



BUILDING INTERNATIONAL
COLLABORATIVE RESEARCH
ON DRUG ABUSE

2011 NIDA INTERNATIONAL FORUM

JUNE 17–20, 2011 ■ HOLLYWOOD, FLORIDA



PROGRAM BOOK

PROGRAM AT A GLANCE

FRIDAY, JUNE 17, 2011

1:00 p.m. – 3:00 p.m.	Workgroup Meeting ❖ Asia HIV Drug Research Network	Room 220
5:45 p.m. – 7:30 p.m.	NIDA International Fellowship Programs Alumni Meeting	Diplomat 3
7:30 p.m. – 8:30 p.m.	Welcome and Networking Session	Diplomat 3

SATURDAY, JUNE 18, 2011

8:30 a.m. – 12:15 p.m.	Plenary Session ❖ Welcoming Remarks and Introduction ❖ Epidemic: Responding to America's Prescription Drug Crisis ❖ Science for Global Health: Fostering International Research Collaboration ❖ The U.S. President's Emergency Plan for AIDS Relief: Progress and Challenges in Building Country-Level Capacity for Comprehensive HIV Prevention for Persons Who Inject Drugs ❖ Advances in the Development of Medications To Treat Substance Use Disorders ❖ 2011 NIDA International Program Awards of Excellence	Diplomat 1, 2, and 3
12:15 p.m. – 1:15 p.m.	Optional Networking Lunch (Fee Required)	Atlantic 2
1:15 p.m. – 2:45 p.m.	Concurrent Breakout Sessions ❖ International Research Reports – Basic Science Research ❖ International Research Reports – Epidemiology/Prevention/Treatment Research ❖ International Research Reports – HIV/AIDS Research	Diplomat 2 Diplomat 1 Diplomat 3
3:00 p.m. – 4:30 p.m.	Forming Collaborations To Build Successful Grant Applications	Diplomat 1, 2, and 3

MONDAY, JUNE 20, 2011

8:00 p.m. – 10:00 p.m.	Joint NIDA International Forum and CPDD Workshop ❖ International Research Posters	Great Halls 1 and 2 Foyer
------------------------	---	---------------------------

TUESDAY, JUNE 21, 2011

5:15 p.m. – 7:00 p.m.	Workgroup Symposium ❖ Global Health and China	Room 212
-----------------------	---	----------

WEDNESDAY, JUNE 22, 2011

4:00 p.m. – 6:00 p.m.	CPDD International Committee Symposium ❖ Volatile Substance Misuse: A Global Call for Action	Atlantic Ballroom
-----------------------	--	-------------------

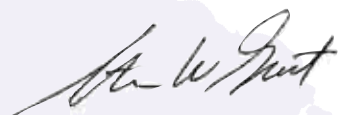


Welcome to the 16th Annual National Institute on Drug Abuse (NIDA) International Forum.

The theme for the 2011 NIDA International Forum, Building International Collaborative Research on Drug Abuse, showcases how scientists from diverse settings can successfully join forces to address the local, national, and international impacts of drug abuse and addiction. You will hear about some of those collaborations during the breakout sessions, which will feature international researchers whose abstracts were judged to be among the best of those submitted for Forum travel awards this year. The final breakout session will offer advice on applying for grants to fund those collaborations.

Continuing our focus on using scientific evidence to shape drug policy, we are delighted to welcome plenary session speakers from the White House Office of National Drug Control Policy and the U.S. President's Emergency Plan for AIDS Relief.

I also encourage you to participate in the College on Problems of Drug Dependence (CPDD) International Committee Symposium, which will be held Wednesday, June 22, at 4 p.m. and will focus on the forthcoming special issue of *Substance Use & Misuse*. This special issue covers the emerging and important topic of volatile substance misuse. We appreciate the support of CPDD and the journal in our efforts to showcase the quality of international drug abuse research.



Steven W. Gust, Ph.D.
Director, International Program
National Institute on Drug Abuse

CONTACT INFORMATION

NIDA INTERNATIONAL PROGRAM STAFF

NIDA International Program
National Institute on Drug Abuse
National Institutes of Health
9000 Rockville Pike
Building 31, Room 1B59
Bethesda, Maryland 20892, USA

❖ **Steven W. Gust, Ph.D., Director**

Phone: +1-301-594-1928
Email: ipdirector@nida.nih.gov

❖ **Dale S. Weiss, Associate Director**

Phone: +1-301-594-1928
Email: dweiss@nida.nih.gov

IQ SOLUTIONS STAFF (SUPPORT CONTRACTOR)

IQ Solutions, Inc.
11300 Rockville Pike, Suite 901
Rockville, Maryland 20852, USA

❖ **Kimberly Barnes, Project Director**

Phone: +1-301-984-1471, ext. 4299
Email: kbarnes@iqsolutions.com

❖ **Nei-Hyun Park, Program Manager**

Phone: +1-301-984-1471, ext. 4069
Email: npark@iqsolutions.com

❖ **Lisa Jordre, Fellowship Administrator**

Phone: +1-301-984-1471, ext. 4276
Email: ljordre@iqsolutions.com

❖ **Judy McCormally, Technical Advisor**

Phone: +1-703-536-9209
Email: judymccormally@gmail.com

❖ **Jennifer Pedri Gillissen, Senior
Meeting Planner**

Phone: +1-301-399-3430
Email: jgillissen@iqsolutions.com

TABLE OF CONTENTS

Agenda	5
Speaker Presentation Summaries	12
Conference Center Floor Plan	31

2011 Awards of Excellence Winners

The NIDA International Program proudly announces its 2011 Awards of Excellence winners and celebrates their outstanding contributions to international cooperation in drug abuse research and training.

Collaborative Research

Richard A. Rawson, Ph.D.

*University of California, Los Angeles,
United States*

Recognizing the efficiencies gained from working in cooperation with others, Dr. Richard A. Rawson and his collaborators have been working to narrow the divide between research and practice around the globe. Dr. Rawson has led addiction research and training projects for the United Nations, the World Health Organization, and the U.S. State Department, exporting science-based knowledge to many parts of the world. During the past decade, he has worked with the U.S. State Department on large substance abuse research and treatment projects, disseminating U.S. technology and addiction science to Egypt, Israel, Mexico, the Palestinian Territories, South Africa, and Thailand. He and his colleagues in the Middle East—Drs. Richard Isralowitz (Israel), Mohammed Al-Afifi (Palestinian Territories), and Tarak Gawad (Egypt)—have engaged international experts to develop a process to promote communications, cooperation, and coordination of efforts directed toward the prevention and treatment of drug abuse in the region. Dr. Rawson also directs the capacity-building and training component of the United Nations Office on Drugs and Crime *International Network of Drug Treatment and Rehabilitation Resource Centres (TreatNet)*, a global initiative that is being implemented in 26 countries across 5 regions.

International Leadership

María Elena Medina-Mora Icaza, Ph.D.

*Instituto Nacional de Psiquiatria
Ramón de la Fuente, Mexico*

A visionary leader, Dr. María Elena Medina-Mora Icaza continues to demonstrate her unique ability to effectively engage researchers, clinicians, policymakers, and advocates in documenting drug abuse and developing, implementing, and evaluating science-based demand-reduction strategies. She is a leader in United States-Mexico cooperation, having played an active role in the 2010 U.S.-Mexico joint declaration of cooperation and more recently on a collaborative initiative between the U.S. State Department and Mexico to establish a clinical research capability. She also is laying the groundwork for future partnerships with the NIDA Clinical Trials Network and International Program. An internationally recognized epidemiologist, Dr. Medina-Mora has been a member of the World Health Organization Expert Committee on Addictions since 1986 and has worked tirelessly to standardize drug use reporting across countries and cultures. She has served on the boards of numerous national, regional, and international organizations and publications, among them the International Narcotics Control Board and the Inter-American Drug Abuse Control Commission Scientific Advisory Committee. Dr. Medina-Mora is also a talented teacher and administrator whose students and colleagues follow her in contributing to international drug abuse research.

Mentoring

Jeffrey H. Samet, M.D.

*Boston University School of Medicine,
United States*

Whether mentoring a promising young scientist or an established academic researcher, Dr. Jeffrey H. Samet's commitment to and investment in guiding scientists in their pursuits in drug abuse-related patient-oriented research is unflinching. His approachable and enthusiastic style and his ability to tap into researchers' potential have made him an in-demand mentor within the drug abuse research community. He mentored his first NIDA INVEST Fellow in 1999 and has since influenced the careers of innumerable young researchers both in the United States and abroad, particularly in Russia, where he has trained and inspired several junior investigators and is currently a co-principal investigator to study HIV and substance abuse in the region. In the United States, he created the NIDA-supported Chief Resident Immersion Training program, a 4-day immersion training for incoming chief residents and their faculty mentors on state-of-the-art methods to diagnose, manage, and teach about substance use disorders. More recently, he is working on another NIDA-funded study to advance the Clinical Addiction Research and Education program, which has successfully fostered physician development in addiction research and education during the past 5 years. Both programs will provide easily adaptable models for the international drug abuse community.

