



The Addictions Newsletter

The American Psychological Association, Division 50

Fall, 1997

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President's Column

*An Agenda for Psychologists
Interested in Addictive Behavior*

Robert A. Zucker
University of Michigan

In 1963 when I began my first academic job in the clinical program at Rutgers University, I stumbled into the addictive behavior arena by way of a series of fortuitous connections with friends. One friend was studying the effects of alcohol on fantasy, a second was interested in drug pharmacology and dose-response relationships in laboratory studies of complex problem solving, and a third was doing a community study charting the emergence of alcohol and other drug use during the high school years. This was a time when substance abuse was neglected in textbooks of psychopathology. The dominant theory of addictive behavior was derived from Otto Fenichel's psychoanalytic theory of the addictive personality, and addictive behavior was regarded as something one saw in the gutter, in prisons, in occasional inpatient units of psychiatric hospitals, but only rarely in the consultation room.

For me, those early discussions rapidly opened an area of clinical need that was intriguing, that covered a set of troubles that was exceptionally widespread but also largely overlooked and poorly understood by mental health professionals, and one that appealed to my multidisciplinary appetite. This also was a time when public attention was just beginning to turn to issues of substance abuse among adolescents. It was a time when people believed that risk for psychopathology began in adolescence, and the notion that there might be earlier origins that had direct implications for prevention was still an

Editor's Corner

Bruce S. Liese

University of Kansas Medical Center

You know the numbers:

- Approximately 25% of adult Americans smoke cigarettes.
- More than 200,000 deaths per year are associated with cigarette smoking (that's more than 20% of all deaths).
- While most Americans are "light" or "rare" drinkers, more than 10% drink heavily.
- These 10% consume most of the alcohol produced.
- Heavy alcohol use can damage most human organ systems (e.g., gastrointestinal, digestive, neurologic).

- At least 10% of adult Americans have used cocaine, 3% have used in the past year, and 1% have used in the past month.
- At least one-third of high school seniors have used marijuana.
- 70% of people arrested in major cities test positive for at least one psychoactive drug.
- Autopsies have revealed the presence of cocaine in more than 15% of motor vehicle fatalities.

The list goes on and on.

You are a member of Division 50 because you know about addictions; you know the numbers. You believe that it is important to understand and provide services to people who engage in addictive behaviors. But do you know that you can *really make an impact* on the field of addictions? Do you know that you can make a *major difference*?

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Letters to the Editor

Dear Editor: The last issue of *The Addictions Newsletter* (1997; Vol. 4, No. 3) carried a letter to the editor wondering why APA was not listed as a sign-on for an advertisement by the Campaign for Tobacco-Free Kids that ran in *USA Today* (May 15, 1997). The author asked several important questions related to APA's involvement with the tobacco-free campaign and our stand on tobacco and children.

Unfortunately, in the sea of coalition activities here in Washington, some of the important players are occasionally overlooked. It appears that was the case when the tobacco-free campaign went looking for co-sponsorship of this particular advertisement. We have since joined the tobacco-free campaign and will sign on with their efforts to the extent they are aligned with APA tobacco reform objectives.

While we acknowledge the importance of such high visibility lobbying efforts, we want to assure the author that APA central office staff have been working on tobacco issues with input from multiple Divisions for some time. In 1995, APA coordinated comment from seven APA Divisions (8, 9, 23, 27, 28, 38 and 50) in response to the Draft FDA Rule to restrict youth access to tobacco products (Docket No. 95N-0253). Many of APA's comments were cited in the final rule in addition to myriad citations of original research conducted by APA member psychologists.

More recently APA offered to lend the expertise of our membership to the President during the administration's review of the proposed tobacco settlement. In addition, when the Senate initiated its review in a series of judiciary, commerce, labor and human resources, and agriculture committee hearings, APA solicited recommendations for witnesses from several Divisions and submitted suggestions, along with commentary on the draft rule, to the relevant committees. We will follow similar procedures when hearings are scheduled in the House of Representatives.

We will continue to work with other organizations including the College on Problems of Drug Dependence, Society for Research on Nicotine and Tobacco, American College on Neuropsychopharmacology, and Society of Behavioral Medicine (all of whom have been urged to join the Center/Campaign for Tobacco-Free Kids) along with others to advocate for the research agenda as the proposal continues to take shape. We appreciate the prompt from an alert Division 50 readership and welcome any additional ideas your audience may have.

Geoff Mumford, Ph.D.

Legislative and Federal Affairs Officer
APA, Public Policy Office

(More Letters to the Editor on page 11)

The American Academy of Addiction Psychiatry is pleased to announce *A Review Course on Addiction Psychiatry*

You are invited to attend a **Review Course on Addiction Psychiatry**. This course will be held February 7-8, 1998, at the Ritz Carlton in Kansas City, MO. An excellent overview of the addictions field will be presented by prominent researchers and practitioners. Attendance is open to all health care professionals and continuing education credits are available.

Topics and Presenters

A Guide to the Examination: Michael Fedak, MD, Albert Einstein College of Medicine
Adolescents and Substance Abuse: Robert Milin, MD, University of Ottawa
Alcohol: Bryon Adinoff, MD, University of Texas, Southwestern Medical Center at Dallas
Cocaine & Amphetamines: Elinore McCance-Katz, MD, PhD, Yale Psychiatric Institute
Dual Diagnosis: Richard N. Rosenthal, MD, Course Director, Albert Einstein College of Medicine
Epidemiology of Psychoactive Substance Use Disorders: James Anthony, PhD, Johns Hopkins University
Etiology of Substance Use Disorders: Charles O'Brien, MD, PhD, University of Pennsylvania
Marijuana, PCP & Hallucinogens: John T. Pichot, MD, University of Texas Health Science Center, San Antonio
Nicotine: Michael Goldstein, MD, Brown University
Opioids - Pharmacology and Treatment Issues: Jane Kennedy, DO, University of Colorado
Psychotherapy and Psychosocial Treatments of Substance Abuse: Kathleen Carroll, PhD, Yale University
Sedative-Hypnotics: Robert J. Malcolm, MD, Medical University of South Carolina
Substance Abuse and the Family: Stephen Schlesinger, MD

For additional information, contact us at (913) 262-6161 or addicpsyc2@aol.com

Be a Part of Division 50's 1998 Convention Program

Kim Fromme

1998 APA Convention Program Chair

It is my privilege to serve as Division 50 Program Chair for the 105th annual meeting of the American Psychological Association. This year's conference will be held in San Francisco, August 14-18, 1998. Submissions for presentations must be postmarked by **November 21, 1998**. Proposal information and application materials were included in the September issue of the *APA Monitor*.

