ADDICTION LIVES: DENNIS MCCARTY

[PHOTO]

Addiction Lives records the views and personal experiences of people who have especially contributed to the evolution of ideas in addiction science. To suggest an interviewee, send a statement of up to 50 words summarising the person's exceptional contribution to the field to the Addiction Lives Editor: Prof Virginia Berridge, Centre for History in Public Health, London School of Hygiene and Tropical Medicine, 15-17 Tavistock Place, London WC1 H 9SH, tel +44 (0)207 927 2269, email Virginia.Berridge@lshtm.ac.uk.

INTERVIEW SUMMARY BY VIRGINIA BERRIDGE

Dennis McCarty grew up in an Irish Catholic neighbourhood in Louisville Kentucky. His parents and friends were what would now be termed heavy drinkers. His first involvement with drug and alcohol research came in 1975 as a University of Kentucky graduate student in psychology when he accepted a graduate research assistant post assessing the effectiveness of outpatient care for alcohol use disorders. That graduate school experience led to post-doctoral study at the University of North Carolina Centre for Alcohol Studies with John Ewing and Ken Mills. He received his first research award from the North Carolina Alcoholism Research Authority to study misattribution of alcohol intoxication; he also directed an evaluation of prevention services.

He moved to Boston in 1980, and collaborated with Milton Argeriou on research contracts for the Massachusetts Department of Public Health, creating a small non-profit corporation to accept the contracts. He became Deputy Director for Policy and Evaluation in the newly formed Bureau of Substance Abuse Services in 1987. Michael Dukakis' presidential campaign in 1987/88 provided the opportunity to expand Massachusetts Medicaid coverage to include outpatient services for alcohol and drug use. In 1989, Governor Dukakis appointed David Mulligan Commissioner of Public Health and McCarty became Director of Substance Abuse Services.

He was involved in the Massachusetts MOTHERS (Medicaid Opportunities to Help Enter Recovery Services) programme and also in SHARE (Sober Homes for Addiction Recovery Environments) loan programme. When state funding for drug and alcohol services was drastically cut in the early 1990's, he developed a consensus with providers that prioritised services for women, minorities and people with HIV or at risk from HIV through injecting drugs.

Because of his experience with Medicaid, health policy and a history of NIH awards, the Institute for Health Policy at Brandeis University offered him a position in 1995. 14 years of work in the Massachusetts department and experience with Medicaid managed care provided insights into financing and managing service systems and the foundation for his academic work at Brandeis and Oregon Health and Science University.

In September 1995, he received an award from the National Institute on Drug Abuse (NIDA) to develop health services research on treatment for drug use disorders. He was asked to join an Institute of Medicine committee and was co-editor of its report *Managing Managed Care: Quality*

Improvement in Behavioural Health (1997).This service led to appointment to a second IoM committee, the committee on community based drug treatment. Its first recommendation was that NIDA should support a practice based research network to test emerging behavioural and pharmacotherapies in the chaos of clinical practice. He co-edited the report with Mitch Greenlick, its chair and Sarah Lamb, committee director. Mitch recruited him to Oregon Health and Science University in 2000.

He worked with process engineer Dave Gustafson from the University of Wisconsin on a Robert Woods Johnson award initially named Paths to Recovery, now identified as NIATx (originally the Network for the Improvement of Addiction Treatment). An extension of the model called Advancing Recovery used partnerships between payers and their publicly funded treatment providers to promote evidence-based practices. The NIATx enterprise has been the most productive of McCarty's career.

The opioid epidemic and the use of medication to support recovery has been another substantial area of work. The field's reluctance to use medication to support recovery has been a challenging issue to resolve. In Massachusetts, the Bureau supported methadone vans to circumvent community opposition. At Brandeis, he participated in one of the early studies assessing the adoption of naltrexone; he also assessed the adoption of buprenorphine in speciality addiction treatment centres.

David Mulligan, with whom he worked in Massachusetts, had the most influence on his career. He was a former Catholic priest who had served as a missionary in Bolivia. From him, he learnt how to run meetings effectively, setting limits and moving agendas. He particularly remembers how Mulligan operated to defuse opposition to open a methadone centre in Brockton.