Congratulations

AGENDA

Friday, June 17, 2011

- 1:00 p.m. – 3:00 p.m.** **Workgroup Meeting** *Room 220*
- Asia HIV Drug Research Network**
Co-Chairs: Le Minh Giang, *Hanoi Medical University, Vietnam*
M. Patricia Needle, *Consultant, International Program and AIDS Research Program, NIDA*
- 5:30 p.m. – 8:30 p.m.** **Registration** *Second Floor Resort Skywalk Foyer*
- 5:45 p.m. – 7:30 p.m.** **NIDA International Fellowship Programs Alumni Meeting** *Diplomat 3*
- Meet fellowship alumni to identify future collaborators for international addictions research or policy development.
Co-Chairs: Dale S. Weiss, *International Program, NIDA*
J. Randy Koch, *Virginia Commonwealth University*
- Improving the Availability and Use of Youth Risk Data in Predominantly Muslim Countries: Challenges and Strategies**
Chair: Rushit Ismajli, *University of Washington*
Presenters: Mohammed F. Al-Afifi, *Substance Abuse Research Center, Palestinian Territories*
Rawnak Ibrahim Aqrawi, *Ministry of Health, Iraq*
Fatima El Omari, *Arrazi Psychiatric Hospital, Salé, Morocco*
Omar El Shahawy, *Virginia Commonwealth University*
- Building Collaborative Working Groups on NIVC**
Learn how you can become involved in NIDA International Virtual Collaboratory (NIVC) working groups.
Chair: Dale S. Weiss, *International Program, NIDA*
- ❖ **International Women’s and Children’s Health and Gender Group –** Wendee Wechsberg, *RTI International*
 - ❖ **Drug Policy and Public Health –** Tomas Zabransky, *Charles University in Prague, Czech Republic*
 - ❖ **Volatile Substance Misuse –** Colleen Anne Dell, *University of Saskatchewan, Canada*
 - ❖ **Asia HIV Drug Research Network –** Le Minh Giang, *Hanoi Medical University, Vietnam*
- 7:30 p.m. – 8:30 p.m.** **Welcome and Networking Session** *Diplomat 3*

Saturday, June 18, 2011

NIDA International Forum: Symposium

7:30 a.m. – 3:00 p.m.	Registration	<i>Second Floor Resort Skywalk Foyer</i>
8:30 a.m. – 12:00 p.m.	Plenary Session	<i>Diplomat 1, 2, and 3</i>
8:30 a.m. – 9:00 a.m.	Welcoming Remarks and Introduction	
	National Institute on Drug Abuse (NIDA) International Program	
	❖ Steven W. Gust, <i>Director, International Program, NIDA</i>	
	Implementation of a National Collaborative Center as a Result of International Cooperation	
	❖ Flavio Pechansky, <i>Chair, CPDD International Committee, and Federal University of Rio Grande do Sul, Brazil</i>	
9:00 a.m. – 9:30 a.m.	Epidemic: Responding to America's Prescription Drug Crisis	
	❖ Timothy P. Condon, <i>White House Office of National Drug Control Policy</i>	
9:30 a.m. – 10:00 a.m.	Science for Global Health: Fostering International Research Collaboration	
	❖ James E. Herrington, <i>Fogarty International Center, National Institutes of Health</i>	
10:00 a.m. – 10:15 a.m.	Break	
10:15 a.m. – 10:45 a.m.	The U.S. President's Emergency Plan for AIDS Relief: Progress and Challenges in Building Country-Level Capacity for Comprehensive HIV Prevention for Persons Who Inject Drugs	
	❖ Richard H. Needle, <i>U.S. President's Emergency Plan for AIDS Relief</i>	
10:45 a.m. – 12:00 p.m.	Advances in the Development of Medications To Treat Substance Use Disorders	
	Presenters will explore recent research advances in pharmacotherapies for the treatment of substance use disorders, including a comparison of buprenorphine and methadone, naltrexone to prevent opiate use relapse, and implantable buprenorphine, among others.	

Chair: Ivan D. Montoya, *Division of Pharmacotherapies and Medical Consequences of Drug Abuse, NIDA*

Treating Opioid-Dependent Pregnant Women With Opioid Agonist Medications: What We Know and What We Need To Know

❖ *Hendrée Jones, RTI International and Johns Hopkins University*

Depot Naltrexone To Prevent Opiate Use Relapse

❖ *Adam Bisaga, Columbia University*

Implantable Buprenorphine To Treat Opiate Dependence

❖ *Katherine L. Beebe, Titan Pharmaceuticals, Inc.*

Novel Pharmacotherapies for Stimulant Dependence

❖ *Richard De La Garza, Baylor College of Medicine*

12:00 p.m. – 12:15 p.m.

2011 NIDA International Program Awards of Excellence

Mentoring

❖ *Jeffrey H. Samet, Boston University School of Medicine*

International Leadership

❖ *María Elena Medina-Mora Icaza, Instituto Nacional de Psiquiatria Ramón de la Fuente, Mexico*

Collaborative Research

❖ *Richard A. Rawson, University of California, Los Angeles Integrated Substance Abuse Programs*

12:15 p.m. – 1:15 p.m.

Optional Networking Lunch (Fee Required)

Atlantic 2

1:15 p.m. – 2:45 p.m.

Concurrent Breakout Sessions

BREAKOUT #1

INTERNATIONAL RESEARCH REPORTS – BASIC SCIENCE RESEARCH

Diplomat 2

Presenters will report on their recent research, discussing the neurological bases and effects of comorbid disorders, cannabis, and nicotine.

Chair: *Joni L. Rutter, Division of Basic Neuroscience and Behavioral Research, NIDA*

Craving and Severity of Cannabis Dependence Modulate Brain Responses to Cannabis Cues

❖ *Janna Cousijn, University of Amsterdam, Netherlands*

Neuroimaging Heavy Cannabis Users Versus Sporadic Users and Nonusers: Working Memory and Decisionmaking

❖ Anna E. Goudriaan, *University of Amsterdam, Netherlands*

Searching for a Neurobiological Basis for Self-Medication Theory in ADHD Comorbid With Substance Use Disorders: An In Vivo Study of Dopamine Transporters Using 99mTc-TRODAT-1 SPECT

❖ Claudia Szobot, *Federal University of Rio Grande do Sul, Brazil*

Nicotine Modulates Expression of Dynamin 1 in Rat Brain and in SH-SY5Y Cells

❖ Qing Xu, *Beijing Jiaotong University, China*

BREAKOUT #2

**INTERNATIONAL RESEARCH REPORTS – EPIDEMIOLOGY/
PREVENTION/TREATMENT RESEARCH**

Diplomat 1

Presenters will discuss their recent research on prevention and treatment interventions, such as opioid substitution therapy, as well as novel drug use surveillance tools.

Chair: Betty C. Tai, *Center for the Clinical Trials Network, NIDA*

Cannabis Withdrawal Scale Development: Patterns and Predictors of Cannabis Withdrawal and Associated Distress

❖ David John Allsop, *University of New South Wales, Australia*

Methodological Issues in Studying Treatment Dose: An Example From the NIDA Clinical Trials Network

❖ Amit Chakrabarti, *Sikkim Manipal Institute of Medical Sciences, India*

Drug Use in Rural China

❖ Qijian Deng, *Mental Health Institute of Central South University, China*

Evaluating the Impact of Methadone Maintenance Treatment on Heroin Abusers in Taiwan: An 18-Month Follow-Up Study

❖ Tony Szu-Hsien Lee, *National Taiwan Normal University*

Drug-Related Mortality in the Czech Republic: Novel Methods for Estimation and Their Results

❖ Tomas Zabransky, *Charles University in Prague, Czech Republic*

Predicting Factors for Methadone Maintenance Treatment Retention Among Heroin-Dependent Patients in Shanghai, China

❖ Min Zhao, *Shanghai Jiao Tong University School of Medicine, China*

BREAKOUT #3**INTERNATIONAL RESEARCH REPORTS – HIV/AIDS RESEARCH***Diplomat 3*

Speakers will report on HIV and drug use interventions, as well as on developing needs assessments to guide evidence-based prevention-as-treatment programs.

Chair: Marsha F. Lopez, *Division of Epidemiology, Services and Prevention Research, NIDA*

Knowledge of HIV and Sexually Transmitted Diseases Among Patients in Substitution Therapy in Bucharest, Romania

- ❖ Adrian Octavian Abagiu, *National Institute for Infectious Diseases “Prof. Dr. Matei Bals,” Romania*

HIV Serostatus, Knowledge, and Injection Behaviors Among Methadone Maintenance Treatment Clients in Urban Versus Rural Settings of Kunming, China

- ❖ Yen-Jung Chang, *University of California, Los Angeles*

Naltrexone Plus Behavioral Intervention Compared With Usual Care: Drug Use and HIV Risk Outcomes in Men With Drug-Free Female Partners

- ❖ David Otiashvili, *Addiction Research Center, Union Alternative Georgia*

Social Demography and Behavior Patterns of Serodiscordant Couples in St. Petersburg, Russia

- ❖ Olga V. Toussova, *The Biomedical Center, St. Petersburg, Russia*

2:45 p.m. – 3:00 p.m.**Break****3:00 p.m. – 4:30 p.m.**

Forming Collaborations To Build Successful Grant Applications

Diplomat 1, 2, and 3

Speakers will describe their experiences and offer suggestions for building international research partnerships that can compete effectively for funding.

