



NEWSLINE

A PUBLICATION OF THE COLLEGE ON PROBLEMS OF DRUG DEPENDENCE, INC.

Volume Fifteen, Number One • September 2010

CPDD President's Column

ANNA ROSE CHILDRESS, Ph.D.

PRESIDENT

I must begin this first column by thanking Linda Porrino, our CPDD immediate Past-president, the members of the CPDD Executive Committee, and especially our Executive Officer Marty Adler, for their kind guidance and “open access” during the President-elect year. This offered critical preparation for what promises to be a colorful term, and an extraordinary time of change and transition in the field of addiction research and addiction treatment.

A major sea change for our field is occurring with implementation of national Health Care Reform (Patient Protection and Affordable Care Act, March 23, 2010). In a series of staged provisions (full implementation in 2014), health care coverage will be available to millions of currently uninsured individuals. Importantly, coverage for addiction and other psychiatric disorders – formerly favorite “carve-outs” by insurance companies – will be assured, offering millions of addicted individuals new access to treatment. By insisting on medical coverage for the addictions, the legislation also communicates that these are (indeed) medical disorders – potentially helping to reduce the stigma often attached to the addictions. Part of the legislation also calls for comparative effectiveness research, encouraging rigorous accountability studies to determine which treatments are most beneficial, and for whom. If these themes of “equal medical coverage under the law”,

“reduced stigma” and “accountability for treatment outcome” sound a lot like the passions of Tom McLellan, this is no accident. Tom has worked intensively on the Health Care Reform legislation in the past year, in his role as Deputy for Demand Reduction at ONDCP. Tom clearly left his mark on this legislation – and we are all the beneficiaries.

The winds of change are also blowing from NIH. The NIH Scientific Management Review Board (SMRB) voted on September 15, 2010 to recommend (12 for, 3 against) that Dr. Frances Collins consider creation of a new NIH Institute that would encompass the current research activities of the National Institute on Drug Abuse (NIDA), National Institute on Alcohol and Alcoholism (NIAAA), and addiction-relevant research from other NIH institutes (e.g., gambling studies from NIMH; nicotine addiction studies from NCI). The vote came after an 18-month-long process led by the SMRB's Substance Use, Abuse and Addiction (SUAA) working group, featuring several meetings and (sometimes impassioned) testimony from members of the addiction research community and the public. The SUAA concluded that national health was not served by the current division of alcohol and drug research, and also noted that the emerging science suggests addiction be viewed more broadly than the compulsive use of substances, i.e., that the new (functional or structural) entity should include the non-substance

Continued on page 2

President’s Column *continued from page 1*

Newsline Contents	
President’s Column	1
2010 NIDA Mini-Convention	3
2009 Marian Fischman Award	4
Addiction Science Fair Award	6
2010 Joseph Cochin Award	7
Meeting Recap	8
ONDCP Report	9
Contingency Management Listserv	14

“behavioral” addictions. After Dr. Collins announces his recommendation, Dr. Sibelius (DHHS) will have the opportunity to endorse the recommendation, and then forward it to Congress for final action (or inaction, which would allow the recommended changes to proceed).

So – stay tuned – the addiction research landscape may undergo some significant changes in the coming months. If you want to read the various testimonies for the SUAA and SMRB meetings of the past year, and/or view the archived videocasts, including the September 15th vote, the general link is <http://smrb.od.nih.gov/>.

If you have thoughts on the creation of a new NIH institute to house addiction research, or any other addiction-relevant topic, there is no better place to share them than the newly-launched CPDDBlog: (<http://www.cpddb.com>). We have Marc Kaufman, Chair of the Media Relations Committee, to thank for this initiative. I think you will find the posts already there quite informative (e.g., DEA’s recent drug ‘Take-Back’ initiative, as an attempt to reduce the unintended use of prescription drugs, especially prescription opiates) – and I encourage you to inform and, yes, stimulate each other through the new Blog.

In addition to fostering our communication with each other, making sure our addiction science reaches the larger world is a critical mission of the College. Communicating our science is the best way to increase public understanding and empathy for these painful disorders, to reduce the stigma that is a barrier to treatment-seeking, and to propel discoveries that will enable the next generation of treatments.

