The Addictions Newsletter

The American Psychological Association, Division 50

Fall/Winter 2009 Volume 16, No. 3

Contents

President's Column

Presidential Themes for the Year

Lisa Najavits

I am so excited to be starting off this new year. Division 50 is an amazing organization, with such an important mission of advancing addiction psychology in all of its many forms—clinical, education, research, and policy. Substance use disorder is the second most common psychiatric disorder in the U.S. population, and other behavioral addictions add to the mix, including Internet, gambling, and shopping. Perhaps the day will come when Division 50 will no longer be needed—when some pill or procedure can eradicate addictions. But until then, there is so very much to be done.

Lisa Najavits

I have thought a lot about themes that I believe are important in the year ahead. Below is a summary. Most of all, I extend a warm invitation to all to participate in any that may appeal to you, so please get in touch if you would like to join forces on any of the themes listed here, or have other ideas for what you would like to see.

Theme #1: Using technology to enhance Division 50

There is a lot of potential to enhance Division 50 through technology. Three new projects are as follows:

*a. **Webinar series**.* We have many talented members, but limited time at conferences with them. I am thus piloting a webinar series that would offer Division 50 members free CEUs for addiction-related learning via the web. Stay tuned on this—the goal is to have at least two webinars this year, and to solidify our procedures for an ongoing series if there is interest.

*b. **Go green**.* This is one of those "win-win-win-wins." It helps the environment, it reduces the Division 50 budget (of which printing and mailing *TAN* is a big chunk), it is quick, and it makes use of existing technology. I have initiated this fall's transition from paper to the electronic *TAN* by creating a paper-opt-in model in which all members will be switched to the electronic version only starting this January, unless they actively indicate the wish to continue receiving the paper version. Email or call Keith Cooke if you want to keep receiving the paper *TAN* (kcooke@apa.org; 202-216-7602).

*c. **Web-based repository/ archives for Division 50**.* The goal is to set up a secure web location to store Division 50 administrative materials for current use, as well as artifacts of historical materials. For example, with changes in committee chairs or elected officers, information is available

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President's Column

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in patchwork pieces, forwarded on emails, or all too often in no written form at all. To smoothly transition and help each other along, the web repository will keep committee minutes, tips and guidelines, spreadsheets and other "back office" resources. In addition, we don't want to lose what is an increasingly rich history, and thus will also store archival material such as early mission statements, photos, etc. The new Division 50 website is a terrific and spiffy resource thanks to the work of the web committee last year (Nancy Piotrowski, John Kelly, Liz D'Amico, Michael Woodward, Wen Pin [Kevin] Lai, Lisa Najavits). That committee is now ended; thus, I am launching this new project to aid the division. Currently we have Amee Patel, Division 50 secretary, gathering materials from the current leadership, and Nancy Piotrowski, former president, in charge of the historical archive.

Theme #2: Increasing membership

This has long been a priority of the division, including past-president *Tom Brandon's* initiative last year to try a free first year to new members. This year, I am emphasizing two areas:

a. The "amazing race" for members—with a prize! To add some new fun, there is now a year-long competition to bring in as many new members as you can. See the announcement in this issue and may the best contestant win.

b. Career-related opportunities. Watch the listserv for announcements of some terrific career opportunities. As president, I receive various emails from APA for such opportunities and am sending them immediately to the full membership so that anyone can self-nominate into these roles. In August, for example, there was an option to join the Prevention Guidelines Committee of APA and several members self-nominated for that position. In September, there was a call for new advisory board members for the Substance Abuse Mental Health Services Administration. These can be high-impact, high-prestige roles. So many members in Division 50 have real contributions to make and this rapid-response option can both enhance the addiction focus in various organizations, as well as offer members some new opportunities.

Theme #3: Mentorship across the career span

There is a need for mentorship at all career levels. Typically, junior colleagues are identified as the mentees and mid- or senior ones as the mentors. But throughout a career, there can be challenges on many fronts, such as how to balance work and personal life, how to think strategically about career moves, how to get unstuck in research and writing and ways to manage delicate ethical or interpersonal dilemmas. All career levels can benefit from both mentor and mentee roles. So here are two ideas to help put this into action:

a. The new "one-hour mentor" project. See the announcement in this issue for the new "one hour mentor" project. Anyone can offer an hour of their time to consult over the phone in various categories (clinical, research, policy, education, work/personal life balance, ethical dilemmas, career choice-points, diversity, technology, and interpersonal challenges). Each mentor will be asked to indicate their career level (junior, mid-, or senior) and will select the category in which they would like to offer their free hour. After we attain our list of mentors (please do volunteer!), an announcement will be posted to the listserv, and then it will be "first come, first served" until all slots are taken. All pairings will be kept confidential, and will incur no obligation to each other beyond the one hour.

b. Special interest groups. There are various subgroups within Division 50 such as those who work in government, private-practice, community, academia, or with particular populations such as adolescents, veterans and homeless. Creating connections between them using technology and other approaches may help link members up for collaboration, networking, and support. For example, several members, Harry Wexler, Joshua Wexler, and Jessica Martin, are currently working to develop a social-networking initiative (see the article in this issue of *TAN).*

Note that each of these areas are attempts to bring value-added opportunities to your Division 50 membership. Inevitably, some of these initiatives will fly and some may fade, so vote with your "feet" on which matter to you. E-mail Lnajavits@hms.harvard.edu if you would like to be part of these, have other ideas for the year, or want to join any of the existing Division committees (see the website for a list of active ones). Finally, a big thank you for the opportunity to serve in this role. I will bring all I can to making this a terrific year and to working with you collaboratively to make things happen. ψ

Editor's Corner

Chiedi e ti sara' dato (Ask and you shall receive)

Elizabeth J. D'Amico

I am happy to report that members stepped up after my request for articles for this issue. I was truly excited to see so many people submit such interesting research! Thank you for being responsive and for sharing your ideas with all of us. We have a packed issue. Hurray!

I would first like to thank John Searles, who responded to my call to address the recent information that had just come out on the MDLA-21 issue. John has written a very informative article that discusses some of the latest findings on this topic. Along the same lines, Clayton Neighbors and colleagues from the University of Washington address college-age drinking rituals, focusing on 21st birthday extreme drinking and what might occur if the MDLA were lowered to age 18. Joe Gay and colleagues present data from the region of Appalachian Ohio on recent trends they have seen in their practice on opioid and heroin dependence. We also received an article that discusses how a social network can be a powerful, low-cost tool to leverage the building of the Division 50 community by attracting new members. Finally, Jeffrey Foote and Morton Rosenbaum highlight an issue that has been in the forefront for Division 50: bridging the gap between research and practice (see the "Bridging the Gap" article this issue for an interview with James Sorenson about the NIDA clinical trials network). Foote and Rosenbaum discuss the importance of using evidence-based practices to help significant others who are trying to get a substance dependent loved one into treatment. Given the recent focus in our field on the importance of collaborative, nonjudgmental approaches, such as motivational interviewing (Miller & Rollnick, 2002; Miller & Rose, 2009), it is interesting that, in the public's eye, "confrontation" still seems to be the method of choice for treating people with substance abuse or dependence.

Please take note of a few other important items. First, I'd like to welcome Lisa Najavits to her new position and wish her much success as president in the coming year. Lisa has already been busy getting a few announcements together for this issue of *TAN*: (1) being a one hour mentor—an "OHM" (and by golly, who wouldn't want to be an OHM??...it just sounds so cool!), (2) bringing in new members as part of a Division competition, with some great prizes for the winners… and, come on, who doesn't like a little friendly rivalry among colleagues?... and (3) the formation of the new Division 50 Technology Committee. Also, the Committee on Populations and Diversity Issues (CPDI) is searching for a Co-Chair. Please see their report this issue and contact them if you are interested. Finally, an urgent reminder that we now have two council seats—we need to keep them!!—so remember to allocate your 10 votes to Division 50!

Thanks again to all of you. It is a pleasure to get such interesting articles. Happy reading!

If you would like to submit an idea for a new column, article, abstract, or announcement for our next edition, please send them to taneditor@rand.org by **February 1, 2010**. I hope to hear from you. Ciao for now and tanti auguri per l'anno nuovo!

References

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.

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TAN Goes Green!

In support of environmental efforts to reduce paper usage and in recognition of the increasing use of electronic documents, *The Addictions Newsletter* (*TAN*) will be offered primarily as an online document starting **with the Spring 2010 issue**. *TAN* has been available as an electronic and paper document for years, and many of our members already read *TAN* solely as an electronic document. For those who continue to prefer a paper version, please email Keith Cooke (kcooke@apa.org) by **January 1st, 2010,** to remain on our mailing distribution list. Members who do not request paper copies will receive an email each quarter with a link to *TAN* on our website at **http://www.apa.org/divisions/div50/index.html.**

For questions or comments, contact Lisa Najavits at Lnajavits@hms.harvard.edu.

Bridging the Gap

A Conversation on the NIDA Clinical Trials Network With James L. Sorensen

Nancy A. Piotrowski
Capella University

One of the larger efforts in the United States focusing on the gap is the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN) (www.drugabuse.gov/CTN/). In this column, Bridging the Gap features an interview with a clinical researcher involved with the CTN, James L. Sorensen of San Francisco General Hospital and Langley Porter Psychiatric Institute, at the University of California, San Francisco.

James L. Sorensen

NAP: How do you describe the CTN to individuals who may never have heard about it?

JLS: I usually say that it is a group of researchers and clinicians around the country working together and examining treatments we have found to work in science, but that we do not fully understand in terms of how they will work in clinics.

NAP: How have you been involved and what sparked your interest in the CTN project?

JLS: A long time ago, I ran a treatment program for about 10 years. Through that work, I became aware of vast differences in the viewpoints and priorities between researchers and clinicians. Later I participated on an Institute of Medicine (IOM) committee that studied the gap between research and treatment in addictions and we found a chasm that needed bridging. And partially because of that IOM report, NIDA created the CTN. So in many respects, I have been working on this in one way or another since the beginning. Our local group of researchers joined in about 2002 and participated since that time. Our node includes California and Arizona.

NAP: In Miller, Sorensen, Selzer, and Brigham (2006), and Sorensen (2007), you discussed diffusion of innovation. What are the biggest lessons learned in these areas?

JLS: There has been value in studying diffusion of information and learning how this happens. It has also been useful to learn how to get better communication between clinicians and researchers. A number of studies like the work of Joe Guydish (Guydish, Tajima, Manser, & Jessup, 2007) demonstrate these processes in good detail. Other studies, like the work of Roman and colleagues (Knudsen, Abraham, Johnson, & Roman, 2009) on buprenorphine and Pollack and D'Aunno on methadone (Pollack & D'Aunno, 2008) show how long it can take for interventions to be adopted into treatment programs. Even after evidence is established, it can take 10 years or more for adoption – similar to how long it took for adoption of relapse prevention approaches, which are now a staple in treatment.

We also do not see enough communication going from clinicians to researchers, sharing clinical insights about contemporary problems. Our researchers need to pay attention to the problems that clinicians are identifying.

NAP: If only we had a national idea box for clinicians! What are some ways you see that clinicians can provide this kind of input, short of being in the CTN?

