The Addictions Newsletter

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Inside

President's Column

Built To Last

Carlo C. DiClemente

It has truly been an honor and privilege to serve as President of Division 50 this past year. Our group of almost 1200 psychologists includes many pioneers in the field of addiction treatment and research as well as a host of younger colleagues destined to make their mark on the future. Leadership changes, but the ongoing challenge remains to build an organization that lasts and thrives, not one that just survives. In their 1994 book entitled *Built to Last*, Collins and Porras analyzed the successful habits of visionary companies and identified two key dimensions: (1) preserving the core (ideology, purpose, values); and (2) envisioning the future (creating Big Hairy Audacious Goals or BHAGs). The companies that have lasted have found ways to identify the core values and stick with them while, at the same time, creating a simple but compelling vision that can drive the organization for the next 10 to 30 years. To me the dominant core value in Division 50 is to understand, prevent and treat addictions through psychological science and service. This was the view of those who created this division and those of us who continue to guide it. The real task before the entire division is to envision the future, to create a big, hairy, audacious goal for our organization.

Carlo C. DiClemente, PhD

For me that goal would be for Division 50 to become the authoritative and preeminent voice for science, policy, training, and service in addictions worldwide. I warned you it would be audacious! However, it is not impossible or unrealistic. Our members are already providing research on prevention and treatment that guides policy and practice. Although most often these are not promoted as activities with a Division 50 affiliation, our members are offering excellent treatment, training, and supervision in venues that range from schools to prisons, from trauma centers to colleges and churches. We have the ingredients. The next task is to create facilitating structures and activities and to build an organization that will be the primary means for achieving our vision and our future.

In the first days of June, the Executive Committee and various committee chairs on the Board of Directors of Division 50 met in person and by telephone at a retreat in Baltimore to consider how to build the Division's future. We made some progress and plans. We decided to realign our core functions in the organization so we can focus more clearly on four key areas: Science, Practice, Public Interest, and the Education and Training Mission. Committee chairs and your elected Members-at-Large will work together to create and implement our agendas in each of these areas. We will focus efforts on recruiting our younger colleagues, from graduate students to postdoctoral fellows and new Ph.D.s, to membership in and service to the division. We hope to increase our presence and profile in the fields of prevention and treatment, as well as in the arenas of research, prac-

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tice, and policy. To do this we will have to reach out to treatment providers, collaborate with other organizations involved with addictions, participate and offer leadership in APA initiatives emanating from the various directorates, and create a space where, as a group, we can discuss, debate, and decide on the issues we want to foster in the public interest. The next few years should be interesting.

What we need from you, the members, is your ideas, energy, leadership, and participation to make this vision a reality. One way to start is to come to the August APA meeting in Washington, DC. We have a great lineup of presentations and activities throughout the APA convention and hope to see you at some of them. Make sure you stop by the social hour on Friday evening and the business meeting on Saturday following my presidential address, where I will offer some ideas about the future. At the Friday evening social hour we will join with Division 28 and APA in offering awards to both Nora Volkov from NIDA and Ting-Kai Li from NIAAA for their support of addictions research. Take the program in this issue of *TAN* with you to the convention to help find our division activities. We will also have a hospitality room at the Four Points Sheraton hotel. If you need a place to meet with a group of colleagues, let us know and we will see if we can arrange it. Please offer your assistance to our incoming president, Marsha Bates, as she takes over at the convention and works to create the future and an organization that is built to last. See you in August.

Editor's Corner

Nancy A. Haug
University of California, San Francisco

Thanks to the wonderful volume of submissions and in the interest of saving space, I am going to keep my column brief. TAN Summer 2005 includes invaluable information regarding the upcoming APA Convention. I have attended several APA conventions in the past and plan to be there this year. Because the conference is massive and at times overwhelming, it is nice to be affiliated with a division such as ours, which offers focus, purpose, and kinship. Since a few articles in this issue examine the importance of unifying as a field, I challenge all of you to go to a Division 50 presentation that you wouldn't normally attend. **Tammy Wall** and **Peter Vik** nicely lay out Convention activities for Division 50. They also provide us a handy pullout, listing key events. In place of the student perspectives column, **Keith Morgen** describes an exciting symposium for students, fellows, and trainees who are working toward a career in the field of addiction. Other highlights of Summer TAN include a Council report from our President-Elect **Marsha Bates** and election results from **Ron Kadden.** Congratulations to our new Executive Officers!

We have numerous thought-provoking articles in this issue. I hope you appreciate the diverse perspectives of our contributors and find the range of articles informative. As always we welcome feedback and contributions for future issues: TAN_Editor@comcast.net. The deadline for submissions to the Fall/Winter TAN is October 31, 2005.

Have fun in the sun and enjoy getting your Summer TAN on…

Election Results

Ronald Kadden
Nominations and Elections Chair

APA has announced the winners of the Division Officers election that was held this spring. Division 50 had two positions open. Kim Fromme ran unopposed for President-Elect of the Division, and was elected. John Deikis and Bradley Olson ran for Member-at-Large of the Executive Committee. Brad was elected for a three-year term. Congratulations Kim and Brad. A total of 189 votes were cast, about 16% of the Division membership. Division 50 member participation in elections rarely exceeds 25%.

The Division membership should be grateful to all the candidates for their willingness to run and to serve if elected. As is true with so many organizations, the number of people actually involved in the operation of Division 50 is very small. The Division would benefit if additional members brought their energy and creativity to the organization.

For the second year, we followed a suggestion for the nominating process that had been made by a Division member. Periodic announcements were made throughout the nomination period about who was recommended for nomination and whether or not they had received enough ballots to be formally nominated. That stimulated more interest, and by the close of nominations at the end of January all candidates exceeded the nomination threshold.

The elections cycle will resume in the fall, with a call for nominations. It is hoped that more Division members will become involved by running for an office. If there are ways that you think the nominating process can be improved and made more inclusive, please contact me with your suggestions: kadden@psychiatry.uchc.edu

2005 APA Convention Events!

Tamara Wall and Peter Vik
2005 APA Convention Program Co-Chairs

The 2005 APA convention will occur August 18-21 in Washington, DC. Most Division 50 sessions will be held in the Washington Convention Center. However, a few sessions will take place in the nearby Renaissance Washington DC Hotel and the Grand Hyatt Washington Hotel. Both are a short walk from the Convention Center as listed on the APA web site at www.apa.org/convention. Nearly all of the sessions for Division 28 (Psychopharmacology and Substance Abuse) will also be held in the Washington Convention Center, making it convenient to attend presentations from both Divisions 50 and 28.