Here are some updates on ongoing,

and upcoming, communication opportunities for CPDD members:

- 1) Leading the list, of course, is the ongoing opportunity to share your research by publishing in Drug and Alcohol Dependence, the journal for our organization. After a long term of dedicated service, Bob Balster stepped down as DAD editor in July 2010, and Eric Strain is the new Editor-in-Chief for DAD. Eric has plunged into the job with his well-recognized energy and competence, and has filled four editorships: Craig Rush, Behavioral Pharmacology; Kyle Kampman, Treatment and Services; Linda Porrino, Preclinical and Clinical Neurosciences; and Lin Lu, Neuropsychopharmacology and Treatment. If you haven’t submitted to DAD recently, these new faces may represent new opportunity for your work to be appreciated! (Note: Electronic DAD will remain a part of the membership benefits. In order to contain costs – to avoid increasing membership dues – the paper version of the journal will still be available, but at an extra charge).
- 2) You can register your special addiction-related expertise with the Media Relations Committee. We hope to formalize a database with contact information for CPDD members with willingness, by arrangement, to talk to the media or answer questions from the public on addiction topics. This would be a “turn-

Continued on page 13



FRONTIERS IN ADDICTION RESEARCH

2010 NIDA Mini-Convention
Friday, November 12, 2010
San Diego Marriott
San Diego, CA

NIDA
NATIONAL INSTITUTE
ON DRUG ABUSE

Marriott Hall
8:00 a.m. – 6:35 p.m.

The Mini-Convention will feature outstanding scientists presenting recent findings and discussing future directions in the neurobiology of drug abuse and addiction. The Mini-Convention includes: four symposia, the SfN Jacob Waletzky Memorial Lecture and a poster session for early career investigators.

- *Welcome:* Nora D. Volkow
- *The Role of Nicotinic Receptors in the Habenula in Mediating Addiction*
Speakers: Okihide Hikosaka, Sarah McCallum, Ramiro Salas and Paul Kenny
- *Jacob P. Waletzky Memorial Lecture*
- *Using Model Organisms to Discover Unanticipated Pathways to Addiction*
Speakers: Stephen Ekker, X. Z. Shawn Xu, Elissa Chesler, and Ulrike Heberlein
- *Early Career Investigators Poster Session and Lunch*
- *A Fresh Look at Dopamine Release & Uptake*
Speakers: R. Mark Wightman, Susan Ingram-Osborn, Stephen Rayport, Marisela Morales and David Sulzer
- *Connectivity of the Human Brain and its Disruption By Drugs of Abuse*
Speakers: Marcus Raichle, Michael Greicius, F. Xavier Castellanos, and Elliot A. Stein

Conference registration is \$38. For registration or additional information, please go to: <https://www.seiservices.com/nida/frontiers2010/> or contact Meaghan Larson at mdowd@seiservices.com

Award Deadlines

Nathan B. Eddy Award
Marian W. Fischman Award
Joseph Cochin Award
Mentorship Award
J. Michael Morrison Award
February 1, 2011
CPDD/NIDA Media Award
November 1, 2010

Visit the CPDD web site for award description and information about nominations.
<http://www.cpdd.org>

Meeting Highlights – The 2009 Marian W. Fischman Award

This award in memory of Marian W. Fischman, a much admired leader in drug abuse research and an excellent scientist, was established in 2001 to recognize the contributions of an outstanding woman scientist in drug abuse research.

2010 Awardee: Linda Cottler, Ph.D.

Linda B. Cottler, PhD, MPH, is Professor of Epidemiology in the Department of Psychiatry at Washington University School of Medicine in St. Louis and Director of the Epidemiology and Prevention Research Group. Her research contributions include the development of widely used assessments, the classification of substance abuse disorders, and peer-delivered interventions to reduce high risk drug use and sexual behaviors, specifically among women in the community and in the criminal justice system. Currently, the Cottler Team is studying prescription drug use among college age and older adults in St. Louis, former NFL players nationally, and impaired professionals in Florida; prescription stimulant use among 10- to 18-year-olds in 10 US cities; and is part of the group conducting the first household survey of opium use in Afghanistan. Cottler also directs the WU CTSA Center for Community Based Research, involving her innovative Health Street approach to community engagement. She is a charter member of NIDA-K, Director of a NIDA T32, and Fogarty Training Program in Bangalore, India, and former member of NIDA Council, where she worked with Marian Fischman. She publishes, mentors and consults extensively. Her best collaborations are with her husband, Matt, and their three daughters, Emma, Laura, and Sara, and son-in-law, Patrick.

Introduction by William Dewey, Ph.D.

I am very pleased and honored to introduce a most deserving recipient of the 2010 Marian Fishman Memorial Lecturer, Dr. Linda Cottler. Like Marian, Linda has a very strong commitment to research, education and service. Again, like Marian, Linda has made many significant contributions to our field. I thank Jim Anthony and Wilson Compton who have a better appreciation of the nuances of epidemiological and prevention research than I for co-nominating Linda for this award.

I met and got to know Linda while serving together on councils and committees. With all due respect to all my other colleagues on those bodies, it was obvious that Linda Cottler was one of the hardest working members of each committee. She has combined this exceptional work ethic of hers, her enormous commitment to women's health issues, especially as they relate to substance abuse, and her knowledge of assessment methodologies to become one of the most productive scientists in her field.

