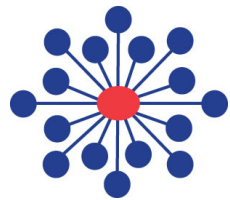


Spreading the Word

The CTN Dissemination Library is a free public resource containing CTN's research findings and featuring other materials such as treatment manuals, NIDA Blending Team products, and scientific publications. The CTN Library is especially useful to community-based programs throughout the Nation that may not have access to the information sources typically available to researchers in academic institutions.

“The first few years of CTN planted the seeds for a cultural shift toward research-based care. What the CTN originally brought together could be parlayed into additional positive impact on the field. Joining CTN infused resources and processes into our CTPs, providing momentum for a cultural change. A statewide network of six large CTPs has made research a priority, and Florida Alcohol and Drug Abuse Association is recruiting for its first Research Director. My own CTP has committed precious funds to support a position dedicated to this purpose. I feel proud of my role as a change agent.”

- Deborah A. Orr, Ph.D, Director, The Center for Drug Free Living, Orlando, FL



***National Drug Abuse Treatment
Clinical Trials
Network***

Forging partnerships to improve the quality of drug abuse treatment throughout the nation.

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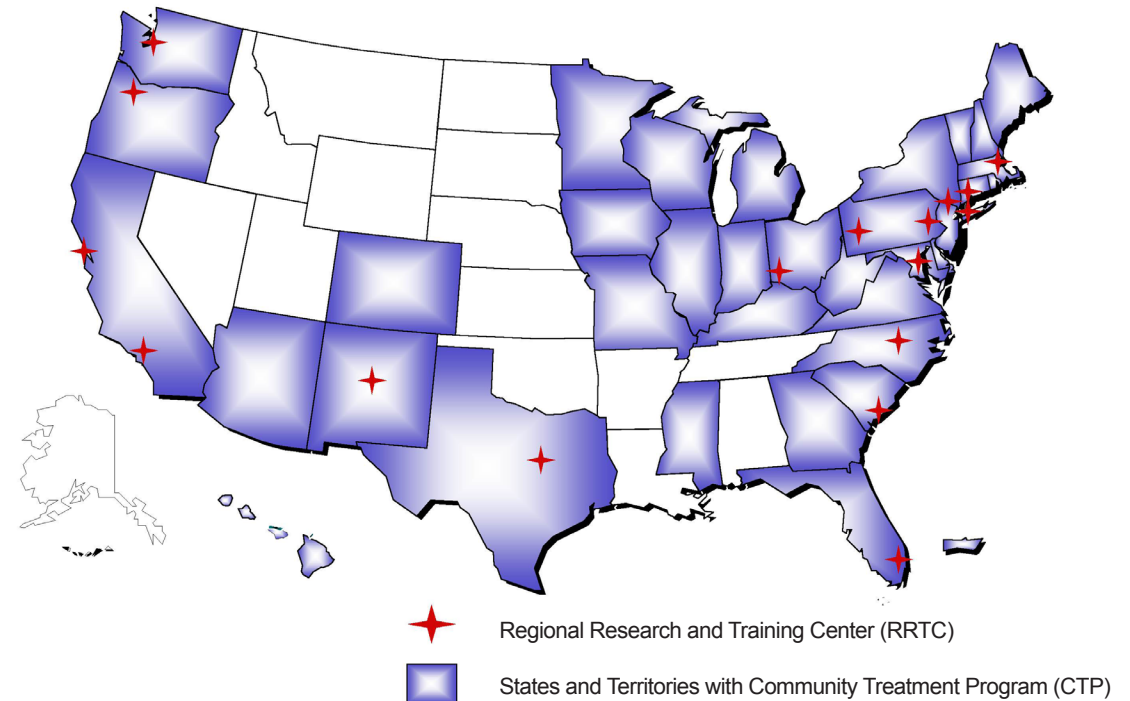
CTN Home Page: <http://www.drugabuse.gov/CTN>
CTN Dissemination Library: <http://ctndisseminationlibrary.org>

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National Drug Abuse Treatment Clinical Trials Network: *The First 7 Years*

NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) improves the quality of drug abuse treatment throughout the country by overcoming a major challenge—the slow process of transforming research findings into proven treatments that are available and feasible in community practice settings where most people seek help for drug abuse or addiction. CTN focuses directly on studies that demonstrate the effectiveness of treatments for people whose lives are affected by drug abuse in towns and neighborhoods nationwide.