The theme for the Division 50 program this year will be "The Spectrum of Addictive Behaviors and Their Consequences." The Program Committee therefore encourages submissions representing a variety of addictive behaviors (including substance and non-substance related behaviors) across the full range of severity (from use to dependence) as well as the consequences associated with addictive behaviors (e.g., physical, social). All types of submissions are encouraged, but paper sessions will only be scheduled if a sufficient number of accepted papers can be grouped by similar content. Other accepted papers will be scheduled for poster presentation. Symposia which fit the conference theme and/or which bridge the interests of Divisions 50 and 28 (Psychopharmacology and Substance Abuse) are particularly encouraged.

I will be working with the Division 28 Program Chair to offer a balanced program in addictive behaviors and to enhance visibility and attendance for all presentations with relevance to our memberships. A mini-convention sponsored by NIAAA and one on HIV/AIDS will also enhance the content of this year's program. Lastly, a Pre-Convention Institute, which will be held on August 13th, will provide further incentive for attending this year's conference. The Institute is being organized by Tom Horvath (e-mail: athorvath@compuserve.com). Additional information on this part of the conference will be forthcoming.

If you would be willing to serve as a reviewer of proposals in early December, please e-mail (fromme@mail.utexas.edu) or call (512-471-0039), and let me know your area of expertise. I will make every effort to ensure that we have expert reviewers in all areas of addictive behaviors and who represent both scientists and practitioners.

High quality and diverse submissions will help ensure that we have an exciting and informative conference. I look forward to receiving your submissions and to seeing you in San Francisco.

Submissions can be mailed to: Kim Fromme, Ph.D., Department of Psychology, 330 Mezes Hall, The University of Texas at Austin, Austin, TX 78712.

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The Addictions Newsletter

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APA Division 50 Executive Committee Meeting

Selected Reports and Presentations from the Minutes 1997 APA Convention, Chicago

Arthur T. Horvath
Secretary-Treasurer

Members in attendance: Curtis Barrett (Member-at-Large), Sandra Brown (Member-at-Large), George De Leon (President), Mark Goldman (Past President), Tom Horvath (Secretary-Treasurer), Jerome Platt (Member-at-Large), Bob Zucker (President-Elect). **Member absent:** Herb Freudenberger (Council Representative). **Others present:** Mark Sobell (Education and Training), Jim Sorensen (Fellows), Mac Horton (1997 Program), Kim Fromme (1998 Program), Bruce Liese (Newsletter), Vince Adesso (Science Advisor). **Others absent:** Tucker, Leonard, Schlesinger, Shore, Williams, Vuchinich, Curry, Hanbury, Dimeff.

Report of the Program Committee (Mac Horton) - The 1997 Convention theme was "Science for Practice," with a submission acceptance rate of over 80% (up from last year).

President's Report (George De Leon) - Approximately 30 people paid to attend the Pre-Convention Institute, and there were excellent presentations on the theme of "Commonalities across Addictive Behaviors."

Report of the Newsletter Editor (Bruce Liese) - Purposes of having a Newsletter were reviewed (e.g., informing membership of Division activities, retaining old members, recruiting new members). A proposed budget for 1998 (with a target amount of \$12,000) will be presented at the Mid-Winter meeting.

Report of the Journal Editor (Mark Goldman, for Susan Curry) - PAB will issue one-year results of DATOS (the "Project MATCH" of drug treatment); NIDA will issue a press release.

Report of the Membership Committee (Tom Horvath, for Jan Williams) - Current paid membership is 1,293 and continued growth is expected.

Report of the Nominations and Elections Committee (George De Leon, for Elsie Shore) - Election results were reported. Sandra Brown was elected President-Elect; Jalie Tucker was elected APA Council Representative; Ken Leonard was elected Member-at-Large. Congratulations were given.

Report of the Fellows and Awards Committee (Jim Sorensen) - Two new Fellows were nominated and approved: Joan Zweben and Bruce Liese; a current APA Fellow was also approved: Jose Szapocznik. Cathy Simpson received the Student Research Award. Carlo DiClemente received a Special Award at the Pre-Convention Institute. Introductions of new Fellows at the APA Convention was suggested and will be investigated for next year. Two additional awards were suggested for consideration, and these will be investigated further by the Committee.

Presentation by the College of Professional Psychology (Jan Ciuccio) - The College is working on a state-by-state basis to get certification accepted as standard with success thus far, with slower (but still significant) success with managed care companies. Several significant web site links have been established. The College will help publicize CE courses offered.

Presentation by Office of Substance Abuse, Practice Directorate (Gil Hill) - Office continues to work closely with ASAM, providing input to the Patient Placement Criteria.

Presentation by the Science Directorate (Chris Hartell, Geoff Mumford) - Summarized how NIH is revising peer review process. Investigating APA membership, "Tobacco-Free Kids."

Report of the Science Advisory Committee (Vince Adesso) - Listserv now has over 250 members registered.

President-Elect's Report (Robert Zucker) - Has established an *ad hoc* Committee to investigate the possibility of publishing a book on empirically supported treatments for psychoactive substance use disorders and activity addictions, with Richard Longabaugh as interim chair and members to be appointed later.

Report of the Liaison to the National Committee on Problem Gambling (Curtis Barrett) - Only about one dozen psychologists have prominent reputations with the National Committee on Problem Gambling, and most are Division members.

Motion (please note that all motions passed). Authorized Division 50 President to negotiate with NIAAA to co-sponsor a mini-convention on alcohol problems at 1998 APA convention.