JLS: National meetings such as the American Psychological Association convention and regional association meetings can be valuable. People need time to talk to one another. The NIDA blending meetings (www.drugabuse.gov/blending/) are also a good effort. These often involve participants from varied backgrounds and generate many good communications. In fact, there will be a 10-year anniversary celebration for the CTN held in close succession to the NIDA blending meeting taking place next spring. So that may be a good opportunity. And for those not able to attend, there will be a special issue or section on the CTN anniversary in the Journal of Substance Abuse Treatment.

NAP: Folks will look forward to seeing that, I am sure. Jim, looking back, how has the CTN shaped your thinking as a clinical researcher working in the gap?

It has really sensitized me to the problems that are there for both sides. From experiencing "the gap," I feel like I can speak effectively and talk to the different parties. I think communication is a big issue and so I see this as very valuable.

As an example, we have been looking at rapid testing for HIV—where clients would be able to find out if they were affected by HIV more quickly. From a research perspective, this is great—earlier identification is good. However, the test is not being used everywhere and so we ask, if it is made available more broadly, will it make a difference? From a clinical perspective, different questions arise: What will happen if it is used and can identify cases earlier-- then what? What will we do with those cases? Do we have something we can offer? All this needs to be examined. It is not so simple; we cannot just say it will be good. To put it another way, there is some desire to try to screen for everything. It would be nice if we could screen for infectious diseases, trauma, abuse, and HIV—never mind the incredible dental problems our clients have. But researchers and clinicians may see these needs differently. On the

one hand, researchers may see this as identifying problems early, but treatment directors may experience these kinds of demands as unfunded mandates.

NAP: This reminds me of what training directors go through…there is always something else we can add to the list, or add as another priority for our attention in training.

JLS: Yes, exactly. These implementation issues affect us all—but because we are all interacting with these issues from different perspectives and roles. We may see different types of complexities and have different priorities for what should be chosen and how things may need to be done. This is what makes the work in this area so valuable.

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Pollack, H. A., & D'Aunno, T. (2008). Dosage patterns in methadone treatment: Results from a national survey, 1988–2005. *Health Services Research, 43*(6), 2143–2163

Sorensen, J. L. (2007, August). *In the diffusion of innovations, everyone changes: Linking practice with scientific research*. Presented at the American Psychological Association Annual Convention, San Francisco, CA. ψ

Federal Update

Kristen G. Anderson
Member-at-Large, Public Interest Chair, Policy and Advocacy Committee

Health care reform legislation continues its progress in Congress despite the heated and contentious debate of late summer. At the time of this writing, the Senate Finance Committee is reviewing the *America's Healthy Future Act of 2009*, the Senate version of the reform bill; and House Bill 3200, *America's Affordable Health Choices Act of 2009,* has been introduced. Both measures include language defining psychologists as health service providers. APA continues to advocate for mental health and substance abuse treatment services in the legislation being revised and debated on Capitol Hill. APA has identified a number of core priorities in reform legislation for psychology:

- *Integrate mental and behavioral health care into primary care and other health care services.*
- *Ensure access to quality mental and behavioral health promotion, screening, prevention, early intervention, and wellness services.*
- *Develop and maintain a diverse psychology workforce.*
- *Ensure that quality mental and behavioral health care and access to psychologist providers are included in benefit plans.*
- *Eliminate disparities in mental health status and mental health care.*
- *Increase federal funding for basic and translational psychological and behavioral research and training.*
- *Include strong privacy and security records protection in the development of health information technology.*
- *Enhance the involvement of psychologists and other health care professionals with consumers, families, and caregivers.*

The APA Government Relations Office (APA GRO) has been working with coalitions in the areas of integrated care (Divided We Fall & Families USA), interdisciplinary workforce development (Eldercare Workforce Alliance), and the elimination of health disparities (National Working Group on Health Disparities and Health Reform) to address these priorities. In a recent report, Norman Anderson, APA's CEO, credited the work of psychologists nationally in continuing to advocate for health care reform. Be prepared to receive APAPO Action Alerts asking you to contact your legislators to advocate for psychologists and those we serve in the health care reform process. APA has created a new health care reform website to keep members up to date with the progress on these priorities (www.apa.org/health-reform).

In July, the House passed H.R. 3293, the fiscal year 2010 Labor-HHS-Education Appropriations spending bill ($730.5 billion). This bill provides $31.3 billion for the National Institutes of Health (NIH), substantially higher funds than appropriated for 2009. Both the National Institutes of Alcohol Abuse and Alcoholism (NIAAA) and the National Institute of Drug Abuse (NIDA) would see increases in their budgets from last year. Congressman Darrell Issa (R-CA) amended this legislation, accepted by voice vote, to rescind $5 million in funding from three NIH grants to study HIV/AIDS risks associated with alcohol and substance use at sites in Thailand, China and Russia. This move has been highly criticized by members of the alcohol and drug research and treatment communities. The Senate version of this bill, which did not include the Issa amendment, was passed on August 4 with $457.8 million allocated for NIAAA and $1.05 billion for NIDA. The Senate bill takes into consideration the American Reinvestment and Recovery Act (ARRA) funds already allocated to NIH in setting fiscal year 2010 levels, potentially holding spending flat in some areas. At this time, differences between these bills are being resolved between the House and Senate Appropriations Committees, including the Issa amendment. Expect further action within this area soon. ψ

Report on the August 2009 Meeting of the APA Council of Representatives

Jalie A. Tucker, Division 50 Council Representative

The Council of Representatives, APA's governing body, met on August 5 and 9, 2009, for the second of its two meetings a year in conjunction with the annual convention in Toronto, Ontario, Canada. The meeting was chaired by APA President James Bray. Sandra Brown attended the meeting on August 9th on behalf of Division 50. The following items of interest or relevance to Division 50 members are reproduced or summarized from the draft minutes of the Council meeting distributed by the APA Central Office on September 25, 2009.

Let me begin by welcoming **Raymond Hanbury, Jr.,** as Division 50's second elected representative to Council beginning in 2010. Having two members on Council will broaden our representation and help advance Division 50's diverse interests in APA governance.

Financial Affairs

On the recommendation of the APA Finance Committee and Board, in recognition of the difficult economic climate facing our members, Council voted to approve a one-year suspension for the 2010 dues year of increasing the APA base member dues and the graduate student/teacher affiliate fees by the annual change in the consumer price index. Council also voted to approve the 2010 revenue projections of $111 million, noting that these revenues will serve as the general framework for the 2010 APA Budget that will be developed during the fall of 2009 and presented to Council for approval in February of 2010.

Citations and Tributes

James Bray awarded several Presidential Citations for outstanding contributions to psychology, including one to Division 50 member Kenneth J. Sher. Council also paid tribute to the late Jacquelin Goldman, who made a gift in her estate to the American Psychological Foundation of approximately $2 million. The gift will be used to fund a U.S. Congressional Fellowship focused on public policy for children.

Ethics

Council voted to approve a motion in response to concerns regarding a discrepancy between the language of the Introduction and Applicability Section of the *Ethical Principles of Psychologists and Code of Conduct* and the Ethical Standards 1.02 and 1.03 so that these Standards can never be used to justify, or as a defense for, violating basic human rights. This process is to be completed in time for the Ethics Committee's proposed language to be acted on as part of Council's February 2010 meeting agenda.

Organization of the APA

Council voted to approve the following goals and objectives as part of the APA's Strategic Plan, the first in its history: (1) Maximize organizational effectiveness; APA's structure and systems [should] support the organization's strategic direction, growth and success; (2) Expand psychology's role in advancing health; the unique benefits psychology provides to health and wellness and the discipline [should] become more fully incorporated into health research and delivery systems; (3) Increase recognition for psychology as a science; the APA's central role in positioning psychology as the science of behavior leads to increased public awareness of the benefits psychology brings to daily living.

Publications and Communications

Council voted to approve the Division 47 request for authorization to publish a divisional journal, tentatively titled *Sport, Exercise, and Performance Psychology*, and the Division 52 request to sponsor a new journal, tentatively titled *International Perspective in Psychology: Research, Practice, and Consultation*.

Educational Affairs

Council approved the proposal for the establishment of an APA designation program for education and training programs in psychopharmacology. Council also adopted as APA policy the 2007 Recommended Postdoctoral Education and Training Program in Psychopharmacology for Prescription Privileges (with minor revisions), and the 2007 Model Legislation for Prescriptive Authority. Council renewed the recognition of the Assessment and Treatment of Serious Mental Illness as a proficiency in professional psychology for a period of seven years and granted extensions until August 2010 of the recognition of proficiencies in Sport Psychology and in Psychopharmacology. The name of the specialty Behavioral Psychology was changed with Council approval to Behavioral and Cognitive Psychology, and this specialty received an extension of recognition until August 2010.

Professional Affairs

Council voted to adopt as APA policy a Resolution on APA Endorsement of the Concept of Recovery for People with Serious Mental Illness. The full text of the resolution should be published in the December issue of the *American Psychologist*.

Litigation Update

In executive session, Council voted to support the APA Board of Director's decision to pursue litigation with the American Psychological Association Insurance Trust to obtain the information that the APA Board has been seeking. ψ

Student and Trainee Perspectives

Erika Litvin

I hope everyone enjoyed the APA Convention in August! Toronto provided an exciting setting for some very interesting and thought-provoking presentations. In particular, a highlight of the convention for me was a symposium geared towards students and early-career psychologists in addictions and health psychology. Monti, Sher, Kerns, and Davidson provided excellent advice on what to look for in a pre-doctoral internship, and how to navigate the process of obtaining and starting your first faculty job. During the Division 50 poster sessions, I also had the opportunity to talk to several students. It was great to see so much enthusiasm from our newest members! However, it was somewhat disappointing that only a few students found their way to the Division 50 Hospitality Suite to attend our student lunch hour focused on exploring careers in addictions. Nevertheless, those who attended had a unique opportunity to discuss their career options with some of the field's most respected scientists and clinicians. I realize that the options at Convention can be overwhelming and it is necessary to make difficult choices in how to spend your time, but I hope that for next year we can advertise more widely and increase attendance.

In this issue, I must first acknowledge our outgoing student representative, Amee Patel. I have enjoyed working with Amee on student issues for the past year. Amee completed her pre-doctoral internship this summer and has begun a post-doctoral fellowship. She will remain active in the Division, as she was recently elected the new secretary of Division 50 and officially transitioned into that position at the Convention. Congratulations, Amee! As you might have guessed by now, with Amee's departure we are currently seeking a new student representative to fill this position. If you are interested, please contact me at elitvin@mail.usf.edu.

Finally, I would like to update you on some initiatives that I have planned for the next year. Division 50 recently introduced a new website, and I will be working on adding student-relevant resources and links. Second, I have been in contact with Joshua Wexler, a consultant who gave a talk at Convention on incorporating business principles into running a clinical practice. We brainstormed new avenues for networking and mentorship, including taking advantage of online social media. I recently attended a conference call in which Joshua introduced attendees to a website that allows users to create their own social networks, sort of like a "mini-Facebook" just for your organization. Joshua has some exciting ideas for how to create an online Division 50 "home" that would complement the new website and allow members of Division 50 to communicate and to share ideas and work in real time. You can read more about this in the social networking article in this issue of *TAN*. As always, I welcome student feedback on these initiatives and on how Division 50 can better serve student members, as well as ideas for student-focused sessions at next year's Convention. ψ

Annual Division 50 Call for Fellows Nominations

The Division 50 Fellows and Awards Committee invites nominations of Division members for potential election to Fellow status in the American Psychological Association. The DEADLINE for receipt of nominations is **December 11, 2009**. The DEADLINE for receipt of application materials (i.e., nominees' materials and endorsers' letters) is **January 8, 2010**. Late applications will not be considered in the current review cycle. Nominations may be made by any member or Fellow of the Division; self-nominations are acceptable.