The times and locations of all Division 50 presentations are listed on the perforated pullout page included in this newsletter. Briefly, the program includes an address by our President, **Carlo DiClemente**, titled "Ready or Not: Changing Perspectives on Addiction Programs, Providers, Policies, and People," and a special cross-cutting symposia titled "Comorbidity and Beyond: Substance Use, Health, and Mental Health," chaired by **Linda Sobell** and featuring **Nancy Piotrowski** "Comorbidity and Psychological Practice: Does One Size Fit All?" **Matthew Nesseti**, "The Psychological and Medical Sequelae of Substance Abuse: A Primary Care Perspective," **Mark Sobell** "Implications of Substance Use for Treating Other Disorders," **Kate Carey** "Substance Abuse with Severe Mental Illness: What Do We Need to Do Differently?" and **Christina Meade** "Substance Abuse and HIV Risk Behavior Among Adults with Severe Mental Illness: Implications for Risk Reduction Interventions."

This year we are fortunate to be able to feature two poster sessions, two invited symposia: one sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) titled "Contributions of Alcohol Research to Behavioral Science" and one sponsored by the National Institute on Drug Abuse (NIDA) titled "Behavior Genetics of Drug Abuse in the Molecular Genetics Era." There will be fifteen additional symposia and discussion sessions, including one focused on establishing an addictions-focused career, which will be of particular interest to students and post-docs. The Chairs of these sessions are listed in the program insert and the presenters, their paper titles, and discussants for each symposium will be listed in the APA Convention Program.

Please be sure not to miss the joint **Social Hour** and **Early Career Investigators Poster Session** with Division 28 on Friday, August 19 at 4:00 pm for a relaxed opportunity to meet other Division members. Of special note, **Ting-Kai Li**, Director of the NIAAA, and **Nora Volkow**, Director of the NIDA, will be honored with APA Presidential Citations at this event.

We would like to extend our sincere thanks, to Carlo DiClemente, Division 50 President and this year's reviewers (listed in the Spring *TAN*) for their invaluable assistance in creating the 2005 program. We would also like to acknowledge the continuing cooperation and support from NIAAA and NIDA in providing federal funding for invited speakers and travel awards for young investigators and helping to make possible the broad, cutting-edge coverage of addictions topics in this year's program. We look forward to seeing you in Washington, DC!

Making the Jump One Step at a Time: Professional Mentoring Symposium for Students

Keith Morgen
Membership Chair, Division 50

Division 50 proudly presents the first in a new line of student-focused programming at the APA Convention this August. The Division is dedicated to increasing student involvement and membership, and this programming is a first step towards supporting the development of students working towards becoming professional addiction specialists.

There will be a symposium entitled *From Student to Professional: Establishing an Addictions-Focused Career* on August 18th, from 12:00PM to 1:50PM at the Washington Convention Center, Meeting Room 102B. This symposium will explore the steps required to transition from student to professional in the addictions field. Addictions' training, whether clinical or research-based, requires specialized preparation as an adjunct to the standard doctoral program course work, and this path is often difficult to navigate. Our panel will address specific details in the following four areas of interest. First, Keith Morgen will review NIDA-sponsored pre and post-doctoral training, as well as APA Internship Training as a mechanism to gain addictions experience while still a student. Second, A. Thomas Horvath will discuss the training required and tasks performed in conducting addictions treatment with private practice clients. Third, Nancy Haug will discuss various addictions career trajectories such as clinical, consulting, and research. Fourth, Carlo DiClemente will analyze the trends in addictions work in the near and distant future. His discussion will examine what training will be the most marketable in the ever-changing world of addictions work, whether clinical, academic, or research. The panel is designed as a mentoring session, and panelists will also review their own paths in the addictions research, clinical, and academic arenas. Finally, a listing of resources, websites, fellowship information and academic deadlines will be provided.

We want to welcome as many student members to Division 50 as possible. If you haven't joined the Division as of yet, or if you are a member but have not been that involved, this is not only a great opportunity to receive some excellent mentoring and advice, but also a chance to introduce yourself to the Membership Committee of Division 50. Please feel free to approach me at any point during the Convention. I remain open to feedback on how Division 50 should increase its student offerings.

APA Council of Representatives Report

Marsha E. Bates, President-Elect, as alternate for Sandra A. Brown, Division 50 Representative

The APA Council of Representatives met in Washington, DC, February 18–20, 2005. Many Council representatives said this was the most lively and emotional meeting in recent memory, although it was the first Council meeting I attended so I don't have an independent opinion. Several issues evoked much commentary on the part of representatives. Here is a brief outline of some of the topics of broad interest to psychologists, as well as to specific interests of Division 50 members. Full minutes of the meeting are available to APA members at www.apa.org/governance.

Two agenda items were discussed in executive (closed and confidential) sessions. First, Council voted not to approve the establishment of the Society for Human-Animal Studies as a candidate division. The vote was 66 in favor, 56 opposed and 2 abstentions. The Bylaws require a two-thirds majority of those present in order to establish a new division. Second, Council discussed the CEO evaluation.

An APA delegation had attended the World Conference Against Racism in Durban, South Africa, in 2001. This conference ended up becoming highly controversial following anti-Israeli and anti-Semitic activities on the part of some participating delegations. At the Summer 2004 Council meeting when the delegation report was given, many expressed concerns regarding the decision of the APA delegation to remain at the conference after the US and Israeli governments left in protest. There were strong objections to adopting the Durban declaration, or to receiving the UN report, which they judged to contain anti-Semitic content. In response, a Task Force on the World Conference Against Racism was appointed to examine the controversy. Sandra Shullman, Task Force Chair, made a thoughtful and sensitive presentation of their report and recommendations. The Task Force concluded that the final APA delegation report and the UN Declaration did not contain specific anti-Semitic and anti-Jewish content and urged the Council to accept both reports. Much discussion and personal comment from council members followed. Council ultimately voted to receive the report and adopt the recommendations of the Task Force. Achievements of the APA Durban delegation were noted, regarding the significance of raising consciousness about the mental health and psychological aspects of racism at both institutional and individual levels. This was important because the primary focus of other conference participants was on legal, economic, and political issues. A final, annotated version of the UN Declaration will be presented for final and formal receipt at the August 2005 meeting of Council. The annotated version will identify the items in the UN Declaration that reflect the contributions of the work of the Delegation, as well as items that were found to be objectionable to a segment of members of APA. In the later case, a narrative will be included to further explain the nature of the objection.

Marsha E. Bates, PhD

Council voted to approve APA making an annual contribution of $60,000, as a regular line item in APA's budget, to the Archives of the History of American Psychology in support of its archival activities, to allocate $16,000 from its 2005 discretionary fund to support the Elementary & Secondary School Zero Tolerance Impact Task Force, and to allocate $21,000 from its 2005 discretionary fund to support two meetings of the Working Group on Psychoactive Medications for Children and Adolescents during 2005.

Article III of the APA Bill of Rights for Members, and the APA Resolution on Hate Crimes, were amended to include APA's opposition to prejudice and discrimination based on gender identity.

