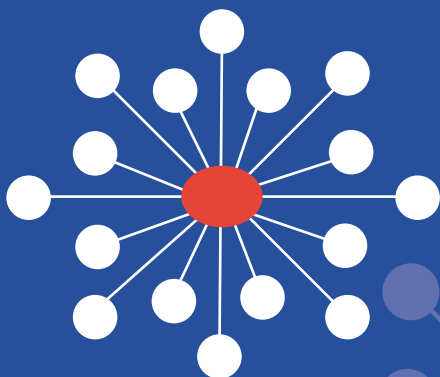


The background of the entire page is a dark blue color. It features several network diagrams consisting of circles of various sizes connected by thin white lines. One large network diagram is in the top left, another is in the top right, and a third, larger one is in the bottom right. The NIDA logo is positioned in the top left corner.

**NIDA** NATIONAL INSTITUTE  
ON DRUG ABUSE

*National Drug Abuse Treatment*  
*Clinical Trials*  
*Network*

*Forging partnerships to  
improve the quality of  
drug abuse treatment  
throughout the nation...*



National Institutes of Health  
U.S. Department of Health and Human Services

Revised October 2002

## *What is the Clinical Trial Network?*

To date, the efficacy of new treatments for drug addiction has been demonstrated primarily in specialized research settings, with somewhat restricted patient populations. To address this problem, the National Institute on Drug Abuse (NIDA) has established the National Drug Abuse Treatment Clinical Trials Network (CTN).

The mission of the CTN is twofold:

- \* Conduct studies of behavioral, pharmacological, and integrated behavioral and pharmacological treatment interventions of therapeutic effect in rigorous, multisite clinical trials to determine effectiveness across a broad range of community-based treatment settings and diversified patient populations; and
- \* Transfer the research results to physicians, providers, and their patients to improve the quality of drug abuse treatment throughout the country using science as the vehicle.

## *Nodes*

Each “node” consists of a regional research and training center (RRTC) and 5-10 community treatment programs (CTPs). NIDA funded six nodes in the first year of the program, eight nodes in the 2nd year, and three in the 3rd year.

### **CALIFORNIA/ARIZONA NODE**

The California-Arizona Node represents partnership between the University of California, San Francisco, the University of Arizona, and six CTPs operating in these two states. Participating CTPs include both hospital-based and community-based programs, serve urban and rural populations, and include residential, outpatient, and methadone treatment approaches. Collectively, these six CTPs serve more than 16,000 patients per year.

### **DELAWARE VALLEY NODE**

The Delaware Valley Node has 10 organizations in its provider network with a total of 50 treatment services in New Jersey, Pennsylvania, and Delaware. In addition, this node includes two managed behavioral health care organizations with over 1,000,000 members in the Philadelphia area. Network providers work with patients having every type of substance use disorder including several special populations such as the homeless, adolescents, veterans, women with children, and rural patients.

## **FLORIDA NODE**

The five CTPs in the Florida Node include urban and semi-rural areas, and treat a diverse population. The node has considerable expertise in: 1) adolescent family treatment, 2) treatment for HIV/AIDS populations, 3) aggressive engagement of drug abusers into treatment, and 4) microanalysis of family therapy clinical process. They provide services to over 70,000 patients yearly, with a combined budget of over \$1 million, accounting for 22% of the State drug abuse treatment.

## **GREAT LAKES REGIONAL NODE**

The Great Lakes Regional Node includes substance abuse researchers from Wayne State University, the University of Michigan and Michigan State University in collaboration with seven CTPs. This node includes a therapeutic community for the indigent, many of whom also cope with mental disorders; a treatment center dedicated solely to adult women and their dependent children; a community-based agency with programs also available in two Michigan corrections facilities; and several urban and suburban CTPs operating methadone maintenance programs.

## **LONG ISLAND REGIONAL NODE**

The Long Island Node includes four community-based organizations with a total of over 40 treatment programs serving a culturally and ethnically diverse patient population. These encompass a wide variety of treatment modalities including inpatient and outpatient programs, detoxification programs, methadone maintenance, therapeutic communities, and programs for adolescents and women with children. Areas of special interest and expertise within the node include psychiatric and medical co-morbidity, HIV, adolescent treatment, women and trauma, and combined behavioral and pharmacotherapy.

## **MID-ATLANTIC NODE**

The Mid-Atlantic Node includes Johns Hopkins University School of Medicine, Virginia Commonwealth University, Friends Research Institute, and nine CTPs. The CTP network provides about 5,000 treatment slots, which serve a diverse group of people suffering from substance use disorder, which is often complicated by other psychiatric and medical illnesses.