Motion. Appointed Joy Schmitz as Chair of Membership.

Motion. Continue annual Division assessment of \$33 for associates, members, fellows; require a \$20.45 Journal fee for dues-exempt associates, members, fellows; continue \$5 student member fee (\$20 if the Journal is received), and continue \$33 fee for non-APA professional affiliates.

Motion. Established an *ad hoc* committee to produce a position paper on problem gambling, with Curtis Barrett as chair, members appointed by him.

Motion. Appointed Curtis Barrett as Member-at-Large to complete the term of Sandra Brown (expires in 1999), effective at the close of the 1997 annual meeting.

Motion. Appointed Ray Hanbury as Liaison to Division 42.

Can you help me with this ethics case?

Bruce S. Liese

University of Kansas Medical Center

Addiction treatment is riddled with potential ethical dilemmas, issues, and problems. Recently I became aware of an incident that highlights the complexities of working with addiction groups. This case is presented to stimulate thought and elicit opinions from Division 50 members. (The involved individuals have consented to their case being presented in this newsletter.) Please read this case and send your thoughts, opinions, and reactions to me (by e-mail or U.S. Postal Service). I will publish your responses in the next issue of *TAN*. Also, if you have an interesting professional or ethical addiction-related dilemma that you wish to share, please send it along. Perhaps this will become a regular feature of *TAN*!

The patient. "Kathy" is a 38 year-old divorced woman, and a mother of three young children, who has been in an addiction treatment group for the past two years. Kathy has used a variety of drugs over the past 24 years, and she admits to past problems with alcohol and marijuana. She has used methamphetamines on a daily basis for the last two years and says this is "a real bummer." She also describes a history of intermittent depression that is severe at times. (She admits to "serious thoughts of suicide during these spells").

While the group has helped Kathy in many ways, she has not been able to maintain abstinence from methamphetamines. She says that she uses "meth" daily so she can "find the energy" to deal with her children, get her chores done, and (mostly) to fight depression. She explains, "I wouldn't know how to face each day without meth."

Over the course of her two years in the group, Kathy has made great progress in her psychological functioning. She is less depressed, she has better parenting skills, and her relationships with her children have improved. She says that her self-esteem has gotten much better. She even attributes her safe sexual behaviors to the improved sense of worth she has gained in the group. On more than one occasion she has said, "I owe my life to this group."

The group. Kathy's group meets on a weekly basis in the psychiatry department of a teaching hospital. The group is facilitated by "Dr. Smith," a psychologist. The group is free, offered as a service to the community in return for the training it provides medical students and residents. It is based on a cognitive-behavioral model, with a strong emphasis on skill-development. A major component of the group is support; group members are encouraged to share personal thoughts and feelings. As a result of doing so, they feel very close to one another. In fact, some group members say that the group is their "only safe haven."

The situation. Kathy has played a central role in the group for the past two years. She is openly supportive of other

members and is very honest about her own problems. As a result, group members have been very caring towards her.

Recently, Kathy approached Dr. Smith to express gratitude for all the group has done for her. She also expressed confidence that she would soon be ready to quit using methamphetamines, *with the group's support*. She even says, "When I began this group I had no intention of quitting drugs. I came here because my sister insisted that I get help. But now I'm almost prepared to quit, *thanks to the group*."

During this discussion, Kathy also expressed hope that she might find a "real job" for the first time in years. She specifically mentioned that there might be a position open in the same hospital where the group is offered. Kathy asked Dr. Smith, "Would it be okay if I worked in this hospital and kept coming to this group?" Dr. Smith said he would think about it and talk to her later in the week.

During the group's six year existence, a substantial number of hospital employees have been members of the group, seeking help for cigarette smoking, alcohol problems, and illicit drug use. The group meets in a private conference room in the psychiatry department where members' anonymity is relatively protected. When employees of the hospital express interest in becoming group members, Dr. Smith informs them that there are students and residents observing each session. He also requires that they sign an informed consent to demonstrate their understanding of this policy. The form explicitly says: "I agree to participate as a member of this group knowing that the group is regularly observed by medical students and psychiatry residents who are also employees of the hospital." In response to this information, some employees choose to enter the group while others choose to find another addiction treatment group.

When Kathy first enrolled in the group, she had not been an employee of the hospital. From attending the group she was aware that it was observed by students and residents, though she never really understood their job functions in the hospital. After careful consideration, Dr. Smith gave Kathy the same "lecture" he had given many other prospective employee-patients: "You are welcome in this group, but be aware that students and residents will hear about your personal life and problems. Since you are an employee, I have concerns about your privacy and confidentiality."

Kathy was happy with Dr. Smith's response. She had feared that Dr. Smith would ask her to choose between the group and her job. She emphasized her strong desire to stay in the group, and (by this time) she had been offered a job in the hospital. In the next group session she happily announced, "I am now gainfully employed by this hospital!" Group members applauded.

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After only two weeks on the job, Kathy attended a group session where she openly stated (in the presence of two psychiatry residents), "I feel a little uncomfortable because I've been working under the direct supervision of residents that observe this group" (with this, she pointed at two residents who had already supervised her in the past two weeks). One resident responded in a supportive manner, assuring: "I thought you did a great job." Kathy was visibly relieved. She declared, "Then I'm not worried!"

Upon reflecting on the circumstances, Dr. Smith became concerned. He found himself asking: "What if Kathy works with residents who disapprove of her past illicit drug use (even if she is presently abstinent)?" "What if she actually does become impaired on the job (as a result of her drug use) and the residents feel conflicted about 'reporting' her?" "What if she has serious job performance problems, gets fired, and claims that she is being unfairly judged because of her drug use?"

After the next session, Dr. Smith asked Kathy to stay after the group to discuss these concerns. He acknowledged the many gains Kathy had made in the group, as well as her substantial contributions to the group. He then told her that he was concerned about her privacy and confidentiality as long as she was a group member and employee of the hospital. He said he believed that being in the group might create problems for Kathy at work. He expressed concern that her involvement in the group while an employee of the hospital might not in her best interest. In response, Kathy became *very* upset, began to cry, and tearfully pleaded, "Please don't ask me to leave the group. This group has been my lifeline. Don't push me away! I don't want to go to another group. And I don't want to have to choose between the group and my new job. This is the *only* group that's ever helped me!"