Council voted to receive the report, and to adopt as APA policy, recommendations of the Task Force on Mental Disability and the Death Penalty. The recommendations urge jurisdictions that impose capital punishment not to execute persons with Persistent Mental Disability; Mental Disorder or Disability at the Time of the Offense; and Mental Disorder or Disability After Imposition of Death Sentence. These recommendations do not supersede existing APA policy (2001) on the death penalty.

Council voted to adopt a resolution on the Psychological Needs of our Troops, Veterans, and Their Families as APA policy, a Resolution in Favor of Empirically Supported Sex Education and HIV Prevention Programs for Adolescents, and to approve, in principle, a draft statement regarding Health Care for the Whole Person.

Council approved amending the Reimbursement Policy for Council representatives attending the two yearly meetings beginning in 2006. This will be greatly appreciated by the divisions and state associations, some of which found it difficult to reimburse travel expenses of representatives twice yearly. APA will reimburse Council Representatives' hotel expenses, meals, and local transportation for the winter meeting, and 2 nights hotel at the summer conference meeting. Minority representatives will continue to have all expenses covered. President Ron Levant informed Council that he would appoint a working group to look at incentives for increasing multi-cultural diversity on Council and boards and committees.

John Dovidio conducted a Multicultural Organizational Leadership Workshop on Saturday morning with Toy Caldwell-Colbert and Sandra L. Shullman. John Dovidio gave an extremely interesting presentation of explicit versus implicit forms of bias towards ethnic minorities. While an overwhelming majority in the US explicitly (consciously) respond that they are against racism, laboratory research reveals that implicit bias exists in all but 10-15% of participants. Largely unrecognized ramifications of implicit bias with respect to employment and advancement were de-

scribed. Bias with respect to ethnic affiliation, gender, gender identity, race, religion and the like are important concerns of APA. Division representatives broke into small groups to discuss practical methods for increasing diversity in APA and were asked to hand in suggestions about what their division might due to facilitate the goal of increasing diversity in APA. At the next Council meeting, divisions will be queried about progress they have made towards this goal. The Division 50 Executive Committee is considering formal ways through which we can increase diversity in our division. We ask that all members actively recruit diverse colleagues, and especially early career professionals and graduate students, for membership in Division 50.

Special THANKS from Division 50 Executive Committee to:

National Institute on Alcohol Abuse and Alcoholism

and

National Institute on Drug Abuse

for sponsoring the Social Hour and Young Investigator's Poster Session on Friday evening (8/19/2005) and Travel Awards to this year's APA Convention.

We are appreciative of your generous support.

Division 50 and Professional Practice: Adventures of a CAPP Observer

Frederick Rotgers
Philadelphia College of Osteopathic Medicine

Last year, Carlo DiClemente asked me to serve as Division 50's observer to the APA Committee for the Advancement of Professional Practice (CAPP). CAPP reports directly to the APA Board of Directors and the President, and serves as the administrative liaison between the Practice Directorate and the APA leadership and governance. One of CAPP's main responsibilities is to oversee the revenue generated from the Practice Special Assessment that APA levies on its more than 125,000 licensed members.

Until this May, Division 50 has never had an observer at this meeting, despite regular requests from the Practice Directorate. The Practice Directorate has existed since 1986; its current Executive Director for Professional Practice, Russ Newman, has served in his present post since 1993. The Practice Directorate's advocacy agenda is dedicated to supporting APA members in full or part time, private or public practice. If an issue pertains to or may potentially impact the practice of psychology, the Practice Directorate and CAPP are involved.

The CAPP agenda for the May meeting included: the practice assessment, advocacy and relations between psychology and Capital Hill, prescription privileges for psychologists, managed care, serious mental illness, state association leadership, cultural and ethnic diversity, public education, APA's healthcare policy, the APA model licensing law, projects that APA is involved in with the World Health Organization, and issues surrounding funding of APA and member activities by pharmaceutical companies. The areas specifically pertinent to Division 50 members were the fight for mental health parity in third party reimbursement and the latest results of the PracticeNet survey. In these areas, our input was missing. I hope we can change that!

The issue of parity in the reimbursement by third party payers for mental health treatment has been prominent in psychology for many years. Many states now have some degree of parity in which third party payers are required to address psychological treatments in the same way they address treatments for other chronic medical conditions. However, to the best of my knowledge, no states require parity for substance abuse treatment (colleagues, please let me know if I'm wrong about this!). Had there been a Division 50 observer as part of CAPP over the years, perhaps parity for substance abuse treatment would be mandated.

The results of the PracticeNet survey were even more sobering for me, as I have been involved not only in research on addictions treatment but also in the training of psychologists in addictions treatment. As most of you probably know, training in addictions treatment is minimal in most graduate clinical psychology programs. In my doctoral education, the entire formal exposure I had to addictions in any form was a 3-hour lecture in a class on adult psychopathology. Yet, epidemiological data seem to show that between 25% and 65%, depending on diagnosis and practice setting, of patients seeking mental health treatment have had or currently have diagnosable substance abuse or dependence (Regier, et al., 1990). In fact, the lifetime prevalence of substance use disorders rivals that of depression and anxiety disorders. Despite substance use disorders being a major healthcare problem in the US, psychologists are not well trained to treat them even though the treatment methods for substance use disorders and other addictive behaviors most strongly supported by research has been largely developed and tested by psychologists, many of whom are members of Division 50! It appears that we, as professionals and practitioners (and I am using "we" in general terms, not just to designate Division 50 members) have neglected the treatment of addictive behaviors in favor of a focus on "mental health" problems.

This situation is brought more starkly into focus by the results of the 2003 and

2004 PracticeNet surveys conducted by the Practice Directorate. For those who haven't heard of these surveys, they are done annually on volunteer practitioners who pay the practice assessment. The survey uses a Realtime Behavioral Sampling Technique, in which potential survey respondents indicate what hours each week they are engaged in practice activities. They are then asked to describe their activities in a randomly chosen 15 minute time block during their practice times, and to answer questions about those activities. One of the questions has to do with the diagnosis of the client being seen if the practitioner was in a face-to-face therapy or assessment session. The results have been highly consistent: of the more than 200 practitioners who responded to the survey each year, not a single one reported being with a client with a primary substance use disorder diagnosis during the 15 minutes sampled. This is simply astounding, given the epidemiologic data on the co-occurrence of substance use and other psychiatric disorders.

When the respondent was specifically asked if the client had a "substance use problem", regardless of diagnosis , 18% of 2003 respondents said yes, and the figure is somewhat higher in 2004. In a commentary on the 2003 data, Practice Directorate researchers acknowledged that it is likely many practitioners are not even inquiring about substance use, especially in the first few sessions with a client. Despite the strong research support for the effectiveness of psychological methods for treating substance use disorders, psychologists in practice are clearly not addressing these issues on the scale that research indicates they occur in the treatment seeking population.