Letters of nomination should be sent to the Fellows and Awards Committee at the following address:

Fellows and Awards Committee
c/o Sandra A. Brown, Chair
University of California, San Diego
Department of Psychology & Psychiatry
9500 Gilman Dr., MC0109
La Jolla, CA 92093-0109

For further information, please contact sanbrown@ucsd.edu.

An Opportunity to Get More Involved in Division 50

William H. Zywiak, Krista Lisdahl Medina, and Selene M. MacKinnon
The Division 50 Nominations and Elections Committee

Respondents to the Division 50 Members Survey (Grube, Spring 2009 *TAN*) indicated that they would like to get more involved in Division 50 activities. Here's your chance. Terms will begin at the close of the Division 50 Business Meeting next August in San Diego. You are already devoting considerable time treating and/or conducting research with individuals with addictive behaviors and/or training others to do the same. Here is your opportunity to affect change at the national level. Self nominations are invited and you only need nominations from 23 Division 50 members to be placed on the ballot. All Division 50 Members and Fellows are eligible to run for office, and up to three candidates may run for any office.

President-Elect

As is true every year, we are seeking nominations for President-Elect. The term of the President-Elect will overlap with the 2009–2010 President, Lisa Najavits, and the 2010–2011 President, Fred Rotgers. The President-Elect is recognized as and functions as the Vice President, spending the first year getting oriented to the current board, observing the activities of the Division, contributing ideas to the strategic planning for the upcoming year, planning for their presidential year (such as picking a convention chair) and participating in other activities as requested by the President and Board of Directors. After completing the President-Elect year, the President presides at all meetings of the Division Membership and Board of Directors as Chair-person, and performs other duties consistent with the Bylaws and that s/he of the Board of Directors shall deem necessary and/or appropriate to the functioning of the Division. A special thank you to Tom Brandon who recently completed his term as president of Division 50.

Member-at-Large Practice Directorate

The second position is a Membership-at-Large (MAL). Based on the Board's agreement, this MAL serves a liaison function between Division 50 and the more "practice-oriented" divisions such as Divisions 17 (Society of Counseling Psychology), 29 (Psychotherapy), 39 (Psychoanalysis), and 49 (Group Psychology and Group Psychotherapy), as well as APA's Practice Directorate. These responsibilities are in addition to involvement in the more general leadership responsibilities shared by the entire executive committee of Division 50. This particular Member-at-Large office is currently held by John Kelly, and was previously held by Douglas Marlowe.

Elected Officers are expected to attend the Business Meeting and the Board Meeting at the next four APA Conventions (San Diego, DC, Chicago, and Honolulu) and to participate in monthly conference calls. Please see the Call for Nominations form in this issue of *TAN*. ψ

Vote to Keep Our Two Seats on Council!

Last year your allocation votes earned Division 50 a second seat on the APA Council of Representatives. You then elected Ray Hanbury to a 3-year term as our second representative. We now need to ensure that Division 50 holds that seat for the second year of Ray's term. Having two seats gives Division 50 a greater voice on issues of importance to addiction research and practice.

In early November you will receive an apportionment ballot from APA that will determine division and state representation on the APA Council. You have 10 votes to allocate across any divisions or state associations of which you are a member. Each organization is guaranteed at least one council representative. Your votes may make little difference to smaller or larger divisions, but they can help Division 50 maintain our two seats and our larger influence within APA. Therefore, the Board of Directors urges you to allocate all 10 of your votes to Division 50. Then be sure to mail in your ballot so that it is received by the deadline. This will ensure that we can continue to represent your interests at APA Council!

Call for Nominations

Division 50 is soliciting nominations for two offices:

President-Elect
Member-at-Large of the Executive Committee (Practice)

The President-Elect serves for 3 years, as President-Elect, President, and Past-President. The Member-at-Large also serves for 3 years. The individual in this position will serve as the liaison to the APA Practice Directorate and APA's practice-oriented divisions. The duties for each position are as described in the Division ByLaws and the related article in this issue. Officers are expected to attend the annual APA convention and the mid-winter Board of Directors Meeting (some funding is available for travel to the mid-winter meeting). Division ByLaws state that a nomination "must be supported by the signatures of at least two and one-half percent" of the members. Thus, each nomination should be supported by at least 23 members of the Division. Nominations of women and ethnic minority members are especially encouraged. Candidate biographies will appear in the spring issue of *TAN*. The ballot will be mailed from the APA Central Office in April. Please make nominations by indicating nominee and office below. Nominations may be sent by e-mail. Please provide nominator's address, and phone number to permit verification.

I nominate _____for President-Elect of Division 50.

I nominate _____for Member-at-Large of Division 50.

Nominating member's name, address, and phone number (for verification):

Name _____Phone _____

Street _____City _____State _____Zip _____

Nominator's signature _____

Send nominations to: William Zywiak, Ph.D., Division 50 Nominations and Elections Chair, Decision Sciences Inst. of P.I.R.E, 1005 Main St., Unit 8120, Pawtucket, RI 02860, email: zywiak@pire.org, FAX: (401) 729-7506.

The deadline for nominations is January 22, 2010

Annual Division 50 Call for Awards Nominations

Division 50 (Addictions) seeks nominations for its 2010 awards, which will be announced at APA's 2010 Annual Convention. Awards for 2010 include (a) Distinguished Scientific Early Career Contributions, (b) Distinguished Scientific Contributions to the Application of Psychology, (c) Distinguished Scientific Contributions to Public Interest, (d) Presidential Citation for Distinguished Service to Division 50, and (e) Outstanding Contributions to Advancing the Understanding of Addictions. Information on award qualifications and nominations can be found on Division 50's web site at http://www.apa.org/about/division/div50.html. The DEADLINE for receipt of all award nominations and relevant materials is May 1, 2010.

Nominations and related materials should be sent to the Fellows and Awards Committee at the following address:

Fellows and Awards Committee
c/o Sandra A. Brown, Chair
University of California, San Diego
Department of Psychology & Psychiatry
9500 Gilman Dr., MC0109
La Jolla, CA 92093-0109

For further information, please contact sanbrown@ucsd.edu.

Advocate's Alcove

Rebecca Kayo
Division 50 Federal Advocacy Coordinator

The summer is gone, vacations have become memories, and the kids have gone back to school. This also means that the House and Senate have reconvened and we are now over a month into the fall legislative session. Hopefully you have taken time to visit with your legislators while they were home in your district. They are now back in DC and are busy with a variety of new bills. Many of these bills have to do with the things that we are most concerned with in this division: alcohol and drugs. As we head into this new season of opportunity for effective advocacy, we would like to help orient you to examples of the many possibilities to make a difference.

There are currently 132 bills in Congress that are alcohol and drug related (the type and number can change any day). Below is a synopsis of these bills.

There are 89 bills in the House including:

1. Healthcare reform—4
2. Support for awareness days—5 (example: supporting the National Alcohol and Drug Addiction Recovery Month)
3. Amendments to existing acts—19 (example: to amend the Immigration and Nationality Act to render inadmissible and deportable certain aliens convicted of drunk driving, and for other purposes)
4. Legal changes/Supply—8 (examples: to target cocaine kingpins and address sentencing disparity between crack and powder cocaine)
5. Syringe exchange—1
6. Prevention—7
7. Treatment/Demand—3 (example: bill to create veteran treatment courts, reduce deaths related to overdose)
8. Tobacco related bills—7 (example: FDA regulation of tobacco products)
9. Advocates for the use of medical marijuana in accordance with the various states
10. Prohibition of NIH from funding three grants that research alcohol/SUD and HIV risks they may raise among prostitutes in Thailand, China, and Hospitalized Russian alcoholics
11. Miscellaneous—32 (example: bills that were not directly related to AOD but included it at some point)

Some of the 43 bills in the Senate are as follows: (Please note there are duplicate bills in both houses.)

1. Awareness days—3 (example: supporting the National Alcohol and Drug Addiction Recovery Month)
2. Amendments to existing Acts—9 (example: Requirement for drug testing for TANF recipients)
3. Prevention—3
4. Tobacco related bills (example: see house bill)
5. Legal/Supply—1
6. Related bills—7 (example: FDA regulation of Tobacco related products)
7. Treatment—3 (examples: Veteran treatment courts, increased federal oversight of methadone treatment)
8. Healthcare reform/quality—2
9. Required training for flight attendants serving alcohol to recognize intoxicated passengers
10. Miscellaneous—14 (example: bills that were not directly related to AOD but included it at some point)

Many of these bills will simply die in committee at some point in the legislative process; others will continue on with much negotiation. In either case, as advocates it behooves us to try and be aware of the bills at either the Federal or State level at any given time that can affect our field. In addition, there may be a specific topic that ignites our passion (e.g., prevention, smoking cessation). Knowing when there are bills related to our passion can give us an opportunity to advocate for or against the changes proposed. This knowledge can give you an opening to make a difference at a larger level. It provides a chance to be a part of the decision making process instead of watching others change our field without our input. This session is in play and now it is up to us to join the game. ψ

W is for *WOW*—A New Division 50 Website!

Nancy A. Piotrowski
Capella University

As you may already know, the Division 50 website has undergone a major renovation since June 2009. To find the new site, visit www.division50.org—or if you prefer, use the old route of getting there via the APA site, looking under *D* for divisions, clicking on Division 50, and then click on the link for the Division's website. When you first log in, you will see a new dynamic layout format, updated content, and new features we have added. The new features serve two primary purposes. First, the Division is focusing on putting as much of its history and administrative documentation online to facilitate transitions as roles change in Division leadership. Additionally, we are looking at new ways to bring emerging information to the membership as related to evidence based practice, convention activities, awards, opportunities for students and early career psychologists, and new ways for long-standing members to become involved. We hope you enjoy the site! Comments and suggestions can be made to continue to improve the site as it grows by sending messages to our webmaster, Ken Weingardt at Ken.Weingardt@va.gov. ψ

Committee Report: Moving Forward Populations & Diversity Issues in Addiction

Angela R. Bethea, Chair
Nancy A. Piotrowski, Committee Member

The Division 50 Committee on Populations and Diversity Issues (CPDI) offered three conversation hours in the hospitality suite at the APA Convention in Toronto this year. Guest discussants were hosted by Nancy Piotrowski. One conversation hour focused on the topic of addiction, men and women, with discussants Cora Lee Wetherington of the Behavioral and Cognitive Science Research Branch at the National Institute on Drug Abuse, and Rajita Sinha of the Yale Stress Center, Yale University School of Medicine. The second conversation hour focused on addiction, race, and ethnicity and the guest discussants were Lula Beatty of the Special Population Office at the National Institute on Drug Abuse, and Ezemenari M. Obasi of the Department of Counseling and Human Development Services at the University of Georgia. The third conversation hour focused on addiction and Lesbian, Gay, Bisexual, Transgendered (LGBT) issues, with guest discussants Eduardo Morales from the California School of Professional Psychology at Alliant International University and James Peck from the Integrated Substance Abuse Programs at the University of California, Los Angeles.