What do you think? Please reflect on this complex case and drop us a note at *TAN*. What ethical issues are involved?

Is there a violation occurring? Have you ever been in a similar situation? What did you do? What should Dr. Smith do?

Please let us know what you think. We look forward to hearing from you!

Visit our web page on *HIV/AIDS* programs and evaluation

The Measurement Group (TMG), a highly experienced and specialized consulting firm, has created a web page that offers information on innovative HIV/AIDS programs and their evaluation.

The TMG web page provides access to:

- Information about The Measurement Group
- HIV/AIDS Programs and Evaluations
- Research Tools
- WWW Links to Related Sites
- HIV Treatment Models
- Adolescent HIV Models
- Job Openings

To learn more, visit:

www.tmg-web.com

Web site of
The Measurement Group

Congratulations to our New Division 50 Fellows!

Fellow Status in the Division acknowledges the important nature of a member's contributions to the field and profession. The Fellows and Awards Committee recommended one member of the Division who had Fellow status in another APA Division. This member was:

Jose Szapocznik

The Committee also submitted two Division members for New Fellow status. At the Council meeting in August, all were approved (effective January 1, 1998). The new Fellows are:

Bruce S. Liese

Joan E. Zweben

APA College of Professional Psychology

Reminder and Update

Janet Ciuccio
Executive Administrator

As many of you know, the APA College of Professional Psychology offers certification to licensed psychologists in the treatment of alcohol and other psychoactive substance use disorders. As part of our program we exhibit annually at the APA convention. This year we had an opportunity to meet many practitioners at our exhibit booth in Chicago. As a result of our conversations during the convention, it became apparent that a number of certificants did not realize that those who qualified for the initial certification (to more experienced practitioners) must also pass the certification exam within their first 3-year certification period. If certified members of Division 50 who have not taken the examination have misplaced information about the knowledge that is tested or how to schedule the examination, they should call us to request that this information be re-sent. We are committed to making the examination process as efficient and convenient as we can.

Additionally, certificants should be aware that they must obtain 18 clock hours of continuing education during their 3-year certification cycle. Continuing education (CE) provided by an APA-approved sponsor, a state or provincial psychological association, or CE approved by a state or provincial psychology licensing board is acceptable for re-certification. If readers have misplaced information about how to select and document CE, give us a call and we will be glad to re-send this information.

In several important respects, the certification program is proving to be the helpful tool it was intended to be. Several state agencies have included the *Certificate of Proficiency* in programs that require evidence of specific expertise prior to making referrals. For example, Indiana recently adopted rules requiring "addiction services provider" certification for health care professionals who hold themselves out as providing such services. The Indiana Family and Social Services Administration has approved the *Certificate of Proficiency* for use by licensed psychologists in meeting state certification requirements. Additionally, Vermont's Department of Health is now recognizing the APA credential as a basis for referring persons convicted of driving under the influence (DUI) of alcohol for psychotherapy. Georgia's Department of Human Resources has recently included the *Certificate of Proficiency* as an option for qualification to receive referrals for evaluating and treating DUI offenders. New Hampshire is considering similar action that affords psychologists the ability to provide services without the need to obtain a certification designed for lesser-trained providers.

The certification has also assisted psychologists in the managed care arena. Merit Behavioral Care (MBC) has added APA's certification to its "provider specialization program" so that certificants who wish to declare themselves a "specialist in

addictions" within the MBC system can do so using the APA's certification. Value Behavioral Health (VBH) has also found APA's certification acceptable to identify someone as a specialist in chemical dependency (CD) treatment. VBH is training its credentialing specialists to recognize the APA certification as sufficient for a psychologist to be considered qualified to receive CD referrals.

Our interaction with states and managed care firms mentioned above was initiated in part by information provided to us by our certificants who were seeking assistance in gaining recognition of their certification. If we can be of assistance to you or if you have any questions about the certification process, please give us a call or e-mail us. Our phone number is (202) 336-6100. Our e-mail address is apacollege@apa.org.

Get Smart, Get CE Credits, and Ski Taos

Motivational Interviewing: Increasing Motivation to Change

Behavior Therapy Associates' 1998 Continuing Education Program at Taos Ski Valley, New Mexico

What: A 16-hour hands-on workshop to learn Motivational Interviewing skills

When: February 2-5, 1998

Where: Taos Ski Valley, New Mexico

Conference Faculty: Reid K. Hester, Ph.D. and Theresa Moyers, Ph.D.

CE Credits: APA-approved CE credits available, CE credits for New Mexico Psychologists & American Academy of Health Care Providers in Addictive Disorders

Registration: Limited to a maximum of 40 participants. This is a skills-training workshop. You will learn and practice Motivational Interviewing skills.

For more information contact:

Reid K. Hester, Ph.D.
Behavior Therapy Associates
Phone: (505) 342-2474, e-mail: rhester@unm.edu
World Wide Web site: www.lobo.net/~rhester/ce.html

This program is co-sponsored by Behavior Therapy Associates and CPG Behavioral Health Resources. CPG is approved by the American

| Psychological Association to offer continuing education for | psychologists. CPG maintains responsibility for the program. |

Addictions Abstracts

In this section, Division 50 members share their work. One abstract may be submitted per person, per issue. The maximum length of each abstract is 150 words. Only papers published within the past year (articles, books, chapters) are acceptable. Please include the full citation (not included in 150-word limit). We will accept abstracts on a first-come, first-served basis. Please send abstracts by mail, or preferably by e-mail, to bliese@kumc.edu. Thanks!

Cognitive Impairment Among the Dually-Diagnosed: Substance Abuse History and Depressive Symptom Correlates

Carpenter, K. M., & Hittner, J. B. (1997). Cognitive impairment among the dually-diagnosed: Substance abuse history and depressive symptom correlates. *Addiction*, 92, 747-759.