So where does this leave us with CAPP and the Practice Directorate? It seems to me that we, as a Division, should be in the forefront of encouraging our professional colleagues to both learn about, and begin to treat substance use disorders. The APA Practice Directorate already has a mechanism in place to help do this—the College of Professional Psychology's Certification in the Treatment of Alcohol and Other Substance Use Disorders—but more can and should be done to involve psychologists in the treatment of substance use disorders. We should also begin to address the very real issues of reimbursement that likely deters many psychologists from treating substance abuse in the first place.

What can we do now? We can encourage our friends and colleagues in practice to join and become active in Division 50. We can develop a Division practice agenda that I, or whoever is the Division observer at CAPP, can bring to CAPP and the larger practice community. I have already laid the ground work for us to have some time on what will be a jam packed agenda at the November, 2005 CAPP meeting. I'd like to hear from Division Members or anyone else interested in the treatment of substance use disorders and other addictive behaviors about your concerns, suggestions or just random thoughts about how the Division might begin to have an impact on the practice arm of APA. My email address is fredro@pcom.edu. Let's get heard!

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Rethinking Readiness-To-Change for At-Risk College Drinkers

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Center for Health and Behavior
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The psychological construct of readiness-to-change (RTC) plays a potentially key role in the development and evaluation of college drinking interventions. Most empirically supported protocols using brief motivational interventions and cognitive-behavioral skills training with at-risk students address RTC in some form or another (Larimer & Cronce, 2002). Brief motivational interventions assume that students have skills to change, but lack motivation to change. For instance, the BASICS program, a popular brief motivational intervention, recommends course leaders acknowledge students' differences in RTC (Dimeff, Baer, Kivlahan, & Marlatt 1999). Even primarily skills-based interventions generally include some forms of motivational enhancement to engage students (Fromme & Corbin, 2004). The concept of RTC is also incorporated into some computer-based prevention interventions (Hester, Squires, & Delaney, 2005; Saunders, Kyrei, Walters, Laforge, & Larimer, 2004; Underhile, 2005).

From a research perspective, RTC can be considered a proximal outcome measure, potentially mediating behavioral outcomes such as reduced high-risk drinking. RTC has also been shown to moderate the effects of motivational interventions on outcomes in a variety of populations, including college students (Fromme & Corbin, 2004; Heather Rollnick, Bell, & Richmond, 1996; Project MATCH Research Group, 1997).

RTC is broadly defined as motivation to change problematic drinking patterns. The recent surge in popularity of the RTC construct in the addictions field resulted in many new operational definitions (Carey, Purnine, Maisto, & Carey, 1999); however, the use of existing RTC measures (developed for older adults, primarily in treatment seeking populations) in the context of college drinking interventions highlights assumptions made about change and the process of change. How good is the 'fit' between existing RTC measures and college drinkers? In an effort to answer this question, we will summarize three measures used recently in published or ongoing outcome research on college drinking interventions. We will describe each, and highlight ways in which the structure and/or language used in the measure represents a fit or a misfit to the college-drinking context.

University of Rhode Island Change Assessment (URICA) (McConnaughy, Prochaska, & Velicer, 1983). The URICA contains 32 items over 4 subscales representing precontemplation, contemplation, action, and maintenance stages of change. Responses are coded on Likert scales from 1 (strongly agree) to 5 (strongly disagree). Shorter 28-item (DiClemente & Hughes, 1990) and 13-item (Heesch, Velasquez, & von Sternberg, in press) forms are available. The individual subscales yield separate scores, but a single RTC score is derived by summing the contemplation and action scores and subtracting the precontemplation score. The URICA instructions explain, "Each statement describes how a person might feel when starting therapy or approaching problems in their lives." Respondents are instructed to write down their own "problem" and respond to each item with reference to that self-identified problem. Thus, standard administration of the URICA assumes that respondents identify a specific problem. The word "problem" appears in 21 of the 32 items. In addition, references to "here" and "this place" assume that the respondent has come to a treatment program for help. Neither assumption is appropriate in many prevention settings, where students may not see themselves as having a problem or seeking help. Fromme and Corbin (2004) used the 13-item form of the URICA and found no effect of their brief group-based prevention program on RTC despite finding effects of the program on high-risk drinking. However, higher baseline levels of RTC were associated with greater changes in heavy drinking, especially when students received an intervention. Thus, RTC measured in this way did not change as a result of the intervention, but it did predict change.

Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) (Miller & Tonigan, 1996). The latest version of SOCRATES contains 19 items, worded specifically with regard to drinking behavior. Like the URICA, SOCRATES employs a 5-point Likert scale. Although SOCRATES' items were originally developed to represent the five stages of change, factor analyses revealed a structure represented by three subscales: Recognition, Ambivalence, and Taking Steps for Change. Instructions refer to "a way that you might (or might not) feel about your drinking," maintaining a relatively neutral response set. However, terms like "problem" (n = 5) and "alcoholic" (n = 2) appear within items. This wording presents similar problems to those in the URICA. The Ambivalence items reflect contemplation language (e.g., "I wonder if I drink too much/I am in control/my drinking has hurt others"), however this scale also contains 3 items that represent having changed and not wanting to slip back into old patterns. A confirmatory factor analysis of the 19-item SOCRATES with 278 college drinkers did not find a good fit with the data from the college sample (Vik, Culbertson, & Sellers, 2000). Based on a reduced set of items, Vik and colleagues reported that 67% of the sample would be categorized as precontemplators, 20% were contemplators and only 13% were in action. The contemplators reported twice as many days drinking and heavy drinking days in the last 3 months than did either the precontemplators or students in action. Thus, this research raises questions about both the factor structure of SOCRATES and the expected associations between RTC and drinking.

Readiness to Change Questionnaire (RTCQ) (Rollnick, Healther, Gold, & Hall, 1992). The RTCQ is a 12-item measure designed to assess stage of change among drinkers not seeking treatment for alcohol problems. RTCQ yields subscales (4 items each) representing precontemplation, contemplation, and action and can be used to categorize individuals into one of these three stages. A continuous score representing RTC can also be derived (Budd & Rollnick, 1996). Instructions introduce the items as "how you personally feel about your drinking right now" and responses are coded on Likert scales. The item language is reflective of precontemplation through action, as it was designed for non-treatment seekers in primary care settings. Some of the items are not worded appropriately for young drinkers. For example, two of the items refer to "changing my drinking," assuming that change means cutting down. We have seen students interpret these items with regard to *increases* in drinking (e.g., around Greek rush and school breaks). It is worth noting that a recent study using RTCQ with college students reported a respectable coefficient alpha of .86 for the continuous summary score (McNally & Palfai, 2001). However, efforts to replicate the factor structure of the RTCQ in college samples have been unsuccessful (Carey, unpublished data).

Perspectives on RTC Measures from the Field

Hester and colleagues are developing a PC and web-based brief motivational intervention: the College Drinker's Check-up. As part of the planning for revising the previously developed Drinker's Check-up for older adults, Hester conducted an informal survey of professionals who are involved in both research and clinical services. These discussions revealed a consensus of dissatisfaction with the current measures of RTC. Concerns focused on the wording of questions (e.g., "problem), the settings and treatment seeking populations for which the instruments were developed, and the lack of norms for college students.