### **NEW ENGLAND NODE**

In the New England Node, sites are reporting an increase in the use of heroin by young people, who often snort the drug. In fact, heroin use in Connecticut has tripled in the last four years. Programs in this region serve a population that is increasingly culturally diverse; the client population has gone from 75% Caucasian to 75% minority, 58% of whom are Latino.

### **NEW YORK NODE**

The New York Node's CTPs include public and private programs that provide a wide spectrum of treatment and support services to over 19,000 patients annually. Treatment is targeted at heroin and cocaine use in ethnically diverse populations with high co-morbidity for alcohol, tobacco, and marijuana use, HIV and hepatitis C infection, and mental illness.

### **NORTH CAROLINA NODE**

The North Carolina Node involves the collaboration of Duke University, National Development and Research Institutes, the State of North Carolina and 10 community treatment programs. Serving 18,000 clients from 20 counties, the programs include the major providers of treatment, area mental health centers, private outpatient agencies and regional residential addiction treatment centers. The treatments provided encompass a wide array of approaches and services for both adolescents and adults.

### **NORTHERN NEW ENGLAND NODE**

The Northern New England Node is a partnership between clinical addiction researchers at Harvard Medical School, other universities, and CTPs located in five New England states – Maine, Massachusetts, Rhode Island, New Hampshire, and Vermont. Together, the CTPs had over 48,000 admissions in 2001 for substance use disorders. The CTPs provide services to an ethnically diverse patient population with a variety of substance use disorders in rural, suburban, and urban locales. Special populations include individuals with comorbid psychiatric and medical illnesses, HIV-infected individuals, adolescents, pregnant women, and individuals involved with the criminal justice system.

## **OHIO VALLEY NODE**

The Ohio Valley Node includes community treatment programs in Indiana, Kentucky, Ohio, and West Virginia, as well as researchers from the Cincinnati V.A. Medical Center and the University of Cincinnati. The CTPs bring a large variety of substance abuse services and treatments to almost 18,000 patients per year. These patients live in both rural and urban areas and include many of Appalachian background. Cocaine, alcohol, and marijuana are the most commonly abused substances.

## **OREGON NODE**

The Oregon Node is a partnership of three research and training organizations, five clinical treatment partners, and more than 30 collaborating investigators. It includes both urban and rural CTPs. These programs serve a growing number of Latino, Native American, and female clients as well as Russian and Asian clients. Services are provided across the treatment continuum.

## **PACIFIC REGION NODE**

The Pacific Region Node incorporates researchers and clinicians from throughout California. Many of the CTP networks have been involved in the transfer of research into practice for over a decade. The diverse communities served by the CTPs have geographic areas with epidemic methamphetamine use, increasing rates of heroin use among youthful populations, endemic inner city crack cocaine use, and dramatically increasing reports of the use of ecstasy and GHB.

## **ROCKY MOUNTAIN NODE**

The Rocky Mountain Node is notable for its rural and urban settings, adolescent and adult treatment programs, and ethnic and racial diversity, with Latino/Hispanic and Native American populations in particular. The combined census of the five participating CTPs represents 50% Anglo, 35% Hispanic, 11% African American, and 2% Native Americans. This node represents a network of CTPs, each with 25-30 years of experience in various treatment modalities ranging from evaluation through residential treatment, therapeutic communities, case management, methadone/LAAM, and detox.

## **SOUTH CAROLINA NODE**

The South Carolina Node is comprised of five CTPs that service a wide variety of patient populations including a growing number of women, African Americans, and adolescents. The CTPs represent a wide range of treatment settings and modalities including 12-step, family therapy, medication management, and cognitive-behavioral therapy. Together, the five CTPs saw more than 15,000 unique client visits in 2000.

## **SOUTHWEST NODE**

The Southwest Node includes the University of New Mexico Center on Alcoholism, Substance Abuse and Addictions (CASAA) and seven community treatment programs providing inpatient and outpatient, urban and rural psychotherapy and pharmacotherapy. New Mexico is the first “minority majority” state, and its clinical populations include large proportions of Native American and Hispanic clients.

## **WASHINGTON NODE**

The Washington Node includes 10 clinical treatment programs distributed geographically over Washington. These programs provide a mix of urban and rural, private and public sector, inpatient/residential and outpatient, drug free and methadone maintenance programs. The CTPs provide a wide range of treatment services to nearly 12,000 clients per year. Many of these services are targeted to specific groups having special needs such as women, adolescents, the elderly, and dual disorder clients.

### *For more information*

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