

Kathleen Carroll, Ph.D.

Associate Professor of Psychiatry
Division of Substance Abuse
Yale University School of Medicine
Veterans Affairs Connecticut Healthcare Center
West Haven, Connecticut

R. Lorraine Collins, Ph.D.

Senior Research Scientist
Research Institute on Addictions
State University of New York, University at Buffalo
Buffalo, New York

T. Ron Jackson, M.S.W.

Executive Director
Evergreen Treatment Services
University of Washington School of Social Work
Seattle, Washington

Herbert D. Kleber, M.D.

Director, Division on Substance Abuse
New York State Psychiatric Institute
Professor, Department of Psychiatry
College of Physicians and Surgeons of Columbia University
New York, New York

Marsha M. Linehan, Ph.D.

Professor, Department of Psychology
University of Washington
Seattle, Washington

Charles P. O'Brien, M.D., Ph.D.

Chief of Psychiatry
Department of Psychiatry
Philadelphia Veterans Affairs Medical Center
Treatment Research Center
University of Pennsylvania
Philadelphia, Pennsylvania

Lisa Onken, Ph.D.

Chief, Behavioral Treatment Development Branch
Division of Treatment Research and Development
National Institute on Drug Abuse
Bethesda, Maryland

John Schwarzlose, Ph.D.

Executive Director
Betty Ford Center
Rancho Mirage, California

Jack B. Stein, Ph.D.

Deputy Director, Office of Science Policy and Communications
National Institute on Drug Abuse
Bethesda, Maryland

Constance M. Weisner, Dr.P.H., M.S.W.

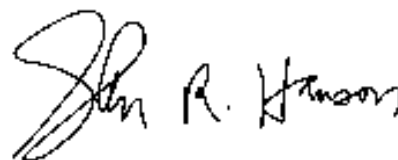
Professor, Department of Psychiatry
University of California, San Francisco
Adjunct Investigator
Division of Research, Kaiser Permanente
San Francisco, California

Two Perspectives, One Goal

Drug abuse researchers and service providers have markedly different professional vocabularies and points of view. To cite just a few examples: Researchers focus on *outcomes*, while treatment providers promote *recovery*; clinicians work one-on-one to make a difference for individual patients, while researchers tend to compare the experiences of groups, looking for widely applicable insights into drug abuse and its treatment; the time frame in the clinic is as immediate as human emotion or personal emergency, while research—of necessity—moves painstakingly toward the goal of advancing human understanding to realize future improvements.

Despite their different perspectives, what unites drug abuse researchers and practitioners is much stronger than what separates them. In NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN), we have clearly seen that scientists and practitioners are eager and able to combine their efforts to achieve the common goal of reducing drug abuse and the damage it wreaks. Although CTN is only 2 years old, its membership already includes 14 regional research centers and 93 community treatment programs. Scientists and treatment providers have agreed upon 12 specific research concepts and worked together to design 7 trial protocols that meet clinics' need for economical operations and researchers' needs for rigorous data.

Rich interprofessional exchanges and collaborations, such as those taking place in CTN and elsewhere, are essential to improving the effectiveness of drug abuse treatment and prevention to the greatest degree and at the most rapid pace. Toward that end, *Science & Practice Perspectives* will play an important role by helping scientists and service providers share information and provide mutual inspiration.



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

Acting Director

National Institute on Drug Abuse