Working with data collected at Syracuse University (n = 1,306), Carey and colleagues explored item response patterns to the RTCQ. Item analyses indicated that only 8% of the sample agreed or strongly agreed with the statement that their drinking "is a problem sometimes," which reflects the low base rate of problem drinkers within the college population. However, it is notable that 25% endorsed "sometimes I think I should cut down on my drinking," and 40% endorsed "I enjoy my drinking, but sometimes I drink too much." In addition, the item "I am trying to drink less than I used to" was reported by 25% of all students, including 15% of students who reported an average consumption of only 1 to 2 drinks per week. Such responses suggest a relatively high degree of contemplation about modifying drinking patterns even in the absence of patterns that could be considered problematic. These endorsement patterns call into question the theoretical assumptions underlying stages of change in a population whose drinking patterns are fluid, strongly influenced by the environment and still undergoing developmental changes.

Summary

We propose that RTC needs to be reconceptualized for at-risk college drinkers. For student drinkers, RTC may be better defined as "openness to modifying high

risk drinking toward safer, less risky drinking." This definition of RTC reflects receptivity to making adjustments within a still fluid drinking pattern. New approaches to measuring RTC may benefit from altering assumptions about what we are measuring. *What needs to change?* We cannot assume the presence of an alcohol use disorder, and we must assume that the source of dissatisfaction for at-risk drinkers is going to be quite heterogeneous. *What do we mean by change?* We cannot assume that the change to which we refer will involve becoming a non-drinker. Rather we must assume that change involves reducing risky drinking but not eliminating drinking altogether. *What prompts RTC?* Because not all young adult at-risk drinkers have experienced substantial negative consequences, we cannot assume that RTC will be mobilized because of "problem recognition" in its classic sense. Perhaps our measurement can be more sensitive to awareness of and desires to prevent future harms as well as to reducing harms already experienced. Developing a measure of RTC that is sensitive to the population and its context could provide the field with a more precise way of measuring the effects of interventions and testing hypotheses about mechanisms of change. To that end, we would like to invite both researchers and clinicians interested in developing a more useful RTC measure to join us for discussions via email (reidhester@lobo.net and kbcarey@syr.edu). If there is sufficient interest, we are willing to set up a listserv that focuses on this issue. We will also keep the readers of TAN informed about our progress in this area.

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Finding a Middle Ground: An Exploration of Abstinence, Harm Reduction and a Goal-Directed Approach

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In the United States, abstinence has long been the gold standard for evaluating outcomes in substance abuse treatment. While United States public health policy has openly embraced harm reduction campaigns (e.g., designated driving) the treatment community has been slow to recognize the value of "any program or policy designed to reduce drug-related harm without requiring the cessation of drug use [http://www.camh.net/public_policy/harmreductionbackground.html]." The Motivational Interviewing [http://www.motivationalinterviewing.org] technique of monitoring the client's degree of readiness to change is often confusedly associated with "going soft on drugs" and the decriminalization movement, leaving all alternative treatment strategies sidelined. In recent history, some harm-reduction-based treatments, such opioid substitution, needle exchange, nicotine replacement and alcohol reduction programs have proven their efficacy in improving both the health and functionality of the population. The burden of proof remains on alternative treatments however, and empirical evidence is hard to come by in the face of abstinence-based funding sources. In this article, we explore both abstinence-only and harm-reduction approaches and discuss a goal-directed approach to stimulant treatment that is currently being researched at the University of California, San Francisco (UCSF).

Abstinence-Only

In the United States, abstinence-only government policy and recovery programs can be traced back to the societal changes of the mid to late 1800s. As the nation

became industrialized, problems such as increased unemployment and crime were attributed to alcohol consumption by the Temperance Movement, which sought to suppress alcohol thus preventing societal problems (Hewitt, 1995). In 1919, Temperance led to Prohibition with the passage of the Volstead Act, legally barring all consumption of alcohol. Although Prohibition reduced rates of mortality and crime, it was ultimately repealed in 1933.

Society continued to view alcoholism as a moral and criminal issue, in spite of increased acceptance in the medical field that alcoholism be viewed as a disease. Abstinence-based recovery became the accepted paradigm in the United States with the inception of Alcoholics Anonymous (AA) in 1935. AA views alcoholism as an illness, and its members possess the desire to stop drinking and to help others achieve sobriety. AA's Twelve Step model incorporates the ideology of the Temperance Movement with peer support. The success, popularity and growth of AA led to the adoption of the Twelve Steps by other self-help, mutual support groups (e.g. Narcotics Anonymous).

Abstinence-oriented treatment approaches remain the most widely embraced by governmental agencies, which support a "zero tolerance" stance against illicit drugs. United States' drug policy is in a large part shaped by and committed to law enforcement. While defense contractors and incarceration facilities benefit from this arrangement, substance-dependent individuals often do not. The much lauded 1994 CALDATA study showed that "for every dollar that goes into treatment, the public saves $7 in health care and crime costs [http://www.adp.cahwnet.gov/pdf/caldata.pdf]," yet the latest report from the RAND Drug Policy Research Center points out, "in fiscal year 2003, for example, 53 percent of the president's requested drug control policy was for enforcement, 29 percent for treatment, and 18 percent for prevention [http://www.rand.org/pubs/occasional_papers/2005/RAND_OP121.pdf]." The negative impact of this arguably misdirected allocation of resources for the typical substance dependent person is clear: there is a much higher chance of punishment than treatment. This problem is compounded twofold by the abstinence-only paradigm; first, the tendency to associate abstinence with morality supports the view that anything less is criminality; and second, people who need treatment the most are often ineligible due to their continued use or relapses.

Harm Reduction

Although abstinence remains the dominant drug policy in the United States, only 20% of those who seek treatment complete it (Tims, Fletcher, & Hubbard, 1991). Many scholars have suggested that alternative approaches, such as harm reduction, may help address substance use problems among the 80% whose needs fail to be met in abstinence-only programs (Marlatt, 1998; Reinarman & Levine 1997).

Harm reduction was first proposed in the United Kingdom in the 1920s as part of the Rolleston Committee's recommendations regarding drug policy. These proposals were eventually utilized in the United States after the rise of HIV/AIDS due to intravenous drug use (Clapp & Burke, 1999). The HIV/AIDS epidemic provided a context in which the reduction of deaths caused by HIV/AIDS far outweighed the advantages of a strict adherence to the abstinence-only perspective. Allowing non-abstinent people to participate in treatment increases medication adherence and treatment retention, which is clearly important with high-risk populations because, to put it crassly, "dead addicts don't recover" (Vail & Stokes, 1999).

