



The Northern New Englander

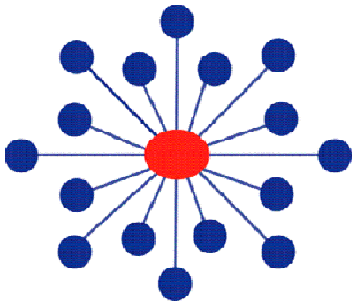
Clinical Trials Network Newsletter

Volume 4, Issue 3

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Special Features:

- *Copersino on Research Utilization*
- *Press Release*
- *Levy's Corner*



CTN Research Utilization

By Marc Copersino, Node Research Utilization Coordinator—Dissemination of CTN-studied interventions is an important part of the CTN mission. In keeping with the CTN mission, the Northern New England (NNE) Node has been actively promoting research utilization at the local level.

Job Seekers' Workshop Mini Blending Meeting

On September 26, McLean Hospital hosted Principles and Strategies of the Job Seekers' Workshop. This was a one day training in the key principles and strategies of the Job Seekers Workshop, and was jointly sponsored by the NNE Node and the Addiction Technology Transfer Center of New England (ATTC-NE). Steven Chisholm, Manager of Clinical Treatment Services at CAB Health and Recovery Services, Inc., was the trainer for this event, and he did an outstanding job. Drs. Bill Jaffee and Marc Copersino also facilitated and coordinated the workshop with Steven Chisholm.

The objectives of this "mini blending meeting" were to increase counselors' knowledge of Job Seekers' Workshop techniques that can be applied to individual or group settings. Through our relationship with the ATTC-NE, we were able to offer continuing education credit for counselors, social workers, and other mental health professionals. There were fifteen attendees at this training, including thirteen clinicians from four NNE Node CTPs. All participants rated the overall quality of the training as either excellent (80%) or good (20%).

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Participation in National Demonstration Project

As part of the CTN's national dissemination effort, the Research Utilization Committee has requested that all Node Research Utilization Coordinators (NRUCs), in conjunction with their respective executive committees, select one of the NIDA/SAMHSA blending team products based on the "big three" interventions (i.e., buprenorphine, Motivational Interviewing/Enhancement, and contingency management) for internal dissemination.

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Upcoming Meetings

- **Quarterly Research Seminar**
November 16, 2006
10am-4pm
McLean Hospital—Belmont, MA
- **NNEN Executive Committee Face-to-Face**
November 27, 2006 (tentative)
10am-12pm
McLean Hospital—Belmont, MA

Copersino; Research Utilization

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A list of these Blending Team products appears below:

- Buprenorphine Treatment: Training for Multidisciplinary Addiction Professionals
- Short-Term Opioid Withdrawal Using Buprenorphine: Findings and Strategies from a NIDA Clinical Trials Network Study
- Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP)
- Promoting Awareness of Motivational Incentives (PAMI)

While no CTPs are in any way precluded from rolling-out these blending team products, the RUC has asked that, as



a node, we identify one CTP that, along with CTPs from other nodes, will be part of a national demonstration project. In addition to assistance provided by the NRUC, the blending team workgroup

associated with each product is also expected to assist the CTP in rolling-out their selected blending team product. Discussion regarding this selection process has just begun, and, by the time you receive this issue of the Northern New Englander, a selection will hopefully have been made.

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. ~

CTN-0028 Press Release

The Randomized Controlled Trial of Osmotic-Release Methylphenidate (OROS-MPH) for Attention Deficit Hyperactivity Disorder (ADHD) in Adolescents with Substance Use Disorders (SUD), also known as CTN 28, is a new study looking at the treatment for adolescents with attention-deficit/hyperactivity disorder and who also abuse substances. The study, funded by the National Institute on Drug Abuse (NIDA), comes in response to the treatment-resistant problem of adolescent substance abuse in this sub-group of teens.

In all, some 300 subjects will be recruited for the study. Beginning in April, the first have been enrolled at three sites, including SSTAR, Synergy in Denver CO (in affiliation with the University of Colorado), and LRADAC in South Carolina (in affiliation with The Medical University of South Carolina).

The study will look at the effectiveness of Concerta, which is a sustained release form of Ritalin (methylphenidate). This medication was chosen for study because it has a very low potential for abuse. During the course of this 16-week trial, all of the participants will receive weekly individual cognitive-behavioral therapy targeted towards treating substance abuse. Half of the participants will receive Concerta and the other half will receive a placebo. One month after the treatment phase, participants will return to the clinic for a final follow-up assessment.

Roger Weiss, MD, the Principal Investigator, states: “Attention deficit-hyperactivity disorder is quite common, and many of the adolescents with this difficulty get into trouble with drugs and alcohol. People treating these adolescents have not known the best approach to dealing with both problems. This state-of the art study will help us to determine the best treatment approach for these individuals, and it’s very exciting to be able to offer this opportunity to these adolescents and their families.”