This study examined the effects of substance use history and depressive symptomatology on the cognitive functioning of 149 male and 72 female dually-diagnosed inpatients. Results indicated differential effects of alcohol use and cocaine use across two cognitive outcome measures (i.e. the Shipley Institute of Living Scale (SILS) and the Screening Test for the Luria-Nebraska Neuropsychological Battery (ST-LNNB)). Life-time alcohol use was associated with impaired performance on the SILS abstract reasoning task. No significant relationships were demonstrated for cocaine use, recent alcohol use, depressive symptoms or their interactions. Impaired ST-LNNB performance was associated with both educational level and life-time cocaine use. No relationships were demonstrated for recent cocaine use, alcohol use, depressive symptoms, or their interactions. The degree of classification agreement was slightly better than chance (kappas of .24 and .35). These kappa coefficients suggest that the SILS and ST-LNNB assess partially independent dimensions of cognitive functioning.

Prevalence of Gambling among Minnesota Public School Students in 1992 and 1995

Stinchfield, R., Cassuto, N., Winters, K., & Latimer, W. (1997). Prevalence of gambling among Minnesota public school students in 1992 and 1995. *Journal of Gambling Studies*, 13, 25-48.

This study examined the prevalence of gambling among youth and compared rates of gambling between 1992 and 1995. Students were administered the Minnesota Student Survey, a 126-item, anonymous, self-administered, paper-and-pencil questionnaire that inquires about multiple content domains, including gambling behaviors. There were slight decreases in overall gambling rates from 1992 to 1995. The majority of students gambled at least once during the past year. Most did not play any game on a weekly/daily rate and did not report any problems associated with their gambling. Gender, grade, and race effects were found for gambling frequency. Boys gambled more often than girls, and 9th and 12th grade students gambled more often than 6th grade students. Asian American and White students reported lower rates of gambling than Mexican/Latin American, African American, and American Indian students. Although the finding that gambling did not increase from 1992 to 1995 is encouraging, this is the first generation of youth to be exposed to widespread accessibility to gambling.

Back to Basics: Fundamental Cognitive Therapy Skills for Keeping Drug-Dependent Individuals in Treatment

Liese, B. S., & Beck, A. T. (1997). Back to basics: Fundamental cognitive therapy skills for keeping drug-dependent individuals in treatment. In Onken, Blaine, & Boren (Eds.), *Beyond the therapeutic alliance: Keeping the drug-dependent individual in treatment*. NIDA Research Monograph 165. Rockville, MD: DHHS.

The authors present three cases of drug-dependent individuals who drop out of drug treatment, and they briefly review relevant literature regarding attrition from psychotherapy and drug treatment. They provide an overview of the cognitive therapy of substance abuse, and they introduce a cognitive-behavioral model for conceptualizing missed sessions and attrition. Their model includes circumstances, beliefs, thoughts, emotions, and behaviors that lead to dropout. The authors offer skills and methods for keeping drug-dependent individuals in treatment that focus on: (1) the therapeutic relationship; (2) case conceptualization; (3) therapeutic structure; (4) timely, appropriate socialization, and; (5) the use of cognitive and behavioral techniques. (This paper is from a monograph published by NIDA. To order a free copy of the entire monograph, see page 10 of this issue of *TAN*.)

Zucker (continued from page 1)

uncommon one. And last, there was little appreciation that substance use diagnoses were the most common of the DSM disorders (world-wide, for men), and that a neighboring set of problems, having to do with depression, abuse, and violence, were a large part of the life story for the partners and children of these abusers.

These were all early ingredients that very rapidly moved me into a career that has kept my enthusiasm high and my interest unabated. But how does this meandering autobiography relate to the interests of psychologists committed to the *Division on Addictions*? It is simple; whatever route you personally may have traveled to your current interest in addictions, I believe you share with me in understanding that: (1) the content area of our commitment is one that still demands major attention and action by our profession, and (2) the current knowledge base we have in this broad arena of addictive behaviors, however spotty and inaccurate, is only unevenly known and appreciated and is unevenly applied in clinical and preventive practice.

This is a theme that to a degree has been implicit in the presidential activity of the Division for the last several years, and in my year as President, I hope to continue the momentum, to make a small contribution to alleviating this situation. Hence this year's convention theme: *The spectrum of addictive behaviors and their consequences*, and a variety of collateral agendas that will be taking place during the 1997-1998 year. More about this below. But first, an observation:

Our membership continues to grow, and we need to sustain that growth. In 1994, just after we formally achieved Division status, membership was about 850. The most recent count is 1,293. That is approximately a 50% increment in 3 years. Not bad! And likely to continue, especially if we as members remain vocal about the importance of the content and the broad-ranging manner in which addictive behaviors impact so many other areas of life functioning.

The other side of this coin is that the content sells itself when it is made visible. At the meetings this summer in Chicago, I had occasion to staff the Division 50 booth at APA's Golden Anniversary of Divisions celebration. I was struck by how many psychologists wandered by and stopped to chat about the importance of the content, and about how much it surfaced, in so many areas of their practice.

Why is this of importance? Simply because voice, at the level of national politics about policy, about payment equity for service delivery, about public as well as professional attention to the problem, always comes with numbers. Thus it is in the Division membership's best interest to sustain growth, as a way of sustaining the visibility of addictive behavior problems.

Continuing Education Activity: The 1997 Institute and plans for 1998. George DeLeon and his co-workers put together an exceptionally interesting Pre-Convention Institute in Chicago, *The Addictions in Psychology: Commonalties across*

Substance Abuse, Gambling, Sexual Addiction, and Eating Disorders. This continues an old PAB pre-convention meeting tradition, and I plan on having another one, focused upon issues of how research interfaces with, and informs (or sometimes does not inform) practice. Tom Horvath has agreed to organize this, and it will be scheduled for **Thursday, August 13, 1998**, the day before the regular meetings in San Francisco. So mark your calendars. More information and a detailed agenda will be forthcoming in the next issue of *TAN*.

