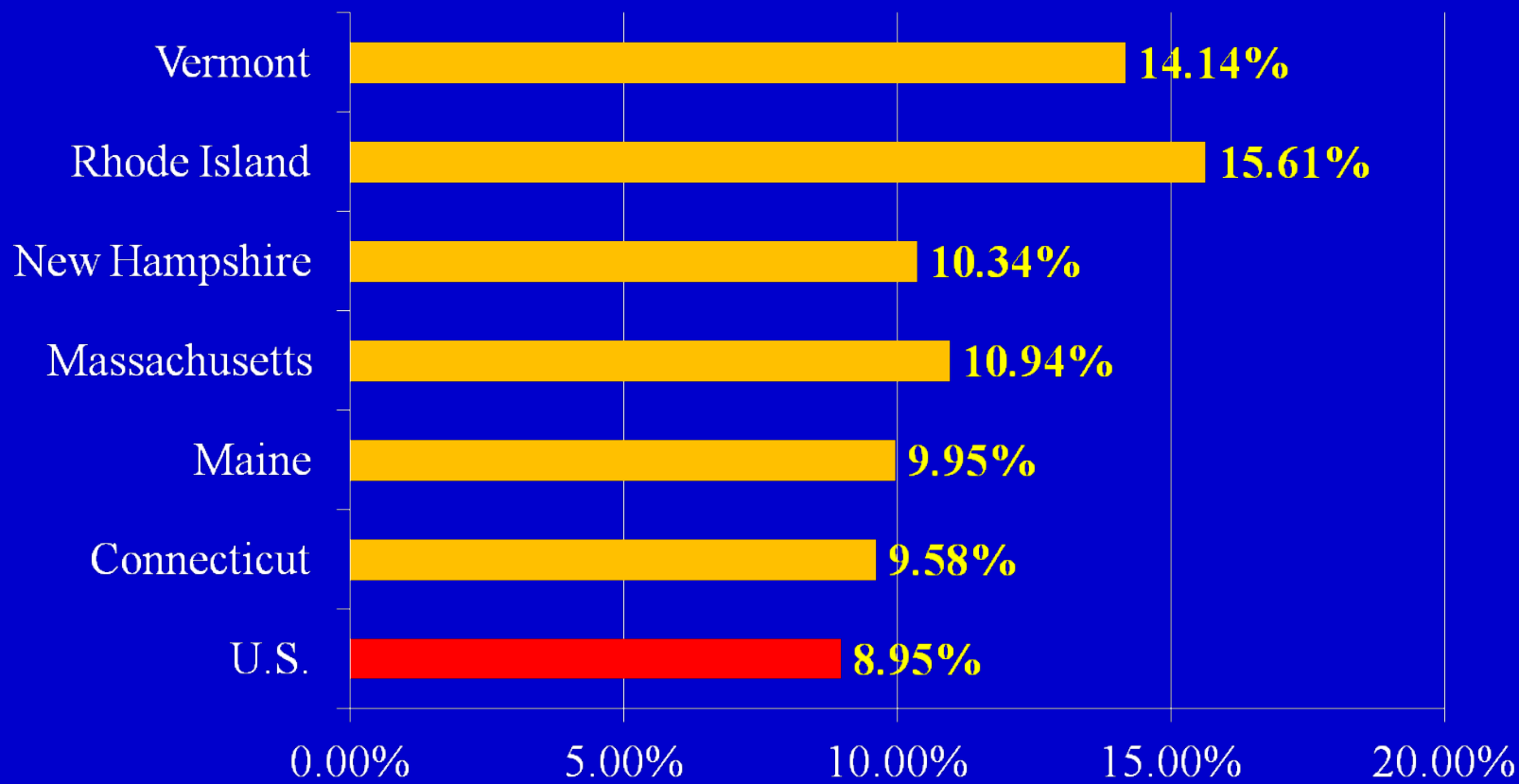


National Drug Abuse Treatment Clinical Trials Network (CTN) in New England: 2002-2013

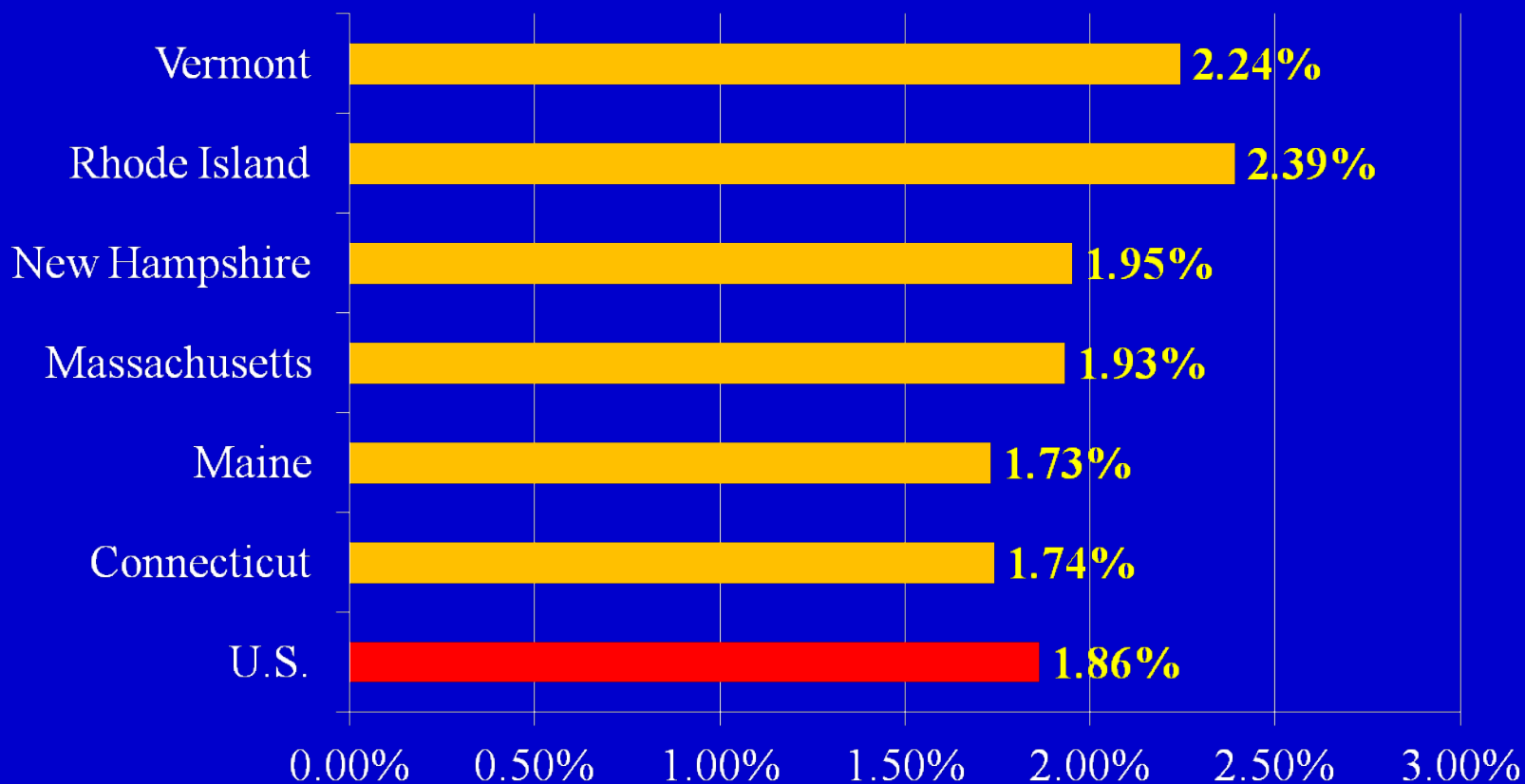
Scott E. Provost, M.M., M.S.W.