She has done all the things we expect of a great scientist. She is well recognized as a leader in her field. She has published a very large number of papers in prestigious journals, including 18 last year. She is on no less than 15 editorial boards. She has earned well over 30 million dollars in grant support. She has educated an impressive list of scholars who themselves are now contributing to our knowledge in very significant ways. Linda has provided the opportunity for her colleagues to educate trainees by earning



Linda Cottler (right) receives The Marian Fischman Award from Bill Dewey (left).

Marian W. Fischman Award *continued from page 4*

institutional training grants from three different federal agencies. She serves on important committees at the University community and national levels. She currently is the President of The American Psychopathological Association. Most of these committees deal with women's health and other important issues. Her work in the area of education and in service has been recognized by Washington University when they chose her for their most prestigious awards in these two areas. Yet it is mainly her outstanding research and her many contributions to generating new knowledge in our field that has earned her this very special recognition. By every measure, Linda has excelled as a scholarly researcher. I am pleased that Matt, her husband, and their three lovely daughters, Emma, Laura and Sara, are here today to enjoy this recognition that has been so convincingly earned by Dr. Linda Cottler, the 2010 Marian W. Fischman Memorial Lectureship.

Acceptance Remarks by Dr. Cottler

It is an honor for me to receive the Marian Fischman Award. I want to thank Herb Kleber, and their children Eric and Reva Fischman, Amanda and Matthew Henshon, Sharon Fischman and Michael Lazar, Marc and Judith Kleber, Elizabeth Kleber, Pamela Kleber-Shad, and Rees Shad, as well as the CPDD Award Committee and Bill Dewey, Wilson Compton and Jim Anthony for nominating me. Marian was a giant in the field; she was a pioneer in the field. She was a great friend to many, an excellent cook, an inspiration, and a devoted mother, wife and grandmother. One of her goals was to achieve balance and she certainly did this. Marian Fischman was a mentor to many, especially women. She was the "sage and guru" of her group. I met Marian through membership on the NIDA Advisory Council in the mid-1990s. I admired her boldness, her creativity and her purpose. I would like to acknowledge the former

Marian Fischman Awardees: Edythe London, Harriet de Wit, Dorothy Hatsukami, Linda Dykstra, Mary Jeanne Kreek, Nancy Mello, Maxine Stitzer and the inaugural awardee, Chris Ellyn Johanson.

When accepting this award, the awardee gives a lecture, so I talked about: Public Health Approaches to Drug Abuse Research. I reviewed my prior work in Community Interventions to reduce the spread of HIV/STDs, and studies on classification of substance use disorders and the contributions my team and I have made to the field in these areas. I discussed the factors that influenced my academic life, including my mentor, Lee Robins, who died this past September. Other factors included serendipity, with intuition; studying outcomes that matter and social justice. I discussed in detail my ongoing studies and how these studies were influenced by each of these factors. I discussed the study of impaired professionals (pharmacists and physicians, among others), the study of former NFL players, our national entertainment intercept study of stimulant use among 10 to 18-year-olds, our household study of opium use in Afghanistan, and our new community-engaged research as part of the Clinical and Translational Science Award. Though each of the influences was as important as the other, I repeatedly highlighted the importance of serendipity as a quality more investigators should value.

Finally, I concluded with words of wisdom that I thought Marian would suggest. I thought she would encourage me and others to continue to expand our horizon and not be afraid to try new areas, or study new things. I thought Marian would be equally accepting of serendipitous developments and would agree that we should be open to new opportunities, and not always say "no". I also thought Marian would agree that we must keep working for the people who

Continued on page 13



Linda Cottler

Addiction Science Fair Award

For the third year, high school students received awards for exemplary projects in Addiction Science presented at the Intel International Science and Engineering Fair. The National Institute on Drug Abuse in partner with the non-profit organization, *Friends of NIDA*, sponsored the awards as part of its ongoing support of NIDA research into the causes, consequences, and treatment of drug abuse and addiction. The first-place winner received \$2500, the second-place winner received \$1500, and the third-place winner received \$1000.



Addiction Science Award Winners from left to right, Joseph Yagoda (3rd place), Kevin Knight (2nd place), Ameya Deshmukh (1st place), with Cindy Miner, chief ISEF judge for NIDA and deputy director of NIDA's Office of Science Policy and Communications

First place for the special Addiction Science Awards went to Ameya Ashish Deshmukh, a 16-year-old junior at Upper Arlington High School in Upper Arlington, Ohio. His project was titled "Rational Drug Design Methods for the Identification of a Novel Negative Allosteric Modulator of $\alpha 4\beta 2$ Nicotinic Receptors."

Mr. Deshmukh decided to use a rational drug design approach, because identifying a molecule that will effectively bind to nicotine receptors can be like finding a needle in a haystack. He first selected candidate molecules based on previous research, and then used computerized molecular models to narrow the list of potential compounds. Finally, he tested these on human cells to identify which compounds showed promise for treating nicotine addiction.