Chair: Steven W. Gust, *NIDA International Program*

Building Effective International Collaborations: HIV and Substance Use Clinical Research

- ❖ Jeffrey H. Samet, *Boston University School of Medicine*

The Necessity of International Research Collaborations: The Globalization of Drug Abuse and Its Consequences

- ❖ David S. Metzger, *University of Pennsylvania*

International Partnerships for the Long Haul

- ❖ Richard A. Rawson, *University of California, Los Angeles Integrated Substance Abuse Programs*

Monday, June 20, 2011

Joint NIDA International Forum and CPDD Workshop

8:00 p.m. – 10:00 p.m.

International Research Posters

Great Halls 1 and 2 Foyer

Learn about research conducted outside of the United States and meet NIDA staff and colleagues from around the world at this CPDD Workshop and NIDA International Forum Poster Session.

Tuesday, June 21, 2011

Chinese at CPDD Workgroup Symposium

5:15 p.m. – 7:00 p.m.

Global Health and China

Room 212

Moderator: Yu (Woody) Lin, *Division of Clinical Neuroscience and Behavioral Research, NIDA*

Workgroup Co-Chairs: Sulie L. Chang, *Seton Hall University*
Ming D. Li, *University of Virginia*

Wednesday, June 22, 2011

CPDD International Committee Symposium

4:00 p.m. – 6:00 p.m.

Volatile Substance Misuse: A Global Call for Action

Atlantic Ballroom

Presenters will examine international use patterns, neuropharmacological advances, evidence-based responses, and prevention policies for volatile substance misuse. The researchers will discuss their call for further research on this important public health topic, which was issued in a NIDA International Program-supported supplement to *Substance Use & Misuse*.

Co-Chairs: Flavio Pechansky, *Chair, CPDD International Committee, and Federal University of Rio Grande do Sul, Brazil*
Colleen Anne Dell, *University of Saskatchewan, Canada*

Discussant: Robert L. Balster, *Virginia Commonwealth University*

Phenomenology, Natural History, and Sociocultural Aspects of Inhalant Use and Intoxication

❖ Matthew O. Howard, *University of North Carolina*

Achievements and Challenges in Understanding the Neuropharmacology of Inhalant Misuse

❖ Silvia L. Cruz, *Center for Research and Advanced Studies of the National Polytechnic Institute, Mexico*

Therapeutic Interventions for Volatile Substance Misuse

❖ Sarah MacLean, *Turning Point Alcohol and Drug Centre and University of Melbourne, Australia*

SPEAKER PRESENTATION SUMMARIES

Adrian Octavian Abagiu, M.D., Ph.D., National Institute for Infectious Diseases “Prof. Dr. Matei Bals,” Romania

Knowledge of HIV and Sexually Transmitted Diseases Among Patients in Substitution Therapy in Bucharest, Romania

Presentation Summary: This presentation will discuss efforts to improve the services offered in our methadone maintenance treatment center, in which we analyzed knowledge about HIV and sexually transmitted diseases (STDs) among our patients. Overall, we found acceptable knowledge for HIV epidemiology and STD transmission; however, even with that knowledge, our patients had rather low use of condoms. The data were predictable, as the majority of our patients had a long history of drug use and many contacts with different medical services. The data showed the need for at least brief interventions, especially among the Roma (Gypsy) population, as the increase in the use of methamphetamines is known to increase risk behaviors.

Free Learning
modules on drug
abuse research.
See page 27.

David John Allsop, Ph.D., M.A., University of New South Wales, Australia

Cannabis Withdrawal Scale Development: Patterns and Predictors of Cannabis Withdrawal and Associated Distress

Presentation Summary: Treatment seeking for cannabis is increasing all over the world, and relapse rates are high. Management of cannabis withdrawal is an important intervention point. No psychometrically sound measure for cannabis withdrawal exists; as a result, knowledge of factors predicting withdrawal is limited and treatment developments cannot be optimally targeted. This presentation will discuss a study designed to psychometrically develop and test the Cannabis Withdrawal Scale, and use it to explore predictors of cannabis withdrawal to help improve its clinical management. Internal reliability, test-retest stability, and content validity analysis show that the Cannabis Withdrawal Scale has excellent psychometric properties. Nightmares and strange dreams were the most intense symptoms, but caused relatively little associated distress. Angry outbursts were considered intense and caused much associated distress. Trouble getting to sleep also was considered an intense withdrawal symptom and caused significant associated distress. During the study, scores on the Severity of Dependence Scale predicted cannabis withdrawal, and a valid and reliable Cannabis Withdrawal Scale was developed. The most severe withdrawal symptoms are not necessarily the most clinically significant. Cannabis withdrawal intensity was predicted by the severity of dependence and not by the amount of cannabis smoked, age, or gender.

Katherine L. Beebe, Ph.D., Titan Pharmaceuticals, Inc., United States

Implantable Buprenorphine To Treat Opiate Dependence

Presentation Summary: Sublingual buprenorphine is an effective and well-tolerated treatment for opioid addiction. However, the daily dosing associated with sublingual administration hinders treatment compliance, increases the risk of misuse and diversion, and potentially contributes to patient relapse and treatment failure. Probuphine (buprenorphine hydrochloride/ethylene vinyl acetate) is a matchstick-sized subcutaneous implant that delivers a low, continuous level of buprenorphine for 6 months with a single treatment, thus ensuring compliance and greatly reducing the risk of misuse and diversion. As part of an ongoing, registration-directed, phase 3 development program, a series of controlled and open-label studies have tested the safety and efficacy of Probuphine in patients with opioid addiction over 6 and 12 months. Following a brief induction with sublingual buprenorphine (12 to 16 mg/day), patients have been treated with four to five Probuphine or placebo implants that are inserted under the skin of the inner upper arm in a brief, in-office procedure by a trained clinician. Upon completion of the initial 6-month treatment, the implants are removed in a similar procedure; in some studies, patients have been retreated with a new set of Probuphine implants. Efficacy assessments include evaluation of urine toxicology for the presence of illicit opioids, retention in treatment, symptoms of opioid withdrawal and craving, and global improvement. Safety is assessed through regular clinical examination, laboratory assessments, and patient-reported adverse events. The safety, efficacy, and buprenorphine plasma concentration results from this phase 3 development program will be presented.

Adam Bisaga, M.D., Columbia University, United States

Depot Naltrexone To Prevent Opiate Use Relapse

Presentation Summary: Harms associated with the use of heroin in Western Europe and Russia and the use of prescription opioids in the United States have been increasing. While methadone maintenance remains a treatment of choice for patients with opioid dependence, naltrexone, an opioid antagonist, offers an alternative approach. Naltrexone is good for patients who are not suitable or interested in agonist maintenance, who have failed prior trials with an agonist, and who are interested in discontinuing agonist maintenance but remain at risk for relapse. However, naltrexone has up to now found only limited clinical utility in opioid dependence treatment due to the difficulty in transitioning patients at the outset of treatment from opioid use onto naltrexone and nonadherence to oral formulation with subsequent relapse. The presentation will summarize more than a decade of National Institute on Drug Abuse-funded research at Columbia University aimed at improving treatment outcomes with naltrexone using extended release (XR) formulations, and targeted behavioral therapy, and improving methods of initiating treatment with naltrexone. Results of pivotal studies of XR formulations conducted by other research groups also will be reviewed. Finally, the relative advantages of the antagonist versus agonist approach to treatment will be discussed.

Fellowships for
scientists at every
career level.
See pages 22–23.

Amit Chakrabarti, M.D., MBBS, Sikkim Manipal Institute of Medical Sciences, India

Methodological Issues in Studying Treatment Dose: An Example From the NIDA Clinical Trials Network

Presentation Summary: This presentation discusses a secondary data analysis of a multisite study sponsored by the National Institute on Drug Abuse Clinical Trials Network. Previous studies have shown that opioid-dependent individuals in India require significantly lower daily buprenorphine maintenance doses than do North Americans in the treatment of opioid dependence; reasons for this difference are unclear. To clarify these differences, our study reviewed methodological issues involved in analyzing the relation between patient characteristics, buprenorphine dose, and treatment outcome. The results did not detect any effect of race or ethnicity, although Asians were not enrolled in the study. However, the study did identify physical pain as a significant predictor of higher buprenorphine-naloxone dosing, and also showed that participants with pain had similar treatment outcomes to those without pain. Although this study had weaknesses inherent to secondary analyses, it provided initial evidence for an effect on pain of dosing and the potential benefit of higher dosing for those with co-occurring pain.