He sees many emerging health service research opportunities available using innovative tools and methods, for example mobile health technologies, using electronic health records to support screening and brief interventions and also using the tools of addiction health services research to address other non-communicable disorders such as hypertension and diabetes.

LINK TO FULL INTERVIEW, CONDUCTED BY VIRGINIA BERRIDGE, ON THE SOCIETY FOR THE STUDY OF ADDICTION WEBSITE:

https://www.addiction-ssa.org/knowledge-hub/topic/addiction-lives

ANNOTATED BIBLIOGRAPHY

Amass, L., Ling, W., Freese, T.T., Reiber, C., Annon, J. J., Cohen, A. J., McCarty, D., Reid, M., Brown, L.S., Clark, C., Ziedonis, D.M., Krejci, J., Stine, S., Winhusen, T., Brigham, G., Babcock, D., Muir, J., Buchan, B.J. & Horton, T. (2004). Bringing buprenorphine-naloxone detoxification to community treatment providers: The NIDA Center for Clinical Trials Network field experience. *American Journal on Addictions,* 13, S42 – S66. PMCID: PMC1255908.

These analyses documented the safety and effectiveness of an opioid detoxification taper using buprenorphine within 12 specialty addiction treatment settings (*n* = 234). The first multi-site test of buprenorphine within specialty clinics. Encouraged adoption of buprenorphine for detoxification from opioid use disorders. CTN-0001 and CTN-0002.

Humphreys, K., Wing, S., McCarty, D., Chappel, J., Gallant, L., Haberle, B., Horvath, A. T., Kaskutas, L. A., Kirk, T., Kivlahan, D., Laudet, A., McCrady, B. S., McLellan, A. T., Morgenstern, J., Townsend, M. & Weiss, R. (2004). Self-help organizations for alcohol and drug problems: Toward evidence-based practice and policy. *Journal of Substance Abuse Treatment*, *26,* 151 – 158. PMID: 15063905;

This consensus statement developed by a Substance Abuse and Mental Health Services Administration workgroup reviews the effectiveness of self-help services and the implications for stakeholders, consumers, and policy makers. The analysis encourages development of policies that support self-help participation including the adoption of validated referral strategies and menus of the local options for self-help services. The paper continues to be cited.

Institute of Medicine (1998). Lamb, S., Greenlick, M. R. & McCarty, D. (Eds.). *Bridging the Gap between Practice and Research: Forging Partnerships with Community-Based Drug and Alcohol Treatment*. Washington, DC: National Academy Press.

The Center for Substance Abuse Treatment and the National Institute on Drug Abuse sponsored the Institute of Medicine's *Committee on Community-based Drug Treatment* to examine a) treatment strategies, promising research approaches and ways to link treatment with research, b) mechanisms for treatment programs to participate in research and the adoption of the research in practice, c) technology transfer strategies, d) barriers that inhibit research within and the application of research to treatment practices, e) barriers that slow integration of treatment practices with research and f) innovative strategies to circumvent the barriers. The Committee's first recommendation advocated for development of a community-based clinical trials network that tested emerging research in the complexity of real-world addiction treatment settings. The recommendations supported the National Institute on Drug Abuse's creation of the National Drug Abuse Treatment Clinical Trials Network.

McCarty, D., Gustafson, D.H., Wisdom, J.P., Ford, J., Choi, D., Molfenter, T., Capoccia, V., Cotter, F. (2007). The Network for the Improvement of Addiction Treatment (NIATx): Enhancing access and retention. *Drug and Alcohol Dependence, 88*, 138 - 145. PMCID: PMC1896099.

The primary results from the first NIATx demonstration with 13 participating treatment centers documented a 37% reduction in days to treatment (from 19.6 to 12.4 days). Retention in care improved 18% between the first and second session of care (72% to 85%) and the third session of care (62% to 73%). Incremental changes in treatment processes led to reductions in wait times and gains in retention. This publication provided a proof of concept that process improvement could be applied to addiction treatment services.