The sessions were very well attended and set the stage for valuable networking among attendees. Each discussion raised many unique issues related to how our field is increasingly focusing on population-based issues, which has led to new ways to address important questions. For example, the discussion on men, women, and addiction emphasized how important it was historically to justify the need to examine differences by sex and other demographic factors, such as race and age. The discussion on race, ethnicity and addiction underscored the importance of looking at the context of communities because of the complex nature of interactions within groups and how these different groups may affect risk factors for addiction. Finally, the discussion on LGBT issues emphasized the long-term value of having researchers include measures that take into account demographic factors such as sex, gender, race, ethnicity, sexual orientation, and other broader matters related to culture and community. At present, not all studies uniformly include such measures. As more researchers include these types of measures in their work, this will allow secondary data analysis across different studies.

The CPDI has formulated a three-year strategic plan, which includes further development of conference programming to promote a forum to discuss an interdisciplinary approach to addictions. For instance, follow-up conversation hours were discussed for future conventions. The CPDI will continue to collaborate with APA Division Committees and other groups of interest to promote competent research design in addiction studies involving clinical and demographics populations. Committee members will also help to raise the importance of recognizing contributions in culturally sensitive addictions research and practice. Finally, the CPDI will continue to consult with Division 50 about the Division's responsiveness to the professional needs among culturally diverse members.

We hope members of the Division will consider getting involved to help support these valuable activities to enrich the Division and the field of addictions studies and treatment.

In addition to seeking committee membership, the CPDI is searching for a Co-Chair. If you would like to become a member of our committee, or if you are interested in learning more about the Co-Chair position, please contact us. Thank you!

Angela R. Bethea (arbethea@dhr.state.ga.us) and Nancy A. Piotrowski (napiotrowski@yahoo.com) ψ

Meet with Us in San Diego for Division 50's 2010 Convention Program!

Amy Rubin
Program Co-Chair, Division 50, APA 2010

San Diego Bay, http://www.pdphoto.org. Used with permission.

The 118th Annual Convention of the American Psychological Association will be held in sunny San Diego from August 12 to 15 (Thursday-Sunday). The call for programs is available on the front page of the APA website (www.apa.org/) as are links for submitting individual presentation proposals (i.e., poster abstracts) and symposium proposals. Division 50 promotes advances in research, professional training, and clinical practice within the broad range of addictive behaviors, including problematic use of alcohol, drugs, nicotine, and disorders involving gambling, eating, sexual behavior, or spending. Program submissions related to any of these topics are encouraged. All proposals must be submitted online by 11:59 PM, EST, Monday, December 1, 2009. No individual paper presentations will be accepted. Symposia submitters are encouraged to include early career professionals as co-chairs and to strive for diversity of presenters. Awards will be made for best student posters.

As in previous years, Division 50 will collaborate with Division 28 (Psychopharmacology and Substance Abuse) to offer a balanced program in addictive behaviors and to enhance visibility and attendance for all presentations with relevance to our membership. If you are interested and willing to serve as a reviewer of proposals in early December, please email me at rubina@bu.edu and let me know your area of expertise. We are looking forward to receiving your submissions and seeing you in San Diego!

Research Continues to Support Keeping the MLDA at 21

John S Searles[1]
University of Vermont and
Vermont Department of Health

In a previous article (Searles, 2009), I attempted to delineate some of the science that supports maintaining the minimum legal drinking age (MLDA) at 21. I also suggested that professional organizations whose members have a direct association with the consequences of youth drinking (e.g., the American Medical Association, International Association of Chiefs of Police, etc.) also vigorously support MLDA-21. Finally, I noted a few logical inconsistencies in the arguments put forth by the supporters of lowering the MLDA to 21.

In this follow-up article, I will discuss some new and relevant research that appears to add to the already substantial literature supporting MLDA-21. At the outset, let me recognize that there are two dimensions to the drinking age issue. The first is the scientific dimension that consistently demonstrates across many substantive domains that lowering the drinking age will likely result in an increase in negative consequences in the 18–20-year-old age group. The second dimension is the political/cultural dimension, which embraces the position that since the age of majority is 18, there is no good philosophical reason to restrict access to alcohol to those who reach the age of 18. If you are a supporter of lowering the drinking age because of the second dimension, empirical studies will not likely be persuasive. Although 18 is the presumptive age of majority in the Unites States, there are both legal restrictions (e.g., 21-year-old minimum age to purchase a handgun) and policy limitations (e.g., 21-year-old minimum age to enter a casino in most U.S. jurisdictions) that are notable exceptions. These age restrictions are based on an approach that recognizes that at least some responsibility accrues with increasing developmental age. In this article, I will focus on the scientific dimension to inform the policy debate.

Several recent publications have addressed the minimum MLDA issue. Grucza, Norberg, & Beirut (2009) examined binge drinking patterns in the National Survey on Drug Use and Health gathered between 1979–2006. This study was an explicit attempt to address the concerns raised by those advocating for a lowered drinking age who have suggested (despite substantial data to the contrary) that binge drinking rates among youths 18–20 have significantly increased since the passage of the MLDA-21 law in 1984. Grucza et al. (2009) found significant overall reductions in binge drinking in males 12–20 and no change in binge drinking rates for females. They conclude that "binge-drinking problems among college students would best be addressed by interventions specific to the campus environment … and not by presuming that the MLDA or other laws have been ineffective. Relaxation of the uniform MLDA would risk undoing the progress that has been made in reducing binge-drinking behavior among youths during the past 3 decades" (p. 701).

In an accompanying editorial, Deas & Clark (2009) put this research into context by stating "Whereas the Amethyst Initiative may be well intentioned, public health data strongly support the effectiveness of the MLDA" (p.680).

Another suggestion made by one advocate of lowering the drinking age in a recent commentary is that "alcohol consumption all too often takes place in clandestine locations, where enforcement has proven frustratingly difficult. Alcohol consumption among young adults is not taking place in public places or public view or in the presence of other adults who might help model responsible behavior" (McCardell, 2009b). The implication here is that lowering the drinking age would presumably allow adult monitoring of youth alcohol consumption, leading to a decrease in binge drinking. However, a recently published study does not support this hypothesis. Naimi, Nelson, & Brewer (2009) found that youth still binge drink in public locations. In fact, individuals who drink at clubs or bars consume a significantly greater number of drinks than those who drink at home. In addition, binge drinkers who report drinking at a bar or club are 7.8 times more likely to drive after drinking than binge drinkers who drink at home. This, it seems clear, that drinking in a public place does not necessarily reduce the risk of binge drinking or potential alcohol-related consequences; nor does it provide particularly positive role models for younger drinkers.

Several recent reports have been published that specifically address college drinking. Nelson, Xuan, Lee, and Weitzman (2009) examined drinking levels and associated harms among students attending institutions in the original College Alcohol Study conducted 12 years earlier. Nelson et al. (2009) found that those colleges and universities previously identified as heavy drinking institutions continued to produce heavy drinking students. They suggest that much more can and should be done to increase prevention efforts at these institutions. Lowering the drinking age was not one of their recommendations.

The *Journal of Studies on Alcohol and Drugs* recently published a special supplement in July 2009 that describes the efforts of several colleges to implement and evaluate a variety of innovative programs to reduce alcohol consumption levels, binge drinking, and associated harms developed as part of an NIAAA sponsored program (Rapid Response to College Drinking Problems Initiative). Reports from institutions across the country are encouraging and demonstrate the utility and effectiveness of addressing alcohol-related problems through

joint administrative, clinical, and research perspectives. All these reports are available for viewing at www.collegedrinkingprevention.gov/SupportingResearch/journalStudiesAlcoholandDrugs.aspx.

Other recently published research has important implications for the MLDA issue. Hingson, Edwards, Heeren, and Rosenbloom (2009) explored the age of drinking onset and subsequent alcohol-related consequences. Those who began drinking between 18 and 20 were 2.5, 2.4, and 2.7 times more likely to ever be in an auto accident, ever be in a fight, or ever incur an accidental injury after drinking compared to those individuals who began drinking at age 21 or older.

Finally, substantial empirical support has shown that MLDA-21 reduces alcohol related traffic fatalities in the under 21-year-old age group (Shults et al., 2001; Wagenaar & Toomey, 2002). However, the results and conclusions of these studies are still disputed by advocates of lowering the drinking age (McCardell, 2009a). To address these criticisms, Fell et al. (2009) reported a reanalysis of the data from the Fatality Analysis Reporting System that spans the years before and after states raised the MLDA to 21. After controlling for a number of covariates, Fell et al. (2009) found that MLDA-21 independently accounted for a 16% reduction in the ratio of drinking drivers to nondrinking drivers in fatal crashes among individuals under 21 years of age. This was more than the combined influence of seat belt laws and zero tolerance laws. Another examination of the impact MLDA laws by Norberg, Beirut, and Grucza (in press) reported that cohorts that were exposed to an MLDA less than 21 years old were significantly more likely to have a diagnosable past year substance use disorder (alcohol or other drugs) decades later.

This topic will heat up again when Congress considers re-authorizing the Federal Highway Bill, which contains the 10% funding penalty for states that have an MLDA less than 21. Primary advocates of lowering the drinking age are focusing efforts on having this provision stripped from the Bill. Politically and culturally, some may think this would be a good idea. However, from a scientific and public health perspective, it is not.

> "Doubt is our product," a cigarette executive once observed, "since it is the best means of competing with the 'body of fact' that exists in the minds of the general public. It is also the means of establishing a controversy."
>
> —David Michaels, *Doubt is Their Product*[2]

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Footnotes

[1] The views expressed in this article are solely those of the author and do not necessarily represent those of the Vermont Department of Health. Correspondence can be sent to jsearle@vdh.state.vt.us.

[2] Thanks to Bob Saltz of the Pacific Institute for Research and Evaluation for bringing this book to my attention. ψ

21 Bottles of Beer in my Bloodstream: Extreme Drinking on 21st Birthdays Among College Students

Clayton Neighbors, Eric R. Pedersen, and Tequiero Roberts
University of Washington

Considerable attention has recently been devoted to the U.S. minimum legal drinking age of 21 (see Reifman in Fall/Winter 2008, Searles Spring 2009, & Searles this issue). Recent debates have considered pros and cons of changing the legal drinking age to 18. It seems important to consider how changing the legal drinking age might affect factors associated with college drinking more generally and how it might affect 21st birthday drinking in particular. The purpose of this article is to discuss extreme drinking on 21st birthdays among college students.

Limited consideration has been given to determining why many otherwise responsible and intelligent young adults would be willing to engage in behavior that seems acceptable and normal to them and yet can be rash, dangerous, and/or foolish. Emerging evidence suggests that the 21st birthday is in a class of its own with respect to extreme alcohol consumption (Lewis, Lindgren, Fossos, Neighbors, & Oster-Aaland, 2009; Neighbors, Spieker, Oster-Aaland, Lewis, & Bergstrom, 2005; Rutledge, Park, & Sher, 2008; Wetherill & Fromme, 2009). Rituals such as "the Power Hour," "the 21 run," and "21 for 21" have evolved in which celebrants turning 21 engage in the chemical equivalent of Russian roulette, attempting to consume 21 drinks; sometimes in a single hour. In a sample of over 2000 college students, Rutlege, Park, and Sher (2008) found that 12% of 21st birthday drinkers reported consuming 21 drinks on their birthday. Consuming 21 standard drinks in a short period of time is potentially fatal among most young men and women, and has been fatal among a growing number of young adults in recent years (e.g., Zernike 2005). Recent efforts to reduce 21st birthday drinking have met with varied success (Lewis, Neighbors, Lee, Oster-Aaland, 2008; Neighbors, Lee, Lewis, Fossos, & Walter, 2009; Smith, Bogle, Talbott, Gant, & Castillo, 2006; Hembroff, Atkin, Martell, McCue, & Greenamyer, 2007).