Winning second place was seventeen-year-old Kevin Michael Knight, a junior at Collegiate High School at Northwest Florida State College in Niceville, Florida. for his project, "Improving ADHD Treatment: A Comparison of Stimulant Medication Treatment for Children with ADHD, Computerized Cognitive Training of

Attention and Working Memory, and the Combination of the Two."

As a student diagnosed with ADHD who had difficulties with the side effects of stimulant medication, Knight wanted to identify other ways to treat the attention and memory problems ADHD causes. He asked whether it is possible to use specialized computer programs to re-train the brains of students with ADHD, either as an alternative or as a complement to the stimulant medications typically prescribed to treat ADHD. The results of his pilot study suggest that some cognitive games could be useful as an adjunct to currently available ADHD medication.

The third-place Addiction Science Award went to Joseph Hunter Yagoda, a 17-year-old student at the William A. Shine Great Neck High School in Great Neck, New York for his project, "Risky Business: What Cognitive Factors Influence Risk Taking in the Academic Setting?"

Mr. Yagoda modeled the risk of class cutting by an innovative simulation mimicking a prototypical classroom in order to analyze the thought process that goes into a teenager's decision to cut classes at school. Following a risk scenario, he measured his subjects' perceptions of the risks of skipping class. His project concluded that schools should increase the benefits of attending class, have clear enforcement of consequences, and minimize the perception that "everyone cuts class."

NIDA has developed a special section on its web site to help science fair entrants understand the criteria for the awards. The pages include other resources on addiction science. <http://www.drugabuse.gov/sciencefair/>

Meeting Highlights – The 2009 Joseph Cochin Young Investigator Award

This award, in memory of a highly esteemed leader in drug abuse research and a former Chairman and Executive Secretary of CPDD, was established in 1986 to recognize research contributions in any facet of the field of drug abuse. It is given annually to an investigator who has not attained his/her 40th birthday by July 1 in the year of the award.

2009 Awardee:

J. David Jentsch, Ph.D.

David Jentsch received his undergraduate degree in behavioral biology from the Johns Hopkins University and masters and doctoral degrees in neurobiology from Yale University. He then received postdoctoral training in neuroscience at the University of Pittsburgh. David came to UCLA as an Assistant Professor of Psychology in 2001, and is now Professor of Psychology as well as Professor of Psychiatry and Biobehavioral Sciences, and Associate Director of the Brain Research Institute at UCLA.

Introduction by

Edythe D. London, Ph.D.

On behalf of his nominators, Jane Taylor, Christopher Evans and myself, it is my pleasure to introduce David Jentsch as the winner of the 2010 Joseph Cochin Young Investigator Award. David's work has largely focused on dissecting dopaminergic mechanisms that control behavior. His approach is to manipulate and evaluate interacting systems, including different pools of dopamine that involve interactions at different receptor subtypes. Many of his papers have focused on the effects of psychotomimetic and stimulant drugs on the neurochemistry and functions of the frontal cortex. He authored some of the earliest theoretical and experimental papers reinforcing the notion that cognitive loss is a key feature of drug addiction and that these behavioral

deficits involve changes in brain dopamine systems.

One example of this body of research is a highly cited study, in which monkeys treated subchronically with phencyclidine displayed long-lasting performance deficits on a task that was sensitive to prefrontal cortex function, as well as reductions in both basal and evoked dopamine utilization in the dorsolateral prefrontal cortex. This study and similar work by David with cocaine was part of a corpus that helped define the role of dopamine in spatial working memory, and supported the idea of a critical range of dopamine turnover for optimal prefrontal cortical functioning. David is now extending his prior research to identify the genetic determinants of traits, such as impulsivity, that are critical to addiction. He is doing these studies using animal models and tasks that, in large part, he designed himself.

Aside from advancing our field through his own research, David has contributed substantially to the development of the next generation of drug abuse researchers. He is a revered, greatly respected and loved mentor.

Lastly, at this time when basic science has come under attack from animal extremist groups, David has organized and mobilized our community to speak out against this attack by forming Pro-Test for Science and through his media interactions, publications, open debates, and other forums.

David has received numerous awards, including the Rafaelson Fellowship Award from *Collegium Internationale Neuro-Psychopharmacologicum*, and the Young Investigator Award from the International Congress on Schizophrenia. Please join me now in congratulating Dr. J. David Jentsch for receiving the 2010 Joseph Cochin Young Investigator Award.



David Jentsch (left) receives The Joseph Cochin Award from Edythe London (right).

2009 Joseph Cochin Award *continued from page 7*

Acceptance Remarks by Dr. Jentsch

It's hard to avoid the conclusion that I have been anything less than fortunate in my career. I've been lucky, not just because I ended up doing the right experiments at the right time, but mostly because I chose the right people to work with – or, the other way around – that the right people chose me. With that in mind, I have to offer my most sincere of thanks to Eydie London, Chris Evans (UCLA) and Jane Taylor (Yale) – not just because they nominated me for this award and not just because they have offered me mentorship that has been crucial to my career development. My deepest of thanks go to them for being outstanding role models, colleagues and collaborators of the highest caliber and true and inspiring friends.

