



The Addictions Newsletter

The American Psychological Association, Division 50

www.addictionpsychology.org

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President's Column: Is Marijuana Driving You Crazy?

Alan J. Budney

So ... as professionals or students in training with a focus on substance use and addiction, I am certain that most of you have been asked some version of the following question by family, friends, or colleagues: Do you think marijuana should be legalized or decriminalized? You know that this is a very polarized issue, and, whatever your answer, you should think carefully about why you support that position? Are your reasons data driven, based on social or personal values, or based on projected fiscal impact? Does your past or present use of marijuana influence your views? Is your opinion swayed by your perceptions about the positive and negative effects of marijuana use? Are you confident in your knowledge base regarding published research on this topic? Do you feel that legislators know what they need to know to make informed decisions when drafting marijuana legislation that benefits their constituents and protects the public health?



Alan J. Budney

To further tax your thinking on this issue, I'll lob you a few more questions. If marijuana is legalized, have you considered what types of regulations should guide the manufacturing, distribution, marketing, possession, and use of marijuana? Do we even need regulations? Should regulations parallel those for alcohol, or maybe tobacco? How would we determine specific regulations and do we have the information needed to do so? For example, at what age would you make use of marijuana legal? What information would you use to make this decision? Do we even need an age cutoff? Who should be allowed to sell, produce

or grow the marijuana products that are made available? How much quality control is needed to make sure that the label on the product accurately reflects what is being sold? Quality control would clearly benefit the public health. But what type of labeling (contents or warnings) should be required? Should warning labels even be required? If yes, what should they say and who

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**CHANGING
LANDSCAPES
of ADDICTION**

use, assessment and treatment

3rd Annual Meeting
March 6-7, 2015
Baltimore, MD

COLLABORATIVE
PERSPECTIVES on
ADDICTION



would force producers to use such labels? Should we limit the potency (%THC) of the marijuana products that are produced and sold or just label them (equivalent to %ETOH in alcoholic drinks)? What would guide our decision on this? Should there be a limit on how much marijuana you can buy?

Let's discuss marketing and packaging: Should there be any restrictions on marketing? If so, what should they be? Would packaging and advertisements be allowed to target youth? Would advertisements be allowed to make claims about the benefits of their products? The list of approved medical conditions for use of marijuana across States that have passed "medical" marijuana laws consists of well over 50 conditions and diseases. Would the "Industry" self-regulate marketing policies or should our government - State or Federal? Do we need to worry about secondhand smoke from marijuana? Perhaps we should only legalize vaporizing (vaping) and oral consumption, and keep smoking illegal - did you know that this stipulation is in New York's compassionate care marijuana legislation? But how would we enforce that? Potential tax revenues, personal profit, and job creation are all expected benefits of the legalization of marijuana. How do these benefits impact and interact with the development of regulations designed to protect public health?

Sorry, I know I promised only a few questions, but I could not help myself. I expect that most of you do not have clear answers to these questions; I certainly do not. But unfortunately the questions do not end there. For example, who should be in charge of developing all these guidelines and regulations? Should guidelines and regulations be allowed to differ in each State? If yes (the direction we are currently taking), then each State would need to develop its own regulations and enforcement policies. So then how do we handle those caught possessing or using marijuana in a State that does not allow this, if their home State allows it? What should the penalties be for violation of the laws

or regulations? Who will enforce these rules? How much effort and resources should be devoted to enforcement of a legal product? Do we use alcohol enforcement policies as our guide? Can we determine illegal intoxication levels from marijuana for driving? How good are our methods for doing so? Should we even worry about intoxication from marijuana?

Finally, how might legalization impact teens and young adults? How much focus needs to be on how policies will impact teen use? Will it increase use, lead to earlier initiation, or more problematic use? Does it matter when one starts using marijuana? Are the data that show teens are most vulnerable to addiction and that marijuana adversely impacts brain and cognitive functioning valid and of high concern? If we decide that it will remain illegal for teens, and I think that would appear a most likely outcome, what should the penalties be for teens that violate these laws (or vendors who sell to them)? How would legalization then ameliorate the current concern about discriminatory arrests of minority youth who violate marijuana laws?

If you are starting to feel overwhelmed by all these questions, you are not alone - I am as well, and I'm supposed to be an expert in this field. Maybe we should just decriminalize marijuana use? Wouldn't that be easier? With decriminalization, most of the questions above do not have to be answered. Marijuana would remain illegal, but we would reduce the penalties for using or possessing it. Problem solved? But what do we do about sales (dealers)? Do we allow sales and use, but only in some places? Do we have dispensaries? If yes, who supplies them and how do we ensure quality control? Or do we turn a blind eye to manufacturing and product control? Seems like some of the same problems arise with decriminalization as with legalization, but not as many decisions or regulations are needed? However, is it too late for this approach to take hold? Also, aren't decriminalization type practices already functionally being applied in many areas of the

U.S.? If decriminalization was the way to allay concerns about the current way marijuana possession, use, and sales are handled, why isn't this the direction we appear to be taking? Is it because we still have to deal with marijuana trafficking from border countries and from within our country? Will legalization stop black market concerns? So we seem to have circled back to the question of why we think marijuana should be legalized.

I will stop here. It is fairly easy to list the multiple issues, obstacles, contradictions, and decisions that should be considered and addressed in developing a policy on marijuana legislation and regulation. If you are able to synthesize and prioritize all these issues into some type of decisional algorithm, please step up and chime in. My working memory is no longer strong enough, if it ever was. Perhaps it doesn't need to be so complex, and I am making a mountain of a mole hill. As professionals in the field of addiction, I think it is incumbent upon us to contribute to the resolution of these issues with the goal of coming up with policy and regulations that can best serve the public health. You can impact the macro decision of whether or not to legalize, but importantly, you can also impact the plethora of micro decisions that follow the decision to legalize. Please consider helping your local and State leaders figure out what to do. They have been dealt a bad hand, but they can't just fold, they have to take action, and you are in a position to help them.

Before I go, a few important shout-outs:

1) Certificate of Proficiency in the Psychological Treatment of Alcohol and Substance Use Disorders. Repeat and Update: Clinical psychologists, please consider applying for this certificate! John Kelly, Nancy Piotrowski, Mark Schenker, Ray Hanbury and many others worked very hard to get this Certificate reinstated, but if only a few Psychologists apply for the Certificate, it will likely go away again. More importantly, as we try to make progress in advancing Psychologists

as experts in Addiction and purveyors of the most effective interventions, this certification will provide a means for State Associations to recognize this expertise and more effectively utilize our knowledge base and talent. Info on the process of how to apply is easily accessed on the APA website: http://www.apa.org/divisions/div50/training_certificates.html

Go for it!

2) Huge thanks to Katie Witkiewitz, Jen Buckman, and the rest of the Committee in charge of putting together the Collaborative Perspectives on Addiction (CPA) conference. They put in many hours to make CPA happen, and at the time I am

writing this column (preconference), the venue, program, participation rate, etc. all look fabulous. Please pass along your appreciation to them if you have a chance. If you attended, please send along your feedback. If you didn't attend, please consider it next year! We gave out five student travel awards!! To view the program, go to: <http://research.alcoholstudies.rutgers.edu/cpa>

3) Through the efforts of Bruce Liese and the student committee, our Division's membership committee recently launched a monthly forum for future psychologists (students and postdocs) interested in the psychology of addictive behaviors. These 1-hour conference calls provide students

with an opportunity to network with other students interested in addictive behaviors and engaging with Division 50. A website has been set up for discussion and follow up. Over 50 students have already signed on. The link is <http://www.cbtaddictions.org/d50/>. Anyone interested in participating can contact Bruce Liese (bliese@kumc.edu).

4) Big thanks and congratulations to Bettina Hoepfner. Thanks for continuing to produce our high quality newsletter, TAN. Congratulations on having a healthy baby boy (welcome, Brendan Alexander Sullivan!), and on miraculously getting the newsletter out during this exciting and exhausting time.ψ

Editor's Corner

Welcome to the Spring 2015 issue of TAN! Good thing that this newsletter can be completely produced and disseminated electronically, or else this newsletter would get to you sometime next year, given all the snow we've been enjoying here in Boston recently! ☺

Similarly to the snow outside my window, the content of this issue of TAN is packed, including excitingly with the statements from our candidates for the upcoming election for this year's SoAP board positions.

Be sure to take a look! It'll be tough to choose between these excellent candidates! There are also convention updates and overviews of activities at the upcoming Collaborative Perspectives on Addictions (CPA) meeting—including a ringing endorsement from one of our newest SoAP members. It's wonderful to see the type of positive impact this meeting can make.



Bettina B. Hoepfner

The articles of this issue of TAN address the question **"Is Smoking Cessation During SUD Treatment a Good Idea?"**

While an impressive amount of research has already been conducted on this issue, this question keeps coming up, and thus remains of high relevance to patients and clinicians. In the articles presented in this issue of TAN, the authors have done an impressive job of summarizing the existing evidence to support a rather clear-cut take-home message—all while highlighting some of the newest

research done in this area. Thus, from both a clinician and a researcher point of view, I think you will find these articles informative and stimulating.

In the next issue of TAN (**June 1 deadline**), we will focus on: **"Continuing Care for SUD."** To this end, we invite you to submit an article on your research, clinical work, thoughts and/or

ideas on this topic. Articles can take any approach to this general topic, including, for example, articles that examine why continuing care may be necessary/beneficial, what works, what's promising, and what we still need to know. Keep in mind that articles are short (1,200 word limit), fairly informal, and take many shapes (e.g., opinion pieces, descriptions of pilot or small studies, short reviews)—all factors, hopefully, that will make it easy for you to share your thoughts. We also invite you to submit an article on a topic of your choosing. In fact, if there is a topic you'd like to be explored in a future issue of TAN, please be sure to suggest this topic to us: We are happy to receive any and all ideas!

Happy reading!

Bettina Hoepfner
TAN Editor

Hillary Howrey
TAN Grad Student Mentee

Advocate's Alcove

Nancy A. Piotrowski, PhD
Division 50 Federal Advocacy Coordinator

The American Psychological Practice Organization (APAPO) holds its annual State Leadership Convention (SLC) in Washington March 13 through 17, 2015. The theme of the meeting this year, according to Dr. Katherine Nordal, Executive Director of APAPO, is Practice Innovation. The meeting will focus on the diverse ways in which practice is evolving in psychology, paying particular attention to the opportunities and challenges in policy, technology, and clinical innovations in varied settings. For example, the Affordable Care Act (ACA) has fostered the evolution of practice in accountable care organizations, health care homes, and varied models of integrated care for practice. Planned sessions will include discussions focused on traditional private practice, as well as varied institutional and organizational settings. Ways to improve the quality of services provided while remaining compliant



Nancy A. Piotrowski

with evolving regulations related to the ACA will be important contextual parameters for the discussions. Updates on legislation and policy affecting and affected by technology, such as telehealth, online practice management, electronic health records, and recent diagnostic system changes will be presented. It should be an exciting meeting.