Past Month Illicit Drug Use (New England)



2011-2012 NSDUH Model-Based Prevalence Estimates (SAMHSA)

Past Year Ilicit Drug Dependence (New England)



2011-2012 NSDUH Model-Based Prevalence Estimates (SAMHSA)

Learning Objectives

1. To understand the organization, mission, and history of the National Drug Abuse Treatment Clinical Trials Network in New England from 2002-2014.
2. To learn about clinical research trials completed in New England as part of the Clinical Trials Network.
3. To identify linkages between clinical research, empirically-supported treatments, and social work practice in addictions.

Institute of Medicine Report (1998)



“...despite the great strides made in research on the etiology, course, mechanisms, and treatment of addiction, serious gaps of communication exist between the research community and community-based drug treatment programs.”

(Executive Summary, IOM 1998)



BRIDGING THE GAP

**between Research
and Practice**

**National Drug Abuse Treatment
Clinical Trials Network**

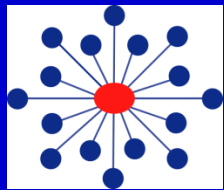
The First Decade

Gap between social work research and practice in addictions

- One national study of MSW degree programs (n = 210), found that only 14.3% of accredited schools offered specializations in intensive training in addiction.
- Need to increase the number of trained, MSW-level social workers in empirically-supported treatments and interventions for substance use disorders

Other NIH Research Networks

- NIAID – HIV/AIDS Clinical Trials Networks
- National Cancer Institute – National Clinical Trials Network
- National Cancer Institute's Community Clinical Oncology Program (CCOP)
- NIDDK - Multidisciplinary Approach to the Study of Chronic Pelvic Pain (MAPP)



National Drug Abuse Treatment Clinical Trials Network

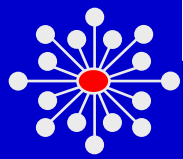
- A partnership between academic research centers and community drug abuse treatment programs (CTPs) to develop and implement multi-site clinical research studies in CTPs
- An example of a practice-based research network (PBRN), which can contribute to adoption and dissemination of innovations (Abraham AJ et al, 2013)

CTN Mission

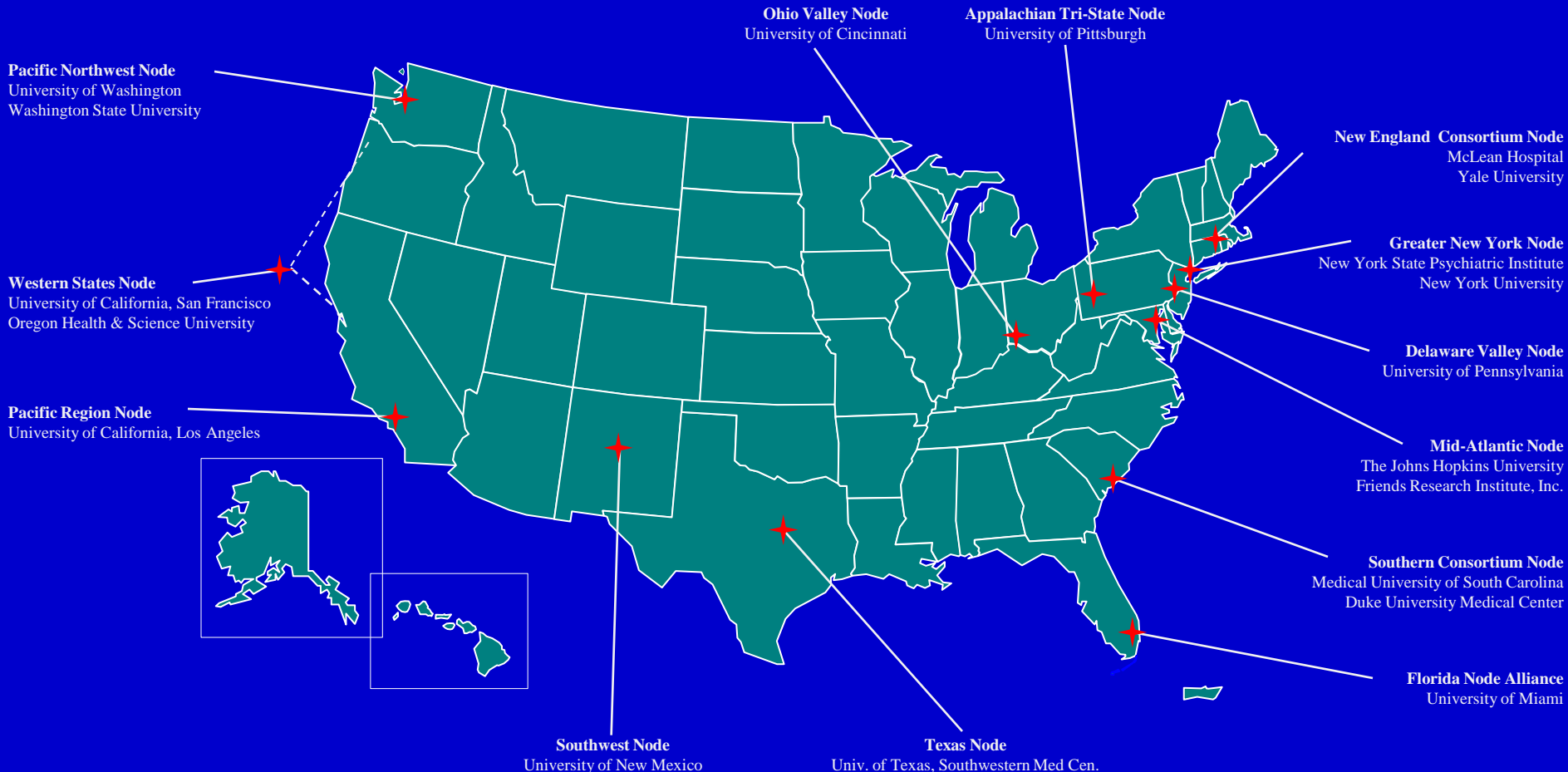
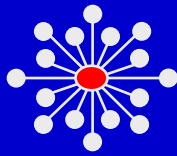
- Test and adapt evidence-based treatments in community treatment program (CTP) settings
 - Effectiveness studies vs. efficacy studies; internal vs. external validity
- Deliver research findings (e.g., dissemination) into the hands of clinicians and other professionals who can make the best use of them - *fast*
- Train staff, expanding the research of empirically-supported treatments

CTN Structure

- NIDA Center for the Clinical Trials Network (CCTN)
- 13 **Nodes** (Regional Research & Training Centers – RRTCs linked with Community-based Treatment Programs – CTPs)
- Clinical Coordinating Center (CCC)
- Data & Statistics Center (DSC)



National Drug Abuse Treatment Clinical Trials Network





**National Institute
on Drug Abuse**

The Science of Drug Abuse & Addiction

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Clinical Trials Network (CTN)



Network Organizations - CTN Framework

Clinical Trials Network
Dissemination Library

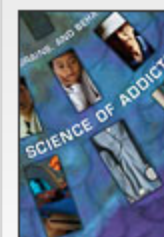
Regional Research & Training
Centers/Nodes

Community Treatment
Programs

In This Section

Provides an enterprise in which NIDA, treatment researchers, and community-based service providers work toward new treatment options in community-level clinical practice.

