	
Lortab		Vics
MS Contin	morphine	
MS-IR		M, Miss Emma, monkey, white stuff
Norco	hydrocodone	Vics
Oramorph	morphine	M, Miss Emma, monkey, white stuff
OxyContin	oxycodone	
Percocet		oxy 80s, oxycotton, oxycet, hillbilly heroin, percs
Percodan		
Robitussin A-C	codeine	Captain Cody, Cody, Schoolboy, (with glutimide) doors and fours, loads, pancakes and syrup
Robitussin Max Strength	dextromethorphan*	DXM, Orange Crush, Triple C's, C-C-C, Red Devils, Skittles, Dex, Vitamin D, Robo
Roxanol	morphine	M, Miss Emma, monkey, white stuff
Stadol	butorphanol*	
Sublimaze	fentanyl*	Apache, China girl, China white, dance fever, friend, goodfella,
Suboxone	buprenorphine*	
Subutex		
Talacen	pentazocine*	
Talwin		
Tylenol 2	codeine	
Tylenol 3		Captain Cody, Cody, Schoolboy, (with glutimide) doors and fours, loads, pancakes and syrup
Tylenol 4		
Tylenol with Codeine		
Tylox	oxycodone	oxy 80s, oxycotton, oxycet, hillbilly heroin, percs
Ultracet	tramadol*	
Ultram		
Vicks 44 Cough Relief	dextromethorphan*	DXM, Orange Crush, Triple C's, C-C-C, Red Devils, Skittles, Dex, Vitamin D, Robo
Vicodin	hydrocodone	
Vicoprofen		Vics

Levy's Corner

Dr. Michael Levy is the Director of Clinical Treatment Services at CAB Health & Recovery Services, Inc. in Peabody, Massachusetts, and author of a syndicated column where he responds to reader's questions about mental health conditions, resources, and problems.

The following excerpts are highlights from the column published since our last newsletter, drawn with permission of the author.

Dear Dr. Levy:

If a person has an alcohol problem as an adolescent, is it pretty certain that he or she will have an alcohol problem as an adult? I see a lot of kids who are pretty involved with alcohol and I am concerned that they are headed for many, many difficulties. Thank you.

T

Dear T:

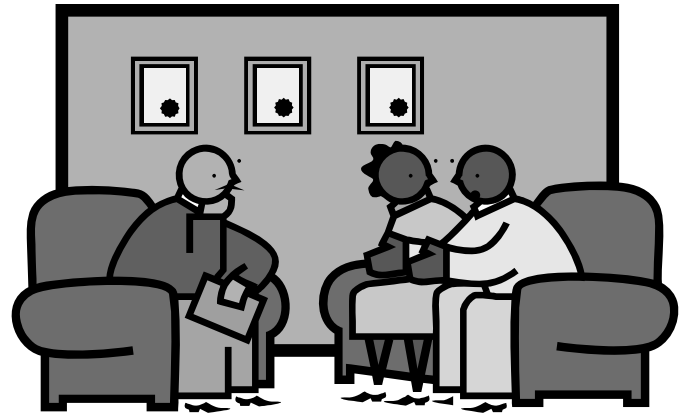
You ask an interesting question and the answer I will give you is both "yes" and "no." First, research has found that many adolescents do mature out of an alcohol problem.

For example, 60-75% of individuals with an alcohol abuse problem at age 18 had no diagnosis of an alcohol problem at age 21-25. In addition, about 50% of individuals at age 18 who were diagnosed with alcohol dependence had no alcohol problem at age 21-25.

On the flip side, though, about 25-40% of youth with an alcohol abuse problem at age 18 had an alcohol problem at age 21-25 and about half of those with an alcohol dependence problem at age 18 had an alcohol problem at age 21-25.

So while many youth who transition to adulthood get away from problematic drinking, a significant portion continues to struggle with drinking. Clearly, having an alcohol problem as an adolescent is a risk factor for alcohol problems in adulthood, but by no means does this mean that the person will definitely have problems as an adult. This shows the variable course that alcohol problems have and each person needs to be individually assessed.

Michael Levy, Ph.D.



Dear Dr. Levy:

There is a lot of methadone diversion on the streets and a concern is that this is coming from methadone clinics and all the take homes being given out. People have been dying from this drug. Do you know what is being done about this as this is a big problem?

B

Dear B:

I agree with you that the diversion of methadone is a big problem along with the diversion of a whole host of other medications. And in truth, many people have been concerned about this on a national level and research has been conducted to investigate this problem.

The Substance Abuse and Mental Health Services Association (SAMHSA) sponsored a study that looked at this and came to the following conclusions. First, there have been increases in the abuse of heroin and all opioid-type medications and when people's preferred drug isn't available, some turn to methadone. Second, methadone has been more available as it has been increasingly prescribed by doctors for the relief of pain. And third, reports that methadone clinics are primarily responsible for overdose deaths related to methadone are highly exaggerated.

In fact, it appears that the increase of methadone-related fatalities is related to the growing use of oral methadone being prescribed for the relief of pain and not through methadone programs. Another factor is the use of methadone in conjunction with other medications, particularly those with depressant effects. Work is continuing to decide the best ways to combat this problem.

Michael Levy, Ph.D.

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