I will be attending this meeting in my role as your Federal Advocacy Coordinator (FAC). The meeting involves training and

updates in presentations, as noted, as well as additional skill building sessions related to advocacy resources. There are also varied opportunities to meet the APA policy staff, elected officials and their staffs, and to visit the Capitol to discuss specific issues with legislators. If any other members (students or otherwise) plan to attend the meeting, please let me know so that we can coordinate a visit during the meeting. If this sounds of interest and you might want to try attending this "by invitation only" meeting in

the future, let me know and I will provide some suggestions for how you may work to do this. Relatedly, if you are a student interested in discussing addictions advocacy issues at the state or federal level, please be in touch. I am especially interested to hear from student members who participated in our advocacy trainings last year, so be in touch and to let me know your plans for the year. We continue to work on having members throughout the states who are well-informed advocates. The best way to reach me is via email (napiotrowski@yahoo.com). Please know, too, that I will be working with our Membership Chair, Dr. Bruce Liese, to support his outreach to students by participating in sessions he will have for information sharing. My session with the group will focus specifically on addictions advocacy issues.

As a reminder, if you go to the Practice Central site for the American Psychological Association Practice Organization (APAPO) you can find a description of current issues of concerns and the latest updates.

Resource Information

American Psychological Association Practice Organization (APAPO) www.capwiz.com/apapractice/issues

SoAP MEMBER SERVICES

Join SoAP: www.apa.org/divapp

Renew SoAP: APA Members, Associates, and Fellows may renew via www.apa.org/membership/renew.aspx and Professional Affiliates (professionals with no membership in APA) and Student Affiliates may renew at www.apa.org/divapp.

Listserves: To join the discussion listserv (discussion among members), contact Robert Leeman at robert.leeman@yale.edu. All members (and all new members) are added to the announcement listserv, div50announce@lists.apa.org (for division news). You may join or update your subscription through <http://listserve.apa.org/>.

Journal: You can access the division journal, *Psychology of Addictive Behaviors*, online at www.apa.org via your myAPA profile (even if you don't belong to APA). Log in with your user ID or email and password.

Newsletter: *The Addictions Newsletter* is sent out on the listservs and is available on the website.

For help with membership issues, contact the administrative office at division@apa.org or 202-336-6013.

New Member Spotlight: Samara L. Rice, PhD

Allison K. Labbe
Early Career Representative

Please welcome to SoAP a new member, Samara Rice. Samara is a post-doctoral research fellow on an NIAAA T32 training grant entitled, “Research Training on Alcohol Etiology and Treatment” at the Research Institute on Addictions at the State University of New York at Buffalo.

Where did you do your training?

I received my PhD in Quantitative Psychology and Methodology from the University of New Mexico. A significant portion of my training was also through my work as a research assistant and data analyst on various NIH-sponsored research projects at the Center on Alcoholism, Substance Abuse, and Addictions (CASAA) and as a pre-doctoral fellow on CASAA's NIAAA T32 training grant, “Alcohol Research Training: Change Methods and Mechanisms.”

What are your research interests?

My research interests lie broadly at the intersection between advanced quantitative methods and mechanisms of changing problematic drinking and other substance use. I'm excited by recent developments in statistical software and latent variable modeling which allow us to more precisely specify our models to answer questions of theoretical and practical interest, such as person-centered analyses of within- and between-person effects.

Can you tell me a little bit more about your interests with regards to studying mechanisms of changing problematic alcohol and substance use?

I'm intrigued by our field's recent paradigm shift from answering the horse race question (i.e., which treatment performs better in a randomized clinical trial) to accumulating research evidence about how treatments work (i.e., mechanisms of change). I'm curious about how individuals change their problematic drinking and substance use without treatment

as well. One of my primary research projects is the development of a self-report measure of ambivalence for investigating if the resolution of ambivalence is a mechanism of change, particularly within the context of Motivational Interviewing (MI).



Samara L. Rice, PhD

That's very interesting! How did you get interested in studying addictive behaviors to begin with?

I first became interested in addictive behaviors during an introductory psychology course I took as an undergraduate. I was actually a Spanish major at the time and only took the class to fulfill a social science requirement. I became fascinated with the prospect of relying on the scientific method to understand human behavior, especially addictive behaviors, instead of only relying on opinion or personal experience. The previous explanations for addiction I had been exposed to were that some people were just not motivated to stop drinking or were defective in some way. The scientific method seemed more objective and compassionate to me, and better suited for understanding the development and course of alcohol use disorders. I switched disciplines and became a psychology major.

What made you become specifically interested in studying Motivational Interviewing and possible mechanisms of change?

I was a research assistant on an NIH-funded study examining the relationships among MI-consistent therapist behaviors, client Change Talk, and subsequent alcohol use in a treatment study for alcohol use disorders. During the process of learning about MI and how to code therapist and client behaviors reliably utilizing the Motivational Interviewing Skills Code (MISC), I became interested in the relational and technical aspects of MI and was impressed that MI is an empirically supported treatment. But I was also curious that one of the explanations for its efficacy, that MI works by encouraging clients to explore and resolve their own ambivalence about change, had almost no empirical support. Known as the conflict resolution hypothesis, my work became centered on the development of a self-report measure of ambivalence about change according to methods advocated by psychometricians so that I could test this hypothesis.

What motivated you to join the Society of Addiction Psychology (Division 50)?

I initially joined Division 50 because I wanted to attend the Collaborative Perspectives on Addiction conference held in Atlanta last May; however, I've since enjoyed hearing updates about addiction psychology on the listserv and being part of a larger community of addiction clinicians and researchers.

Wow, thanks for such a great plug for our mid-year conference! What made you decide to attend this meeting?

I decided to attend this meeting for a few reasons. A colleague of mine recommended it to me and said that there had been a great presentation about heart rate variability last year (2013), which I am becoming increasingly interested in. While reading the description of the symposia,

I thought that the symposium for early career psychologists I previously mentioned would be a good training opportunity. But I was also excited about a presentation on a new intervention called Mental and Physical Training (MAP), which originated with research investigating hippocampal neurogenesis in rodents and was a combination of aerobic exercise and breathing meditation. Although most of my training has focused on a behavioral perspective, I think that a comprehensive answer about how people change addictive behaviors requires also examining the biological bases of behavior. This conference seemed like an interesting blending of the two, and I thought that the

opportunity to learn from and talk to scientists studying addiction from both perspectives would be interesting.

In your opinion, how can SoAP aid with your career goals and interests? What programs or initiatives would you like to see SoAP address?

Given my research interests, I would like to see SoAP continue to strengthen its commitment to the dissemination of recent methodological advances to improve clinical assessment and our understanding of how people recover from addiction. Personally, one of the most important ways SoAP can aid in my career goals and interests is to continue to hold the Collaborative Perspectives on Addiction conferences

each year. Although this year's meeting was the first I've attended, it was an invaluable experience. There were many opportunities to network, and the blending of both Division 50 and Division 28 allowed for the examination of addiction from several perspectives. But what impressed me the most was the focus on helping students/early career psychologists advance their careers. One symposium, called "Steps Toward Success As An Early Career Addiction Psychologist," was particularly helpful. It was a panel discussion of several addiction psychologists who had already navigated this path, and the opportunity to hear their stories and suggestions, as well as ask questions, was helpful and unique among conferences. ♡

Student and Trainee Perspectives

Lauren A. Hoffman, MS
University of Florida
Student Representative

Noah N. Emery, MA
University of South Dakota
Student Representative

The Collaborative Perspectives on Addiction meeting is back for its third year! As a conference that offers many wonderful opportunities to students, we are excited to inform SoAP's student members of a few of the CPA events.

First, students and trainees of all levels will want to take advantage of the *free* career development workshop "Post-Bac to Post-Doc: Navigating Graduate School and Beyond" on Friday, March 6th (9 a.m. - 12:00 p.m.). The process of getting into graduate school, obtaining clinical internships, and landing post-doctoral and early-career positions can be fraught with challenges. This workshop will provide attendees with valuable advice concerning preparation for, application to, and expected roles within each of these positions. Early career guidance will be offered by a panel of distinguished researchers and clinical psychologists, who have all served as faculty at major institutions. Additionally, graduate school, post-doctoral and internship milestones will be addressed by a panel of rising

stars, who currently hold these various positions in the field of addiction psychology. With the Q&A sessions planned for this workshop, students and trainees of all levels are sure to profit from the advice of this expert panel.

Also on the CPA agenda are two social events directed toward students and early-career professionals. These informal gatherings are intended to facilitate new professional relationships. Light food will be provided and a cash bar will be available. These social events will be held on the evenings of Thursday, March 5th and Friday, March 6th. Details pertaining to these excellent networking opportunities can be found in circulating evites and listserv announcements, and will be noted in the conference booklet, available at the registration desk. So stop by and get to know your fellow students!

Furthermore, we highly recommend attending the poster sessions on Friday

(5:30 - 7:00 p.m.) and Saturday (5:00 - 7:00 p.m.). These sessions will update you on the work of your peers and are guaranteed to be attended by some of the biggest names in the field. We encourage you to take advantage of this opportunity, even if you aren't presenting.

Finally, students might be interested in attending the "Changing Landscapes of Addiction" panel discussion on Saturday, from 10:30 to 11:45 a.m. Leading scientists will review how the field of addictions (basic science and clinical) has changed throughout the years and the prospective direction of addiction research over the next 20 years. As young professionals preparing for careers in addiction psychology, this panel discussion promises to be informative.

Clearly, CPA has plenty to offer in 2015! If attending, we urge you to take advantage of the many student-oriented opportunities. Hope to see you in Baltimore! ♡



Lauren A. Hoffman, MS



Noah N. Emery, MA

Candidate Statements for Elections

Submitted by the SoAP Nominations and Elections Committee

Amy Rubin, Robert Leeman, Samantha Domingo (Student Representative), Sara Jo Nixon

Thank you to every member who voted to nominate candidates for this year's Board positions, and thank you to all of the members who volunteered for these positions! As a result of all of you voting your apportionment shares for Division 50, we earned back a second APA Council Representative again this year.

This year we have 5 positions open on the Board, including President-Elect, APA Council Representative, Member-at-Large (Science), Treasurer and Secretary. Member-at-Large, Treasurer and Secretary are hotly contested races, so be sure to read about the candidates below and vote for your favorite as soon as you get your APA ballot in May. The ballot comes by email with a link to the voting website.