On that note, I must also be sure to acknowledge my PhD advisor, Professor Bob Roth (Yale), who continues to be the kind of scientist and human being that we should all aspire to be. There is no doubt that the joy and commitment I have for

science stems from years observing his unwavering enthusiasm for the wonders of neuropharmacology.

I also want to express my deeply personal gratitude to the membership of the CPDD. When, a little more than 1 year ago, my world was turned upside down by animal rights extremists, it was the memberships of the CPDD and ACNP that reached out and offered immediate and unconditional support. One of the first emails I received was from Linda Porrino whose email arrived barely 4 hours after the event itself; I will never forget, nor lose my deep appreciation, for the subject line “We are with you”.

In return for this encouragement and for the recognition associated with this award, my intention to continue doing the best science I am capable of is redoubled, as is my commitment to ensuring that threats to research are always exposed, always met the most vigorous defense and – wherever possible – defeated.



J. David Jentsch

Meeting Recap

The 72nd Annual Scientific Meeting of the College on Problems of Drug Dependence was held at the Fairmont Scottsdale in Scottsdale, Arizona, June 12-17, 2010. There were 1220 scientific registrants and 53 non-scientists, representing 51 countries around the world. After the US, the next largest contingents were France (27), Australia (25), Canada (20), Brazil (16), UK (14), Spain (12), and The Netherlands and Sweden (10 each). The meeting began with an outdoor reception on Saturday night, for which the weather cooperated for the first time in our 4 meetings at this location. The comfortable temperature afforded a good climate for conversation and convivial consumption.

The well-rounded program offered 10 full symposia, 8 mini-symposia, 26 oral communication sessions, 4 poster sessions,

2 forums, and 13 workshops. A total of 758 abstracts were submitted. In addition, there were several pre-meeting satellite conferences: The NIDA International Forum on Drug Abuse Research, Policy, and the Public Good; The International Women's and Children's Health and Gender Group Meeting; International Study Group Investigating Drugs as Reinforcers; and the SAMHSA/CSAT session on Linking Health Care and Substance Use Disorders Services. The entire program is available online at CPDD.org.

See you next year at the Westin Diplomat in Hollywood, FL, June 18-23, 2011, where we will meet in partial overlap with the International Narcotics Research Conference, June 21-25, 2011. More incentive to stay to the end of CPDD!

-- Contributed by Ellen B. Geller

New Directions in Drug Policy: White House Office of National Drug Control Demand Reduction Priorities

A. Thomas McLellan Ph.D., Deputy Director, ONDCP

Background

In 1986 Congress created the White House Office of National Drug Control Policy (ONDCP) and charged it with coordinating federal efforts to reduce drug use and drug-related problems facing the country. Given the crime and social disruption caused by drugs entering our country it is perhaps understandable that efforts to reduce the supply of drugs entering or being produced within this country have historically received the most attention and funding over the years. However, the current Administration has also accepted the reality that attempts to stop drug production and importation, should be matched by equal efforts to control what Secretary of State Clinton aptly called "...America's insatiable demand for drugs." Moreover, recent scientific discoveries in the areas of prevention, brief intervention and treatment suggested that the time had come for a more balanced drug control strategy, characterized by greater emphasis upon research-derived "demand reduction" efforts in the areas of prevention, intervention, treatment and recovery.

Thus, ONDCP has been collaborating with representatives from 35 federal departments and agencies to come to consensus on five national priorities for government action where scientific discovery, problem severity and practicality have converged to create opportunities for immediate impact and progress. These five national priority areas are listed in **Table 1** below and are described in the *National Drug Control Strategy*. Here we introduce each of these areas and describe the types of projects and policies proposed in each area.



A. Thomas McLellan

Table 1 - Demand Reduction Priority Areas

1. Create a national prevention system comprised of "Prevention-Prepared Communities"
2. Engage and train mainstream healthcare to screen for, and intervene early with, emerging substance use problems.
3. Expand addiction treatment; incorporate it into mainstream healthcare.
4. Create protocols for safe, effective management of drug-related offenders in community settings
5. Design and implement a performance-oriented information system.

National Priority Area 1

Create a National, Community-Based Prevention System to Protect Our Adolescents

Background - The great majority of drug use prevention efforts have been short-term, usually educational programs usually provided as part of a general health program in junior high schools. Evidence suggests that instead of these short-term "programs" which occur at some point during adolescence, there is a need for "continuing prevention systems" implemented and integrated continuously *throughout* the pre-teen and teenage years. Optimum systems would include more than just schools, but would cover many sources of

Continued on page 10

ONDCP Report *continued from page 9*

influence within the community such as parents, schools, peers, healthcare, and police.

