

March 14–15, 2002
Grand Hyatt Hotel
New York, New York



Blending Clinical & Practice & Research

forging partnerships to enhance
drug addiction treatment

Program Book

Sponsored by
NATIONAL INSTITUTE ON DRUG ABUSE
National Institutes of Health
Department of Health and Human Services

In partnership with
The New York CTN Node/New York University School of Medicine
The Long Island CTN Node/Columbia University and New York State Psychiatric Institute
New York State Office of Alcoholism and Substance Abuse Services
Alcoholism and Substance Abuse Providers of NYS
Northeast Addiction Technology Transfer Center (ATTC)
New York State Practice Improvement Collaborative (PIC)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Institute on Drug Abuse
Bethesda, Maryland 20892

Dear Colleague:

On behalf of the National Institute on Drug Abuse (NIDA), I would like to welcome you to *Blending Clinical Practice and Research: Forging Partnerships to Enhance Drug Addiction Treatment*. I am especially pleased that NIDA is joined by several other partners in sponsoring this event: the New York and Long Island research nodes of NIDA's National Drug Abuse Clinical Trials Network (CTN), the New York State Office of Alcoholism and Substance Abuse Services, the Alcoholism and Substance Abuse Providers of New York State, the Northeast Addiction Technology Transfer Centers, and the New York State Practice Improvement Collaborative.

As in other fields of medicine, a gap exists in the drug abuse treatment field between clinical practice and research. This conference provides an important opportunity for clinicians and researchers to examine cutting-edge scientific findings about drug abuse and addiction and their application to clinical practice. In our effort to "blend" research and practice, we also hope to identify additional areas in need of research.

One important response to this gap between clinical practice and research is the establishment of NIDA's National Drug Abuse Clinical Trials Network, a research infrastructure designed to test the effectiveness and usefulness of new and improved interventions in real-life settings with diverse populations. The CTN is an important component of NIDA's overall goal to establish and maintain partnerships with drug abuse researchers and community-based treatment providers.

To exemplify this theme of blending practice and research, we have developed a unique approach to the structure of this conference. Plenary presentations and workshops will be conducted by subject-matter specialists representing research and clinical settings. Emphasis will be placed on highlighting what is new on the research front as well as how such research findings can better be implemented into community-based practice settings.

I hope this conference enhances your work in the drug addiction field. Please note, however, that this event is only one component of a more comprehensive approach being undertaken by NIDA to blend practice and research. Through the CTN, NIDA intends to continue its commitment to enhance the nature of drug addiction treatment nationwide.

Sincerely,

A handwritten signature in black ink that reads "Glen R. Hanson". The signature is written in a cursive, flowing style.

Glen R. Hanson, Ph.D., D.D.S.
Acting Director



NEW YORK UNIVERSITY SCHOOL OF MEDICINE

Department of Psychiatry

550 First Avenue, New York, NY 10016

February 27, 2002

To our old and new friends,

Addiction is perhaps the most complex public health problem facing American society today. Our understanding of addiction, our attitude towards it, and our resources to deal with it are shaped by and managed by virtually all aspects of our society and government. We all bring different expertise and different perspectives to the problem but share a common interest of reducing addictions-related pain to our families and burdens to our society.

Largely as a result of research supported by the National Institute on Drug Abuse (NIDA), our understanding of addiction has advanced dramatically. At the same time, through coordinated efforts with the media and entertainment industry to more realistically portray addiction's harsh realities, the public's perception of addiction has grown more sophisticated. And the recent recognition that illicit drug trading funds terrorist organizations adds a poignant imperative to the need to better address addiction.

The overall goal of our conference is to set the stage to expand access to treatment, extend the range of treatment approaches available and improve the quality of treatment in the community. To accomplish this we must bridge the gaps separating what we know from existing research and what we can do in the community. A year-and-a-half ago, Dr. Alan Leshner, then Director of NIDA, and we first discussed organizing a conference in New York. It was clear then that these gaps could not be bridged by way of a unidirectional research to practice meeting. There was too much that the research community didn't know or understand about the treatment community, its policies, cultures and funding mechanisms for that to work. What was needed was a true partnership of equals – much like what has developed in the National Drug Abuse Treatment Clinical Trials Network (CTN) – that would work in multiple directions to share scientific, programmatic and policy information toward achieving the conference goal. Dr. Glen Hanson, NIDA's Acting Director has expanded on this vision, and under his leadership NIDA has been extremely generous in supporting a very broadly based conference. We hope not only to improve treatment but also to improve research by making it more relevant to real world needs and opportunities.

It is fitting that NIDA's 2002 Blending Conference is centered in New York City. New York has long been a center for addictions research, treatment, training and policy, and we've had more than our share of serious addiction problems that have impacted the quality of life for all New Yorkers. We planned to hold this conference in New York well before September 11th when the city was so badly wounded. We're gaining new insights into the effects of stress on addiction, and we're learning about how addicts and treatment programs cope in the wake of tragedy. New Yorkers are a resilient, diverse and open people. We're pleased to co-sponsor our conference and delighted that your visit will help with our recovery.

This welcome would be incomplete without special thanks to Patsy Novo at NYU, Jack Stein at NIDA, Glen Fischer at MAC and everyone else on our Planning Committee who made this possible.

On behalf of New York University's School of Medicine and the New York Node of the CTN it's my pleasure to welcome all of you.

John Rotrosen, MD
Professor

Principal Investigator, New York Node,
National Drug Abuse Treatment Clinical Trials Network



New York University

A private university in the public service



Established
1896

New York State Psychiatric Institute

Over a Century of Excellence in Research, Clinical Care and Education

Jack M. Gorman, MD
Deputy Director

1051 Riverside Drive, New York, NY 10032 • 212-543-5000
JOHN M. OLDHAM, MD, Director

Steven M. Papp, MBA
Deputy Director for Administration

March 1st, 2002

Dear Fellow Participants,

It is my great pleasure to welcome you all to NIDA's 2002 Blending Conference on behalf of New York State Psychiatric Institute, Columbia University, and the Long Island Node of the NIDA Clinical Trials Network.

The Clinical Trials Network was established by NIDA, under the visionary leadership of Dr. Alan Leshner, to bridge the gap between treatment and research. In the field of addictions, treatment and research were each taking place too much in isolation from one another. Advances in treatment methods were being developed and tested in specialized research clinics and laboratories with funding from NIH institutes such as NIDA. But these methods were not finding their way into routine practice, and the field was not benefiting from the new knowledge. At the same time, many of our dominant treatment paradigms, as well as many new and innovative ideas, have come from the field--from clinicians working with patients and getting a feel for what works, trying new things out, and making astute, serendipitous observations. Such new ideas should be the lifeblood of research. But how do they find their way into carefully designed research in order to confirm their effectiveness and understand their mechanism of action? Too often in our field they have not.

The Clinical Trials Network was launched to begin to bring researchers and community treatment providers together to work jointly on the development and testing of new treatments. But of course this is only a beginning. The Blending Conferences are another important initiative in the service of this goal, and we are all about to participate in the second of what is hoped will become a long and fruitful series.

I hope that over the two days of the Conference we can come together in the spirit of discovery, share ideas, and come away with renewed energy to push the confines of our knowledge and practice. This is not meant to be a passive experience. Each of the Workshops has been crafted by its presenters to elicit discussion and input from all participants. It is hoped that the conference will mark the beginning of an ongoing blending process. So please bring your ideas and questions to the table, and help make the New York Blending Conference a success.

Sincerely,

Edward V. Nunes, MD

Edward Nunes MD
Associate Professor and Research Psychiatrist
Principal Investigator, Long Island Node
National Drug Abuse Treatment Clinical Trials Network



NEW YORK STATE
OFFICE OF ALCOHOLISM
AND
SUBSTANCE ABUSE SERVICES

1450 Western Avenue
Albany, New York 12203-3526

George E. Pataki
Governor

Jean Somers Miller
Commissioner

March 14, 2002

Dear Colleague:

The tragic events of September 11th present even greater demands on our addiction field, both in terms of the diverse and increased needs of those we care for and the financial resources we have available to meet these new challenges. Now more than ever, we must cooperate and share our ideas to find ways to accomplish our goals more effectively and efficiently.

Already, we have a wide-array of science-based prevention programs that produce results. It's time to broaden this proven approach to the treatment arena. By integrating scientific research with clinical practice, we can develop a more comprehensive, accurate approach in treating addictions.

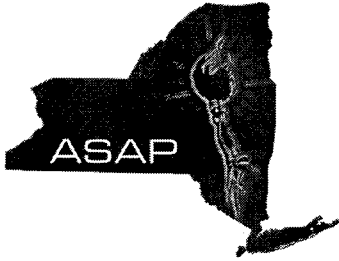
As we face unprecedented levels of quantity and complexity in our treatment services, the Blending Clinical Practice and Research Conference provides an important opportunity to create better solutions that strengthen our work. By encouraging a relationship between clinical practice and science-based research, the field can continue our effort to provide the highest quality care and services.

For these next two-days, participants will have the opportunity to discuss complementary skills with one another that will further their expertise and abilities in addiction treatment. Reflecting on the conference theme, "*Forging partnerships to enhance drug addiction treatment*," this collaboration will help us better serve the various needs of each individual with a more definitive assessment and more successful outcomes. I thank you for your compassion and tireless efforts, and look forward to working with you.

Please accept my best wishes for an enriching and informative conference.

Sincerely,


Jean Somers Miller



**Alcoholism & Substance Abuse Providers
of New York State, Inc.**

1 Columbia Place • Albany, New York 12207
518-426-3122 • Fax: 518-426-1046 • E-Mail: asap@asapnys.org • www.asapnys.org

Greetings:

The Alcoholism & Substance Abuse Providers of New York State, Inc. welcomes you to New York City and to the Blending Clinical Practice & Research Conference, "Forging Partnerships to Enhance Drug Addiction Treatment." We hope that you find the workshops and plenary sessions to be informative. We hope that you will be working with your peers throughout the country. We also hope that you enjoy New York City and what it has to offer.

Alcoholism and substance abuse treatment and prevention providers are committed to ongoing quality improvement. We are committed to ensuring broader application of science and evidence based practice in the prevention and treatment work in New York City. It is our hope that this conference will be a catalyst for cultural change in our field that results in significant increase in the use of evidence base practice.

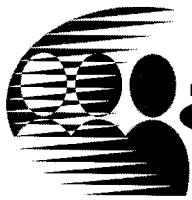
The staff and members of Alcoholism and Substance Abuse Providers of New York State, Inc. looks forward to meeting you and spending quality time with you in the next two days. Hope you find your experience meaningful.

Very truly yours,

A handwritten signature in black ink that reads "John J. Coppola". The signature is written in a cursive, flowing style.

John J. Coppola
Executive Director

JJC:sll



northeast
attc addiction technology
transfer center

FUNDED BY CENTER FOR SUBSTANCE ABUSE TREATMENT, SAMHSA

Executive
Committee

Gene R. Boyle
Director
Bureau of Drug and
Alcohol Programs,
Pennsylvania
Department of Health

Jean Somers Miller
Commissioner
New York State Office
of Alcoholism &
Substance Abuse
Services

Terrence O'Connor
Assistant
Commissioner
Division of Alcoholism,
Drug Abuse &
Addiction Services,
New Jersey
Department of Health
and Senior Services

Northeast
Addiction Technology
Transfer Center
IRETA
Regional Enterprise
Tower
425 Sixth Avenue
Suite 1710

March 1, 2002

Dear Colleague:

It is a great pleasure and honor for the Northeast Addictions Technology Transfer Center to co-sponsor this important conference. We view the NIDA Blending Clinical Practice and Research Conference as a significant turning point in the effort to bring science into the design and delivery of substance abuse treatment in the United States. It is an extraordinary opportunity for our states' treatment and research communities to see and hear some of the world's leading addiction scientists interacting with local and national treatment experts regarding research findings and treatment needs.

Aligning substance abuse policy, research and practice was the very reason for the 1999 founding of the Institute for Research, Education and Training in Addictions (IRETA), the parent corporation of the Northeast Addiction Technology Transfer Center (NeATTC). Built from over thirty years of clinical and research experience, IRETA was established with the purpose of supporting and linking a system of qualitative substance abuse research, prevention and treatment that would then develop, evaluate and apply through various methods (e.g. training, policy forums, electronic media, etc.) scientifically supported treatment strategies and policies. Since that time, IRETA has conducted numerous regional training events, policy forums, established a web based information source (www.ireta.org) for the NeATTC, produced numerous evidenced based publications and worked in strong collaboration with its Tri-State Steering Committee, Single State Authorities, providers, consumers, policy leaders and academic partners. IRETA, like the NeATTC, sees the "field" as its most important customer.

The challenges of aligning substance abuse science and treatment are considerable, particularly in this time of world tension and very limited resources. Skill development, evidence based information dissemination, informed policy statements are but a few of the products of successful technology transfer. Our field has never needed or earned it more. IRETA and the NeATTC are committed to work collaboratively to be the vehicle that can support the field by infusing public policy, education, training and practice... with science, experience and sensitivity.

We view this conference as a critical opportunity to facilitate knowledge transfer and skill development. We hope, most sincerely, it also bolsters our field's dedicated professionals and the critical services they provide. We are proud and honored to be a co-sponsor of this event and invite you to not just learn but to apply what you learn. We also welcome your feedback and thoughts at our NeATTC table.

Sincerely,

Michael T. Flaherty, Ph.D.
Director
NeATTC

*Unifying Research, Education and Practice to
Transform Lives*

Important Instructions for Obtaining CEU/CME Credits

We are pleased to offer the following continuing education opportunities for your attendance at the Blending Clinical Practice and Research Conference.

CASAC/ CPP/ CPS Credits

Credentialed Alcoholism and Substance Abuse Counselor (CASAC), Credentialed Prevention Professional (CPP) and/or Credentialed Prevention Specialist (CPS) initial credentialing and/or renewal credits will be issued separately for each plenary session and workshop. You must obtain a Conference Attendance Form to validate clock hour credit for your attendance at each session. Only Conference Attendance Forms with original stamps will be accepted by OASAS for credentialing. At the conclusion of each workshop and/or plenary session you attend, you must have a monitor stamp your Form validating attendance.

At the conclusion of your attendance at this conference, you must turn in your Conference Attendance Form to the Conference Registration staff. The Forms will be processed by OASAS and returned to you by mail. Please ensure that your name and address are clearly indicated on the Form.

Note: Clock hours will be validated **ONLY** at the conclusion of each workshop or plenary session. It is your responsibility to be diligent in having your Form appropriately stamped before you leave the session.

NASW and NIH/FAES Credits

To receive credit from the following organizations, you must stop by the **CEU Information Desk** to complete the appropriate evaluation forms and sign in and out each day of the meeting.

- National Association of Social Workers (NASW) approves this conference for 12 contact hours and 1.2 CEUs.
- The National Institutes of Health/Foundation for Advanced Education in the Sciences (NIH/FAES) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The NIH/FAES designates this educational activity for a maximum of 12 hours in Category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit actually spent in the educational activity.

NAADAC and CRCC Credits

In order to receive your certificate of attendance, allowing you to obtain credit from the following organizations, you must complete the conference Evaluation Form and submit it to the CEU Information Desk at the completion of this conference. Please note that you are responsible for sending this certificate to these organizations to receive your CEUs or contact hours.