A special thanks to all the candidates for agreeing to volunteer their time and energy to promote the causes of the SoAP. We hope to see you in Toronto in August!

President-Elect

Katie Witkiewitz

It is an honor to be nominated to serve as President-Elect of the Society of Addiction Psychology (SoAP, APA Division 50). SoAP has provided many opportunities for me to learn and grow over the past 15 years, first as a student and now as a researcher, educator and clinician. I am an active APA member in Divisions 12, 28, and 50 and have served these APA Divisions in numerous ways. I was the Division 12 Program Chair for the 2013 APA convention



Katie Witkiewitz

and have served as Program Co-Chair and Program Chair of SoAP's Collaborative Perspectives on Addiction meeting. My prior experiences working with Division 50, as well as working with other Divisions of APA, and my commitment to advancing the field of addiction psychology have prepared me to serve effectively as the SoAP President.

Since earning my doctoral degree in clinical psychology from the University of Washington, I have dedicated my career to research, teaching, clinical work, and service. I am currently an Associate Professor in Psychology at the University of New Mexico and a scientist at the Center on Alcoholism, Substance Abuse, and Addictions. In this role I conduct behavioral research on the treatment of addictive behaviors, mentor graduate students and post-doctoral fellows in developing independent research careers as addiction psychologists, and I continue to treat individuals with addictive disorders as a licensed clinical psychologist. My research has focused on two areas: (1) the use of advanced statistical techniques to better understand potential mechanisms of behavior change in addiction treatment, and (2) the development and evaluation of mindfulness-based relapse prevention as a treatment for substance use disorders.

As SoAP President, my primary goals will be to increase membership involvement in SoAP initiatives and activities, as well as to increase the reach of SoAP through collaborating with other

APA Divisions and other professional societies. I would also support the continued expansion of the Collaborative Perspectives on Addiction meeting to provide a forum for interaction among SoAP students, researchers, educators, clinicians, and policy-makers.

Council Representative (Science)

Linda Carter Sobell

I am honored to be nominated to serve a second term as a Society of Addiction Psychology Council Representative (Science). Although I am a fellow in five divisions of APA, Division 50 has a very special meaning for me as one of the original founders, and because I consider it my professional home.



Linda Carter Sobell

The Council of Representatives (COR) is APA's governing body dedicated to the advancement and dissemination of psychology, and Division 50's representatives are a critical link to

APA's governance and staff. I feel that my past three years as your SoAP Council Representative and my past experience in APA governance has helped me increase Division 50's role and visibility at the COR. As an active clinician and researcher for over 40 years, I would value the opportunity to continue emphasizing the importance of addictive behaviors to psychology by serving a second term as your representative to the COR. I will continue to promote the division's influence and strengthen the visibility of the division in the whole of APA's governance structure. One of the things we were able to achieve this past year was to get four members of SoAP recognized with an APA Presidential citation. Citations have never been given to Division 50 members before.

My past experience in APA's governance structure includes being President

of the Society of Clinical Psychology (Division 12, 2005) and their Council Representative (2007-2009). In 2002-2003 I chaired Division 50's Fellows and Awards Committee, and I have been Division 12 and 28's liaison to Division 50. I am a Professor at Nova Southeastern University in Florida, a licensed psychologist, Board Certified in Cognitive & Behavioral Psychology (ABPP), have published over 300 articles and book chapters and 8 books, and serve on 9 editorial boards.

For four decades I have promoted the integration and dissemination of science and practice in addictive behaviors. I would embrace the opportunity to further help strengthen the division and to strongly represent our interests at the Council of Representatives and within APA's governance structure.

Fred Rotgers

I am honored to be nominated for the office of Council Representative for the Society of Addiction Psychology (APA Division 50) (SoAP). I received my doctorate from Rutgers Graduate School of Applied and Professional Psychology, where I served on the faculty of the Rutgers Center of Alcohol Studies, and where I continue to direct the Program for Addictions Consultation and Treatment training clinic for doctoral psychology students. I am currently in Independent Practice where the bulk of my activities involve training healthcare professionals in the implementation of empirically supported approaches to addictions treatment. I have previously served the SoAP as Liaison to CAPP and as President. I continue to be actively involved in APA Governance as the current Chair of the Committee on APA-Division Relations (CODAPAR). As Chair of CODAPAR I have been privy to many of the discussions about the reorganization of APA that will continue to be a major focus of work by the APA Council of Representatives as APA attempts

to make itself into a leaner, more responsive organization. I am committed to that process, as well as to insuring that APA grows, and that Divisions continue to play a major role in APA Governance going forward. Divisions such as ours are critical players in the APA story. Division membership is strongly associated with continued APA membership, and I will be a strong advocate for insuring that Divisions maintain their important place in APA Governance, and particularly in the APA Council of Representatives.

Member-at-Large (Science)

Nancy A. Haug

I am delighted to be nominated for Member at Large (Science) representing SoAP. I have been an active member of Division 50 for many years, including my editorship of *The Addictions Newsletter* (2004-2007). As a researcher, clinician and teacher/scholar, I will provide well-rounded representation for our division within APA. My current research includes a collaboration with Stanford neuroscientists, translating results from neuroimaging and biobehavioral data into meaningful clinical feedback. I'm also studying provider attitudes toward naloxone and the implications of medical marijuana on psychotherapy treatment outcomes.

At present, I am Associate Professor at Palo Alto University and core faculty in the PGSP-Stanford University PsyD Consortium. I also serve as Assistant Director, Research Director and Licensed Clinical Supervisor at The Gronowski Center, a community mental health

clinic. I teach *Psychological Treatment for Substance Abuse* and lead seminars on addiction-focused topics. I recently published a comprehensive review of psychosocial and behavioral treatments for pregnant women with substance use disorders.

I was previously a faculty member in the Department of Psychiatry at the University of California, San Francisco and instructor at UC Berkeley Extension, Alcohol and Drug Abuse Studies Program. I earned a doctoral degree in Clinical Psychology

and Behavioral Medicine from the University of Maryland Baltimore County under the mentorship of Dr. Carlo DiClemente, while working at the Johns Hopkins University Center for Addiction and Pregnancy. I completed a clinical internship and postdoctoral fellowship at UCSF and San Francisco General Hospital focused on public service, minority mental health, and substance abuse treatment.

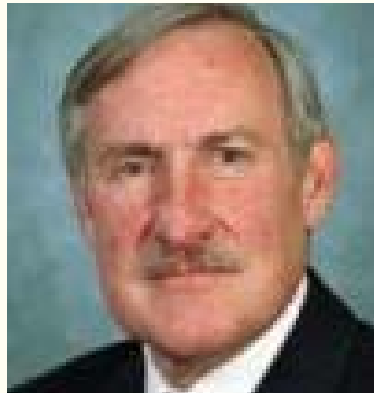
I am committed to the application of evidence-based principles in addiction treatment as well as the integration of science and practice. One of my primary goals as Member-at-Large (Science) is to bring the translational work of our members to the forefront of addiction science and mental health. I believe I can contribute as a thoughtful and informed advocate for the scientific interests of our Division 50 constituents. I am conscientious, organized and dedicated to advancing addiction psychology. Please vote for me. Thank you!

Clara M. Bradizza

I am honored to be nominated to serve as Member-at-Large (Science) for the Society of Addiction Psychology (Div 50). This position would allow me the opportunity to serve as a liaison to other APA Divisions and APA's Science Directorate, whose mission is to communicate, facilitate, promote and



Nancy A. Haug



Fred Rotgers

represent psychological science and scientists. SoAP has been my professional home within APA for more than 20 years. My qualifications for this position include my training, experience and commitment to working on behalf of SoAP.



Clara M. Bradizza

I received my PhD in clinical psychology from SUNY-Binghamton and completed my pre-doctoral internship and post-doctoral fellowship at Brown University's Center for Alcohol and Addiction Studies. I am currently a Senior Research Scientist at the Research Institute on Addictions at the University at Buffalo-SUNY and a licensed clinical psychologist. My research is focused on understanding relapse, and developing and testing cognitive-behavioral interventions for alcohol dependence and smoking cessation, primarily among underserved populations including pregnant women, individuals diagnosed with a severe mental illness and primary care patients. I am actively involved in training post-doctoral fellows in our NIAAA-funded T32 training program. In addition, I serve as a reviewer for the NIH Risk Prevention and Intervention for Addictions (RPIA-N) IRG and am an editorial board member for *Addictive Behaviors*.

Over my career, I have been actively involved in the SoAP as a frequent program reviewer for the division and as co-chair of the Div 50 program at the APA Convention in 2008 (Boston) and 2009 (Toronto). In addition, I served for 10 years as an editorial board member for the division journal *Psychology of Addictive Behaviors*. I believe that my involvement and commitment to Div 50 has prepared me to serve effectively as Member-at-Large (Science). If elected to this position, I would work to advance the SoAP's addiction interests in the Science Directorate and represent the SoAP at the annual planning retreat. Additionally, I would actively pursue collaborations with other

addictions field for nearly 20 years, and am deeply committed to the goal of better understanding and treating problematic substance use. I see serving in this position as an opportunity to foster connection and communication between members of the SoAP, other divisions within APA, and the Science Directorate.

I currently am a Professor in the Department of Psychology at the University at Buffalo, State University of New York. In this position, I teach, mentor doctoral and undergraduate students, and provide clinical supervision to our trainees. I also have an adjunct appointment with the Research Institute on Addictions (RIA). I also am on the editorial boards at two of APA's journals, *Psychology of Addictive Behaviors* and the *Journal of Abnormal Psychology*.

Much of my research has focused on understanding factors that contribute to alcohol and other drug use in young adults. Another important part of my research is how substance use behaviors intersect with exposure to trauma and

divisions that serve to strengthen and advance the SoAP's scientific goals. If elected, I would welcome the opportunity to serve the SoAP membership.

Jennifer Read

I am very pleased to be considered for the position of Member-at-Large (Science), representing SoAP. I have worked in the



Jennifer Read

posttraumatic stress. The goal of this work is to identify target populations and modifiable risk and protective factors, both of which may inform intervention.

To the position of Member-at-Large, I would bring past experiences from service positions within SoAP, including program conference chair (2010-2011) and member of the conference program committee (multiple years). I also have served other organizations, including a recent term as the Special Interest Group leader for the Addictive Behaviors SIG at the Association for the Advancement of Cognitive and Behavioral Therapies (ABCT).

I have a long professional history of bridging across areas of addiction psychology. I also have served in several positions that required me to act as a liaison across diverse professional communities. I would be honored to have the opportunity to bring this history to the position of Member-at-Large (Science).

Member-at-Large (Science).