Because available research suggests that prevention efforts should be broad, continuous and provided from multiple sources of influence, it follows that perhaps the best venue to deliver “evidence-based” drug abuse prevention would be communities, but not just *any* communities. To be truly effective, communities will have to be properly organized, informed and equipped to take on prevention responsibilities. Thus, our ultimate vision is for a national system of “*prevention-prepared communities.*”

To initiate this vision, we propose a two-part demonstration project, involving 100 communities competitively selected through a national solicitation. The first part of the demonstration will provide basic funding for the infrastructure and organization of these communities – assisting them to perform a rigorous assessment of their specific drug use issues and drug-related problems; and to develop a sustainable plan for addressing those problems. But through this planning and organization, most communities will learn that they need additional resources, training and education to truly equip them with modern, evidence-based interventions and systems to address the problems they have identified.

Thus, the second part of work this effort will bring three major federal agencies together to develop coordinated supplemental prevention funding plans to train and equip “prepared communities” to provide the specific evidence-based interventions that meet their identified needs. Specifically, the Departments of Justice (DOJ), Education (DOE) and Health and Human Services (HHS) have agreed to synchronize and coordinate their prevention grant-making efforts, using a common application, review process, reporting requirements and performance measures.

We believe the results will be a lasting infrastructure of organized and equipped communities that are capable of taking on prevention responsibilities; and a new, smarter and more effective way of purchasing prevention through intergovernmental coordination.



A. Thomas McLellan

National Priority Area 2***Train and Engage Primary Healthcare to Intervene in Emerging Cases of Drug Abuse***

Background - Not only are substance use disorders diseases in their own right, the presence of unrecognized, unaddressed substance use problems in general healthcare settings often leads to problems in the treatment of other illnesses, including misdiagnosis, poor adherence, untoward interactions with prescribed medications, poor outcomes and increased costs. But physicians, nurses and other health-care workers have generally not learned about substance use disorders in school and most Electronic Health Record (EHR) systems do not provide for the collection of even basic information on alcohol and other drug use.

Work within this priority area will expand teaching and training about substance use disorders for physicians, nurses, pharmacists and other healthcare providers. The Screening and Brief Intervention (SBI) program will also be enhanced and expanded with the goal of national implementation in all states (currently in only 14 states). In addition, ONDCP will convene principals from Health and Human Services (HHS) and Justice (DOJ) to agree upon a single standard prescription drug-monitoring program (PDMP) for use within all healthcare systems to monitor and manage prescription drug diversion and overdose.

We believe these initiatives within will not only help to equip mainstream healthcare to play its proper role in the early detection of and intervention with emerging substance abuse problems, this integration of knowledge and training about substance use disorders will improve the overall quality and efficiency of general healthcare.

Continued on page 11

ONDCP Report *continued from page 10***National Priority Area 3*****Expand and Improve Specialty Addiction Care in Federal Healthcare Systems***

Background - Less than 10% of all diagnosed addiction cases currently receive treatment. This leaves a 90% treatment “gap”, the largest in medicine. Therefore, work in this priority area will expand the quantity and enhance the quality of treatments for addiction by providing new funding to integrate addiction treatment into the large federal healthcare systems in our nation.

Specifically, the nation’s Federally Qualified Healthcare Centers (currently about 7,000 centers), under the direction of the Health Resources Service Administration (HRSA) and Indian Health Centers (currently about 250 centers), and funded by the Indian Health Service (IHS), represent two healthcare systems where the existing populations of patients (over 25 million patients per year combined) are disproportionately affected by substance use problems and where there are very few addiction services presently available. Estimates are that 30 to 50% of adults already being treated in these systems are affected by a substance use disorder. With training and preparation we hope to engage more than one third of this population – more than doubling those presently in treatment – and substantially reduce the treatment gap.

Again, we believe the integration of addiction treatment services into existing federal healthcare systems will not only reduce the “addiction treatment gap”, it should also improve the general quality of healthcare within these systems. Key to this effort will be training of existing physicians, nurses, pharmacists and social workers in the use of evidence-based medications, therapies and other proven interventions. In this regard, we have turned to the Department of Veterans Affairs (DVA), arguably the best example of fully integrated general medical and addiction healthcare. The DVA will provide training and technical assistance to clinical staff in the HRSA and IHS systems, including evidence-based clinical protocols. Of course it will be necessary to do more than train existing personnel; it will be necessary to hire and integrate additional, experienced addiction therapists, nurses and clinicians.

National Priority Area 4***Develop Safe and Efficient Paradigms to Manage Drug-Related Offenders in Community Corrections***

Background - There are at least 5 million drug-related offenders under various forms of correctional supervision within our communities. These are individuals whose crimes were committed under the influence of, and/or for the purposes of, obtaining alcohol or other drugs. It is widely agreed that supervising these individuals in community settings will save significant federal, state and local dollars – as long as these interventions maintain the public health and safety of the communities. Thus, work in this priority area will be focused upon the enhancement of existing, and the creation of new, evidence-based interventions to successfully manage drug-involved offenders in the community.