Featured Publication



**Drugs, Brains,
and Behavior -
The Science of
Addiction**

As a result of
scientific

research, we know that
addiction is a disease that
affects both brain and
behavior.

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CTN Nodes

- [Appalachian Tri-State Node](#)
- [Delaware Valley Node](#)
- [Florida Node Alliance](#)
- [Greater New York Node](#)
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CTN Studies

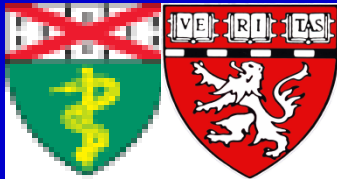
- [Screening, Brief Intervention, and Referral to Treatment in Primary Care \(SBIRT-PC\): An add-on project to "Duke University CMS Innovation Award Southeastern Diabetes Initiative"](#) (CTN-0057, Enrolling)
- [Testing and Linkage to HIV Care in China: a Cluster Randomized Trial](#) (CTN-0056, Pending)
- [Comparing Treatments for HIV-Positive Opioid Users in an Integrated Care Effectiveness Study \(CHOICES\)](#) (CTN-0055, Pending)

Blending Initiative



Formed with
SAMHSA to reduce
the gap between
research results
and treatment.

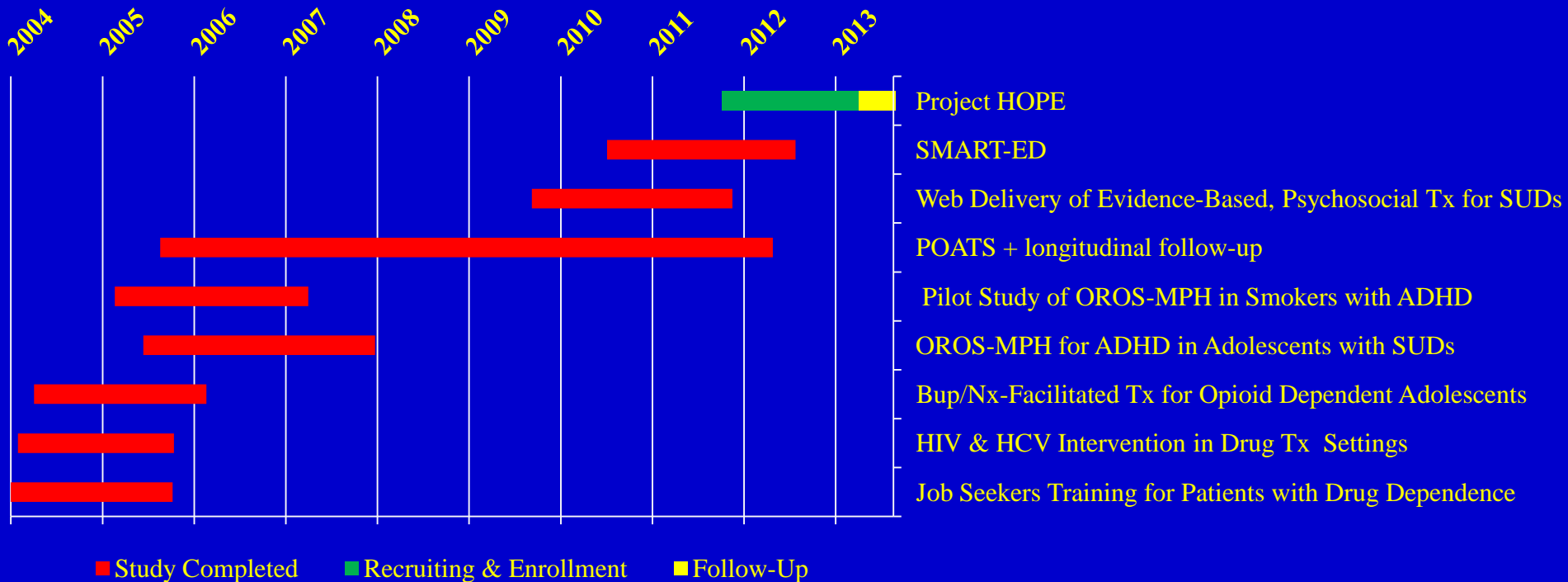
Community Treatment Programs (CTPs) in New England



CTN in New England

- 2002-2009
 - Northern New England Node (McLean Hospital/Harvard)
 - New England Node (Yale)
- 2010-present
 - New England Consortium Node (McLean Hospital/Harvard & Yale)

Timeline of CTN Studies: 2002-2013



CTN Studies

Study Title	No. of sites	Local Site	No. randomized locally
Job Seekers Training for Patients with Drug Dependence	11	CAB Health & Recovery Services, Inc.	CAB (Danvers, MA): 31 CAB (Salem, MA): 55
HIV and HCV Intervention in Drug TX Settings	8	Stanley Street Treatment & Resources, Inc.	SSTAR (MA): 101 SSTAR (RI): 101
BUP/NX Facilitated Tx for Opioid Dependent Adolescents	6	Mercy Hospital Recovery Center (Maine)	30
OROS-MPH for ADHD in Adolescents with SUDs	11	Stanley Street Treatment & Resources, Inc.	50
Pilot Study of OROS-MPH in Smokers with ADHD	6	MGH	38
Prescription Opioid Addiction Treatment Study	10	McLean	85
Web-delivery of Tx for SUDs	10	Stanley Street Treatment & Resources, Inc.	53
SMART-ED	6	MGH-Emergency Medicine Dept.	135
Project HOPE	10	Boston University Medical Center	91

Broadening the scope of CTN research settings: 2010-2014

- 2002-2009
 - Research conducted in Community-based Substance Use Treatment programs
- 2010-present
 - Research also conducted in general medical care settings (e.g., Hospital EDs; hospital inpatient units)