Harm reduction interventions seek to reduce the negative consequences of substance abuse, providing a connection to drug abuse services for those individuals who are not immediately seeking abstinence. Although abstinence is the ideal goal of harm reduction, progress is measured in terms of increase in overall level of functioning and quality of life. Weingardt and Marlatt (1998) identified three general interventions associated with harm reduction: changing the route of administration, providing a safer substance to replace a more harmful substance, and reducing the frequency and intensity of the target behavior. Harm reduction has demonstrated its efficacy in the reduction of tobacco and alcohol use and the spread of HIV/AIDS (Kivlahan et al., 1998; Vlahov & Junge, 1998; Brocato 2003). Other successful applications include nicotine and opioid replacement strategies, needle exchange programs, age restrictions and prohibitively high taxes on cigarettes.

Critics of the theory believe harm reduction's aim to eliminate the negative consequences of drug addiction without eliminating drug use altogether is an untenable position (Des Jarlais, 1995). One such critic, General Barry McCaffrey, director of the Office of the National Drug Control Policy under Bill Clinton stated, "at best harm reduction is a halfway measure, a half-hearted approach that would accept defeat … Pretending that harmful activity will be reduced if we condone it under law is foolhardy and irresponsible" (McCaffrey, 2000). Critics also readily confuse harm mitigation objectives with drug decriminalization campaigns (e.g. medical marijuana) in their attempts to discredit harm reduction policies.

Bridging the Gap: A Goal-Directed Approach

UCSF's Stimulant Treatment Outpatient Program (STOP) was founded in 1990 to provide counseling for participants in NIDA-funded research on potential medications for treating cocaine dependence. Subsequently, the San Francisco Department of Public Health contracted STOP to provide treatment for both cocaine and methamphetamine dependence. At that time, the program was four months long and contained only one treatment phase. In 1997, as a part of San Francisco's "Treatment on Demand" initiative, STOP was expanded into an intensive outpatient program with daily groups and three treatment phases each lasting three to four months. The methamphetamine-specific Stonewall Project was established as a part of the same initiative. The intention of Treatment on Demand was to reduce barriers to substance abuse treatment, such as waiting lists, exclusion of those with co-occurring psychiatric conditions, and requirements of sobriety prior to treatment. Historically, STOP and Stonewall each serve approximately 100 clients per year, and for each the average length of treatment is one year.

The STOP/Stonewall treatment approach is currently under evaluation. This goal-directed approach reconciles the abstinence

model with empathetic understanding of the chronic, relapsing nature of stimulant dependence, the notion of meeting clients where they're at, and respect for "individual decision making and responsibility [www.camh.net/public_policy/harmreductionbackground.html]." It requires clients to establish goals regarding each substance they use and set dates for implementing these goals, providing them with ownership of their progress through treatment. It is common for clients to choose and gradually achieve abstinence from all substances as their goal, but this is not a requirement for program attendance.

The STOP and Stonewall program evaluation is funded as part of a CSAT Targeted Capacities Expansion grant. The grant funds treatment for an additional 240 methamphetamine dependent clients at STOP and Stonewall over the next three years. The programs have also received preliminary approval from CSAT to allocate funding to modify the Drug Evaluation Network System (DENS) [http://www.densonline.org] , a networked version of the Addiction Severity Index (ASI). Modifications will include additional items targeted to the stimulant-using demographic. DENS will be administered at 6-month intervals and will serve as the primary outcome measure. The researchers have also created a "Drug Use Goals Questionnaire" to assess how goals change over time and influence treatment outcomes.

We are optimistic that the abstinence-only and harm reduction camps can one day reconcile their theoretical positions around empirically-based approaches to treatment. As a society, we have seen much success from the abstinence-only approach, yet we have also realized that complete abstinence from all substances is not always required for improved quality of life and decreased disease transmission rates and mortality. Perhaps, the future will find goal-directed approaches to stimulant treatment as common as replacement therapies for opiate treatment are today. It is our hope that as open-minded researchers discover new treatment modalities, the burden of substance abuse on future generations can be ameliorated; for with recovery, as with life, some things work for some people some of the time.

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Injection Drug Use, Poverty, and HIV Among U.S. Minorities: The Necessity of Targeted Intervention Approaches

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The HIV/AIDS pandemic has generated multiple public health policy questions regarding urban environments. Factors such as injection drug use, poverty, crime and economic instability combine to create significant health disparities among minority groups, especially with regard to contracting HIV/AIDS. We explore reasons for the spread of HIV/AIDS among minorities and suggest the need for sensitivity to cultural and ethnic factors in developing interventions for injection drug users (IDUs).

IDUs in the United States

U.S. surveillance data ("HIV diagnoses," 2003) indicate a declining trend in AIDS incidence among U.S. IDUs between 1994 and 2000, although this data is limited to 25 states and represents only 7% of reported cases of AIDS among IDUs. A snapshot of newly-infected IDUs during this timeframe reveals the typical IDU is male (66%), African American, non-Hispanic (65%) and 30-39 years of age (42%). A recent MMWR report ("Increases in HIV diagnoses," 2003) found Hispanics had the largest percentage increase (26.2%) from 1999–2002, while non-Hispanic African Americans and Asian/Pacific Islanders had no significant increase. HIV diagnoses increased 8.1% among non-Hispanic Caucasians.

From 1994-2000, about one-third of new HIV cases were acquired via injection drug use ("HIV diagnoses," 2003), primarily by sharing contaminated needles (23%), but

also through men having sex with male IDUs (5%), female heterosexual contact with male IDUs (3%) and male heterosexual contact with female IDUs (1%). These statistics are probably low, given heterosexual transmission of HIV from IDUs to non-IDUs may occur unknowingly if injection drug use is not revealed.

HIV/AIDS and the African-American Inner City Population

Recent CDC data describe the link between AIDS, race/ethnicity, and place/location ("HIV surveillance," 2005). Over 80% of adolescent and adult AIDS cases since 1994 come from metropolitan statistical areas with populations above 500,000.

AIDS is more and more an opportunistic disease, striking minorities living in urban areas with heavily-concentrated populations, higher rates of unemployment and lower-paying jobs. Fifty percent of reported HIV cases in 2001 were among African Americans ("HIV/AIDS Among African Americans," 2003). Interventions designed to reach African Americans with HIV/AIDS have generally been unsuccessful for one or more of the following reasons.

Greeley (1995) found gay African American men often marry, considering themselves bisexual to avoid the stigma of the homosexual label. Further, since most African American churches do not condone sexual behaviors associated with AIDS, secrecy often surrounds any resulting revelations.

Kline, Kline, and Oken (1992) reported African American women often have substantial power with respect to sexual decision-making; however, these women are often unaware they can contract HIV/AIDS as a consequence of their partners' IDU behavior. Norris and Ford (1995) found African American females' intent to use condoms was directly related to personal worry regarding AIDS. As worrying increased, they were more likely to talk about AIDS with their partners, leading to increased condom use.