Drug Courts are perhaps the most successful of these community-based interventions – innovative collaborations among courts, corrections and drug abuse treatment – that have been shown to prevent most drug-involved offenders from relapse, re-offense and re-incarceration. Work within this priority area will expand drug courts but also extend

Travel Award Deadlines

NIDA Women & Sex/Gender Junior Investigator Travel Awards	December 17, 2010
Early Career Investigator Awards	December 10, 2010
CSAT Travel Awards	January 10, 2011
Primm-Singleton Minority Travel Awards	November 10, 2010
WHO/NIDA/CPDD International Traveling Fellowships	January 15, 2011
NIDA Director’s Travel Awards	March 18, 2011

Visit the CPDD web site for information, applications, and other information
<http://www.cpdd.org>

Continued on page 12

ONDCP Report *continued from page 11*

the principles of drug court effectiveness into other populations of drug-involved offenders within communities by providing federal grants to encourage the creation of new interventions that combine swift, certain but modest sanctions with appropriate and effective treatment and social services.

Priority Area 5*Design and Implement a Performance-Oriented Information System*

Background - Given that substance abuse and addiction issues are part of virtually every serious and expensive public health and safety problem facing our country, it is inexcusable that there has not been a rapid, responsive and accurate system of measures to inform national, state and community policies in this area. Thus, work in this priority area will use the “prevention-prepared communities” described under Priority #1, to collect and report a set of common sense, community-based measures of new drugs and drug-related problems.

Measures selected will serve two critical needs. First, these measures will serve as “warning indicators” for the emergence of new drug outbreaks (e.g. methamphetamine, prescription opiates, etc.) and new drug-related problems (e.g. overdose deaths, new patterns of arrests). Secondly, these measures will serve as indicators of whether community-implemented policies and practices are having their intended effects – in essence, a report card.

Conclusion

Scientific discoveries have produced effective options to reduce drug availability in our communities, prevent drug abuse in our young and treat drug addiction in all our citizens. Moreover, these options are not difficult to learn, expensive to implement or impractical to maintain. Indeed, communities that adopt evidence-based prevention and treatment interventions, and build them into a sustainable infrastructure, are likely to reap significant returns on their investments, both in cost savings and in quality of life.

The demand reduction policies and interventions suggested in these five priority areas will require responsibility, knowledge and continuous, active participation from individuals, families, communities and all levels of government. Federal agencies will be responsible for creating, testing and sharing new and better tools to reduce demand for drugs; state and local governments will be responsible for informing, training and supporting communities as they apply those tools; and communities and their families will be responsible for learning about and using those tools to monitor and manage their drug-related problems.

It is *not* possible to eradicate drug problems; there will always be a new drug and a corresponding new set of health and social problems to go with it. But it *is* possible to reduce the scope and damage of drug problems in this country and the work proposed in these five priority areas introduces more and better tools to do that than ever before. We believe that the key to reducing our *national* substance abuse problem is to equip our nation’s communities with the information, training and resources they need to address and manage their *local* substance abuse problems.

**Meeting Deadlines
Proposals for Symposia
and Workshops are due:**

October 15, 2010

Abstracts are due:

December 1, 2010

*Visit the CPDD web site for
submission forms,
guidelines, and other
meeting information
<http://www.cpdd.org>*

Marian W. Fischman Award *continued from page 5*

need our help the most. Even though it seems that others might not always value this work. And finally, I quoted John Salisbury, who said many years ago, "We are like dwarfs sitting on the shoulders of giants. We see things that are more distant than they did, not because our sight is superior or because we are taller than they, but because they raise us up, and by their great stature add to ours.

I will always treasure this award and

the special time I had to share my thoughts with my friends and colleagues at CPDD. I was truly touched by this award, by the nice things Bill Dewey said about me, and the standing ovation I received. It was all the more special to have many of my team from EPRG there in the audience, and my daughters (Emma, Laura and Sara) there, as well as my son-in-law, Patrick, and my husband, Matthew.

President's Column *continued from page 2*

to" database for NIDA, as well, and it is a terrific opportunity to share your science with the wider world.

- 3) Consider creating an event at your local institution during NIDA's teen-targeted "Drug Facts Week: Shatter the Myths" (November 8-13, 2010). The goal of these events is to make good drug information available, engaging teens who might not otherwise ask questions. The event could be as simple as a two-hour web-chat, in which your local addiction experts take questions from teens, to something more elaborate, face-to-face, complete with T-shirts, quizzes and prizes for accurate drug knowledge - it's entirely up to your creative imagination. NIDA has a map showing the Centers and institutions with planned events - and to create a little social facilitation, we can post this (growing) list on the CPDD listserve.