CTN blends the skills and experience of two key groups of experts in drug abuse treatment—community treatment providers and academic research leaders—in a partnership to accelerate the process that moves science-based drug abuse treatment into our nation's communities. NIDA established the CTN in 1999 with the creation of 5 Nodes that combined academic centers (called Regional Research and Training Centers) and Community Treatment Programs (CTPs). Today CTN includes 17 geographically diverse academic centers and more than 240 local CTPs across 35 States and Puerto Rico.

CTN studies show that rigorous clinical research on new approaches to drug abuse treatment can be carried out in community treatment programs serving persons who suffer from a broad range of addictive disorders. CTN studies accelerate the transfer of relevant research accomplishments to practitioners at the community level and the adoption of sustainable evidence-based practices in real-life settings

CTN is a broad and stable research platform that offers unique advantages:

- A mature network of clinicians and scientists who have learned how to work together. This mutually trusting environment enables CTN to study matters important to treatment providers.
- Access to diverse groups of people affected by drug abuse, including minorities, adolescents, women, and families.
- Diverse program types and characteristics—rural clinics, inner-city treatment centers, community-based programs, group practices, and small hospital settings—that allow testing of new medications and behavioral treatments.

CTN CLINICAL TRIAL RESULTS

CTN clinical trials have produced significant new findings about medications, behavioral techniques, and other aspects of drug abuse treatment. In fact, one element of CTN's success is among its most important findings: CTN developed studies in close collaboration with community treatment programs that had never before been involved in research. Results clearly show that rigorous clinical research on new approaches to drug abuse treatment can successfully be accomplished in those community-based programs where most people go to seek help for addictions.

Buprenorphine/Naloxone

CTN's first two trials began in 2000 and evaluated the effectiveness of a new medication—Buprenorphine/Naloxone—in helping opiate-dependent patients detoxify during the crucial early days of treatment. This medication had never before been utilized in this part of treatment.

- **Key Finding:** The medication was so effective that both of these trials were stopped ahead of schedule.
- **Added Impact:** Involvement in the CTN study led three treatment programs that had previously been “drug-free” to adopt this medication-aided detox procedure.

Motivational Interviewing

CTN studied the effect of a treatment approach called motivational interviewing (MI), in which the counselor evokes a person's intrinsic desire and ability to change drug use behaviors, rather than imposing a directive “do this” approach.

- **Key Finding:** People whose treatment included MI were significantly more likely to remain in treatment—a key component of success—than were those who did not receive MI.
- **Added Impact:** This trial established a standard for MI training and delivery, and demonstrated the essential role played by clinical supervisors in ensuring effective treatment delivery. In fact, CTN community programs now report that a rigorous training and supervision program in MI has been broadly accepted in the field.

Contingency Management/Motivational Incentives

CTN tested the effectiveness of a treatment approach using the principles of contingency management, which involves low-cost incentives such as food vouchers and movie passes as rewards for drug-free urine samples.

- **Key Finding:** Incorporating low-cost incentives as part of treatment is effective in increasing attendance and maintaining abstinence over periods of 12 weeks.
- **Added Impact:** This approach proved to be very promising for treating methamphetamine abusers—a rapidly growing problem across the country. In addition, the study changed the attitudes and actions of many community programs that previously had expressed reservations about implementing this effective treatment tool, reservations based on cost concerns or reluctance to employ rewards to change people's behavior.