How could otherwise intelligent young adults think that drinking 21 drinks might be a good idea? One answer is social norms, that is, implicit or explicit rules for appropriate conduct that govern behavior. Several theoretical perspectives have suggested how social norms may influence beliefs and behaviors. These perspectives can increase our understanding of why groups of people sometimes believe or do things that seem to defy common sense. For example, social psychological theories suggest groups can be influential based on strength (i.e., how important the group is to an individual), immediacy (i.e., proximity of the group to the individual), and number/size of the group. In addition, self-concept is largely constructed by group membership, and individuals tend to evaluate their own behavior by comparing themselves with relevant others. Thus, congruence with perceived group norms and positive regard from others can have considerable influence on young adults' behavior.

A related theoretical idea germane to the collegiate environment is group insulation. Group insulation can be defined by the relative restriction of outside influences on group members, in this case young adults approaching their 21st birthday, particularly college students. In insulated groups, outside perspectives are not as available, not viewed as relevant, and/or actively discounted. This creates the potential for insulated groups to become extreme with respect to the larger population. Historic extreme examples of insulated groups include cults such as People's Temple, Branch Davidians, and Heaven's Gate.

We propose that extreme drinking on 21st birthdays constitutes a good example of insulated norms. College campuses can become an isolating environment that varies from the broader cultural environment in the U.S. Entertainment, food, and social networks are all within a short walk on many campuses and students may not need to leave in order to meet their social, health, or intellectual needs. Regarding drinking, students live in a world where limited sanctions exist for violating drinking laws. That is, whereas nearly all schools have policies for underage and reckless drinking that lead to sanctions, these violations are typically dealt with by the school and repercussions are not handled by police (e.g., fines paid to the school, attendance at psychoeducation classes; DeJong & Langford, 2002). Thus, students live in an environment that tends to protect them from experiencing any long-term legal complications. Students may not therefore realize that drinking can have severe consequences, which may insulate them from truly understanding the repercussions of extreme behavior.

Another factor that is associated with extreme drinking is that students greatly overestimate the prevalence of heavy drinking on 21st birthdays (Neighbors et al., 2005). Extreme beliefs are perpetuated by misperceptions that an extreme behavior is more normal than it is in reality. In an ongoing trial, we have heard numerous stories from students suggesting that drinking heavily on one's 21st birthday is "just what you do." For example, one conversation with an infrequent and light drinker led to her to realize that if she drank her planned 21 drinks in five hours "just as everyone else does on their birthday" she would reach a blood alcohol concentration of over .65. We have also noted that students who have the least experience with alcohol seem to be the least aware of the risks and

potential consequences of consuming extreme amounts of alcohol.

Consistent with normative misperceptions, individuals turning 21 may also seek to distinguish themselves by accomplishing a challenging feat, which seems to be supported by their peers. Young adulthood (or "emerging adulthood"; Arnett, 2004) is generally viewed as a period defined by identity formation, the development of intimacy with others, and exploration of one's place in the world (Erikson, 1968). As students seek to define themselves, a sense of rebellion may emerge as they try to express their individuality while still actively seeking acceptance from peers. Individuals may therefore want to deviate in ways that they believe will bring them status and positive recognition from the people whose opinions they value—ironically by conforming to (or surpassing) the perceived norms of the group. In addition, just as college represents a developmental transition (Schulenberg et al., 2001; Sher & Rutledge, 2007); turning 21 also represents a transition from covert drinking to increased access and opportunities to drink alcohol. It represents a newly found alcohol freedom. The underage drinking that was forbidden by society now becomes legal and no longer covert.

It seems clear that 21st birthday drinking is extreme. We suggest that social norms and insulation in the college environment (and among individuals approaching their 21st birthdays more generally) are among the possible explanations. It is not clear how lowering the drinking age would affect 21st birthday drinking, but the answer may lie in how this change would affect insulation and norms. It is possible that 21st birthday drinking norms would then become 18th birthday norms. Thus, one might expect more high school seniors to participate in extreme drinking (i.e., 18 drinks on one's 18th birthday) as they "come of age." These extreme drinking norms might then extend to the younger grades, which could affect drinking behavior among these younger students, perhaps increasing rates of initiation and escalation in this age group. Lowering the drinking age is unlikely to affect extreme drinking, unless it is accompanied by efforts to change the norms that support extreme drinking and by helping youth begin to make healthier choices as they approach the legal age of drinking, whatever that age may be.

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Substantial Increases in Opioid Dependence in Appalachian Ohio

Joe Gay
Health Recovery Services and The Center for Addiction Studies in Appalachian Ohio

Bernadette Davantes Heckman and Christina Wei
Ohio University and The Center for Addiction Studies in Appalachian Ohio

The 2004–2006 National Survey on Drug Use and Health noted that "Mental health and substance abuse problems affect every community—but in unique and sometimes surprising ways" (SAMHSA, 2008a, p. 1). This article summarizes service utilization data from a substance use treatment center in rural southeast Ohio showing: (1) a substantial increase in the number of admissions for opioid dependence disorders, and (2) that heroin accounts for much of the more recent increase in opioid dependence admissions, suggesting a transition from pharmaceutical opioids (e.g., Oxycontin®, Fentanyl®, etc.) to non-medical opioids (e.g., heroin), and a troublesome rise in injection drug use.

Methods

Health Recovery Services, Inc. (HRS) is a private non-profit behavioral health agency that is the primary provider of outpatient drug and alcohol services in a four county region of Appalachian Ohio. Data were obtained through screenings and assessments conducted with all consumers admitted to HRS. Data were entered into a Netsmart Technologies medical information and billing software system and exported from Netsmart to Excel and SPSS for data analyses. Substance use reported by HRS clients was examined during five calendar years (i.e., 2000, 2005, 2007, 2008, and 2009). For purposes of examining substance use by age and gender, data from the years 2000 and 2005 were combined and those from 2008 and 2009 (January-August) were also combined. Only clients 18 years of age or older were included in this analysis.

Results

Table 1 indicates that in 2000, less than 2% of all outpatient admissions received a primary diagnosis of opioid dependence. However, by 2009, the opioid dependence diagnosis accounted for more than 30% of all admissions. Opioid dependence includes the non-medical use of prescription opioids or dependence to opioid drugs that are not recognized as having legitimate medical purposes (very often, heroin). Most opioid dependent individuals in the Years 2000 and 2005 reported using prescription opioids (e.g., OxyContin®), whereas in more recent years, heroin has became one of the most popular drugs of choice. Specifically, Table 1 indicates that among opioid dependent users, admission rates for users that described heroin as their "drug of choice" rose from six admissions in 2000 to over 60 admissions in 2009. In 2008 and 2009, heroin users accounted for over one-half of all opioid dependent users, suggesting that recent increases in opioid dependence may be attributed largely to an increase in heroin use.

Statistical analyses found that the proportion of admissions for opioid dependence increased significantly from 2000 (12 cases) to 2005 (70 cases), 2005 (70 cases) to 2007 (127 cases), and from 2007 (127 cases) to 2008 (192 cases). The increase from 2008 to 2009 may not be significant because (1) it only includes eight months of data from 2009 (through August), and (2) state budget cuts to HRS limited the number of substance dependent persons, including opioid dependent users, that HRS could admit in 2009. For the number of opioid injection users, increases were significant between all the years except for 2000 and 2005.

The male to female ratio of HRS clients has historically been 2:1. Among HRS admissions in 2008 and 2009, females were more often diagnosed with opioid dependence than males. Racial minorities account for less than 4% of residents in this four-county area so comparisons were not made for race/ethnicity. In general, the vast majority of opioid users in this sample were Caucasian. In terms of age differences, during 2008-2009, the average female who was dependent on opioids at the time of admission was approximately three years younger than opioid dependent males (see Table 2).

Discussion

These data illustrate significant increases in opioid dependence in Appalachian Ohio since 2000, with noteworthy increases in heroin use through 2008. The increase in opioid use from 2008 to 2009 is unclear as 4 months of admissions data from 2009 are still outstanding at the time of this report, and state budget cuts to HRS has limited the number of substance dependent persons, including opioid dependent users that HRS can admit in 2009. Statewide data also reflect increases in prescription opioid use. For example, as of 2006 in Ohio, unintentional drug overdoses surpassed vehicular accidents as the leading cause of accidental death, with opioid overdoses involved in 79%

Table 1. Trends of Opioid Dependence in Four Appalachian Counties of Southeast Ohio

	Year				
	2000	2005	2007	2008	2009
Number of Cases					
Total SUD Admissions	618	692	825	732	318
Opioid Dependent	12	70	127	192	100
Drug of Choice: Heroin	6	6	22	110	63
Injects Opioids	3	10	26	73	62
Percentages					
Opioid Dependent	1.9%	10.1%	15.4%	26.2%	31.4%
Drug of Choice: Heroin	1.0%	0.9%	2.7%	15.0%	19.8%
Injects Opioids	0.5%	1.4%	3.2%	10.0%	19.5%

Table 2. Demographic Information for Individuals Treated for Substance Use Disorders in 4 Counties in Appalachian Ohio

	2008-2009 Opioid Dependent N = 299		2008-2009 Drug of Choice: Heroin N = 107		2008-2009 Injection Drug Users N = 125	
Opioid Involvement	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Number	140	159	51	56	61	64
%	46.8%	53.2%	47.7%	52.3%	48.8%	51.2%
Average age	30.8	27.1	29.1	25.2	27.7	25.3
Percent below age 22	10.0%	22.0%	9.8%	30.4%	16.4%	32.8%
Percent minority	0	2.0%	0	0	0	1.6%

of drug poisonings (Ohio Department of Health, 2009a, 2009b). SAMHSA has also devoted increasing attention to the misuse of prescription drugs on the national level (SAMHSA, 2008b).

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) maintains a surveillance network (the Ohio Substance Abuse Monitoring network; OSAM) that collects qualitative and quantitative data from substance users, treatment providers, law enforcement agencies, and forensic laboratories. OSAM has reported recent and substantial increases in heroin use across many regions of the state; however, these reports have yet to be confirmed through large-scale and state-wide epidemiologic studies (ODADAS, 2009).

Increases in heroin use are very troubling. Persistent heroin use is associated with higher rates of mortality, disability, psychological distress, criminal involvement, other illicit drug use (e.g., marijuana, cocaine, amphetamine), and lower rates of employment (Smyth, Hoffman, Fan & Hser, 2007; Hser, Huang, Chou & Anglin, 2007). Overall, heroin use in individuals is relatively stable over time (Hser et al., 2001; Galai, Safaeian, Valahov, Bolotin, & Celentano, 2003). The association of injection drug use with blood borne diseases is well known and Carpenter and colleagues (1998) found that injection drug users reported higher rates of lifetime overdoses compared to those who exclusively used heroin by an intranasal route.