- National Association of Alcoholism and Drug Abuse Counselors (NAADAC) for 12 educational units. Provider number: 350
- Commission on Rehabilitation Counselor Certification (CRCC) for 11 clock hours. Sponsor code number: 003098

Agenda

Thursday, March 14, 2002

- 8:30 a.m. **WELCOME AND OVERVIEW OF CONFERENCE** Empire State B, C, D
- Timothy P. Condon, Ph.D., Associate Director, National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH)
- John Rotrosen, M.D., Professor, New York University School of Medicine and New York Node, NIDA Clinical Trials Network
- Edward V. Nunes, M.D., Associate Professor of Clinical Psychiatry, Columbia University and Long Island Node, NIDA Clinical Trials Network
- 9:00 a.m. **PUTTING DRUG ABUSE RESEARCH TO USE IN REAL-LIFE SETTINGS** Empire State B, C, D
- Glen R. Hanson, Ph.D., D.D.S., Acting Director, NIDA/NIH
- 10:00 a.m. **BREAK**
- 10:20 a.m. **BUILDING BRIDGES BETWEEN PRACTICE AND RESEARCH** Empire State B, C, D
- Panel 1: Taking Action Nationally and Locally**
- Plenary Chair: Jack B. Stein, Ph.D., Deputy Director, Office of Science Policy and Communications, NIDA/NIH
- Taking Action: The NIDA National Drug Abuse Clinical Trials Network**
- Betty Tai, Ph.D., Center for Clinical Trials Network, NIDA/NIH
- The Blending Project**
- John Rotrosen, M.D., New York University School of Medicine and New York Node, NIDA Clinical Trials Network
- Motivating Organizational Change**
- Richard N. Rosenthal, M.D., St. Luke's-Roosevelt Hospital Center
- Panel 2: Real-Life Perspectives on Blending Practice and Research**
- Kathleen M. Carroll, Ph.D., Connecticut Veterans Affairs Medical Center and Yale University School of Medicine
- Lawrence S. Brown, Jr., M.D., M.P.H., Addiction Research and Treatment Corporation

Thursday, March 14, 2002 (continued)

11:30 a.m. **BREAK**

12:15 p.m. **LUNCH**

Empire State B, C, D

Session Chair: Paul Puccio, Executive Deputy Commissioner,
New York State Office of Alcoholism and Substance Abuse
Services

Applying Research in Community Settings

Keynote Speaker: Herbert D. Kleber, M.D., New York State
Psychiatric Institute and Columbia University

1:45 p.m. **WORKSHOPS**

1. **Innovations in the Treatment of Adolescent Substance Use Disorders: Blending Research and Practice** Uris

Chair: Paula Riggs, M.D., University of Colorado Health
Sciences Center

Andrew R. Morral, Ph.D., RAND Corporation

Robert Savitt, M.S.W., CSW, North Shore University
Hospital at Glen Cove

Ramon Solhkhah, M.D., New York University School
of Medicine

2. **Early Intervention with At-Risk Children and Adolescents** Julliard

Chair: Stephen J. Donovan, M.D., New York State
Psychiatric Institute and Columbia University

John Fitzgerald, CPP, New York City Board of Education

Drew Humphries, Ph.D., Rutgers University

Laurie S. Miller, Ph.D., New York University School
of Medicine

3. **Substance Abuse and Infectious Diseases/Medical Consequences of Drug Abuse** Booth

Chair: Lawrence S. Brown, Jr., M.D., M.P.H., Addiction
Research and Treatment Corporation

Don DesJarlais, Ph.D., National Development and
Research Institutes, Inc.

Francis A. McCorry, Ph.D., New York State Office
of Alcoholism and Substance Abuse Services

Susan Tross, Ph.D., New York State Psychiatric Institute
and Columbia University

Thursday, March 14, 2002 (continued)

- | | | |
|----|--|---------------|
| 4. | Abuse of Prescription Drugs and Pain Management | Alvin |
| | Chair: Eric Collins, M.D., New York State Psychiatric Institute and Columbia University
Madeline A. Naegle, R.N., Ph.D., CS, FAAN, New York University
Sidney H. Schnoll, M.D., Ph.D., Purdue Pharma, LP | |
| 5. | Club Drugs and Methamphetamine | Carnegie Hall |
| | Chair: David McDowell, M.D., New York State Psychiatric Institute
Gregory Bunt, M.D., Daytop Village
Perry Halkitis, Ph.D., New York University
Richard Rawson, Ph.D., Integrated Substance Abuse Programs, University of California, Los Angeles | |
| 6. | Gender Issues | Majestic |
| | Chair: Gloria M. Miele, Ph.D., St. Luke's-Roosevelt Hospital Center
Alexis Gadsden, M.S.W., CASAC, Outreach Project, Inc.
S. Lala Ashenberg Straussner, D.S.W., CSW, CEAP, BCD, CAS, Shirley M. Ehrenkranz School of Social Work, New York University
Cora Lee Wetherington, Ph.D., NIDA | |
| 7. | Alternatives to Incarceration | Edison |
| | Chair: Eileen Pencer, M.S.W., M.Ed., CSW, ACSW, Lower Eastside Service Center, Inc.
Judge Alex M. Calabrese, J.D., Red Hook Community Justice Center, New York State Court System
Jayme A. Delano, CSW, Brooklyn Treatment Court
Judge Sol Wachtler, Law and Psychiatry Institute, North Shore-Long Island Jewish Health System | |
| 8. | School-Based Interventions | Lyceum |
| | Chair: Cynthia Kuhn, Ph.D., Duke University Medical School
Nancy E. Jones, M.H.S.A., CEAP, CPP, Capital Region BOCES-CAPIT
Ellen Morehouse, Student Assistance Services Corporation | |

Thursday, March 14, 2002 (continued)

- 9. Therapeutic Communities** Imperial
- Chair: Robert L. Hubbard, Ph.D., M.B.A., Duke University Medical Center
Allen Bray, M.H.S., Self Help Addiction Rehabilitation, Inc.
George De Leon, Ph.D., National Development and Research Institutes, Inc.
Kevin McEaney, Phoenix House Foundation, Inc.
- 10. Acupuncture for Addiction Treatment** Music Box
- Chair: Herbert D. Kleber, M.D., New York Psychiatric Institute and Columbia University
Vincent Brewington, M.A., Lincoln Medical and Mental Health Center
Mindy Fullilove, M.D., New York State Psychiatric Institute and Columbia University
Paul McLaughlin, M.A., Hartford Dispensary
- 11. Pregnancy and Maternal and Child Health** Winter Garden
- Chair: Janet Lerner, D.S.W., Narco Freedom, Inc.
Loretta P. Finnegan, M.D., Office of Research on Women's Health, NIH
Angela M. Seracini, Ph.D., Babies and Children's Hospital of New York and Columbia University
- 12. Guiding Treatment in the 21st Century** Brooks Atkinson
- Chair: Susan Brandau, New York State Office of Alcoholism and Substance Abuse Services
Ira J. Marion, M.A., Albert Einstein College of Medicine and Montefiore Medical Center
- 13. Employment Issues in Treatment Outcome** Shubert
- Chair: Eileen Wolkstein, Ph.D., New York University
Susan James, Ph.D., National Center on Addiction and Substance Abuse at Columbia University
Timothy P. Janikowski, Ph.D., State University of New York, Buffalo
Alice Ostrowsky, M.A., The Educational Alliance, Inc.

Thursday, March 14, 2002 (continued)

14. Challenges of Blending Clinical Practice and Research Into Daily Program Operations Plymouth

Chair: Robert E. Sage, Ph.D., Addiction Research and Treatment Corporation/Urban Resource Institute
 Catherine A. Doherty, M.Ed., Albany Citizens Council on Alcoholism and Other Chemical Dependencies, Inc.
 Anthony S. Benedetto, CSW, CASAC, Samaritan Village, Inc.

15. Motivational Enhancement Therapy Morosco

Chair: Jon Morgenstern, Ph.D., National Center on Addiction and Substance Abuse at Columbia University
 Bruce J. Rounsaville, M.D., Connecticut Veterans Affairs Healthcare System, New England Mental Illness Research Education and Clinical Center, and Yale University School of Medicine
 Larry Taub, M.A., CSW, Lower Eastside Service Center, Inc.

16. Assessment of Addiction Broadway

Chair: Deborah Hasin, Ph.D., Columbia University
 Thomas A. Coyne, M.S.W., National Training Services

3:15 p.m. **BREAK**

3:30 p.m. **WORKSHOPS 1-16 (repeated)**

5:00 p.m. **ADJOURNMENT**

Friday, March 15, 2002

9:00 a.m.	PLENARY SESSION	Empire State B, C, D
	Session Chair: John J. Coppola, M.S.W., Executive Director, Alcoholism and Substance Abuse Providers of New York State	
	Science of Stress and Substance Abuse	
	Keynote Speaker: David Vlahov, Ph.D., Director, Center for Urban Epidemiologic Studies, New York Academy of Medicine	
	Coping in the Wake of Tragedy	
	Keynote Speaker: Beny J. Primm, M.D., Executive Director, Addiction Research and Treatment Corporation	
10:15 a.m.	WORKSHOPS	
	17. Assessment for Psychiatric Comorbidity in Addiction Treatment	Ballroom A
	Chair: Edward V. Nunes, M.D., Columbia University Kathleen T. Brady, M.D., Ph.D., Medical University of South Carolina Jerome F.X. Carroll, Ph.D., New York State Office of Alcoholism and Substance Abuse Services Jeffrey Selzer, M.D., North Shore-Long Island Jewish Health System	
	18. Buprenorphine/Naloxone Treatment of Opiate Dependence	Majestic
	Chair: Paul P. Casadonte, M.D., Department of Veterans Affairs and New York Harbor Healthcare System, Inc. Leslie Amass, Ph.D., Friends Research Institute, Inc. Paul J. Fudala, Ph.D., Philadelphia Veterans Affairs Medical Center and University of Pennsylvania School of Medicine Terry Horton, Phoenix House Foundation, Inc.	
	19. Innovations in Methadone and LAAM Treatment	Regency
	Chair: Mary Jeanne Kreek, M.D., Rockefeller University Ronald Brady, M.D., Bridge Plaza Treatment and Rehabilitation Clinic Ron Jackson, M.S.W., Evergreen Treatment Services Edwin A. Salsitz, M.D., Beth Israel Medical Center	

Friday, March 15, 2002 (continued)

20. **Smoking Cessation Treatment in Substance Abuse Rehabilitation Programs** Winter Garden/
Brook Atkinson
- Chair: Malcolm S. Reid, Ph.D., New York University
School of Medicine
Steven Schwartz, Margaret A. Stutzman Addiction
Treatment Center, New York State Office of Alcoholism
and Substance Abuse Services
Steven Shoptaw, Ph.D., Friends Research Institute, Inc.
21. **Family Network Therapy** Julliard
- Chair: Marc Galanter, M.D., New York University
School of Medicine
Peter Steinglass, M.D., Ackerman Institute
José Szapocznik, Ph.D., University of Miami
School of Medicine
22. **Trauma and Addiction** Imperial/Booth
Center
- Chair: Denise Hien, Ph.D., St. Luke's-Roosevelt Hospital
- Lisa Najavits, Ph.D., McLean Hospital and Harvard
Medical School
Nancy J. Smyth, Ph.D., CSW, CASAC, State University of
New York, Buffalo School of Social Work
23. **Substance Abuse and Coexisting Disabilities** Lyceum/Morosco
- Chair: Kenneth Perez, M.S., New York State Office of
Alcoholism and Substance Abuse Services
Wayne A. Gordon, Ph.D. ACSW, CASAC, Mount Sinai
School of Medicine
Deborah H. St. John, M.S., ACSW, CASAC, Private Practice
Dennis C. Moore, Ed.D., Wright State University School of Medicine
24. **How Does the AOD Provider Prepare to Integrate the Use of
Addiction Medicines and Clinical Behavioral Treatment?** Music Box/
Plymouth
- Chair: Steven Kipnis, M.D., FACP, New York State Office of
Alcoholism and Substance Abuse Services
Joy Davidoff, M.P.A., New York State Office of Alcoholism and
Substance Abuse Services

Friday, March 15, 2002 (continued)

25. Treatment of Marijuana Abuse and Dependence Carnegie Hall

Chair: Frances R. Levin, M.D., Columbia University
Margaret Haney, Ph.D., New York State Psychiatric
Institute and Columbia University
Jonathan A. Spears, M.S.W., ACSW, Counseling Service
of the Eastern District of New York

**26. Craving, Addiction, and the Brain: How Can We Apply This
to Treatment?** Ballroom D

Chair: Anna Rose Childress, Ph.D., University of
Pennsylvania School of Medicine
Steven J. Grant, Ph.D., NIDA
Kevin Michael Wadalavage, M.A., CASAC, Outreach Project, Inc.

27. Naltrexone Revisited Uris

Chair: Laura F. McNicholas, M.D., Ph.D., Philadelphia
Veterans Affairs Medical Center and University of
Pennsylvania School of Medicine
Sherri Gillette, M.S., CASAC, St. Lawrence Addiction
Treatment Center, New York State Office of Alcoholism
and Substance Abuse Services
Jami Rothenberg, Ph.D., New York State Psychiatric
Institute and Columbia University
Maria A. Sullivan, M.D., Ph.D., New York State Psychiatric
Institute and Columbia University

28. Motivational Incentives/Contingency Management Alvin

Chair: Scott Kellogg, Ph.D., Rockefeller University
Joseph Krasnansky, CSW, Lower Eastside Service Center, Inc.
Marion Schwartz, M.S.W., CSW, New York University
School of Medicine
Maxine Stitzer, Ph.D., Bayview Medical Center, Johns
Hopkins Hospital

12:15 p.m. **BREAK**

Friday, March 15, 2002 (continued)

12:30 p.m.

LUNCH

Empire State B, C, D

Plenary Session

Chairs: Michael Flaherty, Ph.D., Director, Northeast Addiction
Technology Transfer Center

Gail Viamonte, Ph.D., Project Manager, Northeastern States
Addiction Technology Transfer Center

**Methadone and Beyond: Medication and Its Role in Treating
Addiction**

Mary Jeanne Kreek, M.D., Professor and Head, Senior Physician,
Rockefeller University Hospital

Where Will We Be in 5 to 10 Years?

Mitchell S. Rosenthal, M.D., President, Phoenix House
Foundation, Inc.

Plenary Session & Workshop Descriptions, Day 1

Putting Drug Abuse Research to Use in Real-Life Settings

Glen R. Hanson, Ph.D., D.D.S., Acting Director, NIDA

Over the past two decades, scientific research has revolutionized our understanding of how drugs affect the brain. We now know that prolonged, repeated drug use can result in fundamental, long-lasting changes in brain structure and function. The ultimate task for treatment, therefore, is to reverse, or at least somehow compensate for, those brain changes. The establishment of the National Drug Abuse Clinical Trials Network provides an important research infrastructure for NIDA to develop and test new behavioral and medication treatments for drug addiction in real-life settings. The success of this network and the incorporation of its findings into clinical practice are grounded in our ability to successfully bridge the gap between research and practice. This presentation will highlight major advances in drug addiction research and show how these findings will help improve drug addiction treatment via a “blending” of practice and research.

Building Bridges Between Practice and Research

There is a large gap between everyday practice in community-based drug addiction treatment programs and the knowledge gained from research. This disconnect is reflected in the often wide cultural and experiential separation between the professionals who conduct empirical investigations and those who apply research findings in treatment settings. The two panels in this session will:

- Describe NIDA’s National Drug Abuse Clinical Trials Network (CTN), a research infrastructure designed to develop and test the effectiveness of behavioral and medications treatment for drug addiction in real-life settings with diverse populations.
- Discuss the New York Blending Project and its goal of setting an agenda for change and establishing a legacy to last long after the conference is over.
- Address barriers to systems change and ways to motivate change within systems and organizations.
- Review successful strategies in conducting clinical research in community treatment programs and illustrate how these strategies work in the real world.