Treasurer

Ty S. Schepis

I would like to thank the members of the Society of Addiction Psychology (SoAP) for nominating me to run for Treasurer. I have been a member of SoAP for the past decade, joining as a graduate student, and I served the society in the 2009-2010 Presidential term of Lisa Najavits. During that time, I served on the website committee of the division, and I coordinated the Presidential One-Hour Mentoring. I am particularly proud of my efforts as the coordinator of the One-Hour Mentoring program,



Ty S. Schepis

as I worked diligently to match mentors and mentees and received positive feedback for my help in this area.

I hope to resume service to SoAP as Treasurer, following a few years where I stepped away from service to focus on solidifying my tenure qualifications. If elected, I would work both to continue the excellent work of the outgoing treasurer, Jennifer Buckman, and to further the financial standing of SoAP in three ways. First, I would hope to work with the board of SoAP to keep expenses below or in line with income. Second, I would continue conservative investment of any unspent earnings to increase the endowment of SoAP;

in particular, I believe this would ensure the continued financial viability of the society after income from the sale of *Psychology of Addictive Behaviors* ceases in 2024. Third, I would propose to balance this conservative stance with efforts to increase both awards and travel stipends to the Collaborative Perspectives on Addiction conference, particularly to graduate students and early career professionals. This could be aided by obtaining grant funding to support the society, which I would seek as Treasurer.

I have seen the significant impact addictive disorders have in my clinical training and academic research work (as an Assistant Professor of Psychology at Texas State University) on adolescent and young adult tobacco and prescription misuse. I hope to serve as SoAP treasurer to help this society continue its work to advance the science and practice of addiction psychology. I would be honored to serve SoAP as Treasurer, and I thank you for your consideration.

Lori Eickleberry

It is my pleasure to be nominated to serve as Treasurer for the American

Psychological Association's Society of Addiction Psychology (SoAP). I earned my PhD in Clinical Psychology from Nova Southeastern University in 2006. I am Board Certified in Cognitive and Behavioral Psychology by ABPP and have been an instructor at Nova Southeastern University since 2004. I spend my time not only teaching and supervising, but

also as a Licensed Psychologist and Director at the Motivational Institute for Behavioral Health, LLC, which is a group practice specializing in Behavioral Medicine. I am also Founder/President of a non-profit psychological services clinic and teaching facility, the Motivational Institute Mental Health Bridge Clinic, Inc. that provides low-cost psychological services

to low-income individuals and families.

Successfully managing both profit and non-profit businesses makes me a good fit for the financial responsibility that being Treasurer will entail. As a provider working in the field of addictions for over 13 years and a member of Division 50 since graduate school, my career has been driven by the lack of access to healthcare, education, and collaboration in the field of addictions. As a result, I will financially advocate for the circulation of relevant information pertaining to equitable dissemination of quality addiction services. If elected, I will utilize my position to increase membership and improve communication with other Divisions, APA, and the community. My interest is to support funding in important areas such as the impact of health care reform on the treatment of addictive disorders, research, and community education and interventions.

Secretary

Brandon Bergman

As the acting secretary for Division 50, I am excited about the opportunity to serve as your secretary for a full 3-year term. I am a psychologist at the Massachusetts General Hospital and Harvard Medical School, working both on the front lines with young adults struggling with substance use disorders (SUD) and as a research scientist conducting treatment and recovery research. As a result, I feel tuned in to the experiences of both clinicians and researchers and, consistent with the division's mission, believe I can advocate comprehensively for addiction psychologists in a range of settings.

Appointed by the executive board mid-term, I have enjoyed being of service to the addiction psychology community. Among my many responsibilities, I serve as a conduit between the President and other members of the board as well as organize monthly agendas and

meetings. Also, in line with past president John Kelly's goal to enhance organizational effectiveness, we have mobilized the division's leadership to create a unified set of expectations and duties for leadership roles that are easily accessed on the division's website (addictionpsychology.org). In addition, I assisted directly current President Alan

Budney and other division members to craft the application for reinstatement of the Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders, which had been formerly discontinued by APA.

If elected, I plan to build on my prior work through contributing to the effective dissemination and implementation of the Certificate of Proficiency, and aid division leadership in other important credentialing endeavors, including an



Lori Eickleberry



Brandon Bergman

optimal platform to achieve board-certification in addiction psychology. I also hope to problem solve strategies to use web-based platforms (e.g., the division website, Facebook page, etc.) as organizational and information-sharing tools for division members. As this position will help cultivate an intimate understanding of the dynamics between governance, advocacy, research, and clinical work, I believe I am well suited to contribute to the long-term success of the Society of Addiction Psychology. Thank you in advance for your support and for the opportunity to serve our division in this capacity!

Aaron Weiner

I am honored to be nominated for the office of Secretary, and welcome the opportunity to directly impact the development of the Society of Addiction Psychology (SoAP). If I am elected, I plan to pursue three primary goals: (1) Increase the percentage of addiction treatment programs that employ psychologists through outreach and education for program administrators, (2) Promote the dissemination and utilization of addictions research through psychologists in addiction treatment settings, and (3) Raise awareness of addiction psychology in undergraduate and graduate programs, helping to attract the next generation of members for the SoAP.

I am running for Secretary on the belief that addiction psychology is at an important juncture. At a time when the field of addictions treatment is increasingly crowded with different disciplines and credentials, psychologists' unique ability to create, interpret, and integrate research is too often overlooked. Psychology's synergy between science and practice is our greatest strength: Our researchers enhance the credibility of our practitioners, while our

practitioners enhance the relevance of our researchers. Although together we provide a service that is unique and unparalleled in addictions treatment, many program administrators do not understand the distinct value that a psychologist can offer. This, in turn, limits the impact of our research and the presence of our practitioners.

As Division 50 Secretary, I would work diligently to promote the interests of the SoAP, the proliferation of addictions research, and the stability of our profession as an integral and indispensable component of modern addictions treatment. Further, I plan to engage with undergraduate and graduate training programs, raising the profile of the SoAP to help cultivate the next generation of addiction psychologists.

I am strongly motivated to work with the SoAP leadership to generate specific and operationalized objectives to address these issues through advocacy, outreach, and education. It would be my privilege to work with you to move the field of addiction psychology forward. I humbly ask for your vote and your support.

Jesse Suh

I am honored to receive a nomination for the Society of Addiction Psychology (SoAP) Secretary position. I am a clinical assistant professor at the University of Pennsylvania Perelman School of Medicine and a clinical research psychologist within the VISN-4 Mental Illness Research, Education and Clinical Center at the Philadelphia VAMC. My research focuses on the use

of neuroimaging and behavioral probes to understand cognitive, brain and behavioral vulnerabilities in addiction and substance relapse processes. Clinically,

I work with adults who experience substance-related and behavioral addictive disorders.

I first became a SoAP member when I was a postdoctoral fellow, and have since relied on SoAP for professional resources in my roles as a mentee/trainee, a clinician, a research scientist, an educator and a mentor. Having these multifaceted roles and

responsibilities over the years, I have truly appreciated the division's mission to promote advances in addiction research, clinical practice and training early professionals. I currently serve as the editor of the SoAP's Facebook page and work with Dr. Nancy Piotrowski to expand and enhance the Internet presence through the use of social media. In this role, I have had opportunities to engage our SoAP members and collaborate with SoAP board members, learning about the ways in which the mass medium could serve to promote SoAP's mission.

As a candidate for the SoAP Secretary, I am excited about the prospect of working with SoAP committees and shaping the SoAP's role in national advocacy and policymaking. If elected, I will work collaboratively with other board members and will continue to engage Division 50 members to advance the mission of SoAP: To foster research and clinical practice, and to improve training and strengthen the involvement of students and early professionals. I believe that my interest and experience would make me a competitive candidate for this position and I will be able to perform the duties of secretary with enthusiasm and confidence. I appreciate your consideration and support. ♡



Jesse Suh



Aaron Weiner



APA Convention 2015: Toronto

Kristina Jackson & Suzette Glasner-Edwards

2015 APA Convention Co-Program Chairs

The 2015 APA Convention will be held in Toronto, Ontario from August 6th-9th. We've got a fantastic program scheduled for this year, featuring SoAP (Division 50)-sponsored symposia and poster presentations that will be of broad interest to clinicians, policy makers, research scientists, and students. Our program covers a wide range of addictive behaviors, including alcohol use, marijuana use, and opioid and other substance use disorders, as well as disordered gambling and internet addiction.

Several of our presentations are oriented towards intervention and treatment, including novel interventions using technology, exercise, and mindfulness. We also have a symposium on substance use and psychiatric comorbidity and two symposia focused on HIV and substance use. Two sessions feature marijuana use, including a symposium examining its effects on neurodevelopment and a presentation by our President, Alan Budney, who will be giving a talk entitled "How Can Behavioral Science Inform Marijuana Regulation Policy?" Division 50 has collaborated closely with Division 28 (Psychopharmacology and Substance Abuse) to co-sponsor a total

of 6 symposia and 3 poster sessions.

As in previous years, the SoAP and Division 28, with generous support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA), will co-sponsor an Early Career Social Hour and Poster Session, during which early career members will have the opportunity to present their work and meet other SoAP members. This event is an opportunity to see the work of some of the newest members of the field, and the quality of the work is outstanding. We encourage all of our SoAP members to attend!

Details about the specific times and locations of these events will be published in the Summer issue of TAN and in the Convention Program. 2015 Convention Facilities include the Metro Toronto Convention Centre, the Fairmont Royal York Hotel, the Intercontinental Toronto Centre Hotel, and the Westin Harbour Castle. ATTENDEE REGISTRATION BEGINS APRIL 15, 2015.

Last but certainly not least, we would like to thank all of the reviewers who provided expedient and thoughtful reviews. Reviewers include Alan Budney, Adam Leventhal, Anne Fernandez, Cinnamon Bidwell, Carl Lejuez, Christine Grella, Clayton

Neighbors, Dana Litt, Danielle Ramo, Greg Homish, Golfo Tzilos, Hector Lopez-Vergara, Joel Grube, John Kelly, Jordan Braciszewski, Jennifer Merrill, James Murphy, Jen Read, Kaston Anderson-Carpenter, Kevin King, Krista Lisdahl, Kristine Marceau, Lara Ray, Lynn Hernandez, Marya Schulte, Melissa Lewis, Matt Martens, and Megan Patrick.

We look forward to seeing you there! Toronto has been described as "New York City run by the Swiss," and it's true—you can find world-class theater, shopping, and restaurants, but the sidewalks are clean and the people are friendly. Don't miss the CN Tower, the Toronto Zoo, and Ripley's Aquarium of Canada. Toronto also has a wealth of museums, including the Royal Ontario Museum, the Art Gallery of Ontario, the Ontario Science Centre, the Bata Shoe Museum, and the Hockey Hall of Fame. Catch a Jay's game, or if you're a fan of shopping, visit Toronto Eaton Centre, the largest and busiest shopping mall in Toronto. Don't forget that U.S. citizens entering Canada and returning to the United States will be required to have a passport.