Conclusions

The descriptive data summarized here are interesting in several respects. For a number of years, HRS admissions maintained a male to female ratio of 2:1. However, among opioid dependent individuals, HRS is witnessing essentially a 1:1 ratio. HRS admissions data also show that heroin users tend to be younger than individuals treated for non-opioid drug problems (e.g., powdered and crack cocaine) and that, among opioid and heroin users, females tend to be younger than males.

Both in Ohio and nationally, an urgent need exists to conduct comprehensive epidemiologic studies to determine if significant increases in heroin use are occurring in isolated communities or across the country in general. From patterns observed locally, it is our belief that communities with higher rates of non-medical use of prescription opioids are at elevated risk for subsequent high rates of heroin use (i.e., as users transition from pharmaceutical opioids to heroin, the latter of which is less expensive and increasing in availability). In areas where opioid use and/or heroin use are emerging as a serious problem, we encourage investigators and treatment providers to consider the gender and age of their clients. The increasing number of young females with serious opioid-related problems should encourage the development and evaluation of more gender-appropriate interventions.

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EBTs for Families: "What Is CRAFT Again?"

Jeffrey Foote and Morton D. Rosenbaum
Center for Motivation and Change
New York, NY

For those tracking the evidence-practice gap, here's an update from the clinical front lines: whereas utilization of some Evidence-Based Treatments (EBT) is increasing, many effective treatments remain unknown and unused. One example of this is the options that are available for concerned significant others ("CSOs"—i.e., parents or partners) of substance users unwilling to enter treatment. Often a client will ask: "My husband won't stop drinking, and it's destroying our family. What should I do?" Even with decades of outcome research, this query continues to elicit the same two options: "You need to get to Al-Anon" or "It's time for an Intervention" (Fernandez, Begley, & Marlatt, 2006). A third option, Community Reinforcement and Family Training (CRAFT), although robustly supported by empirical evidence (e.g., Stanton, 2004), remains virtually unknown.

Anon Programs

A common response when a CSO is looking for help is to recommend Al-Anon (or other "Anon" programs), a 12-step support group where CSOs learn that they are "not responsible for," "can't control," and therefore should not attempt to impact their loved one's "disease" (Fernandez, Begley, & Marlatt, 2006). In Al-Anon, CSOs are encouraged to "detach with love" from the substance abuser, let the loved one "hit rock bottom," and accept that efforts to help are counterproductive (Stanton, 2004). However, some of these basic premises are not supported by evidence. For example, "hitting rock bottom" has not been demonstrated to be a critical mechanism of change (Carroll & Miller, 2006), whereas family involvement has been shown to be important for change (O'Farrell & Fals-Stewart, 2003). In fact, family influence is the most commonly cited reason for treatment entry among help-seeking substance users (Marlowe, Merikle, Kirby, Festinger, & McLellan, 2001). Anon involvement can provide useful support for self-care efforts; however, these programs do not aim to help the CSO engage the substance user into treatment. Thus, in controlled trials, engagement rates of substance users whose loved ones participate in Al-Anon are low and range from 0%-15% (Stanton, 2004).

Interventions

An increasingly prevalent recommendation for CSOs is the Johnson Intervention (JI). The JI involves a surprise confrontation of the "identified patient" (IP) by family, friends, and/or employers. CSOs recount difficulties experienced due to the IP's substance use, implore the IP to enter treatment, and outline negative consequences for non-compliance (e.g., divorce).

Since its conception nearly 40 years ago, JI has been the subject of three methodologically valid studies, with treatment engagement rates of 23% (Miller, Meyers, & Tonigan, 1999), 36% (Liepman, Nirenberg, & Begin, 1989), and 0% (Barber & Gilbertson, 1996). Many clinicians who perform interventions ("Interventionists") cite high engagement rates with no empirical data. Most studies that report high engagement rates are typically severely methodologically compromised and either exclude those families who refuse to follow through with the procedure (Logan, 1983) or use non-random, cross-sectional, retrospective samples (Loneck, Garrett, & Banks, 1996a; Loneck, Garrett, & Banks, 1996b).

Interestingly, in the three methodologically valid studies cited above, over two thirds of the families dropped out before the final stage (Stanton, 2004). JI is so confrontational that many families who complete the process may actually do more harm than good, laying the groundwork for a "predictable rebound in which those clients subjected to it are more likely to relapse than clients with whom less confrontational techniques are applied" (Garrett, Landau, Shea, Stanton, Baciewicz, & Brinkman-Sull, 1998, p. 334).

It should be noted that ARISE, a modified JI, has achieved substantially higher engagement rates. ARISE invites the substance user to be part of the process from the outset and follows a series of gradually intensifying stages, with only the third stage resembling traditional JI. In clinical trials, treatment engagement was achieved in 80% of cases before the family progressed to stage three, with only an additional 2% achieving treatment engagement at that point (Landau, Stanton, Brinkman-Sull, Ikle, McCormick, Garrett, et al., 2004).

Community Reinforcement and Family Training (CRAFT)

Since the early 1990's, a third option, CRAFT, was developed and researched in randomized controlled trials. CRAFT is a behavioral and motivational treatment for CSOs (Smith and Meyers, 2004) and is based on the empirically supported Community Reinforcement Approach (Meyers, Villanueva, & Smith, 2005). CRAFT has two goals: engaging the IP in treatment by providing behavioral training for the CSO, and enhancing CSO self-care. A primary strategy of CRAFT is to create a relationship environment where abstinence/change behaviors are positively and incrementally reinforced. CRAFT enlists CSOs as powerful collaborators in effecting change without the use of detachment or confrontation (Meyers, Miller, Hill, & Tonigan, 1999; Meyers, Miller, Smith, & Tonigan, 2002; Waldron, Kern-Jones, Turner, Peterson, & Ozechowski, 2007).

In several clinical trials, CRAFT engaged the IP into treatment with rates of 74% (Meyers, et al., 1999), 64% (Miller, Meyers, & Tonigan, 1999), 67% (Meyers, et al., 2002), 64% (Kirby, Marlowe, Festinger, Garvey, & LaMonaca, 1999), and 71% (Waldron, et al., 2007). CSOs reported significant improvements in their own happiness, and also reported reduced anxiety and anger. IPs also significantly reduced substance use, regardless of whether they entered treatment.

Why CRAFT Is Rarely Practiced: The Philosophical Divide

Twenty years after its development, CRAFT remains nearly unheard of in the clinical world. As of this writing, we believe that there are between five and seven centers in the U.S. that currently provide CRAFT (Meyers, R. J., personal communication, September 30, 2009). We often receive out-of-state calls from parents or spouses who would like to participate in CRAFT but have no access to trained CRAFT providers in their area. Meanwhile, JI, demonstrably ineffective and often of great emotional cost, continues to capture public attention (see A&E channel, "Intervention") as a valid approach to encourage substance users to get treatment (Fernandez, Begley, & Marlatt, 2006).

There are many pragmatic obstacles to implementing EBTs, such as financial constraints and training difficulties (McLellan, 2006). We suggest an additional philosophical obstacle. The model of addiction that has shaped treatment in the United States – the "disease" model – is comprised of several tenets (Miller, 1993) that are at the core of approaches like Al-Anon and JI. One important tenet is that the "addict" suffers from "character defects" such as poor judgment and untrustworthiness. Indeed, surveyed addiction counselors endorse moral judgments like "alcoholics are liars and cannot be trusted" (Moyers & Miller, 1993).

Within such a framework, it seems that collaborative, respectful approaches that are not reliant on confrontation, detachment, or a basic stance of distrust may be viewed as suspect, whereas more dramatic approaches that do not grant basic trust and respect to substance abusers can flourish. The Anon and JI approaches differ significantly—one advocates for family detachment, one advocates for family confrontation—yet, they are both based on the premise that "addicts" cannot be collaboratively and respectfully engaged, leaving only the options of detachment and ultimatum.

Behavioral approaches like CRAFT, in contrast, work with broad psychological principles of learning, positive reinforcement and support, rather than treating the "addict" as a qualitatively different kind of patient for whom standard psychological processes do not apply. The distinction drawn between "addicts" and other patients can allow for clinical treatment that would not otherwise be tolerated. In his comprehensive outcome review of CSO-enlisting approaches, Stanton joins other concerned researchers to encourage reducing the practice of JI: "Too often I have seen people who were the target of the intervention describe the experience with tears welling up in their eyes. Years later, the humiliation and the pain of betrayal are still with them, still palpable" (2004, p. 177).

Clearly, neither families nor the professionals they consult are without compassion – all are dealing with fear, pain, confusion, and, at times, imminent danger. This discussion is intended to emphasize the importance of providing our clients with effective options and treatments that are based on evidence. In working with families, this would mean reserving JI for the rare cases in which it may seem necessary and presenting Anon groups to clients as a valuable source of support, but not as a path to engaging their loved ones in getting help. Powerful tools exist for helping our clients; utilizing these tools has remained a daunting challenge.

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Division 50 Membership Trends and a Note on a Social Networking Proposal

Joel W. Grube, Membership Chair

In 2009 membership in Division 50 was down by 6% from 2008. This decrease represents the continuation of a trend that began in 1997 when membership peaked at just over 1200. Division 50 is not unusual in this regard. Most APA Divisions have been losing members and, in fact, Division 50 is among the more stable Divisions. Nonetheless, it is worrisome.

Membership Level	2008	2009	% Change
Members—Continuing	675	629	-7%
Members—New	37	46	+24%
Fellows—Continuing	75	69	-9%
Students—Continuing	78	57	-27%
Students—New	48	46	-4%
Associates	28	26	-7%
Life Status	38	43	+13%
Affiliates	15	18	+20%
Total	994	934	-6%

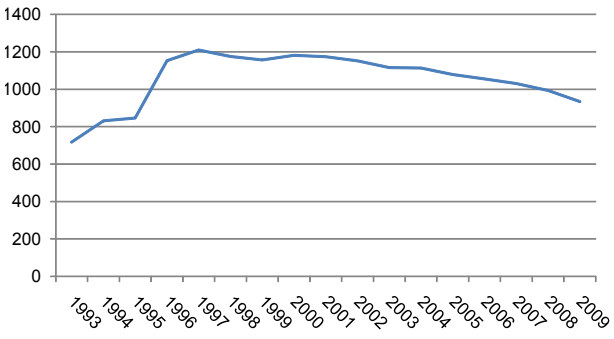
Although we are attracting some new members, we are losing continuing members and fellows and, most notably, students. As Division 50 membership chair, I am concerned that we continue to lose ground, especially with the next generation of addiction researchers, educators, and practitioners. Over the past year the leadership of Division 50 has struggled to find ways to retain and grow membership. We conducted a membership survey to identify issues important to members and changes we might make. We have reached out through *TAN*, personally contacted new and "lapsed" members and offered free first year membership to attract new members. We need to do more. In this context, I was pleased to read the proposal offered below by Joshua Wexler and colleagues for developing Division 50's capability for online social networking among members and potential members. I believe we should seriously consider this proposal as a means of reaching out to and engaging our membership, particularly our younger members for whom such networking is a preferred way of communicating and exchanging information. I invite you to read Mr. Wexler's proposal. I think it is an exciting new innovation for Division 50. ψ

The Case for a Social Network for Division 50

Joshua Wexler; Elizabeth Sherman, Occom Group; and Harry K. Wexler, National Development and Research Institutes, Inc.