Taking Action Nationally and Locally

Taking Action: The NIDA National Drug Abuse Clinical Trials Network

Betty Tai, Ph.D., Director, Center for Clinical Trials Network, NIDA

As in other fields of medicine, a gap exists in the drug abuse treatment field between clinical practice and scientific research. One important response to this gap has been NIDA’s Clinical Trials Network (CTN). The CTN is a research infrastructure currently consisting of 14 research “nodes” designed to test the effectiveness and usefulness of new and improved interventions in community-based treatment settings with diverse populations. The CTN is an important component of NIDA’s overall goal to estab-

lish and maintain partnerships with drug abuse researchers and community treatment providers to ensure that research findings are applied in the community. This presentation will provide an overview of the establishment and current status of NIDA's CTN and the key components required to successfully blend research and practice.

The Blending Project

John Rotrosen, M.D., New York University School of Medicine and New York Node, NIDA Clinical Trials Network

The overarching goal of the New York Blending Project is to ensure that the March 14 and 15, 2002, Blending Conference sets an agenda for change and leaves a lasting legacy. We hope to establish an affiliation of stakeholders interested in improving access to addiction treatment, expanding the range of available treatments, enhancing the quality of treatment, and improving outcome. Conference plenary sessions and workshops are organized around themes intended to initiate and motivate the long-term project. A roundtable session on March 15, immediately following the larger conference, will serve as the project kickoff. Invited participants include providers and representatives of the prevention community, student and employee assistance programs, the New York State Office of Alcoholism and Substance Abuse Services, managed behavioral health care organizations, funding organizations, law enforcement and prison communities, legislatures, the media, and Addiction Technology Transfer Centers; students; clinical professional educators; and researchers of the New York and Long Island Nodes of NIDA's Clinical Trials Network. Others are welcome to participate. We hope that the kickoff will establish a lasting forum for communication and for the development of a broad range of collaborative projects.

Motivating Organizational Change

Richard N. Rosenthal, M.D., St. Luke's-Roosevelt Hospital Center

This presentation will focus on current research development and dissemination of state-of-the-art practice through NIDA's Clinical Trials Network. A parallel domain that must be addressed, above the informational level, is that of the barriers to systems change within the system itself, in the form of power structures, reinforced beliefs, daily routines, and payors.

Current Research Tells Us

- Motivation may be mobilized by crisis, incentive, or alteration of beliefs.
- Lessons from history and psychotherapy can inform which interventions might prove useful, once it is clarified which characteristics individuals and systems have in common and which they do not.

Considerations for Putting Research to Actual Use

- What are the forces at work that keep things "the same"?
- What are the appropriate "primers" for systems change?

Considerations for Future Research

- Participants must be empowered to realize that they are part of what keeps systems from changing and that with rediscovery of core values, they have more power and intent to foster change than previously experienced.

Real-Life Perspectives on Blending Practice and Research

Kathleen M. Carroll, Ph.D., Connecticut Veterans Affairs Medical Center and Yale University
School of Medicine

Lawrence S. Brown, Jr., M.D., M.P.H., Addiction Research and Treatment Corporation

This presentation will review successful strategies in conducting clinical research in community treatment programs, based on the experiences of Yale investigators over the past 15 years. Strategies that are effective in building effective partnerships, including involving key personnel in all stages of the research, attending to hidden costs of research, and several more, will be reviewed. To illustrate how these strategies work in the real world, a pilot study done in a community treatment program that was developed collaboratively by Yale investigators, the State of Connecticut Department of Children and Families, the Genesis Center, and Advanced Behavioral Health, Inc., will be reviewed. Issues surrounding the implementation of research within a community-based treatment program will be discussed based on experiences at the Addiction Research and Treatment Corporation.

Applying Research in Community Settings

Herbert D. Kleber, M.D., New York State Psychiatric Institute and Columbia University

Research suggests that certain interventions may be useful in treating substance abuse. However, as the current debate over mammograms shows, research is not always unambiguous. The overall challenge remains to figure out which interventions will be most useful for which patients in a particular community setting. There are, however, a number of landmark advances that have been made over the past decade in treating substance abuse. This talk will address both these advances and the obstacles that have kept them from being adequately and widely implemented. Examples include refusal by drug courts to refer clients to methadone maintenance treatment, unwillingness to use naltrexone in probation, and failure to implement cognitive-behavioral relapse prevention techniques or contingency programs in treating cocaine abuse.

Innovations in the Treatment of Adolescent Substance Use Disorders: Blending Research and Practice

Paula Riggs, M.D., University of Colorado Health Sciences Center

Andrew R. Morral, Ph.D., RAND Corporation

Robert Savitt, M.S.W., CSW, North Shore University Hospital at Glen Cove

Ramon Solhkhah, M.D., New York University School of Medicine

The goals of this workshop are to:

- Provide an overview of the multidimensional developmental context and state of the science in the assessment and treatment of adolescent substance use disorders (SUDs) and common comorbid conditions such as conduct disorder (CD), attention deficit-hyperactivity disorder (ADHD), and depression.
- Identify the clinical priorities of community treatment programs.
- Identify barriers to blending research and practice.
- Discuss mechanisms to overcome barriers to blending research and practice.
- “Marry” community treatment program priorities with the state of the science in adolescent substance treatment research.

Current Research Tells Us

- Empirically supported treatment modalities for adolescents with SUDs include family-based interventions, behavioral therapies (including therapeutic community treatment models), cognitive behavioral therapy, and motivational enhancement.
- Most adolescents with SUDs have a comorbid psychiatric disorder, including CD, depression, or ADHD, calling for more integrated treatment approaches.
- Most adolescents in the juvenile justice system have CD, SUDs, or other comorbidity but limited access to comprehensive, integrated mental health and substance use treatment.

Considerations for Putting Research to Actual Use

- Research-based treatments and training must be made more widely available, feasible to implement, cost-effective, transportable, and sustainable in real-world community treatment programs.
- We must identify barriers to “blending” research and practice.
- We must develop a true bidirectional dialog between university-based treatment researchers and real-world community treatment programs for authentic blending and sustainable dissemination.

Considerations for Future Research

- Codevelop the research/clinical trial priorities and scientific/clinical agenda with community treatment providers by “marrying” the clinical priorities and problems faced by real-world community treatment programs to the state of the science in treatment research.
- Conduct effectiveness trials in community treatment settings that have been codeveloped by university-based researchers and community treatment providers (CTN model).
- Codevelop feasible models of providing integrated, multidimensional treatment of adolescent SUDs and comorbid disorders and include the family in treatment.
- Codevelop mechanisms to improve the linkages in juvenile justice system adolescent substance treatment (e.g., drug courts).

Early Intervention With At-Risk Children and Adolescents

Stephen J. Donovan, M.D., New York State Psychiatric Institute and Columbia University

John Fitzgerald, CPP, New York City Board of Education

Drew Humphries, Ph.D., Rutgers University

Laurie S. Miller, Ph.D., New York University School of Medicine

Ramon Solhkhah, M.D., New York University School of Medicine

Developmental processes are not linear. Early intervention in a developmental process means we recognize a tendency for something to change into something else, and we do things before that change happens. The focus here is on substance abuse. What is it that evolves into substance abuse in adolescence? Current research suggests that antisocial spectrum problems evolve into problem behaviors in adolescence, including substance use, abuse, and dependence. This workshop will focus on points of intervention in this process and include a presentation on a broad range of social and psychological approaches that address high-risk children, including early intervention, to help place our strategy within a larger context. Though based in the school system, the advantages and challenges of attempting to intervene in a process will be explored. Another presentation focusing on the social level will identify community-level factors that encourage predisposed youth to develop adolescent problem behaviors. Supervision is crucial to prevention and halting the progression of problem behaviors. Drawing on the resources of the community can mobilize prosocial factors on a communitywide basis. An additional presentation will focus on a particular institution, elementary school, and a particular target within that institution, teachers. Primary school is where antisocial attitudes are solidified in the classroom and in the schoolyard. The idea is to develop interventions primarily using health science

and physical education classes, and the goal is to promote prosocial attitudes across the board in the expectation that this will benefit even those exposed to caregiver addiction. The final presentation will examine the biopsychological aspect of antisocial behavior in childhood and how it leads to coercive reciprocal social interactions, as well as placement in classes with other aggressive youth. The idea is that the social learning aspects of antisocial spectrum behaviors might be amenable to pharmacological treatment, and professions working with high-risk youth should have a conceptual framework for deciding which medications are used for a particular aspect of antisocial behavior.

Substance Abuse and Infectious Diseases/Medical Consequences of Drug Abuse

Lawrence S. Brown, Jr., M.D., M.P.H., Addiction Research and Treatment Corporation

Don DesJarlais, Ph.D., National Development and Research Institutes, Inc.

Francis A. McCorry, Ph.D., New York State Office of Alcoholism and Substance Abuse Services

Susan Tross, Ph.D., New York State Psychiatric Institute and Columbia University

Infectious diseases pose serious health risks to drug users in treatment. These risks demand the integration of enhanced medical services for screening, assessment, referral, and, if possible, treatment. They also demand enhanced services for risk education and prevention (of infection, disease progression, and transmission). The health consequences and state of the art assessment and treatment options for the most prevalent of these, especially HIV, hepatitis and certain STDs, will be discussed. Effective strategies for injection risk reduction will be discussed. Effective strategies for prevention of sexual transmission—especially including gender-specific curriculum, active behavioral and negotiation skills building, focus on the drug use-sexual risk behavior connection, and use of female- and male-controlled methods of protection—will be discussed. The practical and policy challenges to and solutions for providing on-site resources or to establishing working linkages between drug treatment programs and health care facilities will be discussed.

Current Research Tells Us

- Integration of medical services into drug treatment programs is an effective means of delivering medical services to drug users.
- Practical education about sterile injection practices and resources can decrease injection risk behavior in drug users.
- Gender-specific, active skills-building interventions, are more effective than informational interventions in increasing sexual risk reduction in drug users.

Considerations for Putting Research to Actual Use

- Establishment of solid linkages to drug-user-friendly infectious disease facilities.
- Inclusion of education about sterile injection resources and practices into an array of prevention strategies discussed in drug treatment programs.
- Training of drug treatment staff to implement sexual behavior curriculum.

Considerations for Future Research

- Comparison of integration of medical services versus linkage to medical services models of delivery.
- Comparison of drug treatment programs receiving staff training in sexual risk reduction intervention versus programs that do not receive such training.

Abuse of Prescription Drugs and Pain Management

Eric Collins, M.D., New York State Psychiatric Institute and Columbia University

Madeline A. Naegle, R.N., Ph.D., CS, FAAN, New York University

Sidney H. Schnoll, M.D., Ph.D., Purdue Pharma, LP

forging partnerships to enhance drug addiction treatment

This workshop will focus on concerns about drug dependence as they arise in the treatment of pain. Pain is commonly undertreated, often as a result of fear about fostering and maintaining addiction in patients treated with opiates for chronic pain. Confusion typically arises about the meaning and significance of the physical dependence that chronic opiate therapy produces. Many physicians are reluctant to prescribe opiates because they fear that regulatory agencies may sanction them for improper prescribing practices. The popular press has recently focused increasing attention on the abuse of prescription opiates, which may lead to poorly informed policy decisions. Unfortunately, there are no solid data about the likelihood of developing addiction when being treated for pain. Furthermore, pain patients present special diagnostic difficulties for physicians attempting to evaluate whether a substance use disorder exists. The DSM-IV criteria for substance dependence can easily be misapplied to patients taking prescription medications.

Current Research Tells Us

- Little is known about problems associated with the abuse of prescription drugs, because so little quality research has been done in this area.

Considerations for Putting Research to Actual Use

- What can be done now with our limited knowledge?

Considerations for Future Research

- We must delineate the severity and specific nature (including risk factors) of the problems of drug dependence in patients treated with prescription medications.
- What models can be used to answer these questions?
- How will research address the problem of distinguishing pseudoaddiction from addiction?

Club Drugs and Methamphetamine

David McDowell, M.D., New York State Psychiatric Institute

Gregory Bunt, M.D., Dayton Village

Perry Halkitis, Ph.D., New York University

Richard Rawson, Ph.D., Integrated Substance Abuse Programs, University of California, Los Angeles

“Club drugs”—in particular, MDMA, ketamine, and GHB—are increasingly used, especially among young people. Contrary to public perception, club drugs cause real and substantial morbidity and even mortality. This is, and ought to be, alarming to clinicians, researchers, and public health officials. These issues have far-reaching implications for substance abuse treatment and psychiatric treatment in the future.

Current Research Tells Us

- GHB is increasing in use, is dependency inducing, and has been responsible for numerous deaths due to overdose.
- Younger people who attend social events, such as “raves” (all-night dance marathon parties), often use multiple club drugs, as well as more “traditional substances.”
- There is increasing and substantial evidence that MDMA causes persistent serotonergic axonal death.
- Club drugs may be used both for sensation seeking and self medication (pharmaceutical reasons).
- Club drugs are also used in non-social venues such as people’s homes.

- Club drug use is related to sexual risk taking and pose a threat to the spread of HIV and/or other STD's.
- There is evidence that methamphetamines cause structural brain changes.

Considerations for Putting Research to Actual Use

- Given the increasingly extensive evidence of serotonergic damage, are there physiologic interventions that might prohibit or limit such damage?
- What educational efforts are most effective in terms of reducing this damage?
- Educational prevention efforts have been aimed primarily at MDMA. Might other strategies dealing with other club drugs be more effective?
- How can educational campaigns be used to prevent the onset of use of club drugs?

Considerations for Future Research

- Which treatment strategies are best employed for preventing these "gateway drugs" from leading to future, continued drug abuse?
- For individuals who are dependent on any of these agents, what are the best strategies for managing withdrawal and maintaining abstinence?
- What are the functional implications of MDMA neurotoxicity, and how is this best treated?

Gender Issues

Gloria M. Miele, Ph.D., St. Luke's-Roosevelt Hospital Center

Alexis Gadsden, M.S.W., CASAC, Outreach Project, Inc.

S. Lala Ashenberg Straussner, D.S.W., CSW, CEAP, BCD, CAS, Shirley M. Ehrenkranz School of Social Work, New York University

Cora Lee Wetherington, Ph.D., NIDA

This workshop will focus on blending research and practice in treating women with addictions. The workshop will provide a research review of predictors of treatment outcome for women, as well as an overview of the special needs of ethnoculturally diverse substance-abusing women. The impact of these findings on clinical practice will be discussed, emphasizing the viewpoints and roles of clinicians who work with women in recovery.

Current Research Tells Us

- Psychological variables, such as depression, anxiety, and hostility, need to be addressed in women's treatments.
- Childhood trauma is a significant predictor of substance abuse in women.
- Psychosocial and demographic factors are key elements of a woman's recovery.

Considerations for Putting Research to Actual Use

- What types of resources and supports do treatment programs and clinicians need to address gender issues?
- What are "best practices" for women in recovery?

Considerations for Future Research

- How can we improve women's outcomes in both gender-specific and mixed-gender programs?
- What other services do women need to enhance treatment effectiveness?
- How can the cultural backgrounds of women with addictions be integrated into current treatment models?

Alternatives to Incarceration

Eileen Pencer, M.S.W., M.Ed., CSW, ACSW, Lower Eastside Service Center, Inc.

Judge Alex M. Calabrese, J.D., Redhook Community Justice Center, New York State Court System

Jayne A. Delano, CSW, Brooklyn Treatment Court

Judge Sol Wachtler, Law and Psychiatry Institute, North Shore-Long Island Jewish Health System

Current Research Tells Us

- Mentally ill persons who are arrested for less serious crimes are usually abusers of alcohol and other drugs.
- Diversion of these persons from the criminal justice system to community-based mental health and drug treatment outcome results in better long-term programs and less chance of return to criminal behavior. This diversion takes the form of various policies and procedures, all of which are designed to provide therapeutic intervention instead of imprisonment.
- With the support of drug treatment programs, mental health professionals, enlightened law enforcement personnel, and empathetic judges, various prearrest, postarrest, and drug and mental health courts are being established.