Elder-Trabrizy, Wolitski, Rhodes, and Baker (1991) discussed sense of the hopelessness apparent among some younger African Americans. Gang and street violence contribute to shorter average life expectancy, leading to escapism behaviors such as drug use and high-risk sexual behaviors especially among males.

Many African American inner city women live in poverty, often as a single parent, and their perceived likelihood of acquiring HIV/AIDS through unprotected heterosexual contact is underestimated (Norris & Ford, 1995). Further, as Wilson (1996) suggested, these females may contribute to the disproportionate spread of HIV/AIDS by having children at a relatively young age (the so-called "Baby Club"). African American adolescent females may choose to forgo condom use in favor of motherhood.

African American women engaged in commercial sex work perceive unprotected sex as an economic necessity and a rational, calculated risk, given condom use often reduces the price for sex (Weeks, Grier, Romero-Daza, Puglisi-Vasquez, & Singer, 1998).

HIV/AIDS and the Hispanic Inner City Population

Like African Americans, Hispanics often live in similar conditions within major urban areas. Poverty, higher unemployment rates and lower wages are prevalent in concentrated Hispanic populations. For example, Puerto Ricans in Northeast urban cities such as New York often live in relative poverty, experience higher unemployment and earn less per hour worked than Caucasians (Kline et al., 1992; Harrison & Bluestone, 1988). 42% of U.S. Hispanic men with AIDS acquire HIV through injection drug use ("HIV/AIDS among Hispanics," 2003), and transmit the disease to women via heterosexual sex.

Recognizing there are multiple subgroups included in the "Hispanic" label (e.g., Puerto Ricans, Mexican-Americans, Dominicans), cultural differences related to specific issues and beliefs make it even more difficult for health professionals to alter the sexual attitudes and behaviors of this population.

1. There is a huge denial of homosexual or bisexual activity by Hispanic men (Bardach, 1995). For example, there is the belief that a Hispanic male who penetrates another man during anal intercourse is not engaging in a homosexual or bisexual act, whereas the recipient is. Further, Hispanic men use the term ***machismo*** to describe their dominant power position in decision-making about their sexual relationships and practices with women (Mikawa, Morones, Gomez, & Case, 1992).
2. Hispanics are primarily Catholic; condom use conflicts with religious beliefs.
3. Fate orientation, with an acceptance of "crosses to bear," is prevalent among Hispanics (Mikawa et al., 1992). Thus, contracting HIV is viewed as outside of one's personal control. One study found Hispanics were less likely than Caucasians to believe they could avoid AIDS (VanOss Marin, Tschann, Gomez, and Kegeles, 1993). Less educated Hispanics are more likely to be influenced by both their Catholic religion and fate orientation (Greeley, 1995).
4. Marin (1989) highlighted the importance of key Hispanic values when creating HIV prevention campaigns and interventions. Some of these values are: ***simpatia***, the need for positive, smooth interpersonal relationships; ***familialism***, an emphasis on the significance of, and obligation for, Hispanic males to provide emotional and material support; and ***peronalismo***, the preference for relationships with members of a self-identified in-group.

Berger, Rivera, Perez, and Fierman (1993) reported many Hispanic females were unaware of their partners' sexual history and injection drug use, thus underestimating their own risk. Because condom use is positively associated with the person who buys the condom, Mikawa et al. (1992) suggest messages to Hispanic males emphasizing that ***machismo*** includes the protection of women from HIV may be effective.

Micro-Level Approach Toward HIV/AIDS Prevention

Needle exchange programs (NEPs) are the prototypical harm reduction intervention for IDUs. Their overall effectiveness has been demonstrated via a meta-analysis of outcome measures such as those related to needle sharing, drug paraphernalia sharing, and HIV rate (Ksobiech, 2001). The use of NEPs is clearly associated with declines in many drug-related risk behaviors. However, the Ksobiech (2001) meta-analysis did not find condom use increased among NEP participants.

Macro-Level View of HIV/AIDS

Singer (1994) stated AIDS is both a health and cultural crisis, requiring an all-encom-

passing address throughout the inner city. Singer believes AIDS is an opportunistic "syndemic," resulting from multiple related variables facing the urban poor. U.S. inner city minorities thus face an inevitably devastating chain reaction, flowing from interconnected variables: unemployment, poverty, homelessness, residential overcrowding, substandard nutrition, environmental toxins, infrastructural and housing deterioration, disruption of social support networks, youth gang- and drug-related violence, health care inequality, and the resulting stress-compromised immune systems (p. 934).

In essence, Singer's macro-level approach calls for simultaneously attacking all variables of the "syndemic." Large-scale rebuilding in housing, employment and education is necessary before social change can occur, similar to Fournier and Carmichael's (1998) call for a large-scale "social prevention" strategy.

Urban Policy Recommendations

Given the above considerations, the intervention community should focus efforts on implementation of the following.

1. Federal funding of NEPs and associated programs, which reduce harm to IDUs personally and the community overall, is a critical first step. Their cost-effectiveness (i.e., societal savings for infections averted for services such as medical care) is well documented (Holtgrave, Pinkerton, Jones, Lurie, & Vlahov, 1998).

2. Public policy should focus resources on sexual risk reduction via increasing condom availability and education to IDUs. Available funds should be disproportionately channeled toward reducing African American male IDU sexual risk behaviors, and improving condom negotiation skills among "worried" African American females.

3. While pilot studies testing various interventions with African American and Hispanic inner city adolescents are valuable, future intervention efforts, both race and gender specific, must be longer-term in scale, so that comparative results and more generalized findings can be produced.

4. "Cultural sensitivity" is central to the success of targeted intervention programs. Whether Hispanic, African American or Caucasian for that matter, the cultural beliefs and attitudes of a target audience critically influence the outcome of efforts to alter these attitudes, beliefs and/or behaviors.

Conclusion

Since the enormous resources required for macro-level interventions will not be available in the immediate future, the implementation of micro-level intervention programs becomes critical to impact drug and sexual risk behaviors among key populations. All such efforts, however, must be undertaken with full cognizance of the complex set of cultural beliefs and attitudes commonly held among these target populations.

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How the War on Drugs Influences the Health and Well-Being of Minority Communities

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In 2003, one of every eleven Americans, 21.6 million altogether, committed an illegal act: they used an illicit drug. Controlling that use has been an important government priority for many years, and a principal tool for exercising that control has been the criminal justice system. Between 1983 and 2001, annual drug admissions to state and federal prisons increased from a reported total of 10,467 to a peak reported total of 171,958 drug offenders entering prison in 2000.

One of the most striking characteristics of this flood of inmates is its racial composition. As the figure shows, per capita drug admissions among whites increased from a rate of 6 per 100,000 adults in 1983 to a rate of 36/100,000 adults in 2001. The rate for Hispanics increased from a rate of 19 per 100,000 adults in 1983 to a peak rate of 185/100,000 adults in 1985, declining to a per capita rate of 109/100,000 adults in 2001. The most dramatic increase, however is seen in the rate of prison admissions for Black drug offenders, increasing from a per capita rate of 37/100,000 adults in 1983 to a peak rate of 435/100,000 adults in 1998, and a slightly lower rate of 398/100,000 in 2001. Such discrepancies cannot be explained by dramatic racial differences in drug consumption. In the 2003 National Household Survey of Drug Abuse, 8.7 percent of blacks reported using illegal drugs in the preceding month, compared to 8.0 percent of Hispanics and 8.3 percent of whites.