Future Convention Dates: August 4-7, 2016 in Denver, Colorado and August 3-6, 2017 in Washington, DC. [ψ](#)

Photo: Nathan Phillips Square, Toronto

Report from the SoAP Education and Training Committee (ETC)

Cindi Glidden-Tracey
ETC Co-Chair

Our Education and Training Committee has been active during Fall 2014 and into Spring 2015. During the August 2014 SoAP Business meeting at the APA convention, committee Co-Chair Dr. Chris Martin presented our report on 2013-2014 activities of the ETC. Since the convention, we appreciate the committee's work on the following projects:

The ETC again for the tenth year sent a member to represent SoAP at the annual APA Education Leadership Conference (ELC) in Washington. Dr. Cynthia Glidden-Tracey attended the 2014 ELC in September, with the emphasis on Learning in a Digital World. Presentations included sessions on the intersection of the learner and technology, changes in the landscape of higher education with technological innovations, online teaching and educational games, using learning analytics, and applications of psychological science to learning processes using technology. With recent retirements in the Education Directorate, the ELC was coordinated by new leadership this year, and was as well-run, evocative, and collegial as ever. As usual, the ELC included training in advocacy for Psychology in Education, and the conference concluded with Capitol Hill visits. Congresswoman Nita Lowey spoke to ELC participants at a reception in her honor, providing context and support for our advocacy visits to the Hill the following day. Psychologists representing multiple states and professional organizations blanketed

Congressional offices to speak with both staff and members of Congress to request support for funding the Graduate Psychology Education Program in the Health Resources and Services Administration. Our advocacy efforts were successful, because in December we received word that the President signed the Fiscal Year 2015 Consolidated and Further Appropriations Act (aka the Omnibus Resolution), which includes a \$1 million increase to the Graduate Psychology Education (GPE) Program. Over the past two years, Congress has increased funding for GPE by \$5 million—during a time of sequestration and severe budget constraints—thanks in large part to ongoing psychologist engagement in education advocacy efforts. Federal investments in the psychology workforce have increased by more than \$40 million since 2002. The announcement of this increase included accompanying report language, by which Congress directed the Health Resources and Services Administration (HRSA) to “devote the increase to the Graduate Psychology Education Program for a special effort to focus additional grants on the inter-professional training of doctoral psychology graduate students and interns to address the psychological needs of military personnel, veterans and their families in civilian and community-based settings, including those in rural areas.”

The ETC proposed to the SoAP Executive Board that Division 50 sponsor Student/ Early Career Professional travel awards to encourage attendance and participation at the Psychology Without Borders National Multicultural Conference and Summit (NMCS) in January 2015. The Board approved

sponsorship at the \$1000 premiere level, and SoAP sponsorship was used to provide travel awards for three new professionals to attend the NMCS. The SoAP Education and Training Committee offered an essay contest for SoAP members and student affiliates, to select those who would receive the travel awards, but no essays were submitted. The backup plan was to award the travel funds to Early Career Professionals volunteering time at the NMCS, and the NCMS Coordinators sent the names of award recipients Drs. ShihWe Wang, Erika Carr and Katherine Quigley. SoAP appeared as a sponsor on the NMCS website, which can be found at www.multiculturalsummit.org

The ETC also reviewed proposals for CE credit offerings to be sponsored by SoAP at the 2015 CPA (Collaborative Perspectives on Addiction) conference to be held in Baltimore in March. Of the thirteen proposals submitted and reviewed, eight were approved by the ETC for Continuing Education credit to be offered to participants attending those presentations at the CPA conference. It looks like it will be an excellent conference!

The SoAP Education and Training Committee (ETC) includes Drs. Jason Burrow-Sanchez, Ellen Vaughan, Will Corbin, Ryan Trim, and ETC Co-Chairs, Dr. Christopher Martin and Dr. Cynthia Glidden-Tracey. We are also pleased to have Laura (Kiki) Hachiya continuing this year as Student Representative to the ETC. Thanks to all committee members. Questions about joining the committee or committee activities reported here can be addressed to cglidden@asu.edu.^ψ

RENEW NOW!

Renewal notices for January-December 2015 have been going out to 2014 members and affiliates of SoAP. APA Members, Associates, and Fellows may renew at <http://www.apa.org/membership/renew.aspx>. Professional Affiliates and Student Affiliates may renew at www.apa.org/divapp. If you have questions, contact the administrative office at division@apa.org or 202-336-6013.

Psychology of Addictive Behaviors: Journal Report

Dear Division 50 Members,

Thank you all for your support of the Division 50 journal, *Psychology of Addictive Behaviors (PAB)*, over the past year. The first issue of the new editorial team will be released in March, and I think you will notice some changes.

First and foremost, the journal will now be highlighting articles from randomized controlled trials, meta-analyses and systematic reviews, and laboratory studies. In the March 2015 issue, we have several excellent studies represented in each of these categories, and we hope to see more papers that fall within these areas. Please consider submitting primary findings from your studies to the journal so we can continue to present some of the best research in the field in *PAB*.

Second, thank you to everyone who submitted an article for the special

section on Marijuana Legalization: Emerging Research on Use, Health, and Treatment, spearheaded by Ken Winters. We received an overwhelming response to the call, and papers are undergoing review. We look forward

to their publication in the near future, and we appreciate the help of everyone who agreed to review these papers.

Third, I also want to provide a brief update on statistics related to the journal in 2014. The journal has an impact factor of 2.77, which is among the highest of the substance abuse journals. We rendered

decisions on 425 new papers throughout the course of last year. In total, 23% were invited back for a revision, and 65 papers submitted in 2014 so far have been accepted for publication. The average time to a decision is under 34 days.

Fourth, given the growth of the journal over the past year, we have gained new

associate editors. Craig Colder from the University at Buffalo and Damaris Rohsenow from Brown University have joined our team, and we welcome them.

Last but certainly not least, I want to thank all of you who volunteered to serve as reviewers for *PAB*. In 2014, 407 persons provided reviews for one or more papers, and many of them were Division 50 members. If anyone would like to sign up as a reviewer, please let me know. We also have spots open for Principal Reviewers, who are willing to review five or more papers throughout the year. If you would like to serve as an occasional or Principal Reviewer, please send me an email (npetrypab@gmail.com) along with your primary areas of research. I'll be happy to add you to the pool of reviewers.

Thank you all for your assistance with the journal. I look forward to another good year in 2015, and I hope we can continue to make *PAB* one of the top outlets for addictions research.

Sincerely,
Nancy Petry
Editor, *Psychology of Addictive Behaviors*



Nancy Petry

JOIN OUR DIVISION LISTSERVS

SoAP maintains two listservs: One is for general discussion and information sharing; the other is only for announcements that are approved by the SoAP President.

The **general listserv** is maintained by the division. You may join it once you are a Division member by sending an email to the SoAP Membership Chair and requesting to be added to the listserv, or by visiting the listserv URL at <http://mailman.yale.edu/mailman/listinfo/apadiv50-forum> and entering a subscribe request to the moderator. Instructions on how to post to the listserv are also located at the listserv URL. This listserv is graciously provided by our member Robert F. Leeman, PhD.

The **announcements-only listserv** is one upon which your email address is automatically added if you provide one to APA and give APA permission to send you email. The APA Division Services Office staff updates the list as members join the division, or as individuals need to make adjustments to any email address or listserv subscriptions on file. The acting SoAP President is the only one who can approve announcements on this listserv. Generally, announcements from this listserv are high priority time-sensitive messages from the Division President, Division Board, APA, or other entities expressing information of key importance to members. You may join or update your subscription through <http://listserve.apa.org/>.

Smoking Cessation Interventions During Substance Use Treatment and Recovery: Where Do We Go From Here?

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Steve Sussman

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Background

National data suggests that past year smoking prevalence among those who received any addiction treatment during the period 2000-2009 ranged from 67% to 69% (Guydish et al., 2011), nearly three times the prevalence rate for the United States population as a whole. Yet, smoking cessation programming remains uncommon during substance abuse treatment and recovery (Friedman, Jiang & Richter, 2008; Sussman, Forster, & Grigsby, in press). This discrepancy between high rates of smoking in substance use treatment facilities and relatively low prevalence of interventions to help people quit has been driven by a multitude of factors. We explore the developments and challenges of smoking cessation interventions in substance use treatment facilities.

The story on quitting smoking and relapse

There is an emerging pattern of evidence that smoking cessation during treatment for alcohol and drug use disorders may improve abstinence outcomes (for review, see Baca & Yahne, 2009; Prochaska, Delucchi, & Hall, 2004) despite old claims that smoking cessation may lead to relapse (Bobo & Huston, 2000; Prochaska et al., 2006; Sussman, Forster, & Grigsby, in press). Recently, a longitudinal study

found that stopping smoking during the first year of treatment appears to improve substance use outcomes nine years later for those who have gone through treatment (Tsoh et al., 2011). These findings confirm biopsychosocial theories and evidence that shared factors influence these behaviors (Shoptaw et al., 2002). Moreover, this line of inquiry has opened the door for further research on the efficacy of smoking cessation interventions concurrent to treatment for other substances. Many investigations have focused on factors related to quit attempts and motivation to quit which leads to the question, who doesn't quit smoking?

Who doesn't quit?

Individuals who do not quit, or don't attempt to quit, smoking during substance use treatment may represent a unique subpopulation of smokers. Recently, Martinez and colleagues (2015) observed that individuals in substance abuse treatment facilities are more likely to attempt quitting smoking when they have more positive attitudes towards quitting, are in the preparation or contemplation stage of change (i.e., intend to quit in the foreseeable-future) and have ready access to tobacco use cessation based services (see McClure, Acquavita, Dunn, Stoller, & Stitzer, 2014).

As one might expect, heavier smokers are less likely to quit and abstain from smoking (Alpert, Connolly, & Biener, 2012). This dose-response relationship, and the underlying nicotine dependence, is important and should always be considered when screening for smokers in substance abuse treatment settings. In addition, mental health status may be important. For instance, one study found that higher levels of anxiety sensitivity and

trait anxiety were associated with more smoking urges among individuals in outpatient substance abuse treatment (Kelly, Grant, Cooper, & Cooney, 2012). More recently, Dahne, Hoffman and MacPherson (2015) presented findings that anxiety sensitivity was positively associated with motivation to quit smoking for women but not men in a sample of individuals enrolled in a residential treatment center in Washington, D.C.. This conflicting evidence suggests that certain psychosocial factors play a role in motivation and ability to quit smoking, and that these relationships may differ for men and women. Elsewhere (Grigsby, Forster & Sussman, in press), we suggest, among other traits and self-perceptions, that smoking may serve as a symbol of solidarity or defiance among those in recovery and, as such, serve as an important barrier to quitting.