Considerations for Putting Research to Actual Use

- Specialized criminal justice and monitoring services must be made available.
- Provisions must be made to provide treatment to a population that is, in all probability, not currently accessing these services.

Considerations for Future Research

- Tracking outcomes
- Verifying the reduction in recidivism
- Measuring the effectiveness of modalities of treatment

School-Based Interventions

Cynthia Kuhn, Ph.D., Duke University Medical School

Nancy E. Jones, M.H.S.A., CEAP, CPP, Capital Region BOCES-CAPIT

Ellen Morehouse, Student Assistance Services Corporation

This workshop will provide an overview of effective prevention principles and proven prevention practices. Specific school-based strategies for applying these principles and practices will be discussed through examples of comprehensive school-based programs for adolescents and after-school programs that reach youth in their neighborhoods.

Current Research Tells Us

- Effective programs are multicomponent. They (1) teach life skills, (2) use an effective leader, (3) increase the perception of risk of harm of substances, (4) enhance protective factors, and (5) reduce risk factors.
- School environment also affects the effectiveness of programs. Policies, faculty training, adminis-

trative support, and parent involvement all contribute to a successful program.

Considerations for Putting Research to Actual Use

- Effective programs are designed to influence specific risk and protective factors.
- Effective programs may be limited to specific populations with regard to age, gender, and racial/ethnic characteristics and/or to settings such as middle school, alternative schools, and after-school programs.
- Program implementers and staff members must be selected with specific skills, training, language, supervision, and personal characteristics.
- The community in which the school is based must be considered in designing effective programs.

Considerations for Future Research

- Which programs are most effective with children of substance-abusing parents?
- How are outcomes affected when there are no program incentives?
- How can we design effective and flexible (limited delivery) prevention programs in a school environment in which drug education competes with testing requirements and other academic goals?
- What is the fidelity of adaptation of research-based programs?
- What are the core elements for successful delivery?

Therapeutic Communities

Robert L. Hubbard, Ph.D., M.B.A., Duke University Medical Center

Allen Bray, M.H.S., Self Help Addiction Rehabilitation, Inc.

George De Leon, Ph.D., National Development and Research Institutes, Inc.

Kevin McEneaney, Phoenix House Foundation, Inc.

Acupuncture for Addiction Treatment

Herbert D. Kleber, M.D., New York Psychiatric Institute and Columbia University

Vincent Brewington, M.A., Lincoln Medical and Mental Health Center

Mindy Fullilove, M.D., New York State Psychiatric Institute and Columbia University

Paul McLaughlin, M.A., Hartford Dispensary

Mr. Brewington will provide an overview of controlled research on acupuncture for substance abuse problems; discuss implementation of a placebo-designed, NIDA-funded study on acupuncture detoxification for cocaine/crack use conducted at Lincoln Hospital; and theoretical concerns in evaluating acupuncture detoxification.

Dr. Fullilove will describe a collaboration with Lincoln Recovery Center to develop counseling manuals to accompany acupuncture treatment. Connecting and Coping has 24 structured sessions and can be led by a peer counselor. Bonding and Strengthening covers parenting skills as well as family strengthening skills for 12 sessions. The structured counseling reinforces motivation and supplies problem-solving strategies.

Mr. McLaughlin focuses on Acupuncture Services in a methadone maintenance treatment program from the perspective of a program manager. He reviews how an acupuncture program was implemented; barriers; patient response; cultural receptivity; and level of patient interest.

A review of program outcomes will focus on patient satisfaction and how clinical information is enhanced using information gained through the acupuncture process.

- Current research tells us that acupuncture is widely used in substance abuse treatment but the empirical database for such use is slim.
- Considerations for putting research into practice include that while acupuncture may have a role as an adjunct for intensive therapies, its use as a stand-alone treatment or with minimal other intervention does not seem appropriate at this time.
- Considerations for future research include the need to examine the appropriate role of acupuncture in a variety of settings and in combination with a variety of psychosocial interventions.

Pregnancy and Maternal and Child Health

Janet Lerner, D.S.W., Narco Freedom, Inc.

Loretta P. Finnegan, M.D., Office of Research on Women's Health, National Institutes of Health

Angela M. Seracini, Ph.D., Babies and Children's Hospital of New York and Columbia University

This workshop will review recent research findings on pregnancy and maternal drug abuse and the children of substance abusers, including:

- Correlates to substance use and maternal and child health (e.g., barriers to treatment, poor prenatal care, comorbid psychiatric disorders, etc.)
- General health care challenges, including risk for HIV/AIDS
- Treatment needs of drug-dependent women (e.g., parenting skills; compassionate, persistent followup)
- Research on children of substance abusers (e.g., risk and protective factors that can moderate or mediate the impact of maternal substance abuse)

Considerations for Putting Research to Actual Use

- Developmental and treatment needs of the children of substance-abusing parents and how these might be delivered
- Parent support and training
- Integrating treatment for children into substance abuse treatment programs for their parents

Considerations for Future Research

- Developing creative approaches to treatment that draw heavily on risk and protective factors and other empirical findings
- Developing new research models that study intermediate and long-term outcome goals
- Studying integrated service systems for this population

Guiding Treatment in the 21st Century

Susan Brandau, New York State Office of Alcoholism and Substance Abuse Services

Ira J. Marion, M.A., Albert Einstein College of Medicine and Montefiore Medical Center

The term "evidence-based practice" is both the buzz word within the addiction research community and the proposed solution for improved client outcomes once "technology transfer" occurs at the

programmatic level. The catch seems to be the technology transfer part of the equation. This workshop will explore issues specific to treatment programs that are inherent to the integration process for new evidence-based practices within existing programs. Methodology and resources will be identified for the creation of a programmatic environment that is receptive to new techniques.

Current Research Tells Us

- Addiction research must be relevant, timely, and fiscally viable for practitioners.
- Addiction research published in research journals is not readily accessible either physically or psychologically to the treatment staff.
- Interpersonal contact between addiction researchers and practitioners strengthens research and enhances the likelihood of actual application of research findings.
- The program staff must be psychologically ready to accept a new initiative and the programmatic change it will entail.

Considerations for Putting Research to Actual Use

- There are real-world impediments to the implementation of research at the programmatic level that must be successfully negotiated.
- Program administrators are in a key position to set the tone for their agencies and create a receptive environment for subsequent staff integration of evidence-based practices.
- Staff incentives should be clear and continuous to facilitate knowledge adoption.
- Literature in other disciplines describes a diffusion of innovations process that may yield knowledge that can be applied to the addiction treatment field.

Considerations for Future Research

- To what extent does a program's involvement in research enhance the integration of evidence-based practices?
- How can we measure the impact on both clients and staff members of a program's adoption of an evidence-based practice?
- Is there a need to individualize per program a set of knowledge adoption strategies, or is there a one-size-fits-all model?

Employment Issues in Treatment Outcome

Eileen Wolkstein, Ph.D., Steinhardt School of Education, New York University

Susan James, Ph.D., National Center on Addiction and Substance Abuse at Columbia University

Timothy P. Janikowski, Ph.D., State University of New York, Buffalo

Alice Ostrowsky, M.A., The Educational Alliance, Inc.

This workshop will describe the most recent research on integrating employment-related services into

treatment and employment as a treatment outcome. It also will describe the relationship between employment and employment-related services and treatment retention and relapse and the impact that welfare reform policies have had on treatment. Obstacles to the integration of employment services and factors that contribute to success in employment will be highlighted. Overcoming programmatic obstacles will be described as well as new approaches to the delivery of employment services. The correlation between employment appropriateness and coexisting conditions will be demonstrated in research and practice.

Current Research Tells Us

- Coexisting conditions affect the delivery of employment services.
- There is a correlation between the delivery of vocational services and treatment retention.
- Employment as a treatment component and outcome is not well understood in the substance abuse community.

Considerations for Putting Research to Actual Use

- What is necessary to adequately prepare individuals in treatment for success in employment?
- What is necessary in treatment programming to facilitate employment outcomes?
- What is important to understand about the obstacles to employment that exist in both the treatment setting and the business community?

Considerations for Future Research

- How can we demonstrate to programs and staff members the importance of recognizing employment services as a part of treatment as well as a treatment outcome?
- What are the most effective approaches to deliver employment services?
- How can we overcome the stigma of alcohol and other drug use as it affects employment opportunities?
- How do we best integrate what we have learned into new approaches to effect change in employment outcomes?

Challenges of Blending Clinical Practice and Research Into Daily Program Operations

Robert E. Sage, Ph.D., Addiction Research and Treatment Corporation/Urban Resource Institute

Catherine A. Doherty, M.Ed., Albany Citizens Council on Alcoholism and Other Chemical Dependencies, Inc.

Anthony S. Benedetto, CSW, CASAC, Samaritan Village, Inc.

This workshop will describe the importance and necessity of implementing new research studies and research-based practices into clinical operations. It will describe the difficulties experienced in implementing research studies, evaluating new protocols and studies that have proven outcomes, and translating research protocols and treatment approaches into clinic operations so that staff members will willingly and eagerly implement them into daily practice. A close look will be given to facilitating staff input, as well as staff training methods in the value and efficacy of such research and training protocols and the implementation of this methodology. New ways to develop staff buy-in and ownership will be described and discussed. Identification of specific challenges unique to certain modalities, shared experiences with the staff (both positive and negative), and examples of practical designs will be given, with ample opportunity for workshop participants to share experiences and explore options.

Current Research Tells Us

- Adequate and proper staff training and materials are necessary for successful implementation of

new treatment approaches and research protocols.

- Positive outcomes are produced when the staff accepts ownership of treatment and research protocols and actively participates in research and protocol implementation.

Considerations for Putting Research to Actual Use

- Target populations, clinic size, staff makeup, and existing demands on staff time and energy must be considered before implementing new research-based practices and research studies.
- Staff members' experience and academic backgrounds play key roles in the implementation of new research studies and research-based practices.

Considerations for Future Research

- How can we train staff members to welcome and implement new research studies and research-based practices?
- How can we empower staff members to develop new protocols and practices, based on their own experiences and knowledge?
- How can we consistently monitor the efficacy of existing practices and incorporate changes and new practices in a timely manner?

Motivational Enhancement Therapy

Jon Morgenstern, Ph.D., National Center on Addiction and Substance Abuse at Columbia University

Bruce J. Rounsaville, M.D., Connecticut Veterans Affairs Healthcare System, New England Mental

Illness Research Education and Clinical Center, and Yale University School of Medicine

Larry Taub, M.A., CSW, Lower Eastside Service Center, Inc.

Lack of motivation to reduce or stop drug use is considered one of the primary obstacles in treating substance abuse disorders. Motivational interviewing (MI) and its related application, motivational enhancement therapy (MET), are directive, client-centered brief interventions designed to elicit behavior change by helping clients explore and resolve ambivalence. Clinical trials have supported the efficacy of MI approaches for treating substance abuse disorders. This workshop will feature three presentations. The first presentation will provide a broad overview of MI, including the conceptual underpinnings of the approach and a review of clinical trials findings. The second presentation will provide an indepth description of the MI techniques used to promote change and offer the audience a hands-on opportunity to learn and practice some of the key elements of MI. The third presentation will describe an ongoing study testing the effectiveness of adding MI or MET to community-based drug treatment. In addition to describing the study, the presentation will focus on the challenges and rewards of implementing MI in a clinical practice setting.

Assessment of Addiction

Deborah Hasin, Ph.D., Columbia University

Thomas A. Coyne, M.S.W., National Training Services

This workshop will describe established and innovative methods to assess addiction, abuse, and dependence among individuals found in different types of clinical settings. This will include measures of substance use and its impact on functioning in different life areas as well as the assessment of abuse and dependence, physiological dependence, remission and relapse, denial, and issues when multiple substances are being used. Basic concepts and contrasting methods of assessment will be described, as

well as the role of such measures in research and clinical practice.

Current Research Tells Us

- When clinicians and researchers do not use standardized concepts and measures, they can use the same terms to mean very different things.
- Measures of substance addiction and dependence can be used in reliable and valid ways in a wide variety of clinical settings.
- Different types of measures (e.g., relapse represented by use vs. dependence symptoms) can produce different research results.

Considerations for Putting Research to Actual Use

- Who should conduct assessments and when?
- What types of measures are best for different purposes?
- How can the consistency and validity of different measures be monitored?

Considerations for Future Research

- Does assessment, monitoring, or self-monitoring affect behavior for the better?
- Will technological developments improve assessment?
- Can assessment be built into supervision or program management in a way that improves overall treatment outcomes?

Science of Stress and Substance Abuse

David Vlahov, Ph.D., Center for Urban Epidemiologic Studies, New York Academy of Medicine

Coping in the Wake of Tragedy

Beny J. Primm, M.D., Addiction Research and Treatment Corporation

Plenary Session & Workshop Descriptions, Day 2

Assessment for Psychiatric Comorbidity in Addiction Treatment

Edward V. Nunes, M.D., Columbia University

Kathleen T. Brady, M.D., Ph.D., Medical University of South Carolina

Jerome F.X. Carroll, Ph.D., New York State Office of Alcoholism and Substance Abuse Services

Jeffrey Selzer, M.D., North Shore-Long Island Jewish Health System

Psychiatric disorders such as depression and anxiety are prevalent among patients being treated for substance dependence and have been associated with poor treatment outcome. A series of studies among alcoholics and opiate addicts suggest that depression can be treated and that improvement in depression may result in improved outcome of substance abuse treatment. Over the past decade there has been an increasing awareness in the treatment community of the importance of co-occurring disorders and the wide variety of disorders, including bipolar disorder, schizophrenia, panic disorder, phobias, posttraumatic stress disorder, eating disorders, pathological gambling, attention deficit disorder, and learning disabilities. Many challenges remain, including the fundamental challenge of how to accurately but efficiently identify these disorders among substance-dependent patients. This workshop will present the state of the research on the diagnosis and treatment of comorbid disorders and overview the challenges treatment providers confront in managing these disorders. Audience members will be asked to draw from their experience and knowledge in a discussion of how current research findings may be used to improve treatment and what shape future research should take.

Current Research Tells Us

- Co-occurring disorders such as depression can be reliably identified using structured interviews with substance-dependent patients and can be improved with antidepressant treatment.

Considerations for Putting Research to Actual Use

- Implement efficient methods for screening for these disorders and for treatment.
- Meet the challenges of providing both the personnel and finances to make this happen.

Considerations for Future Research

- Develop better screening instruments.
- Expand diagnosis and treatment research beyond depression to other co-occurring disorders and to newer pharmacologic and behavioral treatments.
- Determine the best systems of care for dually diagnosed patients.

Buprenorphine/Naloxone Treatment of Opiate Dependence

Paul P. Casadonte, M.D., Department of Veterans Affairs and New York Harbor Healthcare System, Inc.

Leslie Amass, Ph.D., Friends Research Institute, Inc.

Paul J. Fudala, Ph.D., Philadelphia Veterans Affairs Medical Center and University of Pennsylvania School of Medicine

Terry Horton, M.D., Phoenix House Foundation, Inc.

This workshop will present an overview of more than two decades of research that have brought us to the point of adding a new medication to the treatment of opiate dependence. Integration of buprenorphine/naloxone into treatment will likely result in fundamental changes in the practice of addiction medicine in the United States. Buprenorphine/naloxone is likely to be approved for use in

nonnarcotic treatment settings and in private medical offices. This workshop will include presentations on background pivotal research studies, the application of research evaluations to private-office opiate treatment, current detoxification studies in community settings, and an overview and discussion of some of the issues related to the integration of research and new treatments into an abstinence-based model.

Current Research Tells Us

- There are 980,000 opiate-dependent individuals in the United States.
- Approximately 200,000 are currently in treatment.
- Buprenorphine/naloxone has been extensively studied in single-site and multisite clinical trials for more than 10 years and is of proven efficacy and safety.