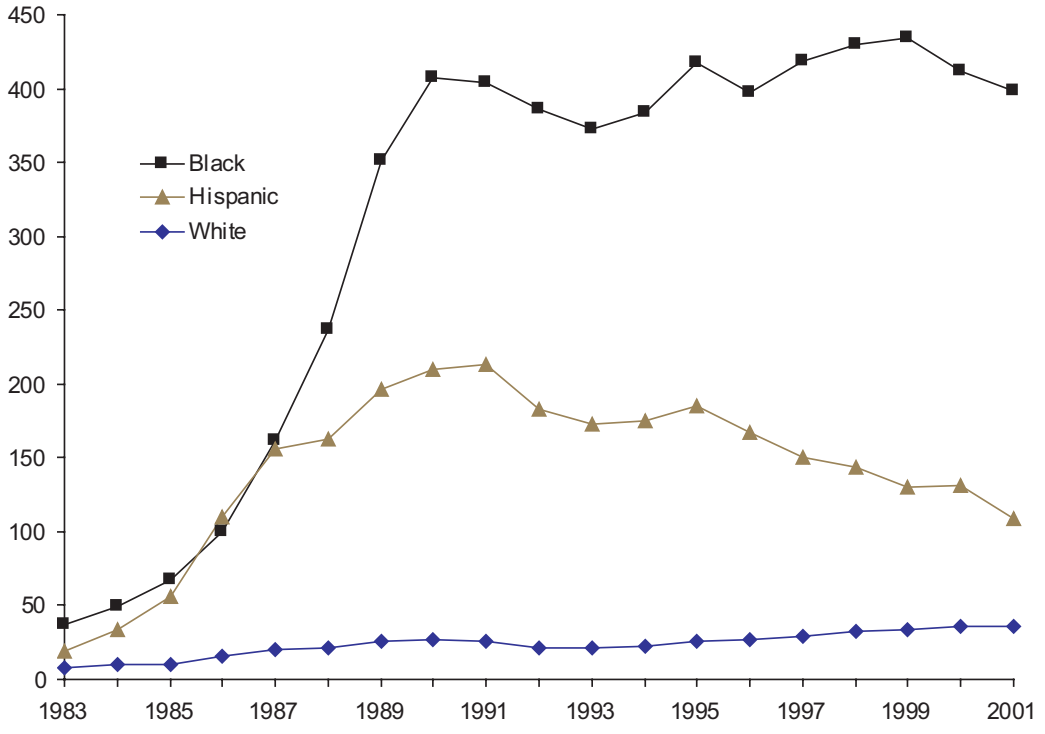
Much has been written and said about the sources of racial disparities in incarceration, and it is not our intent to review that here. Rather, we want to call attention to an important overlooked consequence of these disparities: how the "war on drugs" may perpetuate and exacerbate social problems related to health and well-being in minority communities. It does so through various channels.

- *Access to Health Benefits.* Under federal law, individuals leaving prison with a felony conviction are ineligible to receive any federal benefits for one year if the conviction was for drug possession or for five years if the conviction was for trafficking. (Approximately two-thirds of these released individuals have been convicted of trafficking.) In addition, unless states implement opposing legislation, any person convicted of a drug-related crime committed after August 1996 is permanently barred from receiving Temporary Assistance to Needy Families and food stamps.

- *Access to Housing Benefits.* In 1996, Congress passed the Clinton Administration's "One Strike and You're Out" legislation. This initiative allows federal housing authorities to consider substance abuse by individuals and their family members when making decisions to evict from, or to deny access to, federally subsidized housing. The law was written to make allowances for rehabilitation and drug treatment, but in practice, such allowances are typically not made.

- *Access to Higher Education.* The recently enacted "Higher Education Act" makes individuals with a drug possession conviction ineligible for federal student aid for one year after

New Drug Offender Prison Entries by Year



one conviction, two years after a second conviction, and indefinitely after a third. Those convicted of drug sales are ineligible for two years after one conviction and indefinitely after a second. Eligibility is reinstated if the student completes a drug rehabilitation program and passes two unannounced urine tests. On the whole, however, this measure suggests an intent to extend punishment for past drug sins into all aspects of life. It seems illogical to discourage anyone from seeking the benefits of higher education, especially given that higher levels of education correlate very strongly with decreased drug use.

- *Immigrants and Their Families.* More than 72,000 immigrants are in U.S. prisons. The Immigration and Naturalization Service (INS) has long had authority to deport immigrants considered to be "aggravated felons" but did not often use it. In 1996, federal law changed to preclude judicial review of INS decisions. Since that time, the INS has aggressively increased its rate of deportations for aggravated felony convictions, with drug felonies making up roughly 20 percent of such cases. Such policies disproportionately affect Hispanic and Asian communities.

- *Right to Vote.* In 14 states, felons are not eligible to vote immediately after leaving prison. Approximately 3.9 million individuals are affected by this policy, and more than a third are black. This lack of voter eligibility diminishes the political power of minority communities and reduces their voice in the call for educational, vocational, and health resources.

The federal government has thus steadily increased sanctions and penalties applied specifically to drug felons in a manner consistent with a view of drug use as a moral problem rather than an illness. These sanctions disproportionately and cumulatively affect minority communities. While the effects of these policies are difficult to measure directly, it is not difficult to make the case that these sanctions serve to damage, rather than enhance, social cohesion in minority communities. Patterns of drug conviction and community health disparities appear to be mutually reinforcing. Without adequate resources to facilitate recovery—namely, education, job opportunities, access to insurance, health care, housing, and the right to vote—the prospect of recidivism becomes more likely for minority drug abusers and increases the burden on their communities. We can thus expect the factors that fostered drug use in the first place to persist.

What might be done about this? Obviously, a case could be made for repeal of those statutory provisions that exacerbate the problems just described. Absent that, we suggest three ways of ameliorating their effects:

Dramatically increase the availability of drug use treatment, particularly in minority communities, so that care may be received before use leads to arrest. At the same time, if incarceration policies are to continue, much more widespread use should be made of drug courts and related judicial mechanisms that emphasize treatment before incarceration--and rehabilitation over punishment.

Improve the prospects for successful reentry of released drug convicts into their communities. This is particularly important because the large numbers of individuals sent to prison for drug offenses under the harsher laws of the 1990s are now beginning to complete their terms.

Recognize the chronic nature of drug use problems, the inequities inherent in a criminal justice response, and the dangers of the shortsighted course taken by the federal government. Approaching this public health problem with criminal justice