The frontier of biological and behavioral interventions

Although smoking cessation interventions seem to enhance sobriety from alcohol and other drugs (Sussman, Patten, & Order-Connors, 2005), there is no consistent evidence that specialized smoking cessation programs are especially effective for quitting smoking among persons in recovery. New treatments have been developed in the past decade that are showing promise in reducing smoking and improving quit rates among those in substance use treatment programs. Varenicline, approved by the FDA for smoking cessation, has been shown to reduce the number of cigarettes and amount of alcohol used by heavy-drinking smokers (Mitchell, Teague, Kaysar, Bartlett, & Fields, 2012), and may be an effective treatment regimen in conjunction with psychotherapy and other behavioral interventions. However, the effectiveness of other

biological agents, specifically opioid antagonists, remains questionable (David, Lancaster, Stead, Evins, & Prochaska, 2006). Banducci and colleagues (2013) combined traditional cessation intervention programming (i.e., nicotine replacement therapy (NRT) and cognitive behavioral therapy (CBT)) with a behavioral activation (BA) enhanced treatment for a pilot study of 12 African-American patients. The goal of BA is to increase positive affect, and in combination with NRT and CBT it appeared to decrease smoking relapse rates.

While more research is needed, the scant evidence available suggests that combining therapeutic approaches may be more efficacious than using stand-alone treatment regimens. As discussed earlier, there appear to be several biological, psychological and social factors that contribute to smoking behavior during treatment and recovery from substance abuse—a phenomena we see with many negative health behaviors and psychological conditions. As such, it would be theoretically plausible that a combined regimen of tobacco use cessation approaches would be more effective and more data is supporting this perspective (Ebbert et al., 2014; Stead & Lancaster, 2012).

Looking forward: Conclusions and future recommendations

The increased focus on smoking and other tobacco use cessation during substance use treatment and recovery has unveiled some important findings regarding motivations to smoke, motivations to quit and the development of efficacious interventions for individuals with substance use disorders. However, there is still much room for improvement in all of these domains and novel research protocols may assist in this endeavor. For instance, Cohn et al. (2015) published a protocol documenting the use of ecological momentary assessment (EMA) to capture real time patterns of smoking and alcohol use in a sample of risky drinking-smokers with the goal of prospectively predicting smoking and alcohol use behavior and generation of intervention programs

tailored to individual attitudes and behaviors. Mobile-based assessments and interventions are becoming increasingly common in substance use research (Mahre et al., 2013; Moore et al., 2014) and may be optimal for use in substance abuse treatment programs.

More attention on clinician perceptions of smoking cessation interventions during the treatment and recovery phase is another worthwhile avenue for further work. Eby, George and Brown (2013), for example, found that clinician implementation of tobacco free treatment programs implemented by the State of New York were not related to individual self-efficacy for change but instead to organizational and management factors. This finding underscores a need to address the structural factors that contribute to the promotion of smoking cessation in substance use centers. Incorporating a social and structural “tobacco free” environment might improve individual level cessation interventions (Sussman, 2002). To assist in encouraging persons in treatment to quit smoking, we also need to think of “pulls” to motivate individuals to quit and maintain long-term abstinence. This endeavor will require creative projects and new directions that build on existing treatment protocols and regulations (e.g., smoke-free supportive “Alano Clubs,” walking support groups, meditation groups, recovery movement “quit to win” contests, etc.) that can identify “pulls” that resonate with smokers who have not yet, or are unlikely to, respond to standard cessation programs. A consistently enjoyable and healthy pull may be a missing link in smoking cessation programs for those in substance abuse treatment and recovery.

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Is Smoking Cessation During Substance Abuse Treatment a Good Idea?

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Tobacco use is common among adults with substance use disorders (SUD). Over 60% of clients with SUD are smokers (Hall & Prochaska, 2009), compared to 18% in the general population (Jamal et al., 2014). As a group, smokers with SUD tend to be heavy, dependent smokers who initiated tobacco use at a young age. With a priming effect, early exposure to nicotine has been shown to enhance the addictive properties of drugs such as cocaine (Kandel & Kandel, 2014). Nicotine's reinforcing actions on the mesolimbic dopamine reinforcement pathway in the brain are similar to those of cocaine and amphetamine, contributing to elevation of mood and cognitive enhancement (Stahl, 2008).

The consequences of smoking among clients in SUD treatment are significant, serious, and often synergistic (Xu et al., 2007). In a study of individuals treated

for alcohol dependence, half died from tobacco-related diseases (Hurt et al., 1996). In a study of long-term drug users, the death rate among smokers was four times greater than that of nonsmokers (Hser, McCarthy, & Anglin, 1994).

Despite the significant negative health effects, provision of cessation services within SUD treatment programs remains relatively rare and noncomprehensive. Among 897 national drug treatment programs surveyed in 2006-2008, 86% screened for tobacco; however, 58% offered no formal cessation services, 25% pharmacotherapy only, and 5% counseling only; 11% combined medication and counseling, as recommended by clinical practice guidelines (Knudsen, Studts, Boyd, & Roman, 2010). Follow-up surveys in 2009-2010 indicated problems with sustaining services over time, with discontinuation predicted by low staff interest, inadequate staff skills, competing time demands, and

a treatment approach less medically-oriented (Knudsen, Muilenburg, & Eby, 2013; Knudsen & Studts, 2011). Beliefs prevail that smoking is a form of "self-medication" or harm reduction, a lesser evil, and lower treatment priority to alcohol or illicit drug use (Prochaska, 2010). Since tobacco is legal, its effects on the individual and significant others are viewed as less consequential than illicit substances of abuse.

Given these concerns, what does the evidence show with regard to smoking and SUD treatment?

Continued smoking is associated with worse drug treatment outcomes (Frosch, Shoptaw, Nahom, & Jarvik, 2000), while quitting smoking is predictive of improved sobriety (Bobo, McIlvain, Lando, Walker, & Leed-Kelly, 1998). In a 12-month prospective study of 649 clients in addictions treatment, those who quit smoking were less likely to be diagnosed as alcohol dependent and had significantly greater total days

of abstinence from alcohol and illicit drugs compared to those who remained smokers (Kohn, Tsoh, & Weisner, 2003). While 13% of smokers quit on their own over the 1-year follow-up, 12% of the never and former smokers initiated or relapsed to tobacco use. Treatment is needed to optimize engagement in cessation and to prevent uptake of tobacco use during a vulnerable period.

Notably, clinical attention to clients' tobacco use may enhance SUD treatment outcomes. Meta-analysis of 19 trials found individuals with SUD randomized to smoking cessation interventions versus usual care had a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs (Prochaska, Delucchi, & Hall, 2004). Contrary to previous concerns, smoking cessation efforts during SUD treatment appear to enhance rather than compromise long-term abstinence.

Most clients in SUD treatment express interest in quitting smoking, yet many have concerns about their ability to quit multiple substances simultaneously (Hall & Prochaska, 2009). A randomized trial specifically tested the timing of tobacco treatment delivery: concurrent (during SUD treatment) versus delayed (6-months later) (Joseph, Willenbring, Nugent, & Nelson, 2004). Participants were adult veterans in treatment for alcohol abuse. Findings indicated greater participation for concurrent versus delayed cessation treatment, though no difference in long-term abstinence from tobacco. For some, but not all, of the alcohol outcomes and for Caucasians, but not African Americans, sobriety was worse for concurrent versus delayed cessation treatment (Fu et al., 2008). Greater study is needed of the optimal timing of tobacco cessation interventions within SUD treatment settings, which may differ depending on the approach taken (e.g., action-oriented "quit now" versus matched to readiness to quit).

What are best practices?

Tobacco addiction is treatable, SUD treatment providers are exceedingly well placed to address smoking, and

the behavioral strategies utilized to quit other addictions can generalize to quitting tobacco - e.g., relaxation, distraction, distress tolerance skills, addressing triggers to use. Further, FDA approved medications for quitting smoking are effective, available, low-cost (relative to smoking), and serve to alleviate withdrawal and reduce the likelihood of relapse.

Tobacco treatment clinical practice guidelines recommend: asking about tobacco use; advising smokers to quit; assessing readiness to quit; and providing assistance, follow-up, and/or referral. For clients not ready to quit, plant the seed - focus on the benefits of quitting, be a resource, and ask permission to revisit the issue in future sessions. Once ready, treatment options include in-session counseling (e.g., problem solving/skills training), group-based treatment, and the national quitline (1-800-QUIT-NOW) combined with medication. Medications include nicotine replacement therapy (in the form of patch, gum, lozenge, nasal spray, and inhaler), antidepressants (bupropion SR or nortriptyline), and the alpha4beta2 nicotinic receptor partial agonist (varenicline).

As a treatment provider, work to inspire hope - discuss successes in the field and those you have seen in your practice - highlight your client's sobriety efforts and discuss ways in which these learned strategies can generalize to quitting tobacco. In a systematic review of 17 studies, smokers with current and past alcohol problems were more nicotine dependent, less likely to quit in their lifetime, yet as able to quit smoking on a given attempt as smokers with no alcohol problems (Hughes & Kalman, 2006). The authors hypothesized that smokers with SUD problems may have learned skills in gaining sobriety from alcohol or illicit drugs that were applicable to quitting smoking.

Recently, we tested, in a randomized controlled trial, initiation of tobacco treatment during acute psychiatric hospitalization. Evaluated with 224 participants, most not intending to quit in the near future and 69% reporting

problematic alcohol or illicit drug use, treatment effects were significant with verified quit rates of 20% (treatment) vs. 7.7% (usual care); rehospitalization was significantly less in the intervention group; and the treatment was highly cost effective (Barnett, Wong, Jeffers, Hall, & Prochaska, in press; Prochaska, Hall, Delucchi, & Hall, 2014).

Spanning treatment to policy, smoking bans and tobacco tax increases have demonstrated significant effects on smoking and alcohol use. Increased cigarette taxes are associated with reductions in alcohol consumption among vulnerable groups (Young-Wolff, Kasza, Hyland, & McKee, 2014); and smoke-free legislation in bars and restaurants is associated with a lower likelihood of SUD onset and greater SUD remission (Young-Wolff et al., 2013). Even more relevant and critically needed are smoking bans in SUD treatment facilities, which though growing are still not universal. In 2008, New York State mandated addiction treatment facilities with state funding or certification become 100% tobacco-free and offer cessation treatment. The regulation has significantly increased screening and treatment practices of drug treatment counselors in New York (Eby & Laschober, 2013).