Considerations for Putting Research to Actual Use

- What adjustments need to be made to integrate an opiate-addicted population into nonnarcotic treatment settings?
- What types of education programs do staff members need to incorporate this medication into treatment?
- How can we educate the public and expand treatment opportunities?

Considerations for Future Research

- Will the availability of buprenorphine/naloxone increase or decrease the number of untreated addicts?
- Will buprenorphine/naloxone be readily accepted by staff members and patients in treatment settings?
- Will buprenorphine/naloxone be a cost-effective treatment?

Innovations in Methadone and LAAM Treatment

Mary Jeanne Kreek, M.D., Rockefeller University

Ronald Brady, M.D., Bridge Plaza Treatment and Rehabilitation Clinic

Ron Jackson, M.S.W., Evergreen Treatment Services

Edwin A. Salsitz, M.D., Beth Israel Medical Center

This workshop will describe important innovations in methadone and LAAM treatment and review the major successes, issues, and problems encountered over the 38 years of methadone maintenance treatment. Data will be presented from a 17-year experience of developing a novel model and treating approximately 300 patients in a medical maintenance program. To date, there have been no significant adverse events in this private, office-based pharmacotherapy model. The outcome data, medical comorbidity, and logistics of the program will be reviewed. The main issue encountered by the many successfully rehabilitated patients remains the widespread stigma and prejudice. Data also will be presented on the development of novel, office-based methadone treatment, including implementing methadone maintenance as part of primary care, as well as data related to the use of a mobile methadone treatment van to deliver care in diverse locations. Brief discussions may include different approaches to treatment outcome enhancement, including motivational enhancement and acupuncture intervention. An additional presentation will address the development and utilization of a computer model that automates the inventory of controlled substances, facilitates the accurate dispensing process for the delivery of methadone pharmacotherapy, and establishes a network for all the components of a methadone maintenance clinic. The computer model also collects and organizes data with efficiency, allowing examination of patient compliance and details of

individual patient treatment. Another presentation will review issues, problems, and approaches to a community-based, urban methadone maintenance treatment program serving patients of cultural, ethnic, and economic diversity, including a brief discussion of the potential usefulness of LAAM in managing patients who have been less responsive to methadone maintenance treatment. A general discussion of these and other innovations will include the panelists and workshop participants.

Smoking Cessation Treatment in Substance Abuse Rehabilitation Programs

Malcolm S. Reid, Ph.D., New York University School of Medicine

Steven Schwartz, Margaret A. Stutzman Addiction Treatment Center, New York State Office of Alcoholism and Substance Abuse Services

Steven Shoptaw, Ph.D., Friends Research Institute, Inc.

The problem of cigarette smoking among alcohol and other drug abusers has received increased attention in the past decade. Clinically important reasons for this include the high prevalence rate of smoking among substance abusers, markedly increased health risks and mortality rates, and evidence for greater alcohol or other drug addiction severity and health problems in substance abusers who smoke. Moreover, as social views about smoking in the United States have shifted toward viewing cigarette smoking as an addictive disease, substance abuse patients and their treatment providers have become more far more receptive to incorporating smoking cessation programs in their clinics. This workshop will review the pharmacological and behavioral treatment modalities for smoking cessation and examine the feasibility of smoking cessation treatment in substance abuse rehabilitation programs. The prevalence of cigarette smoking with other forms of substance abuse, nicotine neuropsychopharmacology, the relationship between nicotine dependence and other addictions, and the health consequences of smoking will be examined. Discussions will cover previous research on smoking cessation treatment in alcohol and other drug rehabilitation programs and its effects on alcohol and other drug abstinence and smoking quit rates and will address how to best integrate smoking cessation with substance abuse rehabilitation. The development of a smoking cessation program tailored to outpatient drug abuse treatment programs, designed in collaboration with treatment providers, will be presented. The challenges to implementing this and other smoking cessation programs, and investigating them across multiple modalities of substance abuse treatment, will be discussed.

Family Network Therapy

Marc Galanter, M.D., New York University School of Medicine

Peter Steinglass, M.D., Ackerman Institute

José Szapocznik, Ph.D., University of Miami School of Medicine

This workshop will describe a variety of approaches to family and network therapy, focusing especially on the network approach. It will address basic approaches that can be used by the therapist to move a substance abuser toward recovery, employing the support of family or close friends. Video examples will be used to illustrate these approaches.

Current Research Tells Us

- Family members can be engaged to ensure better attendance at treatment sessions.
- Spouses are very important in improving treatment outcome.
- Support from family members enhances the outcome of substance abuse treatment.

Considerations for Putting Research to Actual Use

- What types of family and peer support can be targeted by family and network therapy?
- How can family and network members be engaged in the treatment context?
- What specific roles may family and network members play in the sessions?

Considerations for Future Research

- What are effective ways for training physicians to engage family and network members in treatment?
- Can family groups be used in substance abuse treatment?
- How can family and network support be integrated into clinic settings?

Trauma and Addiction

Denise Hien, Ph.D., Women's Health Project Treatment and Research Center, Columbia University School of Social Work, and St. Luke's-Roosevelt Hospital Center

Lisa Najavits, Ph.D., McLean Hospital and Harvard Medical School

Nancy J. Smyth, Ph.D., CSW, CASAC, State University of New York, Buffalo, School of Social Work

This workshop will focus on blending research and practice in treating comorbid trauma-related disorders and addiction. The workshop also will provide a research review of the epidemiology of trauma comorbidity and of new developments in the diagnosis of complex posttraumatic stress disorder and disorders of extreme stress. Included will be a review of empirically supported treatments that target trauma-related conditions among substance abusers, with a discussion of challenges to implementing such treatments in community-based addiction treatment programs. The complex pathways among trauma exposure, intimate partner violence, and risks for child maltreatment also will be explored in the context of discussing the challenges faced by clinicians working with substance abusers in recovery and their families.

Current Research Tells Us

- Trauma exposure and trauma-related conditions are widespread among female substance abusers, and the rates are also very high for men in addiction treatment.
- Childhood trauma may be a specific causal factor in the development of substance use disorders for women.
- Integrated models of trauma and addiction treatment are more effective than treatments that target only the substance use disorder(s).

Considerations for Putting Research to Actual Use

- What types of resources and supports do treatment programs and clinicians need to address trauma-related comorbidity?
- What are "best practices" for individuals with trauma-related disorders presenting for addiction treatment?
- Will existing and new treatments for trauma and addiction be sustainable at community-based treatment organizations?

Considerations for Future Research

- What areas should be targeted for future behavioral and pharmacotherapeutic treatment development?

- How do we best evaluate whether a treatment is effective?

Substance Abuse and Coexisting Disabilities

Kenneth Perez, M.S., New York State Office of Alcoholism and Substance Abuse Services

Wayne A. Gordon, Ph.D., ACSW, CASAC, Mount Sinai School of Medicine

Deborah H. St. John, M.S., ACSW, CASAC, Private Practice

Dennis C. Moore, Ed.D., Wright State University School of Medicine

This workshop will describe issues related to providing substance use disorder treatment for persons with coexisting disabilities. It also will overview what is known about the prevalence of persons with coexisting disabilities in treatment and the challenges confronting treatment providers and researchers. Areas for future research will be suggested.

Current Research Tells Us

- A significant percentage of persons entering substance use disorder treatment may experience coexisting disabilities.
- Persons with the most severe disabilities may have few, if any, treatment alternatives.
- Programmatic and policy changes may be necessary to adequately serve persons with disabilities in traditional substance use disorder treatment settings.

Considerations for Putting Research to Actual Use

- Some functional impairments may necessitate changes in treatment approach, dosage intensity, or outcome expectations.
- Previous substance use disorder research has tended to exclude persons with disabilities.
- Monitoring outcomes may be more difficult for individuals with coexisting disabilities than for a general treatment population.
- State and Federal databases contain inadequate information on which to make policy decisions.

Considerations for Future Research

- How can we identify the accommodations most important for treatment success?
- What are the average costs, in funding and other resources, for providing needed accommodations to persons with disabilities?
- How can programs be modified within the existing community treatment systems?
- How can we estimate the number of persons with disabilities in need of substance use disorder treatment?

How Does the AOD Provider Prepare To Integrate the Use of Addiction Medicines and Clinical Behavioral Treatment?

Steven Kipnis, M.D., FACP, New York State Office of Alcoholism and Substance Abuse Services

Joy Davidoff, M.P.A., New York State Office of Alcoholism and Substance Abuse Services

This workshop will be an interactive exercise with full audience participation. The purpose of the workshop is to extract from the audience potential barriers that they have experienced or foresee in using medications as an adjunct to clinical behavioral treatment of substance abuse. Of significant importance is ensuring that addiction medicines will work with and enhance clinical behavioral treatment. This requires that program administrators and medical and clinical staff members work together to develop integrated protocols and systems.

Current Research Tells Us

- Three major medications are under study for alcohol treatment: naltrexone, nalmephe, and acamprosate. Many medications are being studied for a wide range of addictions.
- Psychological and pharmacological treatments are complementary and may be combined effectively.
- Pharmacotherapy with aversive or anticraving medications may supplement behavioral treatment approaches.

Considerations for Putting Research to Actual Use

- How do providers implement the use of addiction medicines?
- What are the barriers to integrating addiction medicines into clinical treatment?
- What current practices or systems need to be modified to incorporate delivery of medications to patients who may benefit from both counseling and addiction medications?

Considerations for Future Research

- Is there an implementation process that can be developed to effectively integrate addiction medicines as an adjunct?
- Do medications, when used in an adjunctive role, improve treatment outcomes?

Treatment of Marijuana Abuse and Dependence

Frances R. Levin, M.D., New York State Psychiatric Institute and Columbia University

Margaret Haney, Ph.D., New York State Psychiatric Institute and Columbia University

Jonathan A. Spears, M.S.W., ACSW, Counseling Service of the Eastern District of New York

This workshop is designed to focus on treatment issues for marijuana-dependent individuals. The workshop will examine the extent of the problem, the potential impact of marijuana withdrawal on retention and treatment response, and therapeutic strategies that are currently practiced in the community or being empirically tested.

Current Research Tells Us

- Marijuana abuse and dependence are significant problems.
- Heavy users experience substantial withdrawal symptoms.
- Treatment strategies that incorporate motivational enhancement and contingency management strategies may improve treatment outcome.

Considerations for Putting Research to Actual Use

- What types of withdrawal symptoms can be expected to affect treatment outcome?
- Can combined psychotherapeutic approaches be applied in community settings?
- What types of outcome measures should be used to assess treatment improvement?

Considerations for Future Research

- Are some treatment issues unique to marijuana-dependent individuals compared with other substance abusers seeking treatment?
- What psychotherapeutic approaches need to be further tested?
- Is there a role for pharmacotherapy for targeted subpopulations of marijuana-dependent individuals?

Craving, Addiction, and the Brain: How Can We Apply This to Treatment?

Anna Rose Childress, Ph.D., University of Pennsylvania School of Medicine

Steven J. Grant, Ph.D., NIDA

Kevin Michael Wadalavage, M.A., CASAC, Outreach Project, Inc.

Accumulated evidence over the past 5 years shows that drug craving, particularly cue-induced drug craving, can be linked to activation of specific pathways in the brain, particularly those involved in reward and the anticipation of reward. The activation of this powerful “GO!” system may explain part of why patients struggle with craving and relapse. Another important piece of the puzzle is why some patients have so much more difficulty than others in “STOPPING,” or managing, their craving. Recent brain findings show that some patients may have defects in the brain’s “STOP!” circuitry, which is important in taking into account the future consequences of behavioral choice. These brain-based problems—plenty of GO! and not enough ability to STOP!—have important implications for how we view addiction and how we structure treatments to address craving and relapse.

Current Research Tells Us

- Cues for cocaine, heroin, and nicotine activate powerful limbic GO! circuits in the brain.
- Cocaine patients have hypoactivity and less gray matter density in regions that are important for STOPPING drug craving (and other impulses) and for making good decisions.
- Cocaine patients show defects on tests of decisionmaking, and brain imaging data suggest that these patients may not even experience activation of the same brain circuits as nonusers when making decisions.

Considerations for Putting Research to Actual Use

- These findings tell us that craving is not just a matter of “commitment” or “will”—it has a strong biologic basis, as does the ability to inhibit it.
- Treatments need to address not only the triggers for craving (the GO! problem) but also the difficulty with inhibiting impulses (the STOP! problem).
- Some of the strategies we use now—such as asking patients to consider future consequences when craving—can be effective, IF the patients have some STOPPING ability. But what if they do not?
- Assessment of a patient’s pull by cues (how much GO!) and ability to inhibit (how much STOP!) may be a useful part of pretreatment planning.

Considerations for Future Research

- Can we use brain imaging or other nonimaging tests to characterize patients along the dimensions of GO! and STOP!? To determine whether treatment has improved either or both problems? To screen potential behavioral and medication treatments?
- Can we screen at-risk populations for potential GO!-STOP! problems to help prevent the development of addiction?

Naltrexone Revisited

Laura F. McNicholas, M.D., Ph.D., Philadelphia Veterans Affairs Medical Center and University of Pennsylvania School of Medicine

Sherri Gillette, M.S., CASAC, St. Lawrence Addiction Treatment Center, New York State Office of Alcoholism and Substance Abuse Services

Jami Rothenberg, Ph.D., New York State Psychiatric Institute and Columbia University

Maria A. Sullivan, M.D., Ph.D., New York State Psychiatric Institute and Columbia University

This workshop will discuss the use of naltrexone in the treatment of opioid dependence and in the treatment of alcohol dependence. It will describe methods of integrating naltrexone into treatment programs and the effective use of this medication in the treatment of patients. Barriers to integration will be discussed in the context of treating both opioid- and alcohol-dependent patients.

Current Research Tells Us

- Naltrexone is an effective antagonist of the opioid mu-receptor.
- Some alcohol-dependent patients respond to alcohol by releasing endogenous opioids.
- Naltrexone can be effective in decreasing relapse to alcohol in alcohol-dependent patients.

Considerations for Putting Research to Actual Use

- Models of integrating naltrexone into treatment programs will be discussed for the treatment of alcohol-dependent patients.
- Models of integrating naltrexone into treatment programs will be discussed for the treatment of opioid-dependent patients.
- Various behavioral approaches in the treatment of these patients, in conjunction with the use of naltrexone, will be discussed.

Considerations for Future Research

- What barriers exist to the use of naltrexone, and how can they be addressed?
- What role will new formulations of naltrexone play in integrating naltrexone into treatment?
- Are there specific populations for whom naltrexone is particularly effective, and how do we identify them?

Motivational Incentives/Contingency Management

Scott Kellogg, Ph.D., Rockefeller University

Joseph Krasnansky, CSW, Lower Eastside Service Center, Inc.

Marion Schwartz, M.S.W., CSW, New York University School of Medicine

Maxine Stitzer, Ph.D., Bayview Medical Center, Johns Hopkins University

Dr. B.F. Skinner believed that the best way to change behavior was through positive reinforcement. The contingency management or motivational incentive approach, using a structured yet straightforward design, seeks to reward patients for successfully abstaining from substance use. Using clear criteria, rapid onsite urine testing, and immediate reinforcement in terms of vouchers or gifts when patients present drug-free urine samples, motivational incentive programs have a powerful impact on retention and reduced substance use in both methadone and drug-free treatment centers. The goal of this workshop is to familiarize clinicians with (1) the behavioral principles involved in contingency management, (2) the exciting and creative research that has been done in this area, and (3) the challenges and suc-

cesses that both researchers and clinicians are experiencing as they attempt to implement this program in two clinics in New York City.

Methadone and Beyond: Medication and Its Role in Treating Addiction

Mary Jeanne Kreek, M.D., Professor and Head, Senior Physician, Rockefeller University Hospital

Where Will We Be in 5 to 10 Years?

Mitchell S. Rosenthal, M.D., Phoenix House Foundation, Inc.