- 4) And of course - it's not too

early to be thinking about communicating your best addiction science at our CPDD Annual Meeting June 18-23, 2011 (Westin Diplomat; Hollywood, Florida). The symposium deadline is October 15th, right around the corner! This meeting promises to be especially stimulating, as there is a planned 2-day scientific overlap with the annual meeting of International Narcotics Research Conference (INRC), June 21-25, 2011. Creating a joint meeting brings a host of challenges, but the respective Program Chairs (Sandra Comer, CPDD; Sari Izenwasser, INRC) are energized and already looking forward to your proposals and abstracts.

I look forward to seeing you all at the Annual Meeting, and to maintaining our strong communications with each other, and with the larger world, during the changes we may face in the coming year. Let us continue to share our addiction science, and to be guided by it, in the months ahead. Onward!

CPDD membership includes a subscription to Drug and Alcohol Dependence, ranked among the most cited substance abuse research journals.

CPDD OFFICERS

- ANNA ROSE CHILDRESS, PHD
PRESIDENT
- SCOTT LUKAS, PHD
PRESIDENT-ELECT
- LINDA J. PORRINO, PHD
PAST-PRESIDENT
- STEPHEN G. HOLTZMAN, PHD
TREASURER
- SHARON WALSH, PHD,
ACTING TREASURER
- MARTIN W. ADLER, PHD
EXECUTIVE OFFICER

BOARD OF DIRECTORS

- PATRICK M. BEARDSLEY, PHD
- LAWRENCE BROWN, MD, MPH
- THEODORE J. CICERO, PHD
- SANDRA COMER, PHD
- RICHARD DE LA GARZA II, PHD
- ANDREW COOP, PHD
- LINDA B. COTTLER, PHD, MPH
- DAVID A. FIELLIN, MD
- LEONARD HOWELL, PHD
- MARY JEANNE KREEK, MD
- GEOFFREY K. MUMFORD, PHD
- MICHAEL A. NADER, PHD
- EDWARD V. NUNES, MD
- RICHARD A. RAWSON, PHD
- ROGER D. SPEALMAN, PHD
- ERIC C. STRAIN, MD

MICHAEL B. GATCH, PHD, EDITOR

CPDD PUBLICATIONS COMMITTEE

- GREGORY M. MILLER, PHD, CHAIR
- RICHARD DE LA GARZA II, PHD, PAST-CHAIR
- WARREN K. BICKEL, PHD
- KATHLEEN M. CARROLL, PHD
- DEBORAH S. HASIN, PHD
- ROBERT MALLISON, MD
- JOHN ROACHE, PHD
- MICHAEL A. TAFFE, PHD
- GEORGE UHL, MD, PHD
- LI-TZY WU, ScD

Send materials for NEWSLINE to:

Michael B. Gatch, PHD
 U. of North Texas Health Science Center
 Dept. of Pharmacology & Neuroscience
 3500 Camp Bowie Boulevard
 Fort Worth, TX 76107
 Phone (817) 735-2062
 Fax (817) 735-0408
 Email: mgatch@hsc.unt.edu

CPDD Contingency Management Working Group Listserv

As organizers of the Contingency Management (CM) Working Group workshop held annually at the CPDD convention, we would like to make you aware of the CM Working Group listserv that has been made available by CPDD. For those unfamiliar, CM is a behavioral treatment strategy that makes reinforcement available (generally in the form of monetary vouchers, though not exclusively) for objective evidence of achieving a target behavior (e.g., drug abstinence, weight loss, etc.). The goal of this listserv is to provide a forum for researchers, clinicians and practitioners of CM to discuss issues, questions or to highlight exciting new research in the area of CM, and to help facilitate research and dissemination of CM techniques to promote positive behavior change. We hope that this listserv and the accompanying Facebook group will encourage and promote beneficial interactions within the community of CM providers and researchers.

To subscribe to this list, send an email to Listserv@lists.vcu.edu and write the following command in the body of the email (do not include a subject line). Replace the words "Your Name" with your first and last name:

SUBSCRIBE CPDD-
CMWG@lists.vcu.edu YOUR
 NAME

Please also consider attending and/or presenting at the CM Working Group, an evening workshop held each year at the CPDD convention and open to all conference attendees. The goal of the CM Working Group is to provide a forum for CM researchers to present data from ongoing CM-related research, with audience feedback and interaction strongly encouraged. Each year approximately 6 speakers are featured. Applications to present in the Working Group are solicited beginning in April. Please consider sharing your ongoing CM research with the Working Group next year.

The CM Working Group also has a Facebook page! We encourage you to join, submit photos of your favorite CM researchers and participate in discussions pertinent to CM.

<http://www.facebook.com/#!/group.php?gid=123703557672221>

Also consider joining the general CPDD Facebook page:

<http://www.facebook.com/?sk=2361831622#!/group.php?gid=53783853877>

Thanks very much for your interest. We hope this listserv will provide a valuable resource to the Contingency Management community.

-- Contributed by Kelly Dunn, Ph.D.