Addressing tobacco addiction in SUD treatment is recommended as good clinical practice, is straightforward, and has demonstrated efficacy, without harm to sobriety. Ignoring or relegating tobacco to a second tier target contributes to tobacco-related health disparities. Evidence-based treatments and referral resources exist, and ought to be made available in SUD treatment settings.

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Why We Should Treat Smoking in Substance Dependence Programs

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Why the reluctance to treat smoking during substance treatment. Clinicians treating smokers for substance use disorders (SUD) often tell their clients not to try to quit smoking out of

concern that quitting smoking will cause their clients to relapse to drugs or alcohol (Monti et al., 1995; Rohsenow, Colby, Martin, & Monti, 2005). There are several reasons for this concern. First, the lack of knowledge in the treatment community about the effects of smoking cessation on recovery leads to “going with the gut” - smoking cessation is stressful and counselors do not want to add extra stressors given the risk of relapse triggered by stress. Second, the primary mission of these

counselors is to focus just on factors believed to result in clients becoming and staying clean and sober, so most programs do not include counseling or medications for smoking cessation, and do not have funds to do so. Third, many of the counselors are smokers themselves and it is hard for smokers to advocate for smoking cessation. When I entered this field of study, our priority was to provide actual data on the effects of smoking and of smoking cessation on alcohol use and urges

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before designing targeted interventions for smokers with SUD.

Smoking and urges to use alcohol or drugs. Urges to smoke and to drink (e.g., cravings) correlate positively in smokers with SUD (Rohsenow et al., 1997), and the causal direction of this effect is important. When asked, patients on average said that substance use almost always increases their urges to smoke but that smoking increases their urges to use substances about half the time (Rohsenow et al., 2005). Therefore, encouraging people to quit smoking early in recovery may remove one trigger for substance use urges, while being clean and sober will reduce their desire to smoke. Depriving non-abstinent alcohol-dependent smokers of tobacco for 3-4 hours did not increase their urges to drink when holding and smelling a glass of beer, nor did they drink more beer when given a chance (Colby et al., 2004; Monti et al., 1995). Based on this study, it seemed that tobacco abstinence would not have a harmful effect on urges to drink. About 58% of smokers with SUD in treatment said they at times smoked to cope with urges to use substances, and that on average they smoked to cope with urges about half the time (Monti et al., 1995; Rohsenow et al., 2005). However, smoking to cope was unrelated to motivation to quit smoking and did not predict less (or more) substance use relapse 3 months later (Rohsenow et al., 2005). Therefore, smoking treatment does not remove an important coping mechanism since smoking to cope with urges to use substances does not help people to stay clean and sober. Together, this evidence from controlled studies suggested that quitting smoking should do no harm to recovery. The next step was to look at evidence from clinical studies.

Effects of treating smoking early in recovery. A variety of clinical studies have investigated the effects of treating smoking early in recovery (within treatment or up to the first three months). These studies now show that voluntary smoking cessation programs do not worsen drinking or drug use outcomes (e.g., Burling, Burling &

Latini, 2001; Bobo et al., 1987; Carmody et al., 2012; Cooney et al., 2007; Nieva, Ortega, Mondon, Ballbè, & Gual, 2010; Rohsenow et al., 2014; Rohsenow et al., under review). In a number of studies, smoking cessation was found to have beneficial effects on sobriety (Baca & Yahne, 2009; Sobell, Sobell, & Agrawal, 2002; Bobo, McIlvain, Lando, Walker, & Leed-Kelly, 1998; Tsoh, Chi, Mertens, & Weisner, 2011; Vest et al., 2014). The one harmful study involved implementing a mandatory smoking cessation treatment within a residential SUD treatment program - there were significant increases in illicit drug use after implementing the mandatory program (Joseph et al., 1993). Of greatest interest was the long-term study of natural recovery of alcoholics by Sobell et al. (2002). The alcoholics who quit smoking within 6 months of quitting drinking had the best long-term abstinence rates. Furthermore, smoking cessation may help brain recovery during sobriety since continued smoking impedes the improvement in brain function that occurs with abstinence (Durazzo et al., 2007). Therefore, voluntary smoking cessation programs have shown no harm and often produce benefit for people with SUD.

Bottom line. Smokers with SUD can be provided the opportunity to engage in smoking cessation treatment without harming their recovery. Many smokers with SUD report that they would like a chance to quit someday (e.g., Baca & Yahne, 2009; Joseph et al., 2003). However, since most smokers in SUD treatment are not motivated to take action to quit smoking (Flach & Diener, 2004; Monti et al., 1995), the preferred counseling approach would involve brief motivational interviewing (Rohsenow et al., 2014). We found that clients in SUD treatment do not want multiple hour-long sessions on how to quit smoking and are already learning how to handle cravings and withdrawal in their other sessions, so a handout about stage-specific coping strategies can be discussed more briefly instead. Since these smokers will have concerns about effects of smoking cessation on sobriety, urges to use, weight gain,

moods, and/or restlessness, it is useful to assess and discuss their personal barriers to quitting smoking (Asher et al., 2003; Martin et al., under review), with tailored, corrective feedback (Rohsenow et al., 2014). The brief Smoking Effects Questionnaire for Adult Populations (Rohsenow et al., 2003), written in eighth-grade language, can become the basis for discussing alternative ways to obtain some of the social and emotional benefits they expect to obtain from smoking. Given that smokers with alcohol dependence die most often from smoking-related causes (e.g., Battjes, 1988; Hurt et al., 1996), the efforts to increase smoking cessation may decrease mortality. While smoking cessation rates may be low, if implemented at a population level, a significant public health impact could be made for this population at low cost if even a small percentage of these smokers successfully quit.

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The Role of Smoking Cessation in Treatment of Substance Abuse Disorders

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Smoking rates have dropped significantly in the general population over the past few decades yet the prevalence of smoking among those with psychiatric illness and/or substance abuse disorders remains very high with estimates of up to 80% (Lawrence, Mitrou, & Zubrick, 2009; Kalman, Morissette, & George,

2005). Despite the high rates of smoking among the mentally ill and the fact that smoking is the leading cause of death in this population (Colton & Manderscheid, 2006; Hurt et al., 1996; Hser, McCarthy, & Anglin, 1994), tobacco use is rarely addressed during psychiatric treatment (Himelhoch et al., 2004; Montoya, Herbeck, & Svikis, 2005; Phillips & Brandon, 2004; Prochaska, Fromont, & Hall, 2005).

Failure to treat tobacco use among those with psychiatric disorders stems in part from widely held, but untrue, assumptions held regarding the

effects that smoking cessation has on these disorders. For instance, it is a common assumption among treatment professionals that attempting to quit smoking while being treated for other substance abuse problems is too challenging and will lead to relapse. However, there is growing evidence that this is not the case and it may even be that quitting smoking can enhance recovery from other substances (Sobell & Sobell, 1996; Stuyt, 1997; Kohn, Tsoh, & Weisner, 2003; Prochaska, Delucchi, & Hall, 2004a; Prochaska et al., 2004b). In a meta-analysis of 19 randomized controlled trials with persons in current

substance abuse treatment, Prochaska et al. (2004a) found that patients who were provided with smoking cessation treatment were 25% more likely to achieve long-term abstinence from alcohol and drugs.

In our own recent work on this topic, we found that smoking cessation is associated with more positive outcomes for patients' substance use and mental health disorders. Our study examined two waves of data from the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) National Epidemiological Study of Alcohol and Related Conditions (NESARC) in order to observe the relationship between cigarette smoking reduction and cessation from Wave 1 to Wave 2 and changes in the risk of three disorders that highly co-occur with smoking: mood/anxiety disorders, alcohol use disorders, and drug use disorders. The NESARC is a longitudinal survey consisting of Wave 1 ($N = 43,093$, 81% response rate), conducted from 2001-2002, and a 3-year follow-up interview with 34,653 respondents (Wave 2). The NESARC collected data on the prevalence of alcohol and drug use, abuse, and dependence as well as associated psychiatric and other medical conditions.

All participants included in our study were daily smokers at Wave 1. We then looked at the percent change in number of cigarettes per day from Wave 1 to Wave 2. Smokers with current (within the past year) or lifetime history diagnosis of alcohol use disorder, drug use disorder and/or mood/anxiety disorder at Wave 1 were analyzed to study the effect of change in cigarettes per day on *recurrent/persistent* cases of the diagnosis at Wave 2. Additionally, we separately analyzed smokers with no lifetime history (ever in lifetime up to the time of the interview) of alcohol use disorder, drug use disorder and/or mood/anxiety disorder at Wave 1 to study the effect of change in cigarettes per day on *incident* cases of the diagnosis at Wave 2.

We found that among smokers with current or lifetime history diagnosis (of

alcohol use disorder, drug disorder and/or mood/anxiety disorder) at Wave 1, quitting smoking was associated with a *decreased* likelihood of recurrent/persistent mood/anxiety disorder (OR 0.6, 95% CI 0.4-0.8), alcohol use disorder (OR 0.6, 95% CI 0.4-0.8), and drug use disorder (OR 0.3, 95% CI 0.1-0.6) at Wave 2. Reducing daily smoking by 50-99% was also associated with a decreased risk of recurrent/persistent alcohol use disorder at Wave 2 (OR 0.7, 95% CI 0.5-0.9). Among smokers with no lifetime history of the diagnosis of interest, there was no significant association between reducing smoking and new onset of mood/anxiety disorder or new onset of alcohol use disorder at Wave 2. However, quitting smoking was associated with a *decreased* risk of new onset of drug use disorder at Wave 2 (adjusting for propensity scores: adjusted odds ratio [aOR] 0.3, 95% CI 0.1-0.7; further adjusting for history of alcohol and mood disorders at Wave 2: aOR 0.3, 95% CI 0.1-0.9).

We also found that among smokers with pre-existing alcohol use disorder (current or lifetime at Wave 1), a recurrence or continuation of their alcohol use disorder was less likely if they quit smoking by Wave 2. In addition, smokers with no history of pre-existing disorder (for outcome of interest), who stopped smoking during the 3 years after the initial assessment, were significantly less likely to meet criteria for a past 12 month diagnosis of drug use disorder compared with smokers who continued to smoke the same amount; effect on alcohol use disorder or mood and anxiety disorders trended in the same direction but were not statistically significant.

Our findings give further support to the notion that persons with both alcohol or other drugs and tobacco use can quit smoking without risking an escalation of problem alcohol and drug use.