Yen-Jung Chang, M.Sc., University of California, Los Angeles

HIV Serostatus, Knowledge, and Injection Behaviors Among Methadone Maintenance Treatment Clients in Urban Versus Rural Settings of Kunming, China

Presentation Summary: The lack of knowledge about HIV infection, transmission, and treatment among both urban and rural methadone maintenance treatment (MMT) clients in China suggests the need to strengthen current HIV education programs in MMT clinics. In addition, HIV prevention programs should take into consideration characteristics of the target population in specific geographic areas. This presentation discusses a study with the aims of (1) documenting the prevalence of HIV among MMT clients in urban and rural settings of Kunming city, Yunnan Province, China; and (2) examining differences in HIV knowledge and injection behaviors among this population residing in different geographic areas. The results indicate several significant differences between rural and urban MMT clients in China: urban MMT clients were younger, more held jobs, more reported prior arrest, and had better social support as compared with their rural counterparts. The HIV seropositive rates were higher in rural areas. On average, clients scored fewer than 19 correct answers out of 45 items in the HIV knowledge questionnaire, and no difference was found between clients in urban and rural clinics. Reported drug injection prevalence in the past 30 days was 44.8 percent in urban and 65.5 percent in rural clients. Reported recent injection and geographic area were strong predictors of these clients' HIV status.

Find a research partner in our abstract database. See page 26.

Janna Cousijn, M.Sc., University of Amsterdam, Netherlands

Craving and Severity of Cannabis Dependence Modulate Brain Responses to Cannabis Cues

Presentation Summary: Cue reactivity reflects motivational processes underlying continued substance use and relapse. Functional magnetic resonance imaging studies show that substance cues activate reward, motivation, control, and memory circuits with greater activation seen in substance users with higher levels of dependence and craving. It is not known if this is also true for heavy cannabis users compared with healthy controls. This presentation discusses a study demonstrating that cannabis cues activate areas associated with addiction pathology in heavy cannabis users compared with sporadic users and controls. Within heavy cannabis users, craving and severity of dependence, but not cannabis use history, modulated cue reactivity, indicating that symptoms of dependence, rather than the amount of cannabis use, play an important role in cue reactivity. These findings support a role of cue reactivity as a biomarker in the diagnosis and prediction of cannabis dependence.

Richard De La Garza, Ph.D., M.S., Baylor College of Medicine, United States**Novel Pharmacotherapies for Stimulant Dependence**

Presentation Summary: The presentation will include an overview of pharmacotherapies being evaluated for cocaine and methamphetamine dependence in phase 1 clinical trials.

Qijian Deng, M.D., Mental Health Institute of Central South University, China**Drug Use in Rural China**

Presentation Summary: In this presentation, we will discuss the results of a survey designed to measure drug abuse patterns and compare characteristics of drug users from urban and rural areas of Hunan Province, China. In the past, less concern has been paid to drug abuse in rural areas in China. Results from the study show the numbers of newly registered drug users from urban and rural areas were comparable, despite a substantially larger population base in rural areas. Also, despite having similar durations of drug use prior to registration, rural users were younger, had an earlier age of onset of drug use, spent less money on drugs, and had less extensive criminal histories. This presentation also discusses the need for further studies to investigate potential differences between drug use prevalence and patterns in rural and urban areas of China.

2011 Awards
of Excellence
recipients.
See page 4.

Anna E. Goudriaan, Ph.D., M.Sc., University of Amsterdam, Netherlands**Neuroimaging Heavy Cannabis Users Versus Sporadic Users and Nonusers: Working Memory and Decisionmaking**

Presentation Summary: This presentation will focus on a prospective study that used functional magnetic resonance imaging to assess brain function activity during working memory and decisionmaking tasks. Cannabis is the most commonly used illegal drug in most countries, and progression into use of other illegal drugs (ecstasy, cocaine) is frequently observed regardless of the legal repercussions. Few investigations, however, have addressed the role of neurocognitive functions on the trajectory of cannabis and other drug use. Results show that even in a subclinical group of heavy cannabis users without other major psychopathology, functional brain abnormalities are present. This indicates that heavy cannabis use in the absence of cannabis dependence is related to diminished functional brain activity during a working memory task and abnormal reward processing, as evident in a decisionmaking task. In June 2011, follow-up data on changes in cannabis, alcohol, and other drug use in this study will be complete and will be discussed in relation to functional brain activity.

James E. Herrington, Ph.D., M.P.H., Fogarty International Center, National Institutes of Health**Science for Global Health: Fostering International Research Collaboration**

Presentation Summary: This presentation will provide an overview of the global burden of disease, with case examples, a prospective look at future trends in global morbidity and mortality, and a brief description of the National Institutes of Health (NIH) structure and function, with emphasis on the intra- and extramural training programs at NIH. Specific to global health, the presentation will describe the NIH Fogarty International Center and funding of research and research training programs and opportunities. We will present case examples of how we invest in the training of both U.S. and foreign pre- and postdoctoral students in global health research. Finally, the presentation will give specific examples of current research and research training programs offered by the Fogarty International Center, including the International Clinical, Operational, and Health Services Research and Training Awards on Chronic Diseases and Brain Disorders in the Developing World: Research Across the Lifespan program.

Rushit Ismajli, M.D., M.Sc., University of Washington, United States (Chair)
Mohammed F. Al-Afifi, M.Sc., MBBS, Substance Abuse Research Center, Palestinian Territories
Rawnak Ibrahim Aqrawi, Pharm.D., Ministry of Health, Iraq
Fatima El Omari, M.D., Arrazi Psychiatric Hospital, Salé, Morocco
Omar El Shahawy, MBChB, M.P.H., Virginia Commonwealth University, United States

Improving the Availability and Use of Youth Risk Data in Predominantly Muslim Countries: Challenges and Strategies

Presentation Summary: Panel participants will provide an overview of data availability on risky behaviors of young people in about 50 predominantly Muslim countries and will provide information on the quality and recency of the data. The panel also will present some of the alcohol, drug, and tobacco data that are available, contrasting them with similar data on young people from non-Muslim countries. Some known current and future data sources will be discussed. They include Health Behavior in School-Aged Children (from the World Health Organization [WHO] and others), the Global School-Based Student Health Survey (from WHO Chronic Disease Prevention), the Global Youth Tobacco Survey (from the Centers for Disease Control and Prevention and others), a study conducted in Morocco by one of the panelists, and a study to be conducted in Kosovo by the panel chair. The panel and audience will participate in a discussion of some possible reasons why data are available in so few Muslim countries. They will discuss why predominantly Muslim countries may be hesitant to collect and/or publish these data on youth. Also, they will discuss ways to increase data collection given that parents and authorities may be hesitant to support such efforts. Panelists hope that the session will result in increased attention to the availability and use of risk data to improve the health of children in predominantly Muslim countries throughout the world.

Volunteer
as an ISAJE
writing mentor.
See page 21.

Hendrée Jones, Ph.D., RTI International and Johns Hopkins University, United States

Treating Opioid-Dependent Pregnant Women With Opioid Agonist Medications: What We Know and What We Need To Know

Presentation Summary: This presentation aims to provide both historical and current perspectives on the approach to treating opioid-dependent patients with opioid agonist medication during pregnancy and the post-partum period. The presentation will summarize and synthesize the evidence-based data available regarding the use of methadone and buprenorphine to treat opioid dependence during the perinatal period. Topics covered include induction and stabilization of pregnant patients on these medications and the efficacy and relative maternal, fetal, and neonatal safety of these medications during pregnancy. In addition, the presentation will include the latest data on topics such as maternal pain management and breastfeeding. Finally, the presentation will review questions for future research and an approach for moving forward to address these issues.

Tony Szu-Hsien Lee, Ph.D., National Taiwan Normal University

Evaluating the Impact of Methadone Maintenance Treatment on Heroin Abusers in Taiwan: An 18-Month Follow-Up Study

Presentation Summary: This presentation will focus on a longitudinal study that aimed to evaluate the preliminary impact of methadone maintenance treatment (MMT) on heroin abusers in Taiwan. After 18 months of follow-up, 241 participants (40.23%) remained in MMT, 230 (38.40%) had been incarcerated because of property crimes, and 181 (30.2%) were reconvicted because of heroin relapse. The quality-of-life scores increased from baseline to the fourth wave, with the largest changes in the psychological domain. The rates of employment and average monthly salary remained about the same throughout the follow-up period, even in the era of economic recession. The cost-benefit analysis showed that \$1 spent on methadone can create \$4.912 of rehabilitation benefits and \$8.775 of income benefits. This presentation will discuss the results, which confirmed that methadone treatment can be lifesaving, reducing the likelihood of HIV infection and of recidivism, and is cost effective in Taiwan. Methadone treatment also can increase quality of life.

David S. Metzger, Ph.D., University of Pennsylvania, United States**The Necessity of International Research Collaborations: The Globalization of Drug Abuse and Its Consequences**

Presentation Summary: This presentation will provide an overview of the global epidemiology of drug abuse and its linkages to the AIDS epidemic. Despite regional variations in the type of drugs most commonly used and the route of administration, all regions of the world now have access to the same array of drugs. Because abuse and addiction are medical conditions, both symptoms and treatments can be expected to be similar in all regions of the world. Consequently, well-designed research on the efficacy of existing and new prevention and treatment strategies can inform all regions of the world. These developments place increased importance on international collaborations, training, and scientific communications. International collaborations on drug treatment as HIV prevention will be highlighted (naltrexone in Russia and buprenorphine/naloxone in Asia). Despite expanded opportunities to answer important scientific questions, important operational, bureaucratic, economic, legal, ethical, and historical barriers to collaborations need to be recognized, anticipated, and addressed.