There is an assumption that research determines the direction in which practice moves. But funding and referral choices today are as likely to be influenced by political and economic considerations as by what science has to say. Moreover, the influence of research on practice need not always be beneficial. Research tends to focus attention on what has most recently been illuminated, and this may not necessarily be what practitioners most need to address. Understanding how drug abuse changes brain chemistry, for example, has led to an understandable emphasis on—and elevated expectations of—pharmacological solutions to addiction. As a result, less attention has been paid to social and humanistic interventions, without which pharmacotherapies are of only limited utility. Looking 5 or 10 years ahead, we should bear in mind that pharmacology addresses only one aspect of the drug abuser's life, and when dealing with most addictive disorders, the needs of the whole person must be addressed.

Speaker Biographies

Leslie Amass, Ph.D.

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Dr. Amass is Principal Investigator at the Friends Research Institute, Inc., in Los Angeles. She specializes in evaluating novel pharmacological and behavioral treatments for substance dependence. A primary focus of her work has been evaluating buprenorphine and buprenorphine/naloxone for opioid maintenance and detoxification treatment and examining cost-effective strategies for transporting behavioral therapies into community practice. Dr. Amass is National Project Director and Co-Principal Investigator for the three buprenorphine/naloxone detoxification protocols for the NIDA Clinical Trials Network. These multicenter research-to-practice evaluations will identify optimal methods for buprenorphine/naloxone detoxification in more than 1,500 patients and 25 U.S. community-based treatment programs. She is also Principal Investigator of a NIDA R01 grant to study the transfer of voucher-based reinforcement therapy into community treatment settings as well as Principal Investigator of a Phase II evaluation of selegiline for cocaine-dependence treatment.

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Mr. Benedetto is Assistant Vice President of Clinical Services at Samaritan Village, Inc. He has been involved in developing and managing intensive outpatient treatment programs, department of corrections discharge planning programs, department of homeless services treatment shelters, and a program for homeless veterans with coexisting substance abuse and mental health issues. During Mr. Benedetto's tenure with Montefiore Hospital's jail-based mental health services, he developed and delivered a curriculum for New York City corrections officers on recognizing and dealing with behavioral emergencies in corrections settings. Previous presentations include cofacilitating international training seminars on the history and concepts of the therapeutic community to mental health and substance abuse treatment professionals in Brazil, Colombia, and Uruguay and "Outpatient Alternatives to Incarceration and Outpatient Services for Pregnant Addicted Women" at the 1992 World Federation of Therapeutic Communities Conference in Venice, Italy. Mr. Benedetto also presented a paper on cocaine abuse among mass transit employees at the First Nordic Conference on Cocaine in Gothenburg, Sweden, in 1989.

Kathleen Theresa Brady, M.D., Ph.D.

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Dr. Brady is active in research and teaching as Professor of Psychiatry in the Department of Psychiatry, Center for Drug and Alcohol Programs, Medical University of South Carolina (MUSC), where she is also Director of the Addiction Psychiatry Fellowship Program. She has authored more than 120 publications in the area of psychiatric disorders and substance abuse. Dr. Brady earned her Ph.D. degree in pharmacology from the Medical College of Virginia, where she conducted basic science work with substances of abuse. She also completed medical school, a residency in psychiatry, and a fellowship in substance abuse at MUSC. Dr. Brady's areas of special interest include the comorbidity of substance use disorders with anxiety and affective and psychotic disorders and the pharmacotherapy of substance use disorders.

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Dr. Brady is Director of Medicine and Research at the Bridge Plaza Treatment and Rehabilitation Clinic, a division of Narco Freedom, Inc., in New York City. He is also Assistant Professor of Psychiatry at Columbia University and President of Addiction Management Systems. A psychiatrist by training, one of Dr. Brady's interests is raising the quality of patient care and enhancing substance abuse services through the development of automated dispensing and clinical management software. In addition, he has conducted research on depression among methadone patients, polydrug use, the effect of HIV medications on serum methadone levels, and Phase I and II studies testing a new medication useful in regulating gastrointestinal motility disorders among methadone maintenance patients. Dr. Brady is also Site Investigator for the Long Island Regional Node of NIDA's Clinical Trials Network. He invented the automated dispensing system that is currently in use in some 400 clinics throughout the United States.

Susan Brandau

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Ms. Brandau is Project Director of the New York State (NYS) Practice Improvement Collaborative (PIC), a joint initiative of the NYS Office of Alcoholism and Substance Abuse Services (OASAS) and the Alcoholism and Substance Abuse Providers of NYS. The PIC is funded by the Center for Substance Abuse Treatment and was developed to initiate and sustain community-based efforts to improve substance abuse treatment through the adoption of evidence-based practices. Ms. Brandau coordinates a network of more than 500 treatment and prevention professionals and addiction researchers who are members of the eight regional Practice Research Networks that were developed to provide the infrastructure necessary to facilitate long-term collaboration between researchers and practitioners.

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Mr. Brewington is Grants Management Officer of the Generations Health Plus/Northern Manhattan Health Network, which is part of the New York City Health and Hospitals Corporation and comprises three municipal hospitals (Lincoln, Harlem, and Metropolitan), three diagnostic and treatment centers, and 38 clinics and school-based programs located in northern Manhattan and the south Bronx. His background includes hospital administration, substance abuse treatment, and research, and he was Clinical Supervisor of Lincoln Hospital's Substance Abuse Division for 7 years. As a researcher with the National Development and Research Institutes, Inc. (1985-1991), Mr. Brewington was Project Director of a controlled study evaluating acupuncture for cocaine/crack detoxification. His research and publications have focused on substance abuse treatment issues. Mr. Brewington has a master's degree in experimental psychology.

Lawrence S. Brown, Jr., M.D., M.P.H.

forging partnerships to enhance drug addiction treatment

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Dr. Brown is a physician-researcher with training in internal medicine, neuroendocrinology, and addiction medicine. He is Senior Vice President of the Addiction Research and Treatment Corporation in Brooklyn, New York, and President-elect of the American Society of Addiction Medicine (ASAM). Dr. Brown also has appointments as Visiting Physician at Rockefeller Hospital and Clinical Associate Professor of Public Health at Weill Medical College, Cornell University. He is a member of the board of directors of the U.S. Anti-Doping Agency and the ASAM Board of Trustees. Dr. Brown provides consultation to a host of government and private agencies, including serving as Medical Advisor to the National Football League. His current responsibilities include providing medical care to patients, teaching young physicians and medical students, supervising the administrative support for and delivery of medical care to opiate-addicted patients, and conducting biomedical and behavioral research. Dr. Brown's scientific contributions have focused on the sequelae of, as well as improving the treatment of, drug addiction and drug abuse-related HIV transmission. He has made presentations at national scientific, public health, and medical meetings and has authored more than 40 peer-reviewed articles, 10 book chapters, and 100 published abstracts.

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Dr. Bunt obtained his medical degree in 1983 from New York University (NYU) and completed his residency in psychiatry at the Albert Einstein College of Medicine in 1987. He was among the first group to complete the Fellowship in Addiction Psychiatry at NYU (1989) and has been on the NYU Medical School faculty in the Division of Addiction Psychiatry, currently as Assistant Professor. Dr. Bunt is a diplomat of the American Board of Psychiatry and Neurology, with additional qualifications in addiction psychiatry. He is Medical Director of Daytop Village, one of the largest and most well-established therapeutic communities for drug rehabilitation. Dr. Bunt also serves as Chair of the Committee on Therapeutic Communities of the American Society of Addiction Medicine.

Judge Alex M. Calabrese, J.D.

Presiding Judge

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Judge Calabrese is Presiding Judge of the Red Hook Community Justice Center, an innovative community court with jurisdiction over criminal, juvenile delinquency, and public housing cases. The Justice Center opened on April 5, 2000, and currently hears cases from New York State's 76th, 78th, and 72nd Precincts. The court mandates participation in numerous onsite services, including substance abuse treatment; job training; individual, group, and family counseling; and adult education programs. These services are also offered to the community on a voluntary basis. Judge Calabrese was appointed Criminal Court Judge for the City of New York in April 1997. Prior to this appointment, he served as Principal Law Assistant to Judge Leslie Crocker Snyder for 11 years. In that capacity, Judge Calabrese worked on complex, multidefendant, organized crime narcotics cases and gang-related homicides. Previously, he was Trial Attorney at the Legal Aid Society's Criminal Defense Division in Manhattan for 6 years. Judge Calabrese is a graduate of the Fordham University School of Law and the University of Notre Dame. He and Judge Snyder wrote Criminal Practice (New York State Bar Association).

Jerome F.X. Carroll, Ph.D.

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Dr. Carroll is a consultant in private practice. From 1986 until July 2000, he served as the Project Return Foundation's Vice President for Clinical Operations. Dr. Carroll's career in addiction began in 1971 when he became Director of Psychological Services at Eagleville Hospital and Rehabilitation Center in Pennsylvania. Eagleville was the Nation's first program to consciously and purposefully treat alcoholics and other drug addicts together. Dr. Carroll has conducted research on the mental health-substance abuse interface and on personality and psychopathology differences and similarities between alcoholics and other drug addicts and has conducted program evaluation and treatment outcome studies of program graduates. He has published numerous articles and chapters in professional journals and texts and has lectured and conducted training throughout the United States and abroad. Dr. Carroll also developed the Substance Abuse Problem Checklist and the Mental Health Screening Form-III, instruments designed to help clinicians develop treatment plans and facilitate the counseling process.

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Dr. Carroll is Professor of Psychiatry at the Yale University School of Medicine, Director of Psycho-social Research for the Division of Substance Abuse, and Scientific Director of the Center for Psychotherapy Development for Opioids and Cocaine at Yale. She is also Associate Editor of Psychological Assessment and serves on the editorial boards of several other journals. Dr. Carroll is Principal Investigator of the New England Node of the NIDA Clinical Trials Network (CTN) and Lead Investigator of the CTN trials evaluating the effectiveness of motivational interviewing in real-world settings. She is the author of more than 150 journal articles and chapters. Dr. Carroll's research and clinical interests include specifying and evaluating behavioral treatments for substance users and evaluating combinations of psychotherapy and medications to enhance treatment outcome for addicted persons.

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Dr. Childress has had a career-long focus on drug craving—its measurement, treatment, and most recently, brain substrates. For two decades she has conducted substance abuse treatment and NIDA-funded clinical research with opiate-, cocaine-, and nicotine-dependent populations.

Dr. Childress pioneered the use of drug cues to study cue-induced craving in the brain-imaging setting, finding that the same brain circuitry used by natural rewards (e.g., food, sex) was activated during cocaine craving. Her lab has also recently shown that cocaine patients may have defects in the brain's circuitry, making it even more difficult for these patients to handle their impulses to use drugs. Both of these problems must be taken into account for treatment.

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Dr. De Leon is an internationally recognized expert in the treatment of substance abuse and the acknowledged leading authority on treatment and research in therapeutic communities (TCs). He holds a Ph.D. degree in psychology from Columbia University and is Director of the Center for Therapeutic Community Research, which was established by a NIDA-funded grant to the National Development and Research Institutes, Inc. (NDRI). Dr. De Leon has a long association with NIDA as grantee, member, and chair of Internal Review Groups and member of the Advisory Board. He is Clinical Professor of Psychiatry at the New York University School of Medicine, where he provides training in TC practice and research to psychiatric fellows, psychologists, predoctoral and postdoctoral graduates, nurses, and social workers. Dr. De Leon was Vice President and Director of Research and Evaluation at Phoenix House from its inception through 1988 and served as Director of Research and Training at Therapeutic Communities of America (TCA) from 1988 to 1991. He serves as Coordinator of the TCA Subcommittee on Criminal Justice on developing national standards for accreditation of TC programs in correctional settings.

Dr. De Leon is an active member of many professional organizations in psychology and psychiatry, including the Subcommittee on Alcohol and Drug Abuse of the New York Academy of Medicine. He has published more than 140 scientific papers and chapters and has authored or edited 4 volumes and 3 NIDA monographs.

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Ms. Doherty has served as Executive Director of the Albany Citizens Council on Alcoholism and Other Chemical Dependencies, Inc. (ACCA) for 3 years. ACCA is a nonprofit organization established 35 years ago and is the second largest provider of substance abuse services in the Capital District. ACCA administers four New York State Office of Alcoholism and Substance Abuse Services (OASAS)-licensed and -certified outpatient, detox, residential, and educational programs. Ms. Doherty is a nationally recognized consultant and speaker on the topic of substance abuse prevention education and research. She is the author of the nationally known prevention education program "An Apple A Day," which has been endorsed by the Office of the Surgeon General, and the coauthor of "GROW GIRL!," a self-esteem-building program for adolescent girls endorsed by the Center for Substance Abuse Prevention. Mrs. Doherty has conducted extensive research in the prevention field regarding risk and protective factors and the efficacy of using literacy as a tool to prevent substance abuse. She has served as a consultant to Federal, State, and county agencies and is a member of the OASAS Academy of Addiction Studies. As ACCA Executive Director, Ms. Doherty has forged and fostered many collaborations between private and public agencies to enhance the delivery of more efficient and comprehensive substance abuse and prevention services in the Albany community. She researched and developed the protocol for the GreenLight Case Management Program, a model case management program that focuses on the most difficult clients, whose histories of relapse or resistance to treatment require intensive assistance to remove treatment barriers. GreenLight is cost efficient and effective in utilizing treatment resources and services in the mental health system. Mrs. Doherty holds two master's of education degrees and is a student in the doctoral program at the University of Massachusetts.

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Mr. Fitzgerald is Coordinator of Training for the New York City Board of Education's Substance Abuse

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Dr. Fudala received his pharmacy degree from the University of Illinois in 1978. Following 4 years of community and hospital pharmacy practice, including 2 years on the Pine Ridge Indian Reservation in South Dakota, he completed his graduate education at the University of Kentucky, receiving his Ph.D. degree in toxicology in 1987. Dr. Fudala then spent 4 years at the Addiction Research Center in Baltimore and in 1991 relocated to Philadelphia where he is currently Research Associate Professor of Pharmacology in Psychiatry at the University of Pennsylvania School of Medicine and Clinical Toxicologist at the Veterans Affairs Medical Center. He also serves as Chairman of the Mental Disorders Medications Development Center, part of an interagency medication development effort between NIDA and the U.S. Department of Veterans Affairs. Over the past 15 years Dr. Fudala has conducted numerous clinical trials assessing the safety, efficacy, abuse liability, and pharmacokinetic profiles of buprenorphine and a buprenorphine/naloxone combination product.

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Dr. Fullilove is Professor of Clinical Psychiatry and Public Health at Columbia University. She has studied problems of addiction since 1986, focusing on women's recovery from crack addiction, including comorbidity from trauma, reconnection with their families, and acupuncture as a physiological

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Ms. Gadsden is Vice President for Special Projects at the Outreach Development Corporation (Outreach Project, Inc.). She has more than 25 years of experience as a provider of services to special populations and as an administrator of numerous innovative treatment initiatives geared toward addressing the needs of adolescents and women in recovery. Along with Dr. Gadsden's expertise in program development, she has been instrumental in cross-systems collaborations that have supported the creation of local and statewide initiatives focused on systems improvements and best practices for women with children and other special needs populations.

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Dr. Galanter is Professor of Psychiatry at New York University (NYU), Founding Director of the Division of Alcoholism and Drug Abuse at NYU and Bellevue Hospital, and Director of the NYU PGY 5-6 Fellowship Program in Addiction Psychiatry. He is also Research Scientist at the Nathan Kline Institute, a World Health Organization Collaborating Center, and Director of the National Center for

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On November 30, 2001, Dr. Hanson was named Acting Director of NIDA by Ruth Kirschstein, M.D., Acting Director of the National Institutes of Health (NIH), and assumed his duties on December 1, 2001. Dr. Hanson is an internationally recognized expert on psychostimulants. He is particularly well known for his work on the neurotoxic properties of Ecstasy (MDMA) and amphetamines and the role of brain peptides in psychiatric and neurological functions.