The divisions of APA have been losing membership in recent years, although overall APA membership has been generally steady. Division 50, while faring better than many Divisions has also been losing memberships. Figure 1 shows that membership in Division 50 rose until 1997, reaching a peak of just over 1200 members; however, it has since steadily decreased reaching 934 in 2009. Decreased membership lowers revenue for the division and, more importantly, decreases the number of scholarly perspectives and thus the overall breadth and quality of the organization.

Figure 1. Division 50 membership

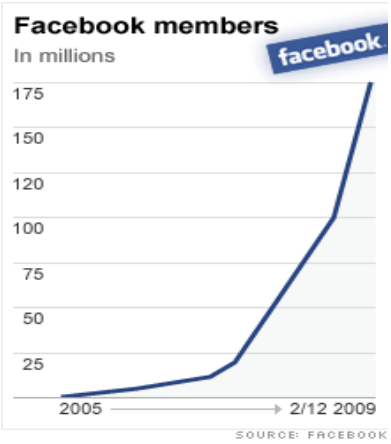


Division 50 is a community. Thus, the problem can be reframed as a need to build a larger, stronger, more integrated community. In recent years, nothing has matched the power of community building seen in the phenomenon of online social networks. Social networks are a part of the social computing revolution through which people use technologies to get the things they need from each other, rather than from traditional institutions like corporations or professional associations. It has been no less than a paradigm shift from institutional generated content on the internet to user-generated content. People now trust users as both participants and co-developers of the features and content we interact with online.

Social computing is first and foremost about building relationships between people. As such, social networks have quickly become the most popular tool on the web. An online social network is defined by a technology that allows users to leverage personal connections to link and communicate with friends, family, colleagues, or others with shared interest. Social networks have expanded their functionality to include many other social computing tools, such as blogs, wikis, discussion forums, media sharing, etc. The most popular social network is Facebook. Over the course of a few years, this network's membership has exploded to over 240M users (see Figure 2).

A social network could be a powerful, low-cost tool to leverage in building the Division 50 community by attracting new members, strengthening the bonds between current members, and adding a great

Figure 2. Facebook membership



forum for building and sharing knowledge. On a Division 50 social network, members could:

- hold scholarly forums to discuss current issues relating to practice and research
- write their own blogs to share thoughts and get feedback before creating a research study, thus tapping into the collective knowledge of the community
- problem-solve around professional issues faced by practitioners
- make referrals or discuss cases (in general terms)
- discuss issues in teaching and addictions education
- disseminate new research, innovative approaches, or recent articles they have published
- interact with other members and create mentorship relationships or partnerships
- create and organize events in their respective cities

If membership to the social network were opened to undergraduates, professors could increase the pool of talent from which they could recruit future graduate students and research assistants. Undergraduates could connect with possible professor or graduate student mentors and connect with each other around an interest in addictions. The social network could also be a portal to the Division 50 website. A social network could increase membership by being a gateway for potential members who want to see what Division 50 does and want to meet members.

If Division 50 were to implement a social network, there are four pillars of a successful social network strategy to be considered:

- Needs matching: A social network must meet the needs of its potential members. With Facebook as the de facto general social network, every other social network must have a unique value proposition and meet the needs of members in a way that Facebook does not.
- Usability: If people can't use a social network, they will leave. A social network has to be simple, easy to use, and aesthetically pleasing.
- Marketing: Just because you have a great social network does not mean people will join. One must actively let people know that it exists and always answer the question "what is in it for me?" for every potential member.
- Evaluation: Constantly solicit feedback from users as users' needs change and the community changes. Continually improve community and services and make sure that the users are aware that you are listening and attempting to respond to the feedback.

A Division 50 social network could be created at minimal expense, utilizing the social networking strategy outlined above to effectively deploy the network among the Division 50 members. However, it is important to empirically test if it works. If this proposal is found promising enough to pilot, effort will be needed to assess the network's effectiveness. The proposed social network approach has the potential to attract new members and reconnect past members, as well as strengthen the ties among current members. On a larger level, if successful, this could be a prototype to apply to the larger problem of APA diminishing membership. ψ

Division 50's "Amazing Race"

As part of presidential theme #2 (increasing membership), I thought it might be fun to create a year-long competition to encourage new membership. Here are the rules:

"Balloons in the Air," www.freedigitalphotos.net. Used with permission.

1. Encourage new members to join. Tell them what you enjoy about Division 50, its importance to the field of addictions, and how they can become part of a community of like-minded colleagues. And this year, membership is free for the first year (except for students, who already have a reduced fee)—thanks to Past President Tom Brandon's initiative on that front. Any current regular or student member of Division 50 can participate in the race.
2. Add your tally. APA will keep track of our competition. Just email Keith Cooke to let him know you are taking credit for the new member (or have the new member email Keith, kcooke@apa.org). Keith will keep a log and announce the results at the end of the year.
3. Choose your prize (if you win). The winner will be invited to select one of the following prizes at the end of the competition:
   a. Free registration to the APA conference 2010 (San Diego)
   b. A free 1-year membership to Division 50 with a plaque
   c. A $150 check

Ready, set, go and we're off… Good luck! —*Lisa Najavits*

2009 APA Division 50 Award Winners

Sandra Brown, Chair; Art Blume; and Laurie Chassin

New Fellows

- Joel W. Grube
- Harold I. Perl
- Mariela C. Shirley

Existing APA Fellow, Approved as Division 50 Fellow

- Perry N. Halkitis

Division 50 Annual Awards

Distinguished Scientific Early Career Contributions
- Carl Wilbourne Lejuez, University of Maryland

Distinguished Scientific Contributions
- Rudolf H. Moos, Palo Alto Health Care System and Stanford University

Distinguished Career Contributions to Education and Training
- Timothy B. Baker, University of Wisconsin

Early Career Presentation Awards

1st Place: Symposium: Jennifer P. Read, SUNY Buffalo, Buffalo, NY
- "The Prospective Influence of Trauma and Posttraumatic Stress on Alcohol Problem Trajectories in the First Year of College"

2nd Place: Symposium: Anna E. Goudriaan, Amsterdam Institute for Addiction Research, Amsterdam/The Netherland/Netherlands
- "Neurocognitive Function as Predictors of Addictive Behavior in Gamblers and Alcohol Users"

3rd Place: Symposium: Sudie Back, Medical University of South Carolina, Mt. Pleasant, SC
- "Reactivity to Psychosocial and Pharmacological Stress Provocation: Gender and Smoking"

Student Poster Awards

- **1st Place:** Katherine M. Keyes, New York State Psychiatric Institute, New York, NY; "Challenging the Paradigm of 'Telescoping' in Substance Disorder Gender Differences" (Award: $250, 1-year student membership in Division 50 and a 1-year subscription to *Psychology of Addictive Behaviors*)

- **2nd Place:** Jason A. Oliver, Moffitt Cancer Center, Tampa, FL; "Effects of Combined Alcohol and Nicotine Intake on Alcohol Craving" (Award: $150, 1-year student membership in Division 50 and a 1-year subscription to *Psychology of Addictive Behaviors*)

- **3rd Place:** Jessica L. Martin, University at Albany-SUNY, Albany, NY; "Protective Behavioral Strategies Predict Alcohol Consumption and Alcohol-Related Problems" (Award: $100, 1-year student membership in Division 50 and a 1-year subscription to *Psychology of Addictive Behaviors)*

Abstracts

Steinberg, M. L., Heimlich, L., & Williams, J. M. (2009). Tobacco use among individuals with intellectual or developmental disabilities: A brief review. *Intellectual and Developmental Disabilities,* **47, 197-207.**

Tobacco use is the leading preventable cause of death in the United States. Although few tobacco control efforts target individuals with intellectual and/or developmental disabilities, this population may be especially vulnerable to the deleterious effects of tobacco use and dependence. Individuals with intellectual and developmental disabilities suffer from the health, financial, and stigmatizing effects of tobacco use.

The present review examined the current literature with respect to the prevalence and patterns of tobacco use in individuals with intellectual and developmental disabilities, the importance of addressing tobacco use in these smokers, and policies surrounding tobacco use in this population. Suggestions for additional avenues of inquiry as well as modifications to current cessation treatments are proposed.

Terlecki, M. A., Larimer, M. E., & Copeland, A. L. (in press). Clinical outcomes of a brief motivational intervention for heavy drinking mandated college students: A pilot study. *Journal of Studies on Alcohol and Drugs.*

Objective: To evaluate a brief motivational intervention (BMI) for reducing risky alcohol use and alcohol-related problems among mandated (M) and voluntary (V) student drinkers to determine: (1) if BMI mandated students report greater decreases in alcohol use and related problems relative to no treatment; (2) if a BMI is comparably effective for mandated and voluntary students; and (3) if a mandated control group shows greater changes in alcohol use and related problems relative to a voluntary control group. *Method*: Participants were undergraduate student research volunteers (62% male) who met heavy drinking criteria and completed measures of alcohol use and alcohol problems at baseline and 4-weeks post-intervention. Participants (*N* = 84) were randomly assigned to treatment (T) or assessment-only control conditions (C) (mandated students were assigned to a brief wait-list). *Results*: Participants assigned to treatment reported consuming fewer drinks at post-test (MT: *M* = 14.11 drinks; VT: *M* = 14.05) relative to control groups (MC: *M* = 20.71; VC: *M* = 16.53). Evaluation of alcohol-related problems indicated a significant effect of referral status, such that mandated students reported significantly fewer problems at post-test relative to volunteers. *Conclusions*: BMIs are comparably effective for mandated and voluntary students and may result in larger reductions in alcohol use than disciplinary attention alone. More longitudinal research is needed to evaluate the long-term impact of a BMI among mandated students.

Henderson, C. E., Rowe, C. L., Dakof, G. A., Hawes, S. W., & Liddle, H. A. (2009). Parenting practices as mediators of treatment effects in an early-intervention trial of Multidimensional Family Therapy. *American Journal of Drug and Alcohol Abuse, 35,* **220-226.**

Background: Contemporary intervention models use research about the determinants of adolescent problems and their course of symptom development to design targeted interventions. Because developmental detours begin frequently during early-mid adolescence, specialized interventions that target known risk and protective factors in this period are needed.

Methods: This study (n = 83) examined parenting practices as mediators of treatment effects in an early-intervention trial comparing Multidimensional Family Therapy (MDFT), and a peer group intervention. Participants were clinically referred, low-income, predominantly ethnic minority adolescents (average age 14). Assessments were conducted at intake, and 6 weeks after intake, discharge, and at 6 and 12 months following intake.

Results: Previous studies demonstrated that MDFT was more effective than active treatments as well as services as usual in decreasing substance use and improving abstinence rates. The current study demonstrated that MDFT improves parental monitoring—a fundamental treatment target—to a greater extent than group therapy, and these improvements occur during the period of active intervention, satisfying state-of-the-science criteria for assessing mediation in randomized clinical trials.

Conclusions and Scientific Significance: Findings indicate that change in MDFT occurs through improvements in parenting practices. These results set the foundation for examining family factors as mediators in other samples.

