From the desk of Dr. Woody

First, I would like to thank Doreen Cardillo for putting together this first edition of the quarterly newsletter from the Delaware Valley Node.

About the DelVal Node of the CTN: We started working together in September 1999 and our current funding extends through August 2010. That sounds like a long time but it will be upon us quickly and we need to begin thinking about our renewal application.

But before that, we should look back upon these first 8 years. They have been very busy – first with selecting, writing and implementing the first round of CTN studies, then moving into the second round, and now getting ready for the third. The CTN began as one of 6 Nodes, but 11 were added during the first three years and a total of 17 Nodes involving over 100 treatment programs have been part of the CTN over the past several years. DV Node programs have been active participants in many CTN studies including one comparing clonidine with buprenorphine detoxification done in the Trenton methadone program and affiliated with Robert Wood Johnson Medical Center; a study of motivational enhancement therapy done at RAW and NET; a study of motivational incentives done at the Jefferson and JEVS methadone programs; a study of HIV risk reduction interventions done at the Consortium and Jefferson methadone programs; a survey of HIV and hepatitis risk reduction services in all participating clinical programs; a study of buprenorphine treatment for opioid addicted adolescents and young adults on which the DV Node was the Lead Investigative team; and a current study of Concerta for treating ADHD and substance use in adolescents done the Paoli site of RAW, and a study of liver enzyme changes associated with methadone and buprenorphine being done at NETSteps. Overall recruitment and follow-up has been excellent in these studies, and the data have been very useful in helping determine the effectiveness of these interventions across a broad range of treatment programs throughout the U.S.

The CTN is planning to begin two new studies within the next year – one evaluating HIV risk reduction associated with using the new rapid testing technology, and a second evaluating the efficacy of 12-Step involvement. Studies being considered for implementation are likely to involve linkages with primary care. One of these might be a study of a motivational interviewing as a way to reduce HIV risk among substance abusing patients seen in primary care settings. A second might be a study on the efficacy of integrating substance abuse treatment in HIV clinics as a way of improving adherence to antiretroviral therapies. These concepts are under discussion as this letter is being written and more details should be available by the time of the next newsletter.

The bottom line of these activities will be the extent to which interventions shown effective in CTN trials are actually used in treatment practice. Paul Roman from the University of Georgia is doing a study to evaluate this key issue since it is the basis for the entire CTN enterprise. His preliminary findings have shown that programs who participated in CTN trials were more likely to adopt the interventions they tested than those that did not participate, a finding that shows we are likely having an effect.

In closing, I would like to congratulate and thank all of you for your involvement and participation in the CTN, and look forward to continuing our work together.

Message from Dr. Gordon (CTP Rep)
As most of you already know, each node in the CTN sends two people to the national steering committee – the Principal Investigator for the node (Dr. Woody) and a community treatment provider (CTP) representative. In that way, both the scientific and provider communities have opportunities to mutually develop a research agenda that reflects the concerns of treatment providers with scientific rigor.

I’ve been fortunate to serve as our node’s CTP representative since 2001 when I replaced our first representative, Bill Cornely. It was not easy to replace Bill – especially since the first meeting I attended was at a hotel across from the Pentagon on September 11, 2001. The excitement of that meeting has never been surpassed!
Since then, as your representative to the Steering Committee, I’ve also served as the co-chair of the Protocol Development Committee and then as a CTP representative to the Executive Committee. I also raise provider concerns as a member of the Gender and Health Services Research Special Interest Groups.

You also can make your voices heard and be involved in CTN activities. Although we have many fewer Special Interest Groups (SIG) today than in the past, these groups remain valuable forums for treatment providers and academics. Some currently functioning SIGs concern gender, health services, treatment algorithms, genetics, pharmacotherapy, psychosocial therapy and AIDS/HIV. Anyone who is willing to make a commitment to monthly conference calls and some interesting work is able to join a SIG. SIG ideas often become the essential building blocks of the research concepts which become CTN clinical trials. Contact Doreen Cardillo for more information on how to join a SIG.

Otherwise, stay involved in the CTN by reading the bulletins, attending our node meetings, and contacting me with your questions or concerns. I’m YOUR representative – help me to make your voices heard!