The spectrum of addictive behaviors and their consequences. "Road Rage" has recently been described as the nation's newest addictive disorder, and it whets the nation's appetite for another easy way to characterize, and also get distance from, the depersonalization and danger of our present society. At the same time, the rapid invention of this new syndrome reflects one of the professional pitfalls of our field. There is danger in labeling the extremes of uncontrolled, destructive, and apparently affectively driven behavior as disorder, without carefully considering the manner in which the supposedly new phenomena do or do not overlap the existing diagnostic category system, the degree to which they describe some unique and previously not identifiable clustering, and the degree to which they are sufficiently recurring to warrant the label of "disorder."

Conversely, there is much to be gained by noting not only the similarities across the spectrum of addictive behaviors but also of noting the differences. Such activity pushes us to grapple with what is essential to the notion of "disorder" versus a simpler label of "problem behavior" and pushes us to specify what is essential to the concept of addiction. For a classification of substance dependence, the DSM-IV implies some neurobiological substrate to the behavior and requires the presence of tolerance, withdrawal, and compulsive use. There are substantial across-drug differences in what is required to make the diagnosis, and the category width gets even broader when eating disorders and some of the sexual dysfunctions and pathological gambling syndromes are included. For our field and our clinical practice to become more effective, it is central for us to understand the phenomena we work with, in a finer grained way. The theme of this year's meeting hopefully will foster that goal.

How little research informs practice, or does it? In these days of increasingly managed care, requiring accountability, our special background in assessment and evaluation as psychologists is a decided asset in the marketplace. We do not always make use of it, and there continues to be within our profession a tension, and sometimes even a conflict, between the commitment to carrying out helping and change oriented activity (which to a degree requires a nonjudgmental alliance with our clients) and the commitment to

(continued on next page)

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measure and evaluate what we do. This leads to conflicts of allegiance and commitment within the profession and also

within the Division. My personal view is that the world has pushed us, as professionals, to reconcile these conflicting forces, and it behooves us to achieve a balanced commitment to both sets of activity.

There is another tension here, between research and practice, that has to do with the differences in experience and reference structure of these two universes of discourse. There is, too often, a lack of either specification of population relevance or generalizability by researchers, and there is, too often, a lack of awareness by clinicians that our clientele base is always a restricted one. Hence our generalizability base, for understanding addictive phenomena, needs always to be evaluated against this backdrop of population applicability. This remains an issue in evaluating the utility of research studies, and for clinicians, in making judgments about the degree to which what we see is reflective of the universe, or of a subpart thereof.

Sensitization of APA to the importance of the addictive behaviors: APA mini-convention, better ties to Division 28. Preliminary plans currently are underway for another mini-convention next year in San Francisco, involving APA and the National Institute on Alcohol Abuse and Alcoholism. As with the NIDA mini-convention in 1996 and the NIH prevention mini-convention at the past meeting, this will provide another opportunity for the Division's work to become more visible to colleagues and hopefully also will provide greater linkages with other aspects of APA's practice, policy, and science activity. Similarly, the Division has been working with the Division on Psychopharmacology and Substance Use to foster linkages to the degree that we have mutual areas of commitment.

On growth and change. This past year has seen growth of the Division's committee structure, the continued involvement of an active and committed group of members to carry out the Division's activities, and the addition of a new group of volunteer activists. We welcome your involvement and your comments.

*We extend our
congratulations to
Cathy Simpson
Recipient of the 1997
Division 50 Student Research Award*



We Want Your CE Workshop Proposals!!! *1998 APA Convention*

The Continuing Education Committee is seeking proposals for workshops to be offered for credit during the 1998 APA Convention in San Francisco.

**Deadline for Submission of Proposals:
November 1, 1997 (So hurry!)**

Proposal forms are available from the CE Programs Office.
Phone: (800) 374-2721
FAX: (202) 336-6151
APA Home Page: <http://www.apa.org/ce/>

Don't miss this freebie!

Did you know that the
National Institute on Drug Abuse
publishes a free monograph series?

The most current monograph is entitled:

***Beyond the Therapeutic Alliance: Keeping the
Drug-Dependent Individual in Treatment***

Primary authors of papers in this monograph include: Lisa Onken, Kathleen Carroll, Stephen Higgins, Alan Marlatt, Larry Beutler, Gregory Kolden, Carlo DiClemente, Cory Newman, Bruce Liese, and Lester Luborsky.

For your free copy, call the National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 729-6686 or

the U.S. Government Printing Office (GPO) at (202) 738-3238.
Ask for NIDA Monograph 165 (1997).

More Letters to the Editor

Dear Editor:

I joined Division 50 early this year and have just received my first copy of *TAN*. It is indeed anorexic and I was quite disappointed in its content. I joined Division 50 in hopes of receiving the latest approaches to addiction treatment, which this (Summer) issue certainly did not supply. Therefore, could you please send me a few recent back issues? I'd be most grateful.

Author's name withheld

Editor's Note: The last issue was, indeed, anorexic. As I explained in my Editorial, we needed to temporarily reduce the length of the newsletter for budgetary reasons. But another problem has been that there have been fewer high-quality submissions lately. I largely count on you, the members of Division 50, to supply the content of TAN. So please submit your work to any section of our newsletter: Letters, Feature Articles, Addictions Abstracts, and so forth.

Dear Editor:

I am a Division 50 member interested in smoking cessation and tobacco addiction. Do you know of other psychologists in our Division who are particularly interested in this topic area? Is there a "sub-interest" group on this issue within the Division? Do you think there would be interest in creating one, given the potential funding available in the near future from the tobacco settlement? While tobacco addiction has many similarities to other addictions, there are enough differences - in funding if nothing else - to make it a virtual sub-speciality area. Please e-mail your response at your convenience.

Ted Jones, Ph.D.

University of Tennessee Medical Center, Knoxville
twjones@utkux.utk.edu

Editor's Note: I believe that a large number of Division 50 members are interested in tobacco addiction. In fact, I think some of the best nicotine researchers in the country consider us their "home" Division. I suggest that those who are interested in tobacco addiction contact Ted by e-mail. Perhaps there will be enough interest to start a Special Interest Group.