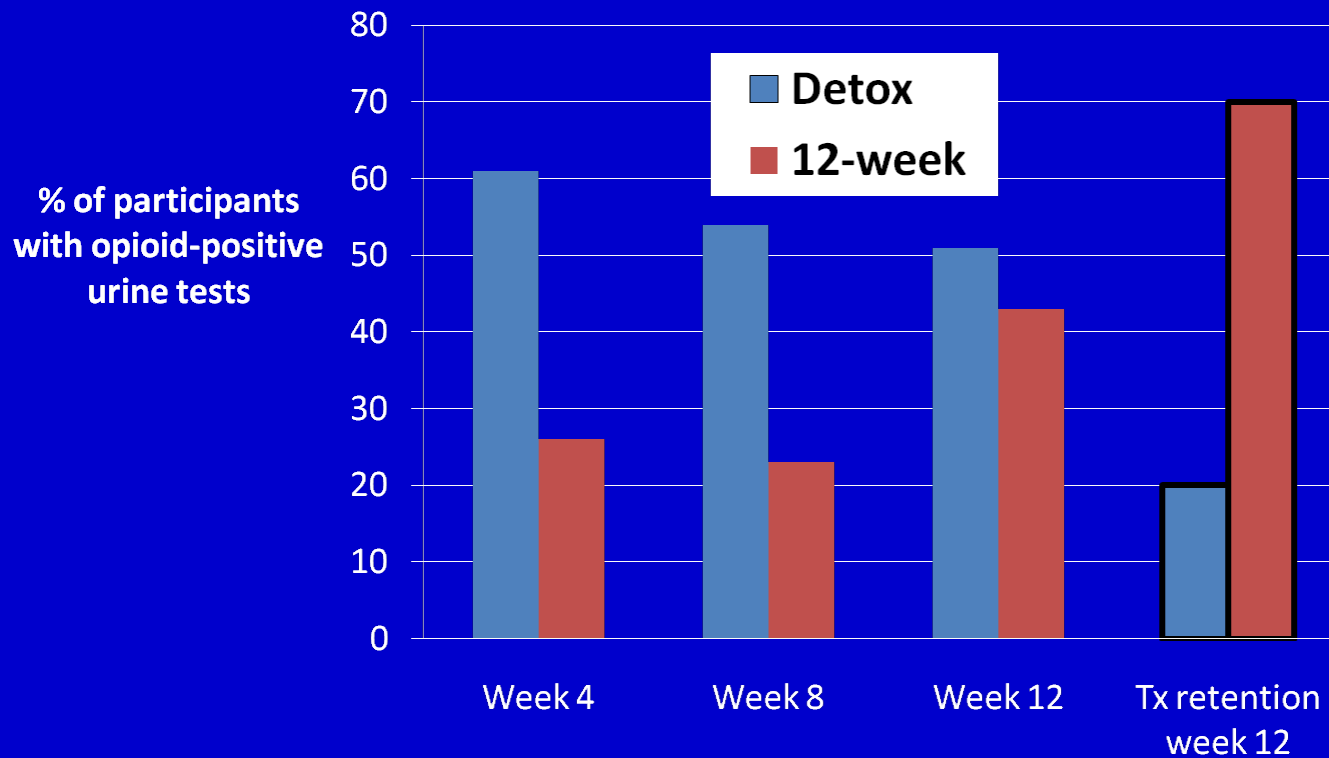
Buprenorphine/Naloxone-Facilitated Rehabilitation for Opioid Dependent Adolescents/Young Adults

Aim:

To determine if a 12-week course of outpatient buprenorphine/naloxone plus psychosocial treatment results in fewer opioid positive urine tests among opioid dependent adolescents and young adults (ages 14-21) than the usual treatment, which is detoxification plus psychosocial treatment alone (TAU).

N = 152

Buprenorphine/Naloxone-Facilitated Rehabilitation for Opioid Dependent Adolescents/Young Adults



Buprenorphine/Naloxone-Facilitated Rehabilitation for Opioid Dependent Adolescents/Young Adults

Conclusions:

Continuing treatment with Bup/Nx for 12 weeks appears to be safe in opioid addicted adolescents and young adults.

HIV & HCV Intervention in Drug Treatment Settings

Aim:

- This study tested two strategies to reduce the risk of contracting HIV or HCV by reducing risk behaviors in patients undergoing drug detoxification.
 - **Counseling & Education (C&E):** C&E was a risk reduction intervention, and included pre-test counseling, testing, post-test counseling, and the provision of HIV/HCV results.
 - **Therapeutic Alliance (TA):** provided clients with information to guide them through the process of induction and aimed to facilitate transition to continuing care for drug treatment.
- N = 632

HIV and HCV Intervention in Drug Treatment Settings

Results & Conclusions

- Significant reductions in drug and sex risk behaviors occurred for all three conditions over a 6-month follow-up period.
- Interventions added to standard treatment offered no improvement in risk behavior outcomes.

Job Seekers Training for Patients with Drug Dependence

Aim:

To implement and evaluate Job Seekers' Workshop (JSW), a 12-hour job search training program. The program was designed to give patients the skills they need to find and secure a job and set vocational goals and methods for locating employment.

N = 628 (327 from six psychosocial tx programs and 301 from methadone maintenance tx programs)

Job Seekers Training for Patients with Drug Dependence

Results & Conclusions:

- Job Seekers' Workshop group participants did not have higher rates of employment/training than standard care controls.
- Rates of job acquisition were modest for both groups, suggesting more intensive interventions may be needed.

Osmotic Methylphenidate (OROS-MPH) in Adolescents with SUD & ADHD

- Aim

Evaluate the efficacy of OROS-MPH/Concerta vs. placebo

- to treat ADHD &
- to decrease substance use in adolescents with ADHD & a substance use disorder (SUD)
- 16-week, Randomized Controlled Trial
- N = 303 adolescents with ADHD & SUD
- Interventions
 - OROS-MPH 72 mg daily dose or placebo &
 - CBT: weekly, individual, manual-standardized outpatient substance abuse treatment

Osmotic Methylphenidate (OROS-MPH) in Adolescents with SUD and ADHD

Results

- OROS-MPH safe & well-tolerated
- **Treatment compliance & completion** \geq reported for youth with less severe psychopathology & SUD
- **Substance outcomes** \geq in youth with less severe psychopathology
- **Reduction in ADHD symptoms** \geq reported for psychostimulant treatment of ADHD in youth without SUD
- Similar reduction of ADHD symptoms in placebo + CBT suggests **contribution of CBT** to both SUD & ADHD outcomes

Osmotic Methylphenidate (OROS-MPH) in Smokers with ADHD

Aim

Evaluate whether **OROS-MPH (Concerta)** vs. **placebo** increases the effectiveness of standard smoking treatment (i.e., nicotine patch & individual smoking cessation counseling) in obtaining prolonged abstinence for smokers with ADHD

N = 255

Osmotic Methylphenidate (OROS-MPH) in Smokers with ADHD

Smoking outcomes		
	OROS-MPH	Placebo
Prolonged abstinence	43%	42%

- OROS-MPH, relative to placebo
 - effectively treated ADHD
 - safe & generally well tolerated

Prescription Opioid Addiction Treatment Study (POATS)

- Aim Compare treatments for rx opioid dependence, using buprenorphine-naloxone of **varying durations** & varying counseling **intensities**
 - Does **adding drug counseling** to bup/nx + Standard Medical Management improve outcome?
 - How does **length of bup/nx treatment** affect outcomes in patients with rx opioid dependence?
- **Largest study** ever conducted for rx opioid dependence
(**N = 653**)

The Prescription Opioid Addiction Treatment Study (POATS): Design

- Two-phase “adaptive treatment research design”
- Patients begin with 4-week taper of buprenorphine-naloxone (bup/nx)
- Randomly assigned to Standard Medical Management (SMM) or SMM + individual Opioid Drug Counseling (SMM + ODC)