Dr. Hanson has been supported by research grants from NIDA and the National Institute of Mental Health since the early 1980s and in 1998 received a Senior Scientist Award from NIDA. He has served on several NIH grant review committees and on the editorial board of the Journal of Pharmacology and Experimental Therapeutics. Dr. Hanson is a frequent reviewer of most of the major pharmacology and neuroscience journals. He joined NIDA in September 2000 as Director of NIDA's Division of Neuroscience and Behavioral Research. Dr. Hanson is also Professor in the University of Utah's Department of Pharmacology and Toxicology and obtained his D.D.S. degree from the University of California, Los Angeles, and his Ph.D. degree from the University of Utah. From 1978 to 1980 he was a fellow in the NIH Pharmacology Research Associates Training Program. NIDA is a component of NIH, U.S. Department of Health and Human Services. The Institute supports more than 85 percent of the world's research on the health aspects of drug abuse and addiction and carries out a large variety of programs to ensure the rapid and effective dissemination and use of research results to improve drug abuse, prevention, treatment, and policy.

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Dr. Humphries recently received an Addictions Research, Education, and Practice Award from the Northeastern States Addiction Technology Transfer Center, which is funded through the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. Her project blended addiction knowledge and teacher training to help elementary school teachers provide appropriate social and academic support for children who may be affected by caregiver addiction. An academic by training, Dr. Humphries is Director of Criminal Justice and Associate at the Center for Children and Childhood Studies at Rutgers University. She has more than 20 years of teaching experience in the area of drugs and women and crime, among others. Drugs, women, and children are also themes addressed in Dr. Humphries' 1999 book *Crack Mothers: Preg-*

nancy, Drugs, and the Media (Ohio State University Press), which looks at social reactions to maternal drug use. Her ongoing research focuses on drug courts and the role of treatment on the quality of life of children in families affected by alcohol or other drug dependence.

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Dr. James earned her doctorate in community psychology from New York University. She later worked as Research Associate at Chapin Hall for Children at the University of Chicago on an evaluation of a multisite child abuse and neglect initiative funded by the Edna McConnell Clark Foundation and also was Assistant Professor at the University of Wisconsin, Milwaukee.

Dr. James directed a research project that assessed mental health and housing needs among homeless families in New York City. At Weill Medical College, Cornell University, she designed and conducted primary prevention programs for children and families living in emergency shelters. Dr. James held a 3-year guest faculty position in the Department of Psychology at Sarah Lawrence College, where she taught community intervention, the psychology of oppression, and the psychology of African Ameri-

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Ms. Jones has been in the human services field for more than 25 years and is committed to the health and well-being of families and young people. For the past 6 years she has been with the Capital Region BOCES-CAPIT (Comprehensive Approaches to Prevention, Intervention, and Training) program, working with the CAPIT team to provide a comprehensive approach to prevention services in the Capital Region. Previously, Ms. Jones focused on community prevention at Capital Region "Councils." Her credentials include a master's degree in human service administration and certifications as an employee assistance professional and a New York State (NYS) prevention professional. Ms. Jones has dedicated herself to creating positive change for the field and has served in numerous provider organization roles, including President of the Coalition of Alcohol and Substance Abuse Programs (ASAP) of Northeast New York (1997-1998 and

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Dr. Kipnis received his M.D. degree from the University of Miami School of Medicine and completed a residency and fellowship in internal and pulmonary medicine at the Nassau County Medical Center. He is board certified in internal medicine and received his certification in addiction medicine from the American Society of Addiction Medicine in 1990. Dr. Kipnis was elected to fellowship in the American College of Physicians in 1996. He began working for New York State (NYS) as a part-time medical specialist in 1982, became Medical Director of the Blaisdell Addiction Treatment Center in 1996, and was named Medical Director of the NYS Bureau of Addiction Treatment Centers in 1999. In 2000 Dr. Kipnis was promoted to the position of Medical Director of the NYS Office of Alcoholism and Substance Abuse Services. He is also Co-Chair of the Centers for Substance Abuse Treatment Treatment Improvement Protocol 19: Detoxifi-

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Dr. Kleber is Professor of Psychiatry and Director of the Division on Substance Abuse at Columbia University and the New York State Psychiatric Institute. He previously served as Deputy Director for Demand Reduction at the White House Office of National Drug Control Policy. Dr. Kleber was Professor of Psychiatry at Yale University and Founder in 1968 of the Yale Substance Abuse Treatment Division. Since founding the Division with his colleague, Dr. Marian Fischman, it has become one of the leading substance abuse research centers in the country, with more than 30 National Institutes of Health-funded projects. Dr. Kleber has been a pioneer in the research and treatment of narcotic and cocaine abuse for more than 35 years. He and his colleagues have helped develop and improve medications currently used to treat substance abuse and the psychosocial approaches that accompany them.

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Mr. Krasnansky is Director of Outpatient Methadone Treatment Programs at the Lower Eastside Service Center, Inc. These programs serve approximately 900 patients and provide intensive and comprehensive treatment, including onsite primary medical care, HIV medical care and related services, psychiatric evaluation and management, a comprehensive array of vocational services and resources completely integrated into the program's treatment model, case management services, and long-term individual and group counseling. Mr. Krasnansky is responsible for the overall management of the programs as well as clinical training and supervision of the professional and management staffs. In addition to substance abuse treatment experience, he has extensive clinical and analytic training and 20 years of clinical work experience with adults and adolescents. Mr. Krasnansky also maintains a private practice in Manhattan and Westchester.

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Dr. Kreek is a graduate of Wellesley College, where she received honors in chemistry and biology. She received her M.D. degree from the Columbia University College of Physicians and Surgeons. Dr. Kreek joined the Rockefeller Institute in 1964 and, with Drs. Vincent P. Dole and the late Dr. Marie Nyswander, performed initial studies of the use of a long-acting opioid agonist methadone in the chronic management of heroin addiction. She is Professor and Head of the Laboratory of the Biology of Addictive Diseases at Rockefeller University and Senior Physician at the Rockefeller University Hospital in New York City. Dr. Kreek's laboratory staff comprises molecular biologists, chemists, cell biologists, neuroscientists and psychologists, and physicians working in coordination to study the molecular, cellular, and behavioral neurobiology of addictive diseases and the related clinical neurobiology and molecular genetics of addictions. She is also Principal Investigator and Scientific Director of a NIDA Research Center. Dr. Kreek has written more than 300 scientific reports, concept papers, and review articles. She has also received several awards for her scientific research, including the R. Brinkley Smithers Distinguished Scientist Award and Lecture of the American Society of Addiction Medicine, the Betty Ford Award from the American Medical Association for Medical Education and Research in Substance Abuse, and the Nathan B. Eddy Memorial Award for Lifetime Excellence in the field of Drug Abuse Research. In May 2000 Dr. Kreek received the Doctor Honoris Causa degree from the University of Uppsala, Sweden, and in September 2000 was made a Fellow of the New York Academy of Sciences.

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Dr. Kuhn is Professor of Pharmacology at Duke University Medical School, where she studies the effects of cocaine and other drugs in animal models. Her research specializes in understanding the vulnerability of females and of developing animals to drugs of abuse. Dr. Kuhn received her bachelor's degree in biology from Stanford University and her Ph.D. degree in pharmacology from Duke University. She teaches the undergraduate course "Drugs and the Brain" as well as drug abuse phar-

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Dr. Lerner has been Administrator of Research and Development at Narco Freedom, Inc., since 1988. Narco Freedom is a comprehensive network of care that provides substance abuse treatment and related support services (medical, mental health, case management, etc.) to the five boroughs of New York City. In this role she manages program and staff development and training, community development, facility development, and clinical supervision. Dr. Lerner obtained her doctorate in social work practice research from the Columbia University School of Social Work and has recently published her first book. She is on the faculties of the Alliance Graduate School of Counseling and the New York State Psychiatric Institute at Columbia University.

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Dr. Levin is Associate Professor of Clinical Psychiatry at the College of Physicians and Surgeons of Columbia University and Director of the Addiction Psychiatry Fellowship Program at Columbia University/New York Presbyterian Hospital. She recently received the Q.J. Kennedy Associate Professorship in Clinical Psychiatry for her medical education endeavors in the area of substance abuse. Dr. Levin received her medical degree from Weill Medical College, Cornell University, and completed her residency at the New York Hospital-Payne Whitney Clinic and a substance abuse fellowship at the Addiction Research Center and the University of Maryland. Dr. Levin is Principal Investigator and Co-Principal Investigator of several NIDA-funded grants. She is also a recipient of a NIDA Independent Scientist Grant. Her research interests include pharmacologic treatment interventions for cocaine abuse, psychotherapeutic and pharmacologic interventions for marijuana dependence, and treatment

approaches for substance-abusing adult patients with attention-deficit hyperactivity disorder and other psychiatric illnesses. Dr. Levin has given numerous presentations and authored many publications in the area of substance abuse and dual diagnosis. She serves on several advisory panels and has been a member of consensus panels sponsored by the Center for Substance Abuse Treatment.

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Mr. Marion is Executive Director of the Division of Substance Abuse at Albert Einstein College of Medicine, Yeshiva University, and the Substance Abuse Treatment Program at Montefiore Medical Center. He has been at Einstein since 1970 and has held executive-level positions in the division since 1977. Einstein's Division of Substance Abuse is New York State's second largest drug treatment provider. Mr. Marion earned a master's degree from the City University of New York and pursued doctoral studies in public health at Columbia University. Throughout his career, Mr. Marion has provided consultation and active leadership in many professional organizations and on several advisory boards and committees. He is a member of the New York State Governor's Substance Abuse Advisory Council and is Past President and member of the Executive Board of the New York State Association of Alcoholism and Substance Abuse Providers and other coalitions. Mr. Marion has spoken at, planned, and chaired many substance abuse conferences, including statewide and national meetings; is the author of several articles and book chapters; and has chaired Center for Substance Abuse Treatment Treatment Improvement Protocols.

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Dr. McCorry is Director of the Clinical Services Unit of the New York State Office of Alcoholism and Substance Abuse Services (OASAS). He is responsible for clinical practice issues, particularly in the areas of public health, co-occurring mental health and addictive disorders, and managed care. Dr. McCorry represents OASAS on a joint initiative with the Office of Mental Health on co-occurring disorders, which developed the "New York Model," a conceptual paradigm for the treatment of persons with co-occurring disorders. This paradigm has been endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA), National Association of State Alcohol and Drug

Abuse Directors, and National Association of State Mental Health Program Directors. Dr. McCorry also oversees the development of new initiatives that respond to emerging issues, such as improving clinical practice through evidence-based interventions and hepatitis prevention and control. He was Principal Investigator of a SAMHSA cooperative agreement to study the effects of Medicaid managed care on alcohol and other drug services and Co-Principal Investigator of a similar study involving adolescents. Dr. McCorry is also Principal Investigator of the New York Practice Research Collaborative, a Center for Substance Abuse Treatment (CSAT) cooperative agreement to improve clinical practice through the use of evidence-based practice and develop a clinically driven research agenda. He is Project Director of a CSAT planning grant to identify barriers to a more seamless service system for persons with HIV infection and substance abuse treatment needs. Dr. McCorry is Chair of the Washington Circle Group, a CSAT-sponsored national organization to develop substance abuse performance measures for use in managed care settings. He is also Editor of the Group's recently released report *Improving Performance Measures for Alcohol and Other Drug Services* (March 2000). Dr. McCorry is also a faculty member at the Nathan Kline Institute's Center for the Study of Issues in Public Mental Health.

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Mr. McEneaney took charge of clinical programming for Phoenix House as Senior Vice President and Director of Clinical Services in 1983. He became Chief Operating Officer in 1995 and was named Executive Vice President the following year. Mr. McEneaney is a key leader in the drug abuse treatment field and since 1998 has served as President of Therapeutic Communities of America (TCA), an organization representing 60 treatment agencies and more than 500 programs in the United States and Canada. Mr. McEneaney was an early graduate of Phoenix House and earned a bachelor's degree from Fordham University in New York and a certificate in public relations management from New York University. In 1993 he took part in the "Achieving Breakthrough Service" program of the Harvard Business School's Executive Education Program. For Phoenix House, Mr. McEneaney developed a pilot community drug abuse clinic in Boston, working with Tufts University and the New England Medical Center. While Director of Public Relations for Phoenix House from 1972 to 1983, he developed the Phoenix House Drug Education and Prevention Program, which reached more than 40,000 students and several thousand parents in private and public schools throughout the country.

An outgrowth of this prevention program was IMPACT, the Phoenix House drug intervention program for drug-troubled teenagers and their parents. In 1990 Mr. McEneaney was instrumental in bringing Phoenix House treatment programs to New York State's Marcy Correctional Facility and the Taconic Correctional Facility for women in Bedford. At the World Federation of Therapeutic Communities Year 2000 Conference, he was honored for his leadership in the treatment field.

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Mr. McLaughlin began his managerial career in the field of outpatient methadone treatment in 1971 as Administrator of the Narcotic Treatment Program at the Stamford, Connecticut, Health Department. In 1977 he became Associate Director of the Drug Dependence Unit in the Department of Psychiatry at Yale University, where he developed an appreciation for the role of research in the development of evidence-based clinical practices and treatment models. This experience influenced his belief that research in a community setting is both feasible and appropriate. For the past 22 years Mr. McLaughlin has served as Executive Director of the Hartford Dispensary, a community-based organization that operates six accredited outpatient methadone treatment programs serving approximately 3,100 patients per day. He is also Chair of the Connecticut Methadone Treatment Directors, Founding Director of the American Association for the Treatment of Opioid Dependence, and a representative of the New England Node of NIDA's Clinical Trials Network's National Steering Committee.

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Dr. McNicholas received her Ph.D. degree in pharmacology from the University of Kentucky, where she conducted research on the animal pharmacology of drugs of abuse. She completed medical school at the University of Kentucky and a psychiatry residency and fellowship in clinical research in substance abuse at the University of Pennsylvania School of Medicine. Dr. McNicholas joined the faculty of the Department of Psychiatry at the University of Pennsylvania and the medical staff at the Methadone Maintenance Program at the Philadelphia Veterans Affairs Medical Center (VAMC) in 1992. She is Director of the Center of Excellence in Substance Abuse Treatment and Education at the Philadelphia VAMC. Dr. McNicholas also serves as Consultant to the Drug Abuse Advisory Committee of the Food and Drug Administration and to the Federation of State Medical Boards. Her research interests include new pharmacotherapeutic approaches to the treatment of opioid dependence and the treatment of benzodiazepine dependence.

Dr. McNicholas has participated in multicenter clinical trials of buprenorphine in the treatment of opioid dependence and chairs the Center for Substance Abuse Treatment's Consensus Panel on Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Dependence.

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Dr. Miller is Associate Professor of Psychiatry at the New York University (NYU) School of Medicine and Director of the Institute for Children at Risk at the NYU Child Study Center. She is a clinical developmental psychologist with clinical and research expertise in the development, prevention, and treatment of early childhood conduct problems. Dr. Miller is also Principal Investigator of two federally funded intervention trials aimed at preventing conduct problems among children from poor, urban neighborhoods by enhancing parenting competencies and community building. She is interested in translating and disseminating scientifically based information on parenting and children's mental health in an effort to prevent conduct problems and youth violence.

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Dr. Moore is Associate Professor in the Department of Community Health at the Wright State University School of Medicine. He directs the Rehabilitation Research and Training Center on Drugs and Disability and the Substance Abuse Resources and Disability Issues program. Dr. Moore is the originator of the Consumer Advocacy Model program, a substance use disorder treatment program in Dayton for persons with severe, coexisting disabilities. He holds advanced degrees in counseling and special education and clinical licenses in counseling and substance dependence treatment. Dr. Moore has published several articles in areas relating to substance abuse and disability epidemiology, treatment, and policy.