Congratulations to

Carlo C. DiClemente, Ph.D.

Recipient of a Special Division 50 Award for his many contributions to the field of addictions and to psychology in general

Liese (continued from page 1)

As psychologists, we have more scientific and clinical tools than any other profession for conceptualizing, researching, preventing, and treating addictive behaviors. And as a Division, we are the world's largest organization of psychologists dedicated to understanding and treating addictive behaviors.

Collectively, *we* can make a difference. And individually, *you* can make a difference. There are presently almost 1,300 members of our Division. This number may seem large, but by many standards we are a small organization. Yet if we work together, our impact may be profound.

What can *we* do? *We* can continue to apply what we know about general psychology to improve our understanding and treatment of addictive behaviors. What can *you* do? There are lots of opportunities for you to get involved; just take a careful look at this issue of *TAN*.

Here is a list to get you started:

- Talk to psychologists (and other professionals) about our important role in the field of addictions. Tell them that addictions are understandable and treatable.
- Pay attention to the vast literature on addictive behaviors and become knowledgeable about the diverse modes of treatment.
- Recruit members to our Division.
- Submit your work for presentation at the 1998 APA Convention in San Francisco.
- Communicate with other members of our Division by signing up for our listserver and submitting your writing to our journal, *Psychology of Addictive Behaviors* and to *The Addictions Newsletter*. (*TAN* now accepts feature articles, abstracts, letters, and case presentations.)
- Become involved in the Division 50 election process. At the very least, vote for officers when election time rolls around. Or become even more active -- nominate yourself or someone else to be an officer in the Division.

I am on my soapbox right now because it is an important time of year for us. It is time to nominate officers of the Division. Last year, we had no nominations until the last minute. Let's make this year different. This is also the time to submit your work for presentation at the 1998 APA convention. This year our presence in Chicago was good, but I know we can do even better in 1998.

We are an extremely talented collection of professionals with a very important cause. Don't be a stranger to Division 50. You will be surprised at the impact you can make with just a little effort.

Call for Nominations **Division 50 Officers**

Division 50 is soliciting nominations for the offices of President-Elect, Secretary-Treasurer (3-year term), and Member-at-Large (3-year term). Division by-laws state that a nomination “must be supported by the signatures of at least two and one-half percent” of the members. Thus, your nomination should be supported by at least 32 members of the Division. You may obtain signatures for your nominees or have members submit similar nominations to the Elections Supervisor. Nominations of women and ethnic minority members are especially encouraged.

In addition to duties as described in the Division by-laws, officers are expected to attend the annual APA convention and the winter Board of Directors Meeting (some funding for travel is available). Candidate biographies will appear in the spring issue of *The Addictions Newsletter*. The ballot for officers will be included in the mid-April APA election mailing.

Make your nominations by indicating nominee and office. Nominations may be sent by e-mail but must be followed by a signed nominations form or letter. Please provide signature, home address, and phone number for all nominators to permit verification.
THE DEADLINE FOR NOMINATIONS IS FEBRUARY 1, 1998.

I nominate _____ for _____ of Division 50.

I nominate _____ for _____ of Division 50.

I nominate _____ for _____ of Division 50.

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

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

Nominator’s signature _____

MAIL NOMINATIONS TO: Lisa M. Najavits, Ph.D.
Proctor III, McLean Hospital
115 Mill Street
Belmont, MA 02178
Phone: (617) 855-2305
FAX: (617) 855-3605
Lnajavits@aol.com

THE DEADLINE FOR NOMINATIONS IS FEBRUARY 1, 1998.

Announcements



Brown Post-Doc in Alcohol Abuse Treatment/Intervention Research

Training pharmacologic, behavioral, social and health care scientists for a career in alcohol abuse/alcoholism research. Focus is treatment and early intervention. Emphasizes the need to test more sophisticated theories of treatment/ intervention; the importance of the biological, social and cultural environment in which intervention occurs; and refining methods for measuring person, intervention and impact variables. NIAAA supported stipends range from \$20,292 to \$32,300 per year. Center training faculty from specialty areas of psychology, anthropology, sociology, psychiatry, public health, social work, and internal medicine. Applications received by February 13, 1998 will receive full consideration. Women and minorities are encouraged to apply. Training initiated between July and September 1998. For further information/application write Richard Longabaugh, Ed.D., Director, Brown University, Center for Alcohol and Addiction Studies, Box G-BH, Providence, RI 02912. Brown University is an affirmative action/equal opportunity employer.

Director Syracuse Psychological Clinic

Syracuse University is seeking a director with strong research and clinical credentials for a three-year position. Two to five years of post-doctoral experience required. Responsibilities include daily operation of clinic, supervision, program evaluation, and maintaining scholarship (through research and writing). Teaching responsibilities include a graduate practicum and an undergraduate course in clinical psychology. Must have strong commitment to scientist-practitioner model, strong supervisory and administrative skills, experience with short-term interventions, and eagerness to collaborate in research. Applicants with expertise in cognitive-behavioral and/or family systems orientations preferred. Must be license eligible in New York State. See our home page at <http://psychweb.syr.edu>. SU/EOE Address applications to: PSC Director Search, Department of Psychology, Syracuse University, Syracuse, NY 13244-2340. Applications will be reviewed until position is filled. Preference will be given to applications received prior to November 1, 1997.

Assistant Professor with Specialty in Substance Abuse Rehabilitation Virginia Commonwealth University

The Department of Rehabilitation Counseling invites applications for a tenure-eligible position at the Assistant Professor level. This position requires credentials and proven expertise in the specialization of substance abuse rehabilitation. A Ph.D. in Rehabilitation Psychology, Rehabilitation Counseling, Rehabilitation Services, or a related field is required. Eligibility for both the Certified Rehabilitation Counselor and Licensed Professional Counselor (Virginia) credentials is also necessary. Qualified individuals must demonstrate the potential for excellence in research, teaching, and service. They must be able to provide clinical supervision and instruction in Master's-level counseling and substance abuse courses. Review of applications will commence on

November 15, 1997, and continue until the position is filled. Send letter of application, vita, and three letters of reference to Dr. Brian T. McMahon, Co-Chair, Search Committee, Dept. of Rehabilitation Counseling, PO Box 980330, Richmond, VA 23298-0330. VCU is an affirmative action/equal opportunity employer. Women, minorities, and persons with disabilities are encouraged to apply.