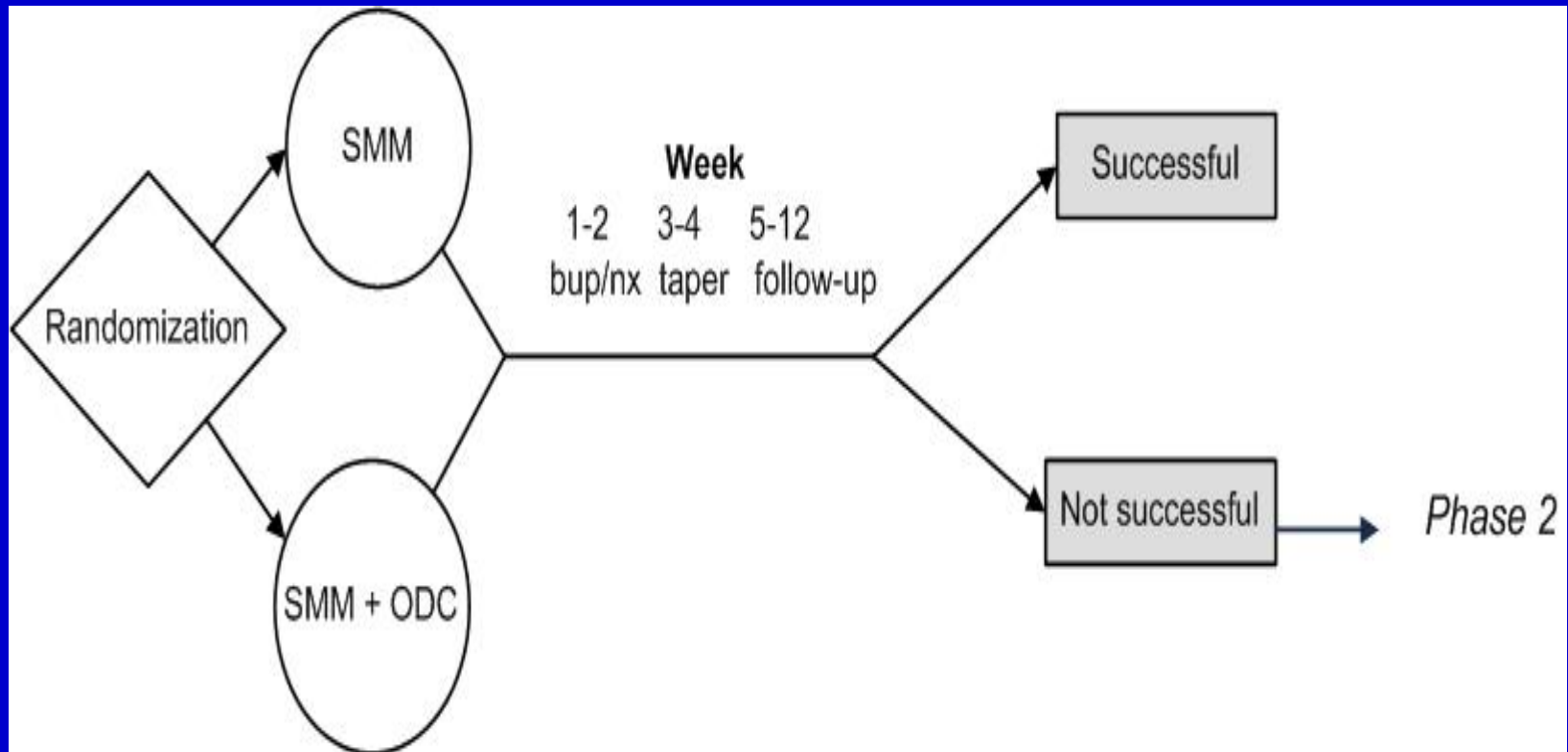
The Prescription Opioid Addiction Treatment Study (POATS): Design

- Patients who succeed in Phase 1 (1-month taper plus 2-month follow-up) are successfully finished with the study
- Patients who relapse may go into Phase 2:
 - 3 months of bup-nx stabilization,
 - 1 month taper off bup-nx
 - 2 months of follow-up
 - Re-randomized to SMM or SMM + ODC in Phase 2

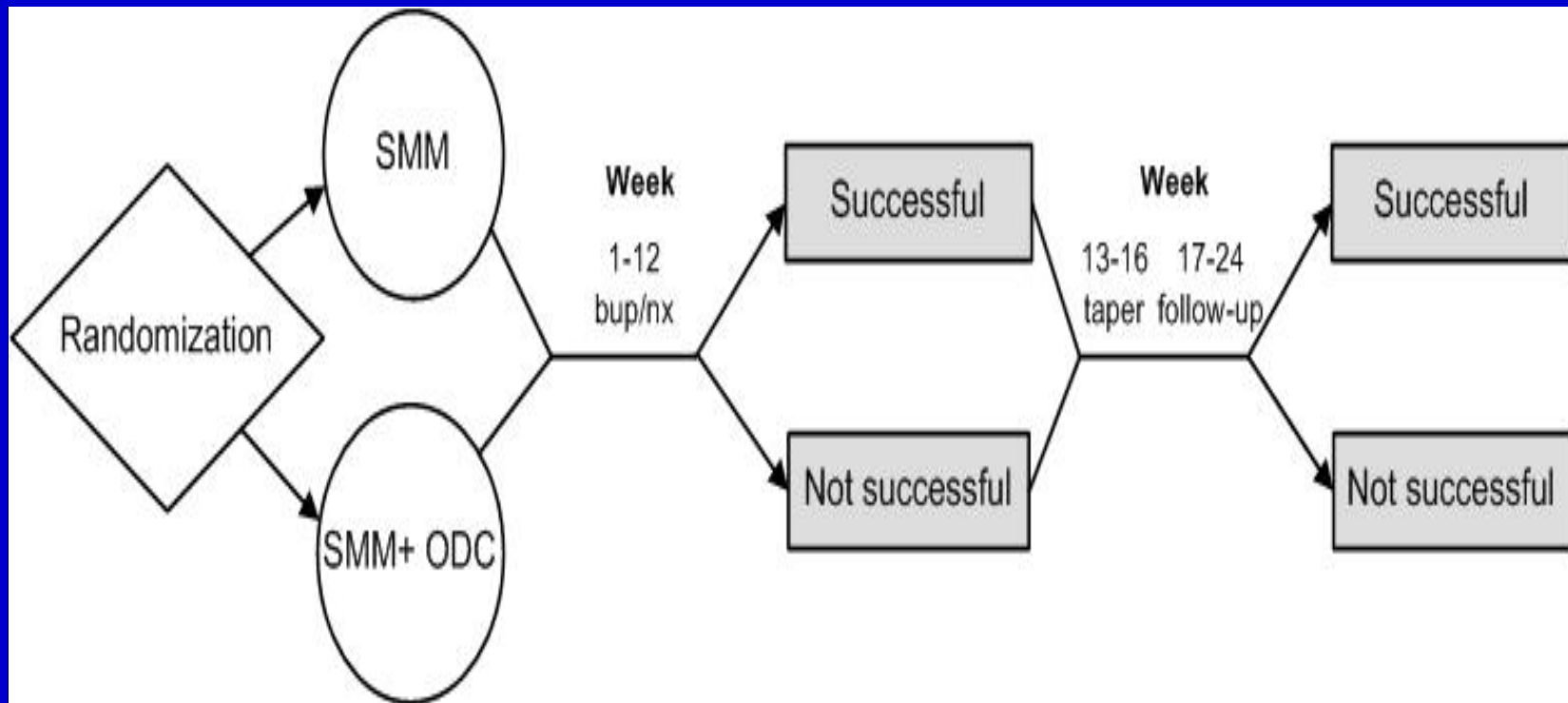
Key Features of POATS Design

- Adaptive treatment research design approximates clinical practice
- Start with a less intensive treatment to see if it works
- Try a more intensive if first treatment doesn't work