Richard H. Needle, Ph.D., M.P.H., U.S. President's Emergency Plan for AIDS Relief**The U.S. President's Emergency Plan for AIDS Relief: Progress and Challenges in Building Country-Level Capacity for Comprehensive HIV Prevention for Persons Who Inject Drugs**

Presentation Summary: The purpose of this presentation is to report on recent developments in U.S. policy related to planning, implementing, monitoring, and evaluating comprehensive HIV prevention programs for people who inject drugs, as reflected in the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). As part of the fiscal year 2010 appropriations process, the U.S. Congress lifted the ban on domestic funding for needle and syringe exchange programs (NSPs). On July 10, 2010, PEPFAR released a revised technical guidance document on Comprehensive HIV Prevention for People Who Inject Drugs. This guidance affirmed PEPFAR's support for comprehensive, evidence-based, and human rights-based HIV prevention programs for persons who inject drugs. As part of this guidance, PEPFAR explicitly allowed funding to be used for NSPs as one component of comprehensive HIV prevention programs among persons who inject drugs along with medication-assisted treatment, antiretroviral therapy, and other interventions. Changes in the law and the release of the guidance and technical assistance to countries in different regions of the world, including Sub-Saharan Africa, have resulted in increased funding for a more comprehensive and evidence-based approach to HIV prevention for persons who inject drugs. In February, the National Institute on Drug Abuse released a Request for Applications for Implementation Science Targeting Drug Using Populations: A Collaboration with PEPFAR. Current and future major challenges in introducing and scaling up HIV prevention and treatment for persons who inject drugs in countries where the burden of HIV disease is high and coverage rates are low, and where barriers persist, limiting the scope, quality, and effectiveness of core interventions, will be discussed.

Join NIDA's
virtual
collaboratory.
See page 28.

David Otiashvili, M.D., Union Alternative Georgia**Naltrexone Plus Behavioral Intervention Compared With Usual Care: Drug Use and HIV Risk Outcomes in Men With Drug-Free Female Partners**

Presentation Summary: This presentation will discuss a project conducted in the Republic of Georgia that tested a novel treatment intervention aimed at engaging, retaining, and treating opioid-dependent men who had drug-free female partners. In the project, 40 opioid-injecting men and their drug-free female partners were randomized to either an enhanced intervention or a usual care (UC) condition. Results indicate that among opioid-dependent adult males, naltrexone treatment combined with tailored behavioral therapy and contingency management proved superior to UC, as it resulted in less opioid use during the course of treatment, less injection of illicit drugs, and a virtual absence of injecting-drug-risk behavior at 6-month follow-up.

**Flavio Pechansky, M.D., Ph.D., M.Sc., Chair, CPDD International Committee,
and Federal University of Rio Grande do Sul, Brazil**

Implementation of a National Collaborative Center as a Result of International Cooperation

Presentation Summary: These welcoming remarks will describe how international collaboration contributed to the development of a major initiative in Brazil: the implementation of six Collaborative Centers on Drug Abuse Treatment, Training, and Research. Brazilian President Dilma Rousseff has announced that the first center will open this fall at the Federal University of Rio Grande do Sul and Hospital de Clinicas of Porto Alegre, with a special focus on crack use. The details of implementation of the center—a five-story building, which will comprise inpatient units, an outpatient system, a day treatment program, and a social rehabilitation center, as well as the new research center—will be briefly described. The contribution of international investigators, as well as the National Institute on Drug Abuse, Fogarty International Center, and College on Problems of Drug Dependence, to the implementation of the new center will be described in the presentation.

Apply for
international
research funding.
See page 24.

**Richard A. Rawson, Ph.D., University of California, Los Angeles Integrated Substance Abuse Programs,
United States**

International Partnerships for the Long Haul

Presentation Summary: The development of international research and training collaborations is very stimulating and an enjoyable endeavor. Hosting visits by international colleagues, visiting their countries, and meeting with international partners and working on new and challenging research questions is truly a rewarding and fulfilling set of activities. In many situations, the National Institute on Drug Abuse or other Federal agencies will frequently set up the opportunities to have initial meetings or visits to international sites to meet with potential new international partners. These first visits are excellent opportunities to open the door on possible research collaborations. However, to build these initial contacts into a meaningful and productive research and training partnership takes a long-term commitment of time, effort, and resources. This presentation will discuss some of the efforts needed to build and sustain long-term research partnerships.

Jeffrey H. Samet, M.D., M.P.H., M.A., Boston University School of Medicine, United States

Building Effective International Collaborations: HIV and Substance Use Clinical Research

Presentation Summary: This presentation shares lessons learned and practical advice from more than 10 years of experience in collaborating with international researchers on National Institutes of Health (NIH)-funded drug and alcohol HIV-related studies. Topics to be covered include the following: connect to outstanding collaborators; start small; build on successes; give and take; communicate frequently; and expand the network. My initial international research collaboration was made possible by a National Institute on Alcohol Abuse and Alcoholism (NIAAA)-sponsored visit to promote interactions between Russian scientists and American alcohol researchers in September 2000. This led to an administrative supplement to work with a team from Pavlov State Medical University in St. Petersburg for 2 years on projects studying HIV prevalence in narcology hospitals and drug and sex risk behaviors among HIV-infected patients at an infectious disease hospital. As a result of this early work, we forged effective ways of accomplishing international substance use and HIV research, which has led to the successful pursuit of NIAAA and National Institute on Drug Abuse funding in Russia and continues today. Our international HIV/substance use research activities expanded when NIH solicited competitive administrative supplemental applications to pursue HIV-related research in India. Our research team built upon an established collaborative relationship with an Indian HIV researcher to examine the role of alcohol use among HIV-infected female sex workers and their male HIV-infected clients. Current Russian work is examining secondary HIV prevention among Russian substance use in the HERMITAGE study.

Claudia Szobot, M.D., Ph.D., Federal University of Rio Grande do Sul, Brazil

Searching for a Neurobiological Basis for Self-Medication Theory in ADHD Comorbid With Substance Use Disorders: An In Vivo Study of Dopamine Transporters Using 99mTc-TRODAT-1 SPECT

Presentation Summary: Attention deficit hyperactivity disorder (ADHD) and substance use disorders (SUD) frequently co-occur. Although several studies have shown changes in striatal dopamine transporter (DAT) density in these disorders, little is known about the neurobiological basis of the comorbidity. This presentation discusses a study to evaluate striatal DAT density in treatment-naïve ADHD adolescents with SUD (ADHD+SUD) and without SUD (ADHD), compared with SUD adolescents without ADHD (SUD) and healthy control (HC) subjects. In the study, the ADHD group presented significantly higher striatal DAT density compared with the ADHD+SUD, SUD, and HC groups. Adolescents with ADHD+SUD had significantly lower DAT density than those with ADHD, but significantly higher DAT density than those with SUD only and no significant difference from the HC group. The ADHD+SUD group had lower striatal DAT density in comparison with ADHD patients without SUD. It is possible to speculate that the use of cannabis and cocaine is responsible for the lower striatal DAT density in this group, which would help in understanding the neurobiological basis for the self-medication theory in ADHD adolescents.

Olga V. Toussova, Ph.D., The Biomedical Center, St. Petersburg, Russia

Social Demography and Behavior Patterns of Serodiscordant Couples in St. Petersburg, Russia

Presentation Summary: This presentation will focus on the results of a pilot study to conduct a needs assessment to understand the behavioral risks and how best to implement risk reduction interventions for serodiscordant couples in St. Petersburg, Russia. The goal of this particular analysis was to describe social demography and identify risky behavior patterns that could be targeted in further interventions for couples. With the rising crisis of HIV in Russia, prevention activities are needed among serodiscordant couples. No interventions to date are available to help couples cope with the situation after HIV-positive status is revealed to one of the partners and to motivate prevention of HIV transmission to their sex partners. Therefore, it is imperative to conduct formative research to determine strategies and adapt risk reduction interventions for discordant couples, so that a trial can be conducted to determine feasibility and acceptability among Russian serodiscordant couples. This presentation will report results relating to social demography as well as behavioral patterns. Strong evidence showed that HIV-negative partners are exposed to HIV through sexual contacts with their main partner. Interventions to target and reduce sexual risk are necessary.

Qing Xu, Ph.D., Beijing Jiaotong University, China

Nicotine Modulates Expression of Dynamin 1 in Rat Brain and in SH-SY5Y Cells

Presentation Summary: This presentation will discuss a follow-up study to previous genetic and proteomic studies, which demonstrated that dynamin 1 is significantly associated with nicotine dependence in human smokers and its expression is highly modulated by nicotine in animal brains. To provide further molecular evidence for the involvement of dynamin 1 in the etiology of nicotine dependence, we investigated the regulatory effect of nicotine on the expression of dynamin 1 using both in vivo and in vitro approaches. Dynamin 1 mRNA was significantly downregulated in several parts of the brain. In SH-SY5Y cells, dynamin 1 mRNA was significantly downregulated by nicotine after 1 hour of treatment. A consistent decrease in the amount of protein also was observed after 1 hour of treatment. These results suggest that dynamin 1 is highly regulated by nicotine, implying that dynamin 1 may play an important role in neural plasticity induced by nicotine and other drugs of abuse.

