

# Addiction Exchange

News from the worlds of  
clinical practice and research

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Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the field of addiction. In this issue, we follow up last issue's discussion of NIDA's Clinical Trials Network (CTN) by talking with another practitioner participating in the Network, Norfolk CSB's Tony Crisp.

The CTN, established by the National Institute on Drug Abuse (NIDA) in September 1999, is a groundbreaking national effort to bridge the gap between research and treatment. According to NIDA Director Dr. Alan I. Leshner, "This is a moment in history – perhaps the most important effort NIDA has ever undertaken. The CTN will help us change the face of drug abuse treatment by enabling us to take what we learn in the lab and rapidly put it into practice across the country."

The CTN's current 14 nodes will all be working on a variety of research/treatment projects and will maintain close communications with each other, allowing the research protocols to be tested in a number of settings and populations. VCU was honored to have been chosen for the Mid-Atlantic node together with Johns Hopkins University; Johns Hopkins will be working with a number of CTPs in Maryland and Washington, D.C., while VCU will be collaborating with two local community treatment programs, the Chesterfield County and Norfolk CSBs. Fortunately, a good working relationship had already been established between the Mid-Atlantic ATTC, located at VCU, and these clinics, making the lengthy collaboration go much more smoothly. The Mid-ATTC's director, Dr. Paula Horvatic, is the VCU study's principle investigator. VCU's Dr. Janet Knisely and Dr. Gena Britt are co-investigators.

The first year of the CTN has been taken up with planning the trials, including establishing baselines, designing the protocols, and submitting the project to the Institutional Review Board. After hiring and/or educating staff on the protocols, obtaining appropriate diagnostic tools, and completing any other pre-protocol work, both Virginia CTPs associated with the Mid-Atlantic node will begin the actual clinical trials in the very near future. (In fact, Chesterfield County's study on Motivational Interviewing kicked off January 18, 2001.) All CTPs are full partners in decision-making about research directions and activities, thus encouraging bi-directional cooperation, creating a "bridge" between researchers and practitioners.

The Norfolk CTP's study, as part of a larger study researching the optimum dosage regimen for administering buprenorphine as an alternative to methadone in the treatment of opiate addictions, will be testing the effectiveness of longer buprenorphine regimens (one week, four weeks and 12 weeks) as well as the ideal dosage for each. "We chose this protocol because we felt it gives patients time to engage in treatment, whereas the other [shorter] protocols didn't," says Tony Crisp, Norfolk's Substance Abuse Services Program manager. Crisp says his CTP was interested in getting involved because of the large number of heroin addicts in the region, and the fact that some consumers want an alternative to methadone, from which some have difficulty withdrawing. Crisp and his staff are very excited about the study. He sees the clinical trial as important for several reasons. "It can bring some state-of-the-art technology to Norfolk," he explains, "as well as find new ways to treat patients." It will also benefit staff through ongoing training and monitoring. His hope is that the study will confirm the efficacy of a new medicine that can encourage those heroin addicts to come in for treatment who were previously afraid to get help because of a fear of getting addicted to methadone.

If Crisp's experience thus far is any indication of whether CTPs and researchers can work well together - thus far an unknown, untested concept in the U.S. - the future looks bright with possibilities. He has enjoyed working with the university community, particularly meeting eminent researchers whose work he has read about in journals. His only complaint: "The red tape bothers me both on my end and the university's, because so much is unknown about protocol and we don't know what we need." But what has really impressed him, he says, has been the ability to meet other community program directors. "That, to me, is the most beneficial," he says. "We've learned a lot from each other in terms of how our programs are set up."

Go to <http://www.mid-attc.org/wwwboard/wwwboard.shtml> to discuss this topic on the Addiction Exchange Forum.

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