Genie Bailey, MD, the Medical Director of Dual Diagnosis Unit at SSTAR says: “We are very pleased to have this opportunity to work closely with McLean Hospital as we offer treatment services to the Greater Fall River area. Teenagers from our community often have limited mental health services available to them, but if they have both substance use and ADHD they are faced with even fewer resources. SSTAR is very proud to be a part of this national project which will answer important questions while providing scientifically driven, highly effective treatment. I have assembled a professional and experienced staff who are both clinically skilled and interested in the research. We are actively screening substance abusing teenagers who have symptoms of or who have been diagnosed with ADHD.” To date, a total of seven participants have been enrolled at SSTAR, a rate consistent with other Wave 1 sites.~



Protocol Updates

CTN-0010: Treating Opioid Dependent Adolescents/Young Adults

Lead Node: *Delaware Valley Node*

Lead Investigator: *George E. Woody, M.D.*

The CTN-0010 (Adolescent Buprenorphine) protocol, conducted locally at the Mercy Hospital Recovery Center in Westbrook, Maine, is in the final phase of follow-up data collection. All of the month-9 data has been collected and there are less than five month-12 follow-up visits remaining between now and the end of December. Following the departure of the study coordinator, David Erickson, in May,



Liz Clay, RN, stepped in to conduct the follow-up visits. Liz has done an excellent job at retaining participants in the study for follow-up data collection. A draft publication plan was developed by the lead node team at the University of Pennsylvania under the direction of Dr. George Woody. A number of Northern New

England node staff members are included as co-authors on proposed publications. ~

CTN-0012: Infections & Substance Abuse

Lead Node: *New York Node*

Lead Investigator: *Lawrence Brown, M.D.*

Publication Update: An article resulting from the CTN-0012 survey study was recently published in the *Journal of Substance Abuse Treatment*. The article was referenced in the NIDA CTN Dissemination library, <http://ctndisseminationlibrary.org/>.

- Brown, L. S., Jr., Kritz, S. A., Goldsmith, R. J., Bini, E. J., Rotrosen, J., Baker, S., Robinson J., McAuliffe, P. (2006). Characteristics of substance abuse treatment programs providing services for HIV/AIDS, hepatitis C virus infection, and sexually transmitted infections: the National Drug Abuse Treatment Clinical Trials Network. *J Subst Abuse Treat*, 30(4), 315-321.~

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

Lead Node: *Rocky Mountain Node/Oregon Node*

Lead Investigator: *Robert Booth, Ph.D.*

The CTN-0017 (HIV and HCV Risk Reduction Interventions) protocol is complete. The study was conducted locally at Stanley Street Treatment & Resources, Inc. in Fall River, Massachusetts and North Kingstown, Rhode Island. Follow-up data collection is finished and the two SSTAR sites addressed the final set of data queries. The study database was locked for data analysis on October 11th. A number of Northern New England node staff members are included as co-authors on proposed publications. Congratulations to the SSTAR staff for completing the treatment and data collection portions of the trial!~

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

Lead Node: *Mid-Atlantic Node*

Lead Investigator: *Dace Svikis, Ph.D.*

The “Job Seekers’ Training for Patients with Drug Dependence”, CTN-0020, examined the effectiveness of Job Seekers’ Workshop (JSW), which is a three session, manualized program designed to train patients in the skills needed to find and secure a job.

This study, which completed data collection in July, 2006, enrolled 628 participants across 11 sites nationwide. Overall, this project was tremendously successful in terms of recruiting, retention, and follow-up. The CAB site in Salem, MA randomized 55 participants (110% of proposed randomizations), and captured 89% of the primary outcome data. The CAB site in Danvers, MA randomized 31 participants (103% of proposed randomizations), and captured 90% of the primary outcome data.



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Protocol Updates

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Although no articles have been published yet, NNE staff members will be co-authors on all five of the proposed outcome articles.

Kudos to study research assistants, Jamie Lolley and Kate DellaPorta, for their diligent efforts in enrolling and tracking down patients for follow-up, and to Kathy Guevara, Mary Crockett, Deana Keaney, Steve Chisolm, Donna Harrington and Amy Briggs at CAB for making this project such a success.~



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

Lead Node: Rocky Mountain Node

Lead Investigator: Paula Riggs, M.D.

Co-Lead Investigator: Theresa Winhusen Ph.D.

The CTN-0028 protocol (examining Concerta and CBT for the treatment of Adolescent ADHD and Substance Abuse), is being conducted locally at SSTAR in Fall River under the direction of Genie Bailey, M.D. SSTAR continues its exemplary recruiting efforts and has pre-screened potential participants from numerous sources. To date, SSTAR



has enrolled seven participants, and is awaiting medical clearance on three others. Following the departure of CBT clinician Christine Catraio, Crystal Cote was hired. Crystal has completed all of her training and has initiated therapy with participants.~

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

Lead Node: Ohio Valley Node

Lead Investigator: Eugene Somoza, M.D., Ph.D.