Announcements (con't)

The Robert Wood Johnson (RWJ) Foundation has issued a *Call for Proposals*

RWJ is funding research projects that will produce policy-relevant information about ways to reduce harm caused by use of tobacco, alcohol, and illegal drugs. Projects may address policies at the national, state, or local levels in the public-sector, or they may address private-sector policies within companies, associations, unions, or trade groups.

Total project awards will be funded up to \$350,000 and may extend up to three years. For projects requesting between \$100,000 and \$350,000, the deadline for receipt of letters of intent is **November 7, 1997**. For projects requesting under \$100,000, letters of intent may be submitted at any time and will be reviewed as they are received.

To receive a copy of the call for proposals, write to:

The Robert Wood Johnson Foundation
Route 1 and College Road East
PO Box 2316
Princeton, NJ 08543-2316
World Wide Web site: www.rwjf.org

1997 meeting. Applications received after December 15 will be deferred for consideration until the 1998-99 cycle.

Call for Nominations **Fellows of Division 50**

The Fellows and Awards Committee extends an invitation to those wishing to nominate candidates for new Fellow status in Division 50. Self-nominations are also welcome. In addition, those members who are already Fellows in other Divisions who wish to be considered as Fellows in Division 50 should also contact the committee. Correspondence and requests for applications and forms should be addressed to the chair:

James L. Sorensen, Ph.D.
UCSF General Hospital Dept. of Psychiatry, Ward 21
1001 Potrero Avenue
San Francisco, CA 94110
Phone: (415) 206-3969

The deadline for receipt of completed applications is **December 15, 1997**, for consideration by the APA Board at the

You are invited to attend

The Second National Harm Reduction Conference

Cleveland, Ohio, October 7-10, 1998

This conference is sponsored by the Harm Reduction Coalition and will offer interactive sessions aimed at helping participants build practical skills in areas of harm reduction practice.

Harm reduction is a set of practical strategies and with the goal of meeting drug users "where they're at" to help them reduce any harms associated with their drug use. This harm includes HIV and other infections diseases, violence, chronic illness, community disintegration, and death.

To receive conference information and registration, contact:

Conference Coordinator
HRC Oakland Office
3223 Lakeshore Avenue
Oakland, CA 94610
Phone: (510) 444-6969 ext. 17
FAX: (510) 444-6977
e-mail: hrc@harmreduction.org

Young Scientist Grant

for Addiction Research

Every two years, the Rotterdam Addiction Research Institute provides a grant for addiction research. The Award aims at stimulating young scientists to conduct high quality research in the field of addiction. The candidate should not be older than 35 years of age on May 1, 1998.

Nominations are due by May 1, 1998

For further information, write to:

Rotterdam Addiction Research Institute
Prof. H.F.L. Garretsen, Ph.D.
Secretary of the Jury
Heemraadssingel 194
3021 DM Rotterdam
The Netherlands
Phone: 31 10 4253366
FAX: 31 10 2763988

Announcements (con't)

The Journal of Division 50

Psychology of Addictive Behaviors

There are two things you can do to support our journal: Submit manuscripts and encourage your institution to order an institutional subscription to *PAB*.

Send us your manuscripts. Our journal is recognized as one of the fastest growing peer-reviewed addictions journals. *PAB* publishes articles on the following topics: (1) smoking and nicotine addiction, (2) alcohol and alcoholism, (3) drug use and abuse, (4) eating disorders, and (5) other compulsive behaviors (e.g., compulsive gambling, risky sexual behavior). We also welcome guest-edited special issues on relevant topics. Complete author instructions are printed in each issue.

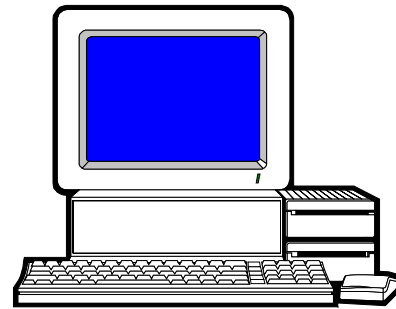
Did you know that you can ask your institution or library to subscribe to *PAB*? Give them a call and recommend an institutional subscription to *PAB*.

For more information contact :

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The Division 50 Listserver

gives you instant access to more than 250 addiction psychologists!



There are now more than 250 subscribers to the Division 50 listserver. This means you can have instant access to the minds of over 250 addiction psychologists!

To subscribe, send a message to: listserv@csd.uwm.edu
The message should consist only of the following:

subscribe APADiv50-Forum [yourfullname]

Please do not include any other information or correspondence when signing up for the list (it will not be understood by the listserver). Your e-mail address will be registered automatically from the initial e-mail you send. After you sign up you will receive a welcome message with a full description of the APADiv50-Forum and additional instructions about using the list. Professionals who are not members of Division 50 and others may contact Vince Adesso, Ph.D., by e-mail about joining the list: vince@alpha2.csd.uwm.edu

Are you a member or affiliate of Division 50?

If you answered "no," here's your chance to join.

If you answered "yes," how about recruiting a new member today?

Join other psychologists interested in addictions by becoming a member of Division 50. If you are already a member or affiliate, recruit a friend with an interest in addictions. Members receive the two Division 50 publications, *Psychology of Addictive Behaviors* and *The Addictions Newsletter*. Those who recruit new members get a toaster oven for each new member they recruit. (Just kidding - I wanna see if anyone ever reads these ads!) To become a Division 50 Member or Affiliate, contact:

Joy M. Schmitz, Ph.D., Membership Chair
Dept. of Psychiatry and Behavioral Sciences
1300 Moursund Ave.
Houston, TX 77030

Phone: (713) 500-2867 e-mail: jschmitz@msi66.msi.uth.tmc.edu FAX: (713) 500-2849

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