Murphy, J. G., MacKillop, J., Skidmore, J. R. & Pederson, A. A. (in press). Reliability and validity of a demand curve measure of alcohol reinforcement. *Experimental and Clinical Psychopharmacology.*

Recent clinical research suggests that several self-report behavioral economic measures of relative reinforcing efficacy (RRE) may show utility as indices of substance abuse problem severity. The goal of the present study was to evaluate the reliability and validity of the Alcohol Purchase Task (APT), a RRE measure that uses hypothetical choices regarding alcohol purchases at varying prices (demand curves) to

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Abstracts

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generate several indices of alcohol-related reinforcement. Participants were 38 college students who reported recent alcohol consumption. Both the raw alcohol purchase/consumption values and several of the computed reinforcement parameters (intensity & O_{max}) showed good to excellent two-week test-retest reliability. Reinforcement parameters derived from both a linear-elasticity (Hursh et al., 1989) and an exponential (Hursh and Silberberg, 2008) demand curve equation were generally less reliable, despite the fact that both equations provided a good fit to participants' reported consumption data. The APT measures of demand intensity (number of drinks consumed when price = 0), O_{max} (maximum expenditure) and elasticity (*a*) were correlated with weekly drinking, alcohol-related problems, and other self-report RRE measures (relative discretionary monetary expenditures towards alcohol and/or relative substance-related activity participation and enjoyment). Demand intensity was uniquely associated with problem drinking in a regression model that controlled for weekly consumption. These results provide support for the reliability and validity of the RRE indices generated with the APT. ψ

Announcements

Join our new Technology Committee

The new Technology Committee of Division 50 is looking for members—please join us! This year's agenda includes: developing a webinar series; creating social networking; forming special interest groups that can connect via the Division 50 website; making an online repository for Division 50 history and procedures; and the "one hour mentor" project. See the president's column for more on these. We are also open to other exciting technology-based initiatives for Division 50. No technology experience needed, as long as you are willing to help with one or more of these projects. Contact: Lisa Najavits, PhD, Lnajavits@hms.harvard.edu.

Conference on the Treatment of Addictive Behaviors (ICTAB) in Santa Fe, NM

The 12th International Conference on the Treatment of Addictive Behaviors (ICTAB) will be held in Santa Fe, New Mexico on February 7-10, 2010. The theme of this year's conference will focus on the challenges and rewards of implementing evidence-based substance abuse treatments in real-world systems. Speakers include Collin Drummond, Dean Fixen, Harold Holder, Howard Liddle, Tom McLellan and Mark Willenbring. Pre-conference workshops on Motivational Interviewing and the Community Reinforcement Approach are also available. ICTAB is limited to 300 participants, so early registration is advised. For more information or registration information go to: http://casaa.unm.edu/download/ICTAB-12-bro.pdf.

Positions at the University of Connecticut

The University of Connecticut Health Center is seeking applicants for post-doctoral and faculty positions. Fellows will devote most of their time to writing papers for publication and learning the grant writing process. Some clinical work and supervision is possible. Assistant professors will direct NIH grants in addition to writing papers and grant applications. Depending on interests, new fellows and faculty can participate in behavioral therapy studies for: substance use disorders; weight loss; exercise adherence; smoking cessation, and/or pathological gambling. Some trials combine behavioral and pharmacotherapy approaches, and some focus on cardiovascular endpoints. Excellent opportunity for experimental or health psychologists interested in applied work and for clinical psychologists with strong research backgrounds.

To apply, send CV, contact information for 3 references, and cover letter describing research interests and career plans to: Nancy Petry, Ph.D., Professor, Calhoun Cardiology Center (MC-3944), University of Connecticut School of Medicine, Farmington, CT 06030-3944. ph: (860)679-2593, email: Npetry@uchc.edu. Start dates are open and positions contingent on funding. Fellows must be US citizens or permanent residents. University of CT is an affirmative action/equal opportunity employer.

Postdoctoral Scholars, UCSF

Two-year NIH/NIDA-funded positions as postdoctoral scholars in drug abuse treatment and services research are available in a multidisciplinary research environment in the Department of Psychiatry, University of California, San Francisco. Scholars work with a preceptor to design and implement studies on the treatment of drug dependence, and select a specific area of focus for independent research. Director and Associate Director Drs. Sharon Hall and James Sorensen and Co-Directors Drs. Steven Batki, Kevin Delucchi, Joseph Guydish, Carmen Masson, and Constance Weisner are all involved with either the NIDA Clinical Trials Network (CTN) or Treatment Research Center (TRC). Training of psychiatrists, women, and minorities for academic research careers is a priority.

Send CV, research statement, samples of work, and 2 letters of recommendation to Barbara Paschke, 3180 18th St., Suite 205, San Francisco, CA 94110; ph: 415-502-7882; email: Barbara.paschke@ucsf.edu. Faculty research interests and other information is available at: http://csftrc.autoupdate.com/post_doctoral_program.vp.html.

Postdoctoral Fellowship in Alcohol Research at the University of Washington

The fellowship will provide training for individuals who wish to pursue a career in alcohol research, with an emphasis on the etiology and prevention of problem drinking and alcohol dependence. For more information please see our website: http://depts.washington.edu/cshrb/newweb/postdoc.html

Research Institute on Addictions

The University at Buffalo Research Institute on Addictions (RIA) has multiple openings for NIAAA-funded postdoctoral fellows in alcohol etiology and treatment. Fellows develop and pursue research interests under the supervision of faculty preceptors. Seminars on alcohol use disorders, grant writing, and professional issues and career development are included. Start dates in September, 2010, and beyond are negotiable. Visit the RIA website at http://www.ria.buffalo.edu. Inquiries can be made to either Gerard J. Connors (connors@ria.buffalo.edu) or R. Lorraine Collins (lcollins@buffalo.edu), Co-Training Directors. Applicants should forward a vita, representative reprints, letters of reference, and a cover letter describing research interests and training goals to: Alcohol Research Postdoctoral Training Committee, Attn: G. Connors and R. L. Collins, Research Institute on Addictions, 1021 Main Street, Buffalo, NY 14203. Applications from minority candidates are particularly welcome. Applicants must be citizens or noncitizen nationals of the U.S. or must have been lawfully admitted for permanent residence. AA/EOE

Book Touts Pre-Quit use the Nicotine Patch

In the new edition of his book, ***Quit Smart Stop Smoking Guide: it's easier that you think*** ($11.99, ISBN 1-880781-09-3), Robert Shipley reveals new ways to use stop-smoking medicines like the nicotine patch. Research at Duke University, where Shipley directs the Duke Stop Smoking Clinic, shows that starting the patch two weeks before quitting, and continuing it afterwards, quadruples a smoker's chance of quitting. To keep the smoker's blood nicotine level from rising, Shipley's book tells the smoker to switch to very-low nicotine cigarettes while using the patch prior to quitting. The ***Quit Smart Guidebook*** is available by itself or as part of the 3-part *Quit Smart Stop Smoking Kit* that also includes a self-hypnosis CD and a realistic fake cigarette ($31.99, ISBN 1-880781-08-5). To order and to learn how to become a Certified QuitSmart Leader, call 1-888-737-6278 or visit www.QuitSmart.com. ψ

The New Division 50 "One-Hour Mentor"

As part of the presidential themes for this year, I invite you to join the new "one-hour mentor" project, which is designed to offer free phone consultation to and by division members. You can participate as mentor, mentee, or both, and *all* career levels can be both mentor and mentee. Both mentors and mentees will be Division 50 members. And it takes just one hour of your time.

Here's how it works:

1. *If you can donate one hour of your time to mentor a colleague, please send an e-mail and your response to each category below.*
    a. ***Content category (choose one)***: clinical, research, policy, education, work/personal life balance, ethical dilemmas, career choice-points, diversity, technology, and interpersonal challenges. Although these overlap, mentors are asked to select the main one in which they are offering their free hour of phone consultation.
    b. ***Career level category***: junior, mid-, or senior.

You can donate more than one hour, if desired.

2. *After we compile the list of one hour mentors, an announcement will be sent to the listserv.* It will list each of the mentors and their categories.
3. *You can then sign up for one free hour of phone consultation with a mentor.* It will be done on a first-come-first-served basis until the slots are filled. You can serve as both a mentor and a mentee. The final list of matches will be kept confidential, to protect the privacy of the mentorship experience.
4. *That's it*. There is no obligation for future contact between mentor and mentee; it is just a one-hour opportunity. But a lot of good help can happen in an hour.

Send an email to Lnajavits@hms.harvard.edu to sign up.

The Addictions Newsletter

The American Psychological Association, Division 50

Elizabeth J. D'Amico, Editor
Division 50 Central Office
750 First Street, NE
Washington, DC 20002-4242

Printed in the USA

Division 50 Executive Officers

PRESIDENT
Lisa M. Najavits
National Center for PTSD
VA Boston
150 South Huntington Ave. (116B-3)
Boston, MA 02130
Telephone: (857) 364-2780
Fax: (857) 364-4515
E-mail: lisa.najavits@va.gov

PRESIDENT-ELECT
Fred Rotgers
College of Social and Behavioral Clinical Sciences
Walden University
155 Fifth Avenue South, Suite 100
Minneapolis, MN 55401
Telephone: 1-800-925-3368 ext. 1769
Fax: 732-549-1244
E-mail: frederick.rotgers@walden.edu

PAST PRESIDENT
Thomas H. Brandon
University of South Florida
H. Lee Moffitt Cancer Center &
Research Institute
4115 E. Fowler Avenue
Tampa, FL 33617
Telephone: (831) 745-1750
Fax: (831) 745-1755
E-mail: thomas.brandon@moffitt.org

SECRETARY
Amee Patel
Baylor College of Medicine
The Menninger Clinic
2801 Gessner Drive
Houston, TX 77080
Telephone: (713) 275-5509
E-mail: amee@mail.utexas.edu

TREASURER
Jennifer F. Buckman
Center of Alcohol Studies
Rutgers University
607 Allison Rd
Piscataway, NJ 08854-8001
Telephone: (732) 445-0793
Fax: (732) 445-3500
E-mail: jbuckman@rci.rutgers.edu

MEMBERS-AT-LARGE
Kristen G. Anderson
Adolescent Health Research Program
Reed College
3203 SE Woodstock Blvd.
Portland, OR 97202
Telephone: (503) 517-7410
Fax: (503) 517-7610
E-mail: andersok@reed.edu

John F. Kelly
MGH-Harvard Center for Addiction Medicine
60 Staniford Street
Boston, MA 02114
Telephone: (617) 643-1980
Fax: (617) 643-1998
E-mail: jkelly11@partners.org

Clayton Neighbors
University of Washington Dept. of Psychiatry &
Behavioral Sciences Center for the Study of Health
and Risk Behaviors
1100 NE 45th St, Suite 300
Box 354944
Seattle, WA 98195
Telephone: (206) 685-8704
Fax: (206) 616-1705
E-mail: claytonn@u.washington.edu

COUNCIL REPRESENTATIVE—PRACTICE
Ray Hanbury
Mount Sinai School of Medicine and
UMDNJ-Robert Wood Johnson Medical School
2640 Highway 70 Bldg. 7A Suite 202
Manasquan, NJ 08736-2609
Telephone: (732) 223-1242
Fax: (732) 223-3296
E-mail: HanburyPsy@aol.com

COUNCIL REPRESENTATIVE—SCIENCE
Jalie A. Tucker
Department of Health Behavior
School of Public Health
University of Alabama at Birmingham
1665 University Blvd., 227 RPHB
Birmingham, AL 35293
Telephone: (205) 934-5256
Fax: (205) 934-9325
E-mail: jtucker@uab.edu