The CTN-0029 (Adult ADHD and Smoking Cessation) protocol, conducted locally at the MGH Pediatric Psychopharmacology Clinic under the direction for Timothy Wilens, M.D., continues to actively recruit and randomize

subjects in the trial. Following the departure of study coordinator, Julia Whitley, in April, Rob Sawtelle was hired as the new study coordinator. In a relatively short period of time, Rob did a remarkable job at learning study procedures to maintain study progress. Eighteen participants are currently randomized into the study.~



CTN-0030: Prescription Opiate Addiction Treatment Study (POATS)

Lead Node: Northern New England Node

Lead Investigator for Implementation: Roger Weiss, M.D.

Lead Investigator for Development: Walter Ling, M.D.

POATS is being implemented in two waves. All three Wave 1 sites are currently recruiting participants and continue to assess study feasibility. Thirty participants have been randomized into the study as of October 23.

The slate of nine Wave 2 sites has been finalized and includes: Homeward Bound, Inc. (Texas Node), East Indiana Treatment Center (Ohio Valley Node), Behavioral Health Services of Pickens County (Southern Consortium Node), Providence Behavioral Health Services

(Washington Node), ADAPT (Oregon/Hawaii Node), Bellevue Hospital (New York Node), St. Luke's Roosevelt Hospital and Long Island Jewish Medical Center (Long Island Node), ARS Pantops Clinic (Mid-Atlantic Node), and SFGH Office-Based Opiate Treatment



Buprenorphine Induction Clinic (California/Arizona Node). The Wave 2 sites are preparing for study implementation which is targeted for late January. Wave 2 National Training is scheduled for December 4-5, 2006 in Gaithersburg, Maryland.~

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. In this section of our newsletter, we have reprinted two letters from the column.

Dear Dr. Levy:

My son, who is 13 years old, has attention deficit disorder and it was suggested that he take a drug called Concerta. As you probably know, this is a stimulant, which can be abused and I am worried about starting him on this. My question is whether you know if giving this type of drug to a child can increase the chances of him or her abusing drugs when they get older? Any advice would be appreciated. Thank you.

You ask a great question and I can totally appreciate your concern. In answer to your question, at this time, there is no research that suggests that early exposure to a stimulant medication in childhood increases the chance of drug abuse in adulthood.

In fact, there is evidence that treating attention deficit disorder with medication in adolescence may actually protect against later substance abuse problems. For a number of reasons, attention deficit disorder is a risk factor for the development of substance use problems. Some of these reasons include possible school failure and related self-esteem problems, greater impulsivity, poorer frustration tolerance, and some people, when they get older, may self-medicate other feelings that may be related to attention deficit disorder. Some research has shown that treatment of attention deficit disorder with medication may actually decrease the risk of the development of a future substance abuse problem. The theory is that appropriate medication can address these symptoms and problems, and in turn, this may lessen the risk of the individual turning to drugs as a way to cope.

So it appears that the appropriate use of a stimulant drug for treatment of attention deficit disorder will not lead to an increased chance of a future drug problem, but may actually decrease the occurrence of this possibility.

Dear Dr. Levy:

Do you know of any specific self-help programs for women only? I know that AA has women groups, but I was wondering if there are any programs for only women.

Women for Sobriety (WFS) is a self help program for only women that was founded by Jean Kirkpatrick, Ph.D. in the mid 1970s. Dr. Kirkpatrick struggled with her own drinking and after she found that AA was not helpful to her, she stopped drinking on her own by changing the way she thought about her problems. She came to believe that as a woman, she required specific treatment that focused on herself, her self-confidence, and her identity as a woman, in addition to her alcohol problem. As she achieved success, she developed the WFS program.

WFS maintains that drinking is the way a woman learns to deal with her emotional pain and a part of recovery is learning healthier ways to cope with painful feelings. WFS teaches its members to replace negative, destructive thoughts with positive, self-affirming ones. Also, the strong message is given that all women are competent and that they can learn to become more self-reliant. In fact, in meetings, when a member introduces herself, she doesn't refer to herself as an "alcoholic," but rather as a "competent woman."

WFS suggests that meetings remain small, between 6-10 people, so that everyone can have the opportunity to talk and participate in the discussion that consists of a chosen topic related to drinking problems or something from WFS literature. Meetings are led by a member who has been abstinent for a minimum of one year, who has been involved in WFS, and who knows the philosophy of the WFS program. WFS makes use of the New Life Program, which consists of 13 statements, which offer suggestions for how members should deal with and think about life. WFS also believes that to achieve a recovery from alcohol, a woman must maintain abstinence from alcohol.

For more information about WFS, you can contact WFS headquarters at: Women for Sobriety, Inc., PO Box 618, Quakertown, PA 18951-0618. The telephone number is (215) 536-8026. The WFS web site is www.womenforsobriety.org and contains a wealth of information about the program. You can find out about where meetings are held by calling them directly or by emailing them and telling them where you live. There are far fewer WFS meetings than AA meetings, but I believe that there are some in this area. My best to you.~

List of Common Opiate Analgesics

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