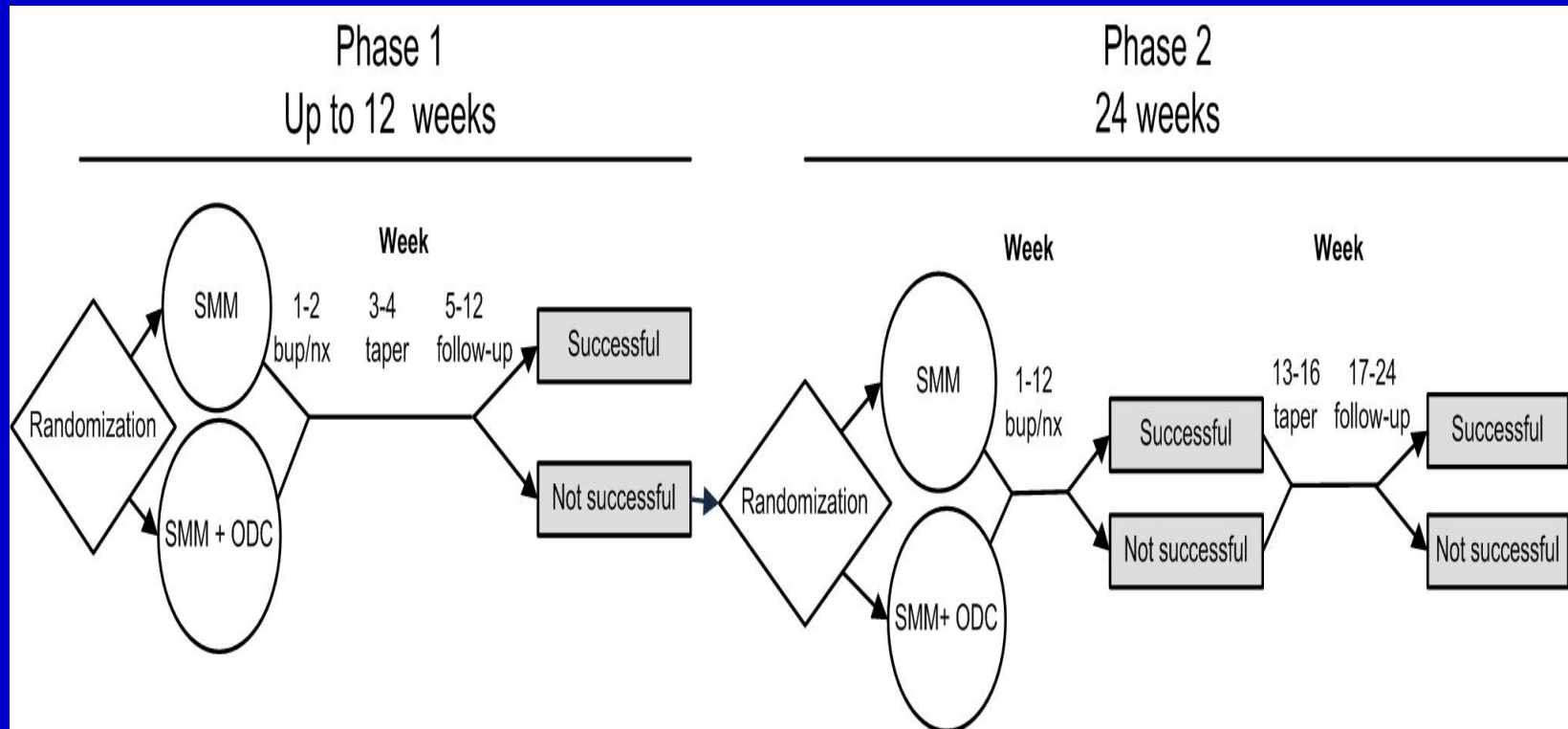
Phase 1 (up to 12 weeks)



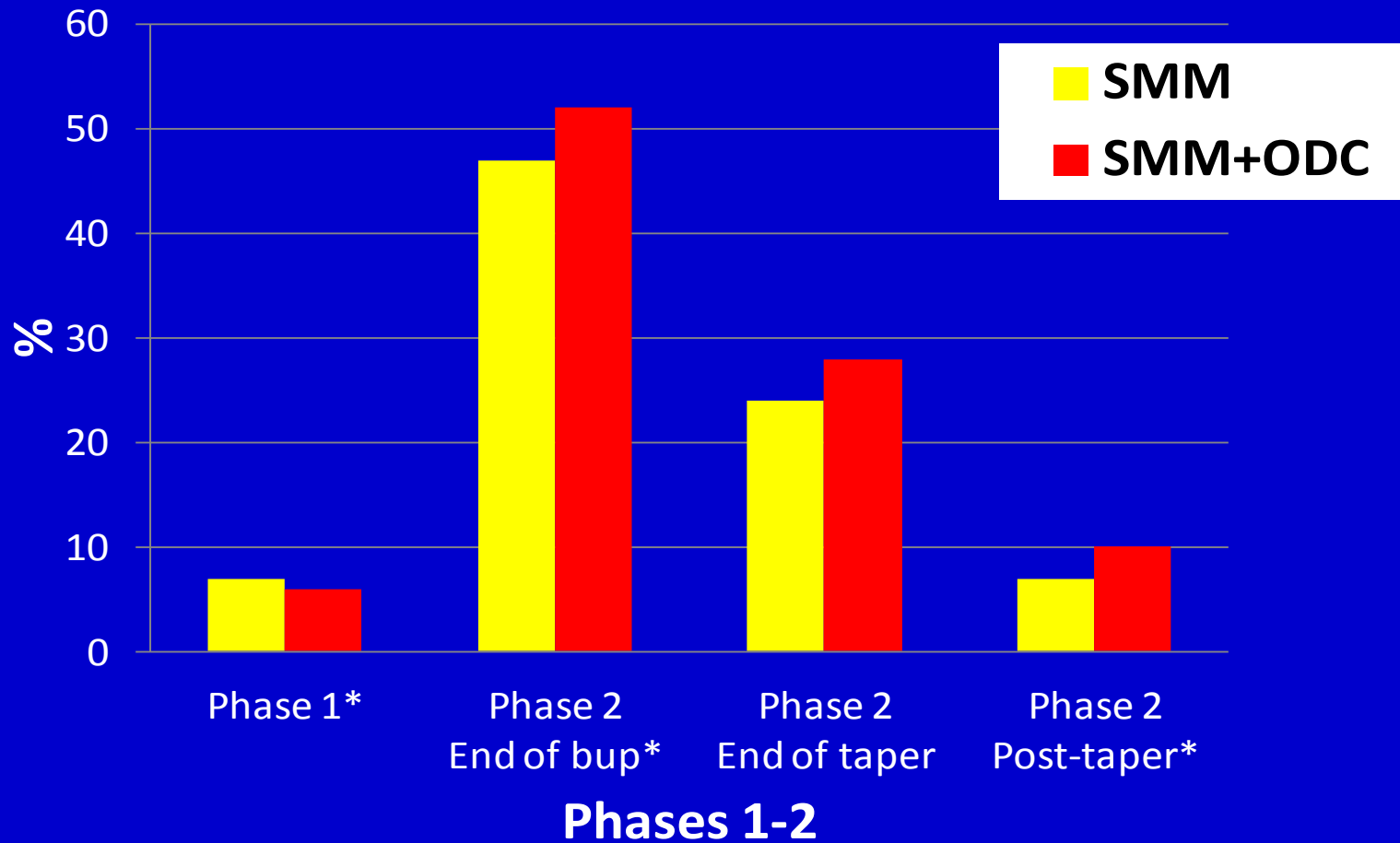
Phase 2 (24 weeks)