**Trial Progress:**
**CTN 0027 – Starting Treatment with Agonist Replacement Therapies, Site: NET Steps, Phila, PA**
The send-off for Nate Wiita leaving to pursue graduate school was fun and fattening and we thanked him for his hard work and good humor. Welcome to Devlin Hart, our new RA, who is “training up” and helping to support a very busy study. We are lucky that NET Steps, with John and Annette Carroll’s lead, is such a good site for our recruitment that our focus is on retention and maximizing the lessons learned with our recent QA visits. One retention key that we are finding is that better communication with the counseling staff fosters both a legitimized appreciation of the study at the clinic (necessary for helping to overcome a cultural resistance in this area to non-methadone treatment) and better responsiveness in reacting to a participant’s non-compliance events. One compliance reality we are finding is that our success in getting participants pushes up against our ability to maintain the documentation and update the processes accordingly. We are relying upon Ellen Fritch to be our experienced anchor for process and documentation. Leigh Anne Falls, who only started two months ago, is an RA/Phlebotomist (a concept worth noting for other studies) ably bridges the clinical and administrative aspects of the study.

Devlin Hart rounds out the team of RAs who support both the study and the clinical work of Dr. Richard Hellander, Site PI. This summer has been one of transitions and we thank Ed Weiss and Sabrina Poole for coming out to the site to fill in. We’ve consented 70, have 25 currently active, and are (almost) ready for the next few dozen.

**CTN 0028 – ADHD in Adolescents, Site: Rehab After Work, Paoli, PA**
Welcome aboard, Gretchen Friedberger, RN, and Katie Morgan, RA! Amy Keller, RA, recently left the CTN to return to graduate school; thanks and best wishes, Amy! Subject recruitment has been slower than anticipated, both nationally and locally. We continue to refine and expand recruitment efforts; such strategies have included radio and television advertisements; local publications; Septa Posters and station flyers; Craig’s List, Google; brochures, outreach to local pediatrician offices; merchants, including Starbucks; schools/alternative schools, hospitals, MH and D/A programs; recreational facilities: religious and professional organizations, ADHD and MH support organizations; summer camps/programs; libraries; local college list-serves; health fairs, open houses and mass mailings. We are working closely with intake staff at RAW/LCS; their help is invaluable. Our physicians and counselors are optimistic and refer/present whenever an opportunity arises. Feedback from parents and adolescents who have participated in the study has been positive–particularly in regards to the CBT therapy. To date, we have prescreened 32 study candidates; consented 14; and randomized 7. Attendance and follow-up rates for participants remain high.

**Update from PRO-ACT:**
**PRO-ACT Presents:**
**3 SAMHSA-Sponsored Recovery Month 2007 Events:**
- "Recovery Talks!" 2nd annual Legislators Breakfast. Taking recovery issues to federal, state, local lawmakers. Fri. 9/14/07 8:30-11:30am Loews Philadelphia Hotel http://proact.org/calendar/recovery_talks/reserve/seats_or_tables/
- "Recovery Works!" 3rd annual Phillies baseball game. Putting a face on recovery in the stands. Fri. 9/28/07 7:05pm Citizens Bank Park, Philadelphia http://proact.org/calendar/recovery_works/reserve/step_1/
Penn Center for AIDS Research (CFAR)
Each year the Penn CFAR participates in the annual Philadelphia AIDS walk. The Penn Center for AIDS Research (Penn-CFAR) is one of 18 NIH-funded CFARs and includes HIV and AIDS investigators at the University of Pennsylvania, the Children’s Hospital of Philadelphia (CHOP), and the Wistar Institute.

NIDA and NIAAA Name Change Bill Approved by Senate Panel
News Summary
A bill that would change the names of the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has been approved by a key Senate committee, Community Anti-Drug Coalitions of America (CADCA) reported July 5.

The Recognizing Addiction as a Disease Act of 2007, SB-1011, would change NIDA's name to the National Institute on Diseases of Addiction and NIAAA's name to the National Institute on Alcohol Disorders and Health (NIADH). The measure was approved by the Senate Health, Education, Labor and Pensions Committee on June 28.

"Removing the pejorative term 'abuse' from the title of NIDA and replacing it with the words 'diseases' and 'addiction' clearly demonstrates these concepts are related," CADCA noted.

"It also represents an important step in reducing the stigma associated with addictive disorders, and correctly renames the Institute to recognize that addiction is in fact a disease." CADCA added that the NIAAA name change "appropriately pairs alcohol disorders and overall health as the two are directly linked."

A similar measure has been introduced in the House of Representatives: the NIDA and NIAAA Name Redesignation Act of 2007, HR-1348.

Grants Corner – New Grants
The following are funding opportunities in drug and alcohol abuse research:


Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence (R01)(PA-07-329)
National Institute on Drug Abuse

"AIDS respects no man, woman or child. It knows no race, religion, class or creed. No community, country or continent is immune from its ravages. Let us resolve that, from this moment on, our response to AIDS must be no less comprehensive, no less relentless and no less swift than the pandemic itself. I was a soldier. But I know of no enemy in war more insidious or vicious than AIDS. In this global war against AIDS, everyone can and must be a leader. Everyone can and must be an ally. We are all vulnerable...We cannot let AIDS divide us. What will historians say of us if we continue to delay? Will history record a fateful moment in our time, on our watch, when action came too late?"