Get a master's degree in addiction studies online. See page 29.

Tomas Zabransky, M.D., Ph.D., Charles University in Prague, Czech Republic

Drug-Related Mortality in the Czech Republic: Novel Methods for Estimation and Their Results

Presentation Summary: The use of both legal and illegal drugs may lead to a range of serious health problems, some of which may result in premature death. In particular, heavy or frequent drug use and/or high-risk forms of using are extremely dangerous in this respect. In the Czech Republic, deaths by overdose or fatal acute poisonings caused by illegal drugs are well accounted for by means of a nationwide electronic system. Regarding other types of drug-related deaths, however, the situation is more complicated and much less straightforward. This presentation will discuss a study that assessed several methods, which were then used to estimate overall mortality of known drug users in the Czech Republic. Whereas the use of "international" drug attributable fractions (DAFs) was found unsuitable for any meaningful estimates, the combination of two other methods brought "nationally specific DAFs" and interesting results that were consistent with other data on the drug situation in the country. The retrospective cohort was found to have high crude mortality rates and very high standardized mortality rates in patients in inpatient treatment and relatively low rates for patients receiving substitution treatment. Applying the derived ratio "overdose deaths/all deaths" to the multiplier obtained by nominations of clients of low-threshold programs, we derived a set of estimates of overall drug mortality in the Czech Republic in 2007 and found their significance in the overall Czech mortality very low no matter the method. The use of sophisticated studies and models may contribute to better understanding of the impact of illegal drug use on public health under different control regimes and after different interventions.

Min Zhao, M.D., Ph.D., Shanghai Jiao Tong University School of Medicine, China

Predicting Factors for Methadone Maintenance Treatment Retention Among Heroin-Dependent Patients in Shanghai, China

Presentation Summary: China has recently implemented methadone maintenance treatment (MMT) to address the HIV/AIDS epidemic. There were more than 680 MMT clinics throughout the country by the end of 2009. However, many clinics face the problems of high rates of dropout and relapse. It is very important to identify the predictors for MMT retention, because they will be helpful to improve treatment outcomes. The objective of the study to be discussed was to examine the predictors for retention for 24 weeks among heroin-dependent individuals in MMT in Shanghai, China. The retention rate at 24 weeks of MMT treatment was 74.4 percent for the subjects. The results from stepwise Cox regression analysis showed that marital status, self-esteem score, stigma score, and Barratt Impulsiveness Scale self-control score were predictors for treatment retention. The results indicated that being unmarried and having higher self-esteem, higher perceived stigma, and higher self-control personality traits were risk predictors for dropping out within 24 weeks after entering MMT. These factors should be addressed in MMT clinical services to increase retention rates for patients.

Interested in
methadone
maintenance
research?
See page 25.

Mentors and Mentees: Volunteer for the ISAJE-PARINT Online Mentoring Scheme

Free, one-to-one support for researchers in low-resource countries who want to publish their completed research in a peer-reviewed academic journal but have little experience or support in writing for publication.

Email molly@addictionjournal.org or visit <http://www.parint.org>



Visit the ISAJE Web site designed for addiction authors and reviewers!

For Authors

- ISAJE Authors' Guide to Publishing:
 - How To Choose a Journal
 - Advice for Researchers From Developing or Non-English-Speaking Countries
 - Publication Issues for Grad Students, Postdocs, and Other Novice Scientists
 - Writing for a Peer-Reviewed Journal
 - Publishing Qualitative Research
 - Use and Abuse of Citations
 - Authorship Issues
 - Preparing Manuscripts and Responding to Referees' Reports
 - Avoiding the Seven Deadly Sins of Addiction Publishing
 - Publication Ethics
- Online tutorials from the ISAJE Authors' Guide to Publishing
- Database of 82 Peer-Reviewed Addiction Journals in 18 Languages

For Addiction Scientists Interested in Serving as Peer Reviewers

- Tutorial on Serving as a Peer Reviewer
- How To Volunteer To Be a Peer Reviewer for Papers From Low- and Middle-Income Countries
- Reviewing Manuscripts for Peer-Reviewed Journals

Fellowships: Finding Solutions to Addiction

Funding is available for scientists like you.

The National Institute on Drug Abuse (NIDA) International Program supports a variety of training fellowships and research exchanges for all levels of scientists interested in drug abuse research.

CAREER LEVEL	PROGRAM NAME	ELIGIBLE AUDIENCE	WHAT FELLOWSHIP INCLUDES	APPLICATION DEADLINE
Predoctoral Training	Fogarty International Clinical Research Scholars (FICRS) Program	Advanced-level medical students and doctoral-level students at schools of public health from the United States and developing countries	Provides a 1-year mentored clinical research training experience at top-ranked, National Institutes of Health (NIH)-funded research centers in developing countries. U.S. citizens or permanent residents enrolled in U.S. schools apply through the FICRS support center; non-U.S. citizens from developing countries must apply directly to 1 of the 25 international FICRS sites. <i>NIDA is one of several NIH Institutes and Centers participating in this program.</i>	Check Fogarty International Web site for full details.
Postdoctoral Training	INVEST Drug Abuse Research Fellowship	Non-U.S. citizens with a Ph.D. or M.D. in medicine, public health, or biomedical, behavioral, or social sciences with a minimum of 2 years of postdoctoral research experience	Provides 12 months of postdoctoral training with an established NIDA-supported drug abuse and addiction scientist at a U.S. institution. Each fellow receives training in drug abuse research methods while developing and conducting research under the guidance of a mentor.	April 1 and October 1
	INVEST/Clinical Trials Network (CTN) Drug Abuse Research Fellowship	Non-U.S. citizens with a Ph.D. or M.D. in medicine, public health, or biomedical, behavioral, or social sciences with a minimum of 2 years of postdoctoral research experience	Provides 12 months of postdoctoral training in the United States with a NIDA-supported drug abuse and addiction scientist affiliated with 1 of the 13 NIDA CTN Regional Research and Training Centers. Each fellow receives training in drug abuse research methods while developing and conducting research under the guidance of a mentor.	September 1
	International AIDS Society (IAS)-NIDA Research Fellowship in Drug Use and HIV/AIDS	Junior scientist	Provides an 18-month postdoctoral training fellowship, focusing on HIV and drug use, at a leading research institute with a mentor who is an expert in HIV-related drug use research.	February 10
	Fogarty International Clinical Research Fellows (FICR-F) Program	Medical residents, medical fellows, and Ph.D. scientists from the United States and developing countries	Provides mentored clinical research experience in global health. Both U.S. and non-U.S. candidates apply through the FICR-F process, but non-U.S. candidates must propose to work with 1 of 48 vetted sites. <i>NIDA is one of several NIH Institutes and Centers participating in this program.</i>	Check Fogarty International Web site for full details.

CAREER LEVEL	PROGRAM NAME	ELIGIBLE AUDIENCE	WHAT FELLOWSHIP INCLUDES	APPLICATION DEADLINE
Midcareer Training	NIDA Hubert H. Humphrey Drug Abuse Research	Drug abuse professionals from eligible low- and middle-income countries	Provides a 10-month, midcareer, nondegree fellowship to study and work with professionals in the United States. Fellows learn about NIDA-supported drug abuse research and the application of research to the development of science-based government policy and prevention and treatment programs.	Deadlines vary. Check with the U.S. embassy or Fulbright Commission in your country.
Senior Researcher Opportunities	Distinguished International Scientist Collaboration Award (DISCA)	Non-U.S. citizen senior researcher with a minimum of 7 years of experience in drug abuse research beyond the postdoctoral level	Supports a professional exchange visit between a drug abuse researcher from another country and a NIDA-funded U.S. scientist. The international drug abuse researcher applies to visit his/her U.S. partner, for up to 3 months, to complete a project best conducted in the United States.	January 1
	Distinguished International Scientist Collaboration Award for U.S. Citizens and Permanent Residents (USDISCA)	NIDA-funded U.S. researcher with a minimum of 7 years of experience in drug abuse research beyond the postdoctoral level	Supports a professional exchange visit between a NIDA-funded U.S. scientist and a drug abuse researcher from another country. The U.S. scientist applies to visit his/her international partner, for up to 3 months, to complete a project best conducted outside the United States.	January 1
	International AIDS Society (IAS)–NIDA Research Fellowship in Drug Use and HIV/AIDS	Senior scientist involved in HIV-related research	Provides an 8-month professional development fellowship focusing on HIV and drug use at a leading research institute, for a well-established HIV scientist not currently active in the drug abuse field.	February 10

NIDA International Program fosters international cooperative research and the exchange of scientific information by drug abuse researchers around the globe.



NIDA International Program
National Institute on Drug Abuse
9000 Rockville Pike
Building 31, Room 1B-59
Bethesda, Maryland 20892 USA
Email: ip@nida.nih.gov

To learn more about NIDA-funded fellowship opportunities, visit <http://www.international.drugabuse.gov> or e-mail ip@nida.nih.gov.

NIDA and NIDA-Fogarty Grants for International Research Collaboration



Drug abuse researchers are encouraged to apply for NIDA or NIDA-Fogarty International Center grants to conduct rigorous, collaborative, international research projects that:

- Are conducted outside the United States by investigators from U.S. institutions working with researchers from other countries.
- Take advantage of a unique set of resources or subject populations that would otherwise be difficult to access within the United States.
- Address NIDA's international research priorities.