Study Design



Successful outcomes over time



Caveats: Overall Study Findings

- Weekly SMM is more intensive than is often provided in the community; we had no low-intensity MM condition
- A greater contrast, e.g., between less intensive SMM and more intensive counseling could have resulted in differences between groups

Caveats: Overall Study Findings (cont.)

- It is unclear what length of bup-nx stabilization, if any, could lead to better outcomes after a taper
- Study was initially designed in 2005, when prescription opioid dependence was seen as perhaps quite different from heroin dependence, with potentially significant differences in response to treatment

Prescription Opioid Addiction Treatment Study

Conclusions

- Prescription opioid-dependent patients most likely to reduce opioid use during bup/nx treatment
- Likelihood of unsuccessful outcome is extremely high after 12 weeks of treatment when tapered off bup/nx, even among patients receiving counseling in addition to medical management

Conclusions

- Tapering from opioids, whether initially or after a period of substantial improvement, led to nearly universal relapse
- SMM produced outcomes equal to SMM + drug counseling
- “Perhaps the time is coming when appropriate treatment will be called “counseling-assisted pharmacotherapy” rather than “medication-assisted treatment,” an acknowledgment that medication, not detoxification with counseling, should be the first-line treatment for opioid dependence.” (Friedmann, PD. *Alcohol, Other Drugs, and Health: Current Evidence*, Nov – Dec 2011)

Web-Delivery of Evidence-Based, Psychosocial Treatment for Substance Use Disorders (N = 507)

- Aim: Evaluate the effectiveness of including an interactive, web-based version of the Community Reinforcement Approach (CRA) intervention plus incentives targeting drug abstinence and treatment participation as part of community-based, outpatient substance abuse treatment.
- Primary outcome: is drug abstinence during active treatment (as measured via urine testing and confirmed via self-report), and the study will also evaluate if improved outcomes are maintained at 3 and 6 months post-intervention.

Screening Motivational Assessment and Referral to Treatment in Emergency Departments (SMART-ED) (n = 1,285)

Aim:

To contrast substance use and substance-related outcomes among patients endorsing problematic substance use during an emergency department (ED) visit who are randomly assigned to one of three treatment conditions:

1. minimal screening only (**MSO**);
2. screening, assessment, and referral to treatment (if indicated) (**SAR**); and
3. screening, assessment, and referral plus a brief intervention (**BI**) with two telephone follow-up booster sessions (**BI-B**).

The primary outcome is days of use of the patient-defined primary problem drug at 3 months following enrollment.

Project HOPE: Hospital Visit as Opportunity for Prevention & Engagement for HIV-Infected Drug Users (n = 801; recruitment completed JAN 2014)

Aim:

To evaluate the effectiveness of a brief intervention delivered to HIV-infected drug users recruited from the hospital setting in achieving viral suppression. The trial comprises:

- 1) an active patient navigator component: a strengths-based case management approach that includes motivation, physical escort to treatment, and face-to-face booster sessions; and
- 2) a passive incentives/contingency management component to further motivate and reinforce completion of target behaviors.

The primary goal of the study is HIV viral suppression.

New CTN Studies

Extended-Release Naltrexone vs. Buprenorphine for Opioid Treatment (X:BOT)

Aim:

Assess the comparative effectiveness of extended release injectable naltrexone (XR-NTX, Vivitrol[®]) versus buprenorphine-naloxone (BUP-NX, Suboxone[®])

New CTN Studies

Achieving Cannabis Cessation -- Evaluating N-Acetylcystein Treatment (ACCENT)

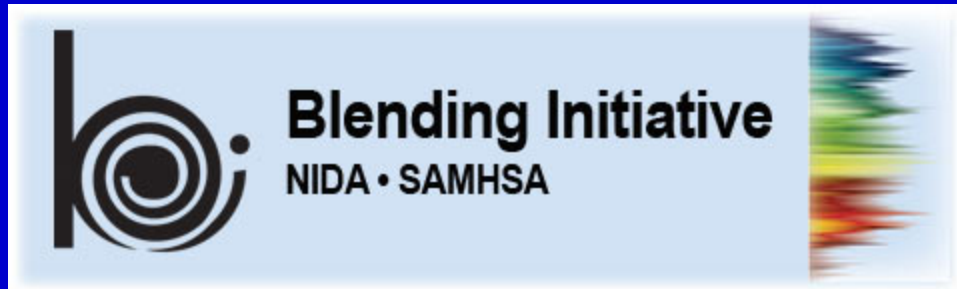
Aim:

Evaluate the impact of N-Acetylcysteine (NAC) 1200 mg versus matched placebo (PBO) twice daily, added to compliance enhancement (CE) and contingency management (CM) interventions, on cannabis use among treatment-seeking adults (ages 18-50) with cannabis use disorders.

Implications of Participation in the CTN for Community Treatment Programs

- CTN research studies provides access to treatment
- Affiliation in the Clinical Trials Network and positive perceptions among counselors to buprenorphine treatment (Rieckmann, TR et al, 2014 in press)
- Greater participation in CTN studies is positively associated with overall treatment quality; demonstrating the value of membership in a practice-based research network (PBRN) (Abraham, AJ et al, 2013)
- CTN helps to cultivate *communities of practice* (Wenger E et al 2002) between organizations, clinicians, and researchers

NIDA-SAMHSA Blending Products



Goal: Accelerate the
dissemination
of research-based drug abuse
treatment into
clinical practice



<http://www.drugabuse.gov/nidasamhsa-blending-initiative>

Lessons Learned from CTN Studies

- Partnership between clinicians & researchers
- Platform for junior researchers/investigators
- Existing infrastructure can be leveraged for testing the effectiveness of behavioral treatments, medication treatments, and combined medication and behavioral treatment interventions
- CTN studies can be used as a model to test social work relevant interventions
 - Langhorst, DM et al, Reducing Sexual Risk Behaviors for HIV/STDs in Women with Alcohol Use Disorders. *Research on Social Work Practice*, 2012

Social Workers in the CTN

- Of the 800 members of the CTN listed in the 2011 Directory, 62 self-identified as social workers (NIDA, 2012)
- Roles of social workers in the CTN
 - Study Principal Investigators
 - Executive directors of treatment programs
 - Program managers/coordinators/clinical managers
 - Counselors
 - Research Assistants