Our findings are important news, especially when considering that most people in addiction treatment want to also quit smoking (Flach & Diener, 2004) and will accept concurrent smoking cessation treatment (Seidner,

Burling, Gaither, & Thomas, 1996). It is important for clinicians and patients to know that smoking cessation will not jeopardize one's substance abuse and/or mental health recovery and it is possible that quitting smoking may even enhance an individual's recovery. This knowledge may help to increase patients' motivation to quit smoking if they can expect positive outcomes from it. Patients who quit smoking may gain an improved sense of control and have a more positive outlook on life, which could in turn help them be more successful at dealing with their substance abuse and/or psychiatric symptoms. Smokers can be more compelled to quit with new knowledge that positive behavioral and psychological outcomes can accompany smoking cessation.

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Abstracts

Addy, P. H., Garcia-Romeu, A., Metzger, M., & Wade, J. (in press). The subjective experience of acute, experimentally-induced *Salvia divinorum* inebriation. *Journal of Psychopharmacology*.

This study examined the overall psychological effects of inebriation facilitated by the naturally-occurring plant hallucinogen *Salvia divinorum* (SD) using a double-blind, randomized, placebo-controlled trial. Thirty healthy individuals self-administered SD via combustion and inhalation in a quiet, comfortable research setting. Experimental sessions, post-session interviews, and 8-week follow-up meetings were audio recorded and transcribed to provide the primary qualitative material analyzed here. Additionally, post-session responses to the Hallucinogen Rating Scale provided a quantitative groundwork for mixed-methods discussion. Qualitative data underwent thematic content analysis, being coded independently by three researchers before being collaboratively integrated to provide the final results. Three main themes and ten subthemes of acute intoxication emerged, encompassing the qualities of the experience, perceptual alterations, and cognitive-affective shifts. The experience was described as having rapid onset and being intense and unique. Participants reported marked

changes in auditory, visual, and interoceptive sensory input; losing normal awareness of themselves and their surroundings; and an assortment of delusional phenomena. Additionally, the abuse potential of SD was examined post-hoc. These findings are discussed in light of previous research, and provide an initial framework for greater understanding of the subjective effects of SD, an emerging drug of abuse.

Bernstein, M. H., McSheffrey, S. N., van den Berg, J. J., Vela, J. E., Stein, L. A. R., Roberts, M. B., ... Clarke, J. G. (2015). The association between impulsivity and alcohol/drug use among prison inmates. *Addictive Behaviors*, 42, 140-143. doi: 10.1016/j.addbeh.2014.11.016

Background: Few studies have examined the relation between impulsivity and drug involvement with prison inmates, in spite of their heavy drug use. Among this small body of work, most studies look at clinically relevant drug dependence, rather than drug use specifically. **Method:** *N* = 242 adult inmates (34.8% female, 52% White) with an average age of 35.58 (*SD* = 9.19) completed a modified version of the 15-item Barratt Impulsivity Scale (BIS) and measures assessing lifetime alcohol, opiates, benzodiazepines, cocaine, cannabis, hallucinogens,

and polysubstance use. Lifetime users also reported the frequency of use for the 30 days prior to incarceration. **Results:** Impulsivity was higher among lifetime users (versus never users) of all substances other than cannabis. Thirty day drug use frequency was only related to impulsivity for opiates and alcohol. **Discussion:** This study extends prior work, by showing that a lifetime history of nonclinical substance use is positively associated with impulsivity among prison inmates. Implications for drug interventions are considered for this population, which is characterized by high rates of substance use and elevated impulsivity.

DeLucia, C., Bergman, B. G., Beitra, D., Howrey, H. L., Seibert, S., Ellis, A. E., & Mizrahi, J. (2015). Beyond abstinence: An examination of psychological well-being in members of Narcotics Anonymous. *Journal of Happiness Studies*. doi: 10.1007/s10902-014-9609-1

While a growing body of literature supports the role of mutual help organizations in helping members achieve abstinence, fellowships other than Alcoholics Anonymous and outcomes beyond abstinence have been studied far less often. The current study examined recovery-related correlates of psychological well-being in a sample of Narcotics Anonymous (NA) members.


Participants ($N = 128$) were self-identified NA members from across the United States who completed an online survey assessing an array of psychosocial outcomes. Hierarchical regression models assessed whether abstinence duration and other recovery-related variables accounted for significant incremental variance in psychological well-being, over and above several covariates. As a block, abstinence duration and the recovery predictors accounted for significant incremental variance in three of four psychological well-being domains. As a complement to studies on short-term benefits of mutual help organizations, these data suggest ongoing recovery involvement may be positively associated with subjective psychological well-being in NA members.

Frone, M. R. (in press). Relations of negative and positive work experiences to employee alcohol use: Testing the intervening role of negative and positive work rumination. *Journal of Occupational Health Psychology*. doi: 10.1037/a0038375

This study tested a model linking work experiences to employee alcohol use. The model extended past research in 3 ways. First, it incorporated both negative and positive work experiences.

Second, it incorporated a previously unexplored cognitive intervening process involving negative and positive work rumination. Third, it incorporated several important dimensions of alcohol use (heavy use, workday use, and after-work use). Data were collected from a national probability sample of 2,831 U.S. workers. Structural equation modeling revealed that the conceptual model provided an excellent fit to the data. Negative work experiences were positively related to negative work rumination, which was positively related to heavy alcohol use, workday alcohol use, and after work alcohol use. Positive work experiences were positively related to positive work rumination, which was negatively related to heavy alcohol use and after work alcohol use, but was unrelated to workday alcohol use. The study also provided initial support for the psychometric properties and construct validity of the newly developed Negative and Positive Work Rumination Scale (NAPWRS).

Rigg, K. K., & Ford, J. 2014. The misuse of benzodiazepines among adolescents: Psychosocial risk factors in a national sample. *Drug & Alcohol Dependence*, 137(1), 137-142. doi:10.1016/j.drugalcdep.2014.01.026

Background: The misuse of benzodiazepines (BZs) among adolescents is an important issue within the fields of mental health, medicine, and public health. Though there is an increasing amount of research on prescription medication misuse, a relatively small number of studies focus on adolescent BZ misuse. The goal of this study, therefore, is to identify demographic and psychosocial factors that place adolescents at risk for misusing BZs. Additionally, the authors applied concepts from social bonding theory, social learning theory, and strain theory to determine the extent to which these concepts explain BZ misuse. **Methods:** Using data from the 2011 National Survey of Drug Use & Health, multivariate logistic regression models were estimated to determine which factors were associated with an increased risk of BZ misuse. **Results:** These findings help to describe the psychosocial profile of adolescent BZ misusers which should increase the ability of clinicians to identify patients who may be at greater risk for misuse. **Conclusion:** This study is particularly important within the context of psychiatry, where a clearer understanding of adolescent BZ misuse is critical for informing prevention efforts and developing best practices for prescribing BZs. 

Announcements

Postdoctoral Scholars

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. Applications will be considered until all slots are filled. 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. Training of psychiatrists, women, and minorities for academic



research careers is a priority. Send letter or interest, CV, research statement, samples of work, and two (2) letters of recommendation to Postdoctoral Training Program in Drug Abuse Treatment/Services Research, University of California, San Francisco, 1001 Potrero Avenue, Bldg 20, Ward 21, Rm 2130, San Francisco, CA 94110-3518.

For more information please visit <http://addiction.ucsf.edu/education/postdoctoral-training> or contact Tuli Cruz via e-mail: gertrude.cruz@ucsf.edu or phone: 415-206-3979.

Graduate Student & Early Career Research Awards

Submitted by Steven Proctor

I am the Education & Training Committee co-chair, and we have been trying

to increase graduate student and early career professional involvement at the annual meetings of the West Coast Symposium on Addictive Disorders and the Cape Cod Symposium on Addictive Disorders. Thus, we created what I believe to be an excellent opportunity for

students and early career professionals; especially given the value of the various awards (e.g., 1st place receives \$500, 2 nights of lodging at the conference hotel, up to \$750 in travel reimbursement, and a registration fee waiver).



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Are you interested in connecting with other Division 50 members? SoAP is now on Facebook. Please join us by “liking” our Facebook page (APA Division 50), and you will get instant updates on

the latest news relevant to our work, upcoming conferences and job openings! We are currently working toward making our page more useful for our membership. One plan is to introduce Division 50 clinicians, researchers, students and their work on a regular basis. If you have any ideas/sugges-

tions, please send to Jesse Suh, SoAP Facebook Editor, at JesseSuh@mail.med.upenn.edu.

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Celebrating Achievements in Addiction

APA Certificate of Proficiency Accepted as Acceptable Credential by Major Payor

Submitted by Mark Schenker

I recently noted that the Pennsylvania Department of Public Welfare issued a Bulletin addressing criteria for the treatment of Co-Occurring Disorders. Among other criteria, it is specified that at least one clinical staff be credentialed in one of several domains. One of the acceptable credentials listed

is the APA Certificate of Proficiency in the Psychological Treatment of Alcohol and Other Psychoactive Substance Use. On the basis of this, the CoP has been adopted by Magellan in Pennsylvania, a major payor of behavioral health services. It is not clear at this time, if this represents their policy at the national level, but I will investigate.

This is further evidence of the acceptance of this credential. Hopefully, this represents a trend which will only be continued through active work on our part.

If other members are aware of the acceptance of the CoP in their state or region, or with any health management entity, please let me know at mschenker@navpoint.com

For more information:

<http://research.alcoholstudies.rutgers.edu/cpa>

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Comments from Prior CPA Attendees:

"As an early career psychologist (ECP), the meeting was a great opportunity to meet other ECPs and learn from more senior researchers and clinicians. Also, it was really nice to socialize and exchange ideas with psychologists in the addiction field. Because of our psychological training we tend to speak the same language but because of all the different theory and research under the larger addiction psychology umbrella, I was able to get a feel for all the different ways we contribute to science!" **Brandon G. Bergman, Ph.D. Research Scientist, MGH Recovery Research Institute (RRI)**

"I highly recommend CPA for the quality presentations and excellent networking opportunities! It is a small conference and a great way to connect with excellent researchers while continuing one's education." **Megan Kirouac, Clinical Psychology Doctoral Student, University of New Mexico**

"Unlike some of the huge conferences, the intimate nature of CPA gave me the opportunity to speak, at any length, with almost anyone there, including many prominent research professors." **Peter Barnas, Post-Baccalaureate Research Assistant, Rutgers University**

"The 2014 CPA conference was remarkably inclusive (leading to several important networking experiences) and clinical research was well represented and valued. I've attended other important addiction-related conferences, but none have been as helpful for me as a budding psychologist." **Dennis Wendt, Ph.D. Candidate, Department of Psychology, University of Michigan; Intern, Southwest Consortium Predoctoral Psychology Internship, Albuquerque, NM**

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