“We did have some opposition to the contingency management approach at first from staff who come from different therapeutic traditions. But once the patients began to respond to the reinforcements, it changed the counselors. When they saw the patients get better, it was really persuasive. I've heard several patients say ‘My life has changed, I'm feeling better.’ It is so powerful to hear, so powerful to witness. I would love to see the whole treatment system adopt this intervention.”

- Scott Kellogg, Ph.D., New York University

CTN IMPACT ON COMMUNITY PRACTICE

Contributions to the NIDA/SAMHSA Blending Initiative

NIDA has joined with the Substance Abuse and Mental Health Services Administration (SAMHSA) to form the Blending Initiative. The goal of this innovative partnership is to translate research into practice and incorporate bidirectional feedback from clinicians, scientists, and experienced trainers to make the best drug abuse and addiction treatments available, as quickly as possible, to those who need them. CTN has been an integral part of the Blending Initiative from its earliest days. In fact, practitioners and researchers have transformed their shared CTN experience into the foundation for creating these treatment tools and accelerating their adoption by community programs across the Nation. Scientific findings from five different CTN trials have contributed to the development and dissemination of tools that treatment providers can use in their front-line practice. These tools include: Short-Term Opioid Withdrawal Using Buprenorphine; Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP); and Promoting Awareness of Motivational Incentives (PAMI). Details on the Blending Initiative are available at: <http://www.nida.nih.gov/blending/>.

Integrating Community Treatment Programs at Local, Regional, and State Levels

CTN participation has proved to be a vehicle for community treatment experts to become more involved in broader aspects of substance abuse policy. For example:

- Community Treatment Program (CTP) leaders in South Carolina sit on the State Substance Abuse/Mental Illness Committee and the State Steering Committee to Improve Adolescent Services.
- A CTP representative serves at the state level on Indiana's Mental Health and Addiction Transformation Committee and at the national level as a member of the Steering Committee of the National Quality Forum “Evidence Based Practices to Treat Substance Use Conditions.”
- CTP leaders in California, Florida, New York, Oregon, Pennsylvania, and Washington have been recognized for their many contributions to state, county, and local level organizations and systems that seek to use research findings to improve the delivery of drug treatment services to their citizens.

Community treatment providers play a key role in expanding the impact of CTN's evidence-based practices. Community organizations have leveraged CTN experience to secure additional grant support and develop programs that provide training in science-based practices. In fact, these community leaders have obtained 106 separate grants and contracts from outside funding sources to support their work in implementing science-based treatment practices. As just one example, a CTP in Maine received a state training grant to allow it to teach medical and surgical staff new Motivational Interviewing treatment approaches that were validated through CTN studies.

Expanding the Community's Role in Designing Drug Abuse Research

Bidirectional collaboration between practitioner and researcher is a bedrock principle of the CTN. For example, three CTN trials to date originated from a deep interest and critical need of the community treatment partners to identify effective and sustainable practices:

- Community programs in Virginia, California, Michigan, Oregon, and New Mexico are helping to examine the effectiveness of a program designed to give recovering drug abusers the skills they need to find and secure a job.
- CTPs in New York, North Carolina, South Carolina, and Massachusetts are involved in a study to test whether programs where patients provide performance data directly to clinic staff would see gains in patient attendance and abstinence from drugs.
- CTPs in South Carolina, Washington, Florida, New York, and Ohio are involved in a study evaluating the effectiveness of a treatment program designed specifically for women who have suffered physical abuse and trauma.

CTN SNAPSHOT

- 27 trials initiated
- 20 trials completed
- 4 trials currently recruiting in 2007
- More than 8100 participants enrolled in trials to date
- 41 scientific papers published
- 20 papers in press or under review
- CTN dissemination library averaging more than 1500 hits per month
- 5 different CTN trials contributed key knowledge to NIDA/SAMHSA Blending tools
- Data from 8 trials now available on CTN website for public use
- More than two dozen additional studies using CTN network as a research platform