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Ms. Ostrowsky is Vocational Director of Substance Abuse Programs at The Educational Alliance, Inc., a settlement house, community center, and social service agency with more than 100 years of experience serving the Lower East Side of New York City. The social service division includes three substance abuse treatment programs. Clients in these programs are offered a comprehensive array of vocational services designed to help them achieve the goal of self-support through competitive employment. Ms. Ostrowsky is a certified rehabilitation counselor with a master's degree in vocational rehabilitation counseling from New York University. She has more than 10 years of combined experience providing rehabilitation services to people with alcohol and substance abuse problems and people with mental illness. Ms. Ostrowsky has provided training to staff members and students who serve recovering substance abusers to assist them in understanding the goals and process of vocational rehabilitation and identifying and overcoming obstacles to successful outcomes.

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Ms. Pencer is President and CEO of Lower Eastside Service Center, Inc. (LESC), a multiservice agency providing outpatient and residential core substance abuse treatment services in addition to mental health, vocational, HIV/TB/hepatitis education and screening, primary medical care, and psychiatric services. LESOC's commitment to meet the evolving needs of its clients has led to numerous new programming initiatives focusing on family preservation, criminal justice, and moving clients from welfare to work. LESOC is committed to being an active participant in the substance abuse treatment community. In this regard, Ms. Pencer was recently elected President of the Alcoholism and Substance Abuse Providers of New York State. In the area of treatment research, LESOC is an active member of NIDA's Clinical Trials Network (CTN), and Ms. Pencer serves on the CTN National Steering Committee. Two research studies, Motivational Interviewing and Motivational Incentives, are currently under way in LESOC's clinics. LESOC staff members have found that their participation in these protocols has enriched their work experience and increased their curiosity about potential best practices being studied elsewhere in the CTN.

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Mr. Perez is Upstate Coordinator of Vocational Rehabilitation and Employment Services for the New York State (NYS) Office of Alcoholism and Substance Abuse Services (OASAS). He is responsible for the integration of the full range of vocational services in OASAS-licensed alcohol and substance abuse treatment programs within a region comprising the 55 counties north of New York City. Mr. Perez also serves as the agency lead on policy- and program-related issues pertaining to persons with coexisting disabilities. His tenure with OASAS began in 1989 as director of a 3-year project to improve the quality and accessibility of alcohol and substance abuse treatment services for individuals with cognitive disabilities. During this period, Mr. Perez developed a comprehensive cross-training curriculum on alcohol and substance abuse and cognitive disabilities and served as Compliance Coordinator for the Americans with Disabilities Act (ADA). He coordinates a research project supported by OASAS and the Mount Sinai Medical Center that is studying clients in alcohol and substance abuse treatment programs to determine the prevalence and etiology of coexisting traumatic brain injuries. Prior to entering NYS service in 1986, Mr. Perez worked for 15 years in the field of rehabilitation as a counselor and program administrator. He received his M.S. degree in rehabilitation counseling from the State University of New York, Albany.

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Dr. Reid was Co-Investigator in the New York University/NIDA/Veterans Affairs (VA) Medications Development Research Unit (MDRU) and Director of three MDRU clinical trials investigating several medication treatments (e.g., valproate, olanzapine, coenzyme Q10/L-carnitine, Celebrex, mecamylamine) for cocaine dependence. He completed a research fellowship in substance abuse treatment research directed by Drs. Sharon Hall and Paul Berger at the University of California, San Francisco. Dr. Reid has a doctoral degree in pharmacology from the Karolinska Institute, Stockholm, Sweden, and more than 15 years of experience in substance abuse research. He is Co-Principal Investigator of the New York Node of NIDA's Clinical Trials Network (CTN). He is also Principal Investigator of a multisite CTN trial of buprenorphine/naloxone treatment for opiate detoxification and Lead Investigator of a multisite CTN smoking cessation study. Dr. Reid is Chairman of the New York VA Medical Center Research and Development Committee. He has several years of experience studying cue-induced alcohol and other drug craving and has completed numerous medication screening tests and a recent investigation of brain activation using quantitative EEG neuroimaging techniques. Dr. Reid's cue-induced craving laboratory is currently examining QEEG activation during cue-induced cocaine and alcohol craving.

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Dr. Rosenthal is a psychiatrist and President of the Phoenix House Foundation, Inc. He is a pioneer in substance abuse treatment who began work in the field in 1965 and has served as a White House advi-

sor on drug policy, Special Consultant to the White House Office of National Drug Control Policy, and Chair of the New York State Advisory Council on Substance Abuse from 1985 to 1997. Dr. Rosenthal is Lecturer in Psychiatry at Columbia University's College of Physicians and Surgeons. As a U.S. Navy psychiatrist, he established the first service-connected therapeutic community and subsequently founded Phoenix House in 1967 when he was Deputy Commissioner of New York City's Addiction Services Agency. Since resigning his city post in 1970, Dr. Rosenthal has built Phoenix House into the Nation's largest nonprofit substance abuse services system, with more than 90 programs in 8 States (New York, California, Florida, Texas, Massachusetts, New Hampshire, Rhode Island, and Vermont). Its activities include residential and outpatient treatment for more than 5,500 adults and adolescents; residential high schools that integrate education and treatment; classroom and workplace prevention programs; treatment units serving clients in the criminal justice system and homeless shelters; research; training; and the preparation and distribution of prevention publications and other materials.

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Dr. Rotrosen is Professor of Psychiatry at the New York University (NYU) School of Medicine. His work focuses on the neurobiology and psychopharmacology of schizophrenia and chemical dependency. Dr. Rotrosen attended the NYU School of Medicine from 1968 to 1972 and completed his psychiatric training at NYU and Bellevue Hospital in 1976. His research training was supported in part by a National Institute of Mental Health (NIMH) Research Scientist Career Development Award under the mentorship of Drs. Samuel Gershon and Burt Angrist. Dr. Rotrosen served as Chief of the Psychiatry Service at the New York Veterans Affairs Medical Center from 1980 through 1997 and is now Associate Chief of Staff for Mental Health Research there. He and his collaborators' research includes studies on (1) the pathophysiology of schizophrenia; (2) therapeutic actions and acute and long-term side effects of antipsychotic drugs; (3) brain structure, function, and chemistry in schizophrenia and addictive disorders using positron emission tomography and magnetic resonance neuroimaging methodology; (4) development of therapeutics for opiate and cocaine addiction; and (5) development of therapeutics for tardive dyskinesia and other neuroleptic-induced movement disorders. Dr. Rotrosen's research group has participated in the development of most of the new novel antipsychotic agents and in the development of LAAM, buprenorphine, and a buprenorphine/naloxone combination for opiate addiction. He is Director of the New York Node of the NIDA Clinical Trials Network and Director of an NIMH/NYU program to train future mental health

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Dr. Sage has worked in the field of chemical dependency since 1973 and with the Addiction Research and Treatment Corporation (ARTC) since 1977—as a clinician, trainer, and researcher; Coordinator of Mental Health Services; Vice President of Treatment Services; and Senior Vice President. He has been responsible for program development and implementation, clinic operations, treatment services, staff training, and compliance issues for ARTC's seven methadone maintenance treatment programs and two medically supervised drug-free programs, serving more than 3,000 patients. Dr. Sage has also been responsible for facilitating the implementation of psychosocial research conducted by ARTC's Research Division. In exercising similar administrative responsibilities for programs managed by ARTC's affiliated agency, the Urban Resource Institute (URI), he also supervises research and evaluation studies for URI's alcoholism treatment program and domestic violence shelters. Dr. Sage has presented at numerous local and national conferences and conducts, presents, and publishes research and evaluation studies.

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Mr. Savitt is Assistant Director of Behavioral Health Services and Coordinator of the Adolescent Services Unit at North Shore University Hospital in Glen Cove, New York. He has been with the hospital for more than 22 years. The Adolescent Services Unit treats adolescents with drug difficulties. Mr. Savitt has extensive experience in working with adolescents with substance abuse difficulties as well as with their families. He formerly worked as a counselor at Lower Eastside Service Center, Inc., in New York City in the Methadone Maintenance Treatment Program for almost 4 years. Mr. Savitt has also worked with addicted adults being maintained on methadone. He earned his master's degree in social work in 1975 at the Adelphi University School of Social Work in Garden City, New York, and his bachelor's degree in 1973 at Queens College of the City University of New York in Flushing. Mr. Savitt is a certified social worker in the State of New York.

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Ms. Schwartz is a faculty member in the Department of Psychiatry at New York University School of Medicine and Program Manager for the Mental Health and Addictive Disorders Research Program. She oversees and coordinates a multidisciplinary clinical research group that conducts onsite and offsite studies. Many of these are in community-based treatment programs associated with the New York Node of the NIDA Clinical Trials Network (CTN). Ms. Schwartz also trains medical students and residents in critical aspects of clinical research and lectures on Good Research and Clinical Practice. She is New York Node Protocol Manager for the CTN MIEDAR protocol, a substance abuse treatment study testing the efficacy of the addition of contingency management to usual treatment. Ms. Schwartz has extensive experience in clinical research in the areas of mental illness and substance abuse and holds a master's degree in social work.

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Mr. Schwartz is Director of the Margaret A. Stutzman Addiction Treatment Center in Buffalo, New York. He has also served the New York State Office of Alcoholism and Substance Abuse Services in various other senior-level administrative positions, including Consultant to the Willard Drug Treatment Campus and Interim Director of the Research Institute on Addiction.

Mr. Schwartz is an internal consultant on research to practice, paperwork reduction, and the National Treatment Network. He has graduate degrees from the University of Michigan and has worked in the field of alcoholism and drug abuse for more than 35 years. Mr. Schwartz has provided consultation in Michigan, Nebraska, New York, the Province of Ontario, and the State of Israel. He has taught at the University of Michigan, the State University of New York, Buffalo, and Cornell University and has lectured at other colleges and universities on the issues of addiction, ethics, management, and quality.

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Dr. Shoptaw is Associate Research Psychologist at the University of California, Los Angeles (UCLA), Integrated Substance Abuse Programs and Principal Investigator at the Friends Research Institute, Inc. He also serves as Principal Investigator of a NIDA-funded P-50 grant to investigate medication development for stimulant dependence. Dr. Shoptaw's research work involves evaluations of behavioral and pharmacological treatments for substance abuse, particularly as they intersect HIV-relevant populations. He has completed several large NIDA-funded medication trials for tobacco smoking and cocaine dependence. Dr. Shoptaw and Dr. Cathy Reback were awarded two large behavioral research grants to evaluate behavioral drug counseling methods (relapse prevention and contingency management) compared with HIV prevention and drug abuse intervention for reducing high-risk drug use and sexual behaviors in gay and bisexual substance users in Los Angeles. He is also Director of the Intervention Core of the UCLA Center for HIV Identification, Prevention and Treatment Services. Recently, Dr. Shoptaw opened Safe House, a high-tolerance residential facility for persons with HIV/AIDS who have co-occurring mental illness and/or chemical dependency, with the support of the City of Los Angeles Housing Opportunities for Persons With AIDS program. He volunteers on boards of community-based agencies that provide services to substance-dependent populations (e.g., Matrix Institute of Addictions, Mission City Community Network) and provides evaluation consultations to community-based organizations that provide services to substance abusers with HIV.

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Dr. Smyth is Associate Professor at the University at Buffalo School of Social Work, where she teaches courses on dual disorders, chairs the concentration in alcohol and other drug problems, and researches the impact of addiction and trauma on women's parenting. Dr. Smyth has worked in a variety of roles in mental health and addiction treatment settings for more than 20 years. She has a small clinical practice specializing in treating addicted trauma survivors. As Director of the New York State Satellite of the Northeastern States Addiction Technology Transfer Center, Dr. Smyth implemented several projects to make research findings more accessible to practitioners. She and the Western New York Practice Research Network are implementing a small regional grant to increase addiction providers' access to evidence-based and best-practice resources to better meet the needs of clients with histories of psychological trauma.

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For the past 10 years Mr. Spears has been with the Counseling Service of the Eastern District of New York, an outpatient substance abuse treatment agency in Brooklyn. He is Outreach Coordinator and also serves as Clinical Supervisor. Mr. Spears was trained as a family therapist at the Ackerman Institute for the Family. For this workshop, he has fashioned a 3-hour group on marijuana, which he also has presented at the Red Hook Community Justice Center for the past 2 years. This opportunity has made him more aware of the urban reality in which his clients—mostly African-American and Latino adolescents and young adults—live. Mr. Spears has submitted an article for publication that presents a new paradigm for the treatment of substance-abusing clients who have been mandated into treatment.

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Ms. St. John (formerly Lombardi) is former Coordinator of the Sobriety Services Department of the Association for the Help of Retarded Children (AHRC). She has more than 15 years of professional experience in the field of addiction. As AHRC's Sobriety Services Coordinator she oversaw staff members who provide counseling to adolescent/adult individuals with traumatic brain injury or developmental disabilities, including fetal alcohol syndrome, cerebral palsy, and mental retardation. This is the only clinic in the country overseen by both the New York State (NYS) Office of Mental Retardation and Developmental Disabilities and licensed by the NYS Office of Alcoholism and Substance Abuse Services—providing a continuum of care from prevention to productive work. Ms. St. John is a dual degree doctoral candidate at Walden University specializing in clinical and organizational psychology. She received her social work degree at New York University and holds a master's degree in organizational behavior from Polytechnic University. Ms. St. John is also an NYS-credentialed alcoholism and

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Dr. Stitzer received her Ph.D. in psychology and training in psychopharmacology at the University of Michigan. She is currently Professor of Behavioral Biology in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine. Her extensive grant-supported research program has focused on both pharmacological and behavioral approaches to the treatment of substance abuse and reflects active research interests in both illicit drug abuse and tobacco dependence. Dr. Stitzer has published more than 150 scientific papers and has edited a book on methadone treatment. She is well known for her work on contingent incentive approaches in substance abuse treatment, which are designed to enhance motivation for abstinence. Dr. Stitzer is also Lead Investigator on a study of motivational incentives within NIDA's Clinical Trials Network, a project designed to promote dissemination of research-based therapies into community treatment programs. She has received the Maryland Psychological Association Award for Outstanding Scientific Contributions to Psychology, the Nyswander/Dole Award from the American Methadone Treatment Association for research contributions, and the Brady-Schuster Award from Division 28 of the American Psychological Association (APA) for research contributions in psychopharmacology and substance abuse. Dr. Stitzer

has served on NIDA research grant review committees and as an advisor to several NIDA research programs. She also served on the Institute of Medicine/National Academy of Sciences Substance Abuse Coverage Committee, which addressed the availability and funding of drug abuse treatment in the United States; the APA Alcohol/Substance Abuse Experts Working Group, which developed a proficiency certification for psychologists in substance abuse treatment; and the Agency for Health Care Policy and Research Panel for Development of Clinical Guidelines on Smoking Cessation. Dr. Stitzer is Past President of both the Division on Psychopharmacology and Substance Abuse of APA and the Society for Research on Nicotine and Tobacco and has served on the Board of Directors of the College on Problems of Drug Dependence.

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MERIT award. More recently, he has received funding from the National Institutes of Health and the Centers for Disease Control and Prevention (CDC) to conduct intervention studies of HIV and HCV prevention in Harlem and the south Bronx involving young adult, recent-onset injection drug users and non-injection drug users. Dr. Vlahov is also Principal Investigator of a CDC Urban Research Center to study the social determinants of health, with an emphasis on the impact of substance abuse in the community in Harlem, in collaboration with community groups, government, and academic partners. He has written more than 300 peer-reviewed publications.

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Acknowledgments

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