Implications for Social Work

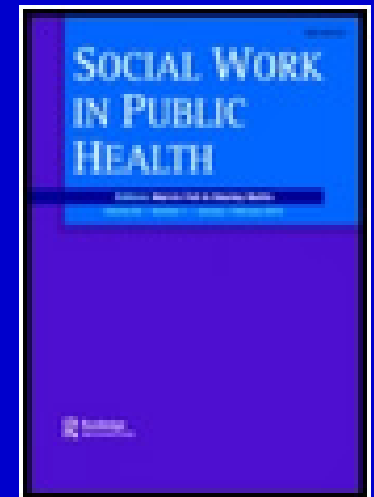
- CTN as a mechanism for training social workers in the delivery of empirically-supported treatment interventions and counseling styles
 - CBT; Motivational Interviewing; Contingency Management
- Dissemination and adoption of empirically-supported treatments requiring partnership between social work practitioners and social work researchers (Wells EA et al, 2013)
- NIDA CTN as a training platform for future education/careers in social work
 - Research Assistants (RAs) matriculated to MSW degree programs at area social work schools (BU, Simmons, Boston College)

Implications for Social Work

- **Social workers can play a vital role in:**
 - Understanding the population characteristics of Substance Use Disorders
 - Collecting thorough case histories and clinical assessment
 - Adopting empirically-supported treatment approaches
 - Making referrals to qualified prescribing MDs
 - Developing and testing treatment interventions (Wells EA et al, 2013)
 - Remaining active in treatment, research, and educational training (Michel ME et al, 2013)
 - Adhering to the NASW Standards for Social Work Practice with Clients with Substance Use Disorders (2013)

Special Journal Issues with CTN Focus

- Journal of Substance Abuse Treatment (2010)
- The American Journal of Drug and Alcohol Abuse (2011)
- Social Work and Public Health (2013)



ARTICLES

Treatment for Substance Use Disorder: Opportunities and Challenges under the Affordable Care Act

Betty Tai

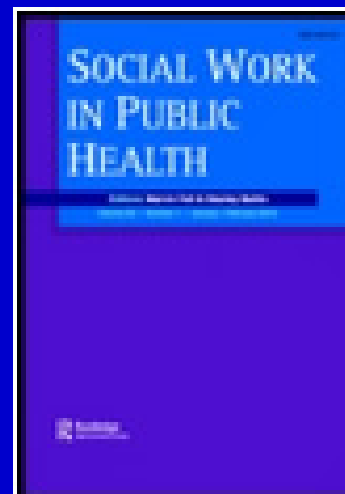
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National Institutes of Health, Bethesda, Maryland, USA*

Nora D. Volkow

*National Institute on Drug Abuse, National Institutes of Health, Bethesda,
Maryland, USA*

Addiction is a chronic brain disease with consequences that remain problematic years after discontinuation of use. Despite this, treatment models focus on acute interventions and are carved out from the main health care system. The Patient Protection and Affordable Care Act (2010) brings the opportunity to change the way substance use disorder (SUD) is treated in the United States. The treatment of SUD must adapt to a chronic care model offered in an integrated care system that screens for at-risk patients and includes services needed to prevent relapses. The partnering of the health care system with substance abuse treatment programs could dramatically expand the benefits of prevention and treatment of SUD. Expanding roles of health information technology and nonphysician workforces, such as social workers, are essential to the success of a chronic care model.

Keywords: Substance use disorder, Affordable Care Act, chronic care model, health information technology, social workforce, screening brief intervention and referral to treatment



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Blending Research and Practice: An Evolving Dissemination Strategy in Substance Abuse

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Substance abuse is a leading cause of death and disability throughout the world. The mission of the National Institute on Drug Abuse (NIDA) is to lead the United States in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components: (a) strategic support of research across a broad range of disciplines and (b) rapid, effective dissemination of research results that can improve prevention and treatment efforts, with potential to inform policy. The NIDA Clinical Trials Network and the Blending Initiative are critical elements of this strategy, and the social work field is poised to use these resources to expand its role in the dissemination and implementation of NIDA's mission.

Keywords: Blending Initiative, National Institute on Drug Abuse, dissemination, community practice, clinical trials

Social Workers and Delivery of Evidence-Based Psychosocial Treatments for Substance Use Disorders

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Social workers encounter individuals with substance use disorders (SUDs) in a variety of settings. With changes in health care policy and a movement toward integration of health and behavioral health services, social workers will play an increased role vis-à-vis SUD. As direct service providers, administrators, care managers, and policy makers, they will select, deliver, or advocate for delivery of evidence-based SUD treatment practices. This article provides an overview of effective psychosocial SUD treatment approaches. In addition to describing the treatments, the article discusses empirical support, populations for whom the treatments are known to be efficacious, and implementation issues.

CTN Dissemination Library



**Clinical Trials Network
Dissemination Library**

<http://ctndisseminationlibrary.org>

**Research findings and other materials of interest
from the Clinical Trials Network**

National Drug Abuse Treatment

Clinical Trials Network • Dissemination Library

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The CTN DISSEMINATION LIBRARY is a digital repository of resources created by and about NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN). It provides CTN members and the public with a single point of access to research findings and other materials that are approved for dissemination throughout the CTN and to the larger community of providers, researchers and policy makers.

Browse the Library

- Journal Articles
- Primary Outcomes Articles
- Blending Initiative/Products
- Presentations
- Manuals / Reports
- Workshops & Video
- View All Items (Access Free)
- CTN Bulletin

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Tip: For authors, search last name first.

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Conferences & Trainings

- National/International Conferences
- Addressing Sexual Issues in Addictions Treatment [see](#) for full: Free NIDA/NACI video
- For more, see CTN Training page.

About the CTN

- Protocols (Studies) in the CTN
- CTN Nodes & Community Treatment Programs (CTPs)
- NIDA's CTN web site
- ATTC's Blending Product site
- CTN Public Data Share
- CTN Directory (2012) [see](#)

New in the Library

- Training Substance Abuse Clinicians in Motivational Interviewing Using Live Supervision via Teleconferencing by Smith, Carpenter, Aronson, et al. / *Journal of Substance Abuse Treatment* 2012 (in press)
- Predictors of Addiction with Buprenorphine/Maintenance Treatment in Opioid Dependent Youth Addictive Behaviors by Wilson, Schmeckel, Connors, et al. / *ADDI Bulletin* 2012 (in press)

"What's New?" Library Blog

Events

Registration is Open: Spring National Steering Committee Meeting, April 17-18, 2012. Also: "Accelerating Knowledge Exchange in Substance Abuse Treatment," April 19, Atlanta, GA. (Register for both meetings below)

(see NIDA Blending conferences)

CTN Library on Facebook

Featured Resources

- Free PubMed Central Articles
- CTN Special AIDA Issue
- 10th Anniversary ISAT Issue
- CTN Data Share
- Implementation for Clinicians
- CTN Bulletin - Read/Search (Work Resources & Policies)

Supported by a grant from the National Institutes on Drug Abuse to the University of Washington Medical and Drug Abuse Institute. The materials on this site have either been created or reviewed by NIDA. Updated 5/2012 | <http://ctndisseminationlibrary.org> | info@ctndisseminationlibrary.org

Research Funding Support

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