NIDA International Research Funding Opportunities Priorities

- Seek-test-treat HIV/AIDS and drug abuse
- Adolescent tobacco use and prenatal tobacco exposure
- Medications development to treat cocaine addiction
- Methamphetamine
- Inhalant abuse
- Drugged driving

Program Announcements

- **International Research Collaboration on Drug Abuse and Addiction Research**

Provides funds through three types of NIH grants:

- R01: PA-09-020
- R21: PA-09-021
- R03: PA-09-022



NIDA-Fogarty International Center Funding Opportunities

For updates on Fogarty programs, go to <http://www.fic.nih.gov/programs/>

Research Training Grants

- Chronic, Non-Communicable Diseases and Disorders Across the Lifespan (NCD-LIFESPAN) D43: PAR-10-257

Research Grants

- Global Research Initiative Program (GRIP)
 - Behavioral/Social Sciences R01: PAR-10-280
 - Basic/Biomedical R01: PAR-10-278
- Brain Disorders in the Developing World (BRAIN)
 - R01: PAR-11-030
 - R21: PAR-11-031
- Dissemination and Implementation in Research Health R03: PAR-10-039
- Fogarty International Research Collaboration Award (FIRCA)
 - Behavioral/Social Sciences R03: PAR-11-036
 - Basic/Biomedical R03: PAR-11-037
- Collaborative HIV/AIDS Studies in the Middle East and North Africa R21: PAR-08-153



FOGARTY
INTERNATIONAL CENTER

The Methadone Research Web Guide: A great way to learn about an important treatment.



Research has demonstrated that methadone maintenance treatment is effective for heroin and prescription narcotic addiction. It has been shown to reduce illicit drug use, criminal activity, needle sharing, HIV infection rates and transmission, and more. The NIDA International Program's Methadone Research Web Guide is a convenient, comprehensive source for research findings and resources. Proponents of methadone treatment programs may find these facts useful as they prepare rationale for initiatives.

Test your knowledge with the tutorial and get a certificate of completion.

This flexible tutorial lets you test your knowledge in a variety of ways. Answer the questions before you review the full Methadone Research Web Guide to identify subject areas where you need more information. Answer the questions after reviewing the full guide to assess your understanding of the material. This way you can concentrate on the section of the guide that is most relevant to you. Answer all the questions correctly to obtain your personalized Certificate of Completion.



Visit <http://www.international.drugabuse.gov/methadone>



It's Easy To Find a Research Partner or Regional Expert.



Just Search the International Drug Abuse Research Abstract Database.



Includes research abstracts accepted for poster presentation at NIDA International Program meetings since 2003.

Look for abstracts by

- Author
- Title or subject
- Year
- Research category
- Country
- Geographic region

<http://www.international.drugabuse.gov/Abstracts>

A NEW WAY TO LEARN CLINICAL DRUG AND SUBSTANCE ABUSE RESEARCH METHODS

FREE ONLINE LEARNING MODULES,
DEVELOPED AND SUPPORTED BY NIDA.

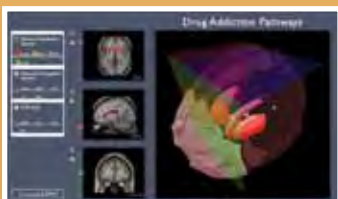


Introducing NIDA-supported online learning modules on four essential drug abuse topics:

- **Biostatistics for Drug and Substance Abuse Research**
- **Evaluating Drug and Substance Abuse Programs**
- **Designing and Managing Drug and Substance Abuse Clinical Trials**
- **Neurobiology of Addiction**

The content for these modules is original, created by experts, and field-tested by members of the international drug abuse search community.

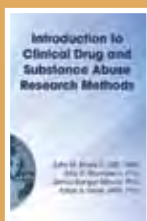
Try them for yourself, or tell a colleague.



Each program can be completed in only 2–4 hours. They are flexible — you can start and pause a program at any time. Plus they contain examples from

current research, and even 3D interactive models.

You can use the learning modules online for free. For a small fee, you can also download PDF versions to your computer or purchase a printed textbook.



Purchase Continuing Medical Education (CME) credits from the University of Arizona.

<http://www.drugabuseresearchtraining.org>

NIDA 
International Program

Developed by Medical Directions, Inc., under contract with the National Institute on Drug Abuse (NIDA) and Danya International.

NIVC Launches Collaboration Matching Service

New database includes contact information for 125+ U.S. and international principal investigators, plus descriptions for more than 60 funded binational or regional research projects, with more to come.



The NIDA International Virtual Collaboratory (NIVC) helps members exchange information, data, online resources, and ideas to advance drug abuse research and training, all on a secure, password protected Web site.

The easy to use tools include discussion forums, wikis, resource centers, virtual seminars, and directories.



Join NIVC, register at <http://nivc.perpich.com>.



This site was developed by JGPerpich with Federal funding from the SBIR Program, International Program, National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, under contract HHSN271200711284C.

Collaboration + Laboratory = Collaboratory

Become a NIVC Member

NIVC connects geographically distant partners in collaborative research, discussion, and education.

Join more than 1,600 mental health and substance abuse researchers who are members of NIVC or other collaboratories on behavioral and mental health to:

- **Find** colleagues for potential research collaboration based on a wide variety of research and demographic parameters, including keywords, research category, and geographic location.
- **Identify** research projects, colleagues for speaker engagements, reviewers for manuscripts, and potential fellowship opportunities.
- **Create** online communities or working groups based on a particular research interest or policy initiative.
- **Search** by geographic region or country for organizations that fund substance abuse research.
- **Post** opportunities available or search opportunities wanted.
- **Conduct** or view virtual seminars.

International Programme in Addiction Studies (IPAS)

Master of Science in Addiction Studies

The International Programme in Addiction Studies (IPAS) is a unique online programme leading to a Master of Science degree in Addiction Studies. Jointly offered by the University of Adelaide, King's College London, and Virginia Commonwealth University, this programme is available to students from around the globe. Current students and recent graduates reside in 18 countries on 6 continents. Full-time (12-month) and part-time (24-month) programme options are available. Partial scholarships are offered through the International Scholars in Addiction Studies (ISAS) program. Upon completion of the degree, students receive a diploma conferred by all three universities.

IPAS aims to develop professionals from varying backgrounds who are prepared to assume leadership roles in the addictions field. Students study the scientific basis of addiction, public health, evidence-based interventions, research methodology, and addictions policy. Graduates are prepared to:

- Translate research on addiction into more effective treatment and prevention.
- Translate research into more effective public health policies at the local, state, national, and/or international levels.
- Become specialists in addiction by integrating program material into their profession.

World-renowned lecturers include, among others:

John Strang, Ian Stolerman, Kim Wolff,
Alyson Bond, King's College London
Robert Balster, Kenneth Kendler, Charles O'Keeffe,
Steven Negus, Elizabeth Turf, VCU
Raphael Mechoulam, Hebrew University, Jerusalem
Jason White, University of South Australia
George Koob, Scripps Research Institute
Wilson Compton and Geoffrey Laredo, NIDA
Willem Scholten, World Health Organization
David Courtwright, University of North Florida
Maxine Stitzer and Hendrée Jones,
Johns Hopkins University
Martin Iguchi, UCLA, RAND Corporation
Don Des Jarlais, Beth Israel Medical Center
Sandra Comer, Columbia University
Isidore Obot, University of Uyo
Dick Clayton and Sharon Walsh, University of Kentucky
T.K. Li, Former Director, NIAAA

Full-Time Programme Curriculum: 11-Week Terms (Part-time students take one course per term for 2 years)

Term One:	Addiction Policy Biological Bases of Addiction
Term Two:	Public Health Issues and Approaches to Addiction Treatment of Addiction: Pharmacotherapies
Term Three:	Treatment of Addiction: Psychosocial Interventions Research Methodology in Addictions
Term Four:	Critical Issues in Addictions Research Project in the Addictions

2011 Application deadline: July 1, 2011

Classes commence August 2011.

For more information, see our Web site:
<http://www.vcu.edu/idas/IPAS.html>.

Or contact:

Mary Loos, Ph.D., VCU Programme Director,
at meloos@vcu.edu

Have You Visited the Redesigned NIDA International Program Web Site?

It is now easier to access essential international drug abuse research information online. The redesigned NIDA International Web site offers new features and added navigation options for more direct access to needed information.