Secretary Colin L. Powell
United Nations General Assembly
June 25, 2001
Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence (R03) (PA-07-330)
National Institute on Drug Abuse

Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence (R21)(PA-07-331)

NIDA Mentored Clinical Scientists Development Program Award in Drug Abuse and Addiction (K12) (PAR-07-346)

US Dept of Health and Human Services Office of Women’s Health (OWH) Prevention and Support Services for Women Incarcerated or Newly Released Living With or at Risk for HIV/AIDS/STDs - The mission of the Office on Women’s Health (OWH) is to promote the health of women and girls through gender-specific approaches. To that end, OWH has established activities to address critical women’s health issues nationwide. These include: developing and implementing model public/private partnerships that address the health issues of incarcerated and newly released women, largely women of color, living with HIV/AIDS/STDs or at increased risk for sexually transmitted infections. The primary purpose of this OWH HIV/AIDS program is to increase health related support services available for HIV infected incarcerated and newly released women. The OWH hopes to fulfill this purpose by providing funding to targeted community-based organizations to enhance their prevention and support activities to incarcerated and newly released women living with or at high risk for HIV infection. Go to:
http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/E7-6719.htm

Office of Education and Training for Addiction Services (OETAS), July 16-19. The training was held at Salisbury University. Sabrina demonstrated the clinical application of the ASI assessment and assisted clinicians in developing and writing effective individualized treatment plans.

Hall of Fame

Congratulations to Sabrina Poole, Del Val Node Project Manager, who earned her M.S. from Capella University.

Congratulations to Charlotte Royer-Malvestuto, Del Val Node Project Manager, who earned her M.B.E. from the University of Pennsylvania.

Upcoming Meetings/Conferences
Seabrook House presents:
“Breaking the Cycle: Sex, Love and Relationship Addiction”; Friday September 28, 2007 8:30 a.m.-1 p.m. at the Rittenhouse Hotel. The cost is $55 and includes a gourmet networking lunch. Continuing education credits will be provided and for more information or to register call Lisa Weber at (856) 455-7575 Ext. 1042.

For a list of upcoming conferences, go to the CTN Dissemination Library website:
http://ctndisseminationlibrary.org/ and click on “Upcoming Conferences” under “Dissemination Opportunities”.

Links to DelVal Node CTPs/Collaborators
Caron Foundation http://www.caron.org/
Consortium http://www.consortium-inc.org/
Jonathan Lax Center http://www.fight.org/
NET http://www.net-centers.org/
PHMC http://www.phmc.org/
Presbyterian
http://pennhealth.com/behav_health/addiction/presby/
PRO-ACT www.proact.org
RAW http://www.rehabafterwork.com/contact.htm
Seabrook House http://www.seabrookhouse.org/
Thomas Jefferson University
http://www.jeffersonhospital.org/psychiatry/article4821.html
Treatment Research Institute www.tresearch.org

CTN Dissemination Library
The CTN Library is web-based, and includes all the CTN related publications (under What’s New). The web site is maintained by the Washington Node of the Clinical Trials Network. The address is: http://ctndisseminationlibrary.org.

Training Updates
Sabrina Poole, Delaware Valley Node, Project Manager for the CTN, conducted ASI training for the Maryland Institute of Alcoholism and Drug Abuse Studies,
Travel Log

Lake Baikal- Deepest Lake in the World

NEWS FLASH: Dr. Woody being sent to Siberia.

Dr. Woody has been asked to serve as a consultant on a PEPFAR project to develop guidelines for integrating addiction and HIV treatment in Russia. The project will be organized via the State Department office in Moscow and developed by the Medical University in Irkutsk. The trip to Irkutsk is planned for the second week of October, before it gets really cold. According to Wikopedia, Irkutsk gets "really hot" in July with an average temperature around 64 F, but begins to turn cold in mid-October. Some might say he is finally getting what he deserves; others might say it could be interesting!

What is a “node”?

node : Any point in a network that can influence the flow of data on that network.

Word Search Puzzle

DV Node Orgs

H Y B S E R P H I D
N O T E C N I R P E
T R I I A N O R A C
J E F F E R S O N W
C O N S O R T I U M
N K O O R B A E S D
Y L A X C E N T E R
N E T C E N T E R S
P H M C T C A O R P
H V F I R E T R E E

Caron, Consortium, Firetree, Jefferson, Lax Center, NET Centers, PHMC, Presby, Princeton, PRO ACT, RAW, Seabrook, TRI

Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time. - Thomas Edison

The 2nd edition of the DV Newsletter will come out in December. I will send out a request for items some time in mid November. I welcome your suggestions for content.

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