Mission and Objectives of the CTN

Through the CTN, NIDA, treatment researchers, and community-based service providers cooperatively develop, validate, refine, and deliver new treatment options to patients in Community Treatment Programs by:

- Conducting rigorous, multisite clinical trials of behavioral and pharmacological treatment interventions in diverse community-based treatment settings.
- Ensuring the transfer of research results to physicians, clinicians, providers, and patients.

CTN History

- 1997 NIDA Treatment Initiative:
  - Develop New Treatment Components
  - Improve Existing Treatment Components
  - Incorporate Efficacious Treatments into Community-Based Clinical Practice
- 1999 RFA for CTN Nodes
- 2000 CTN begins
- 2002 Southwest Node Joins the CTN

CTN Structure

Components
- Center for the Clinical Trials Network at NIDA
- 13 Nodes comprising
  - University-based Regional Research and Training Centers (RRTCs)
  - More than 200 Community Treatment Programs (CTPs)
- Clinical Coordinating Center
- Data and Statistics Center

Regional Research and Training Centers
- Recruit CTPs to participate in Node
- Initiate and Develops Protocols
- Conduct Studies in Conjunction with CTPs
- Provide training in empirically supported treatments and other dissemination activities

Community Treatment Programs
- Conduct studies in conjunction with RRTCs
- Generate clinically relevant research ideas
- Have equal representation on CTN committees

Regional Research and Training Center (RRTC)
- University of New Mexico Center on Alcoholism, Substance Abuse and Addictions (CASAA)
- Dept. of Psychiatry

Community treatment programs (CTPs)
- Over 20 treatment programs have participated.
- Located in New Mexico as well as Colorado, Arizona, and Nevada.
- Inpatient and outpatient treatment
- Urban and rural settings
- Psychotherapy and pharmacotherapy
- Specialty addiction treatment, medical settings, and psychiatric settings

Southwest Node (U10DA15833)

Typical Node Structure

Opportunities

- Integration of addiction treatment into general medical settings (including screening, brief intervention, brief treatment, and referral)
- Use of technology to enhance care, particularly in rural, frontier, and underserved areas
- “Functional integration” of NIDA and NIAAA (drug and alcohol treatment)
- Novel pharmacotherapies
- Less expensive pragmatic trials
- Use of CTN as “platform” for other studies

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