Visit <http://international.drugabuse.gov> to:

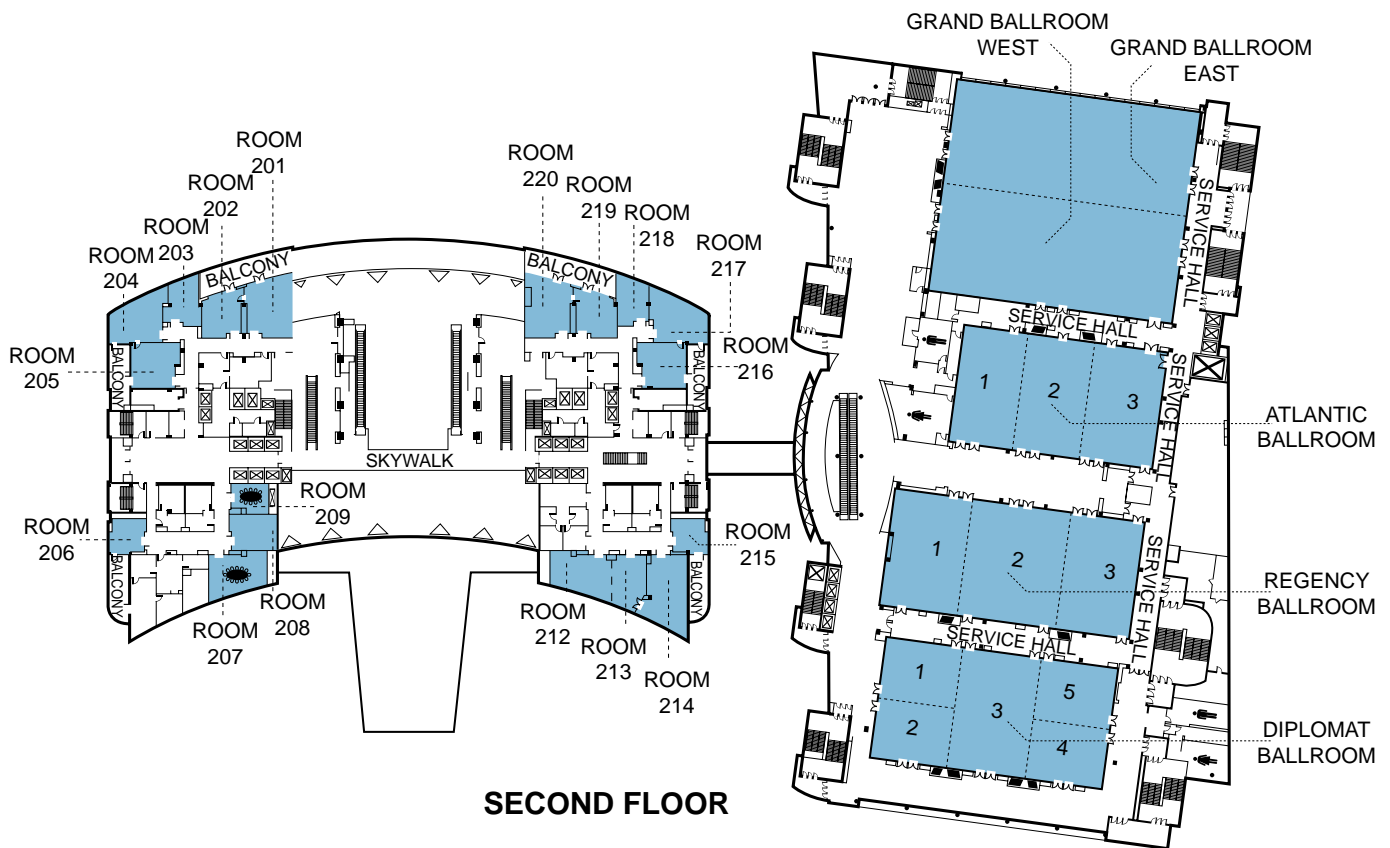
- Explore fellowship opportunities.
- Connect with international drug abuse researchers.
- Access free online training.
- Search the international drug abuse research abstract database.
- Read the NIDA International E-News.
- View the Methadone Research Web Guide.

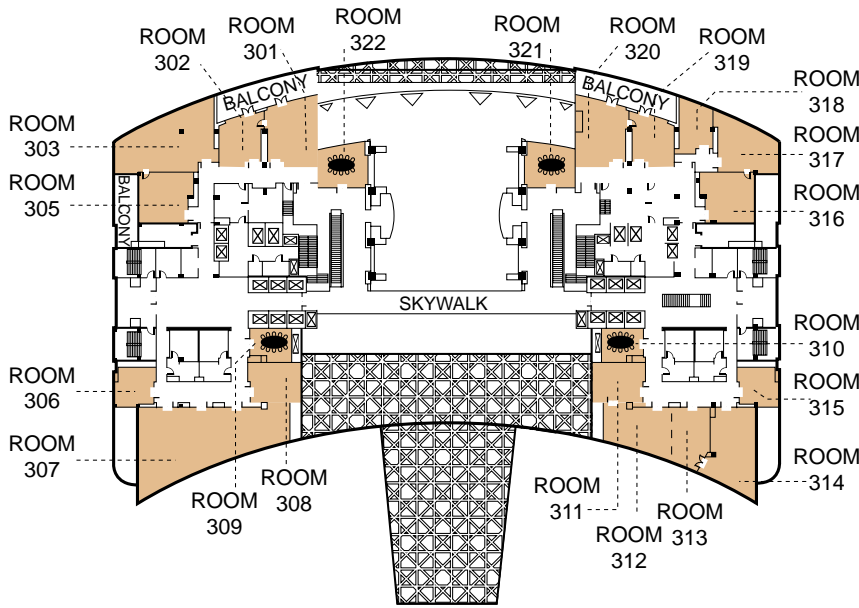




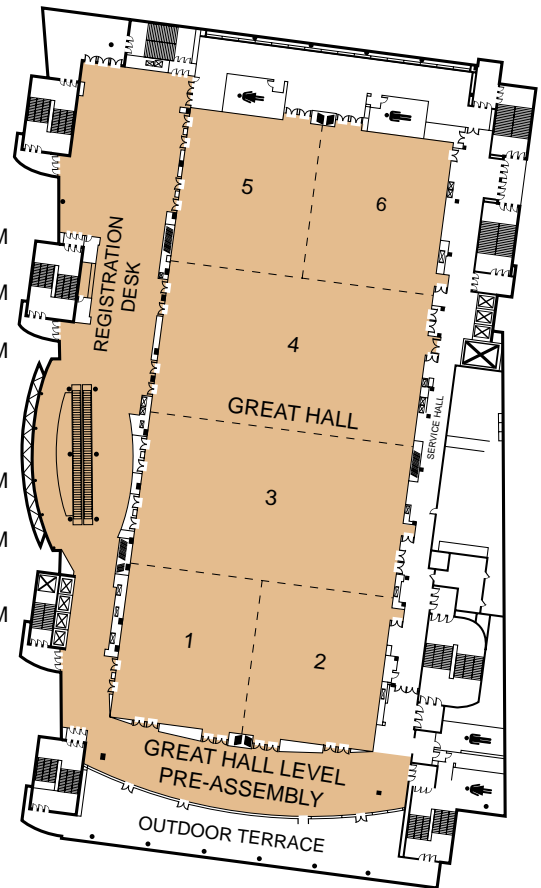
The Westin Diplomat Resort & Spa

3555 South Ocean Drive • Hollywood, Florida 33019 • United States
Phone (954) 602-6000 • Fax (954) 602-7000





GREAT HALL LEVEL



PROGRAM AT A GLANCE

FRIDAY, JUNE 17, 2011

1:00 p.m. – 3:00 p.m.	Workgroup Meeting ❖ Asia HIV Drug Research Network	Room 220
5:45 p.m. – 7:30 p.m.	NIDA International Fellowship Programs Alumni Meeting	Diplomat 3
7:30 p.m. – 8:30 p.m.	Welcome and Networking Session	Diplomat 3

SATURDAY, JUNE 18, 2011

8:30 a.m. – 12:15 p.m.	Plenary Session ❖ Welcoming Remarks and Introduction ❖ Epidemic: Responding to America's Prescription Drug Crisis ❖ Science for Global Health: Fostering International Research Collaboration ❖ The U.S. President's Emergency Plan for AIDS Relief: Progress and Challenges in Building Country-Level Capacity for Comprehensive HIV Prevention for Persons Who Inject Drugs ❖ Advances in the Development of Medications To Treat Substance Use Disorders ❖ 2011 NIDA International Program Awards of Excellence	Diplomat 1, 2, and 3
12:15 p.m. – 1:15 p.m.	Optional Networking Lunch (Fee Required)	Atlantic 2
1:15 p.m. – 2:45 p.m.	Concurrent Breakout Sessions ❖ International Research Reports – Basic Science Research ❖ International Research Reports – Epidemiology/Prevention/Treatment Research ❖ International Research Reports – HIV/AIDS Research	Diplomat 2 Diplomat 1 Diplomat 3
3:00 p.m. – 4:30 p.m.	Forming Collaborations To Build Successful Grant Applications	Diplomat 1, 2, and 3

MONDAY, JUNE 20, 2011

8:00 p.m. – 10:00 p.m.	Joint NIDA International Forum and CPDD Workshop ❖ International Research Posters	Great Halls 1 and 2 Foyer
------------------------	---	---------------------------

TUESDAY, JUNE 21, 2011

5:15 p.m. – 7:00 p.m.	Workgroup Symposium ❖ Global Health and China	Room 212
-----------------------	---	----------

WEDNESDAY, JUNE 22, 2011

4:00 p.m. – 6:00 p.m.	CPDD International Committee Symposium ❖ Volatile Substance Misuse: A Global Call for Action	Atlantic Ballroom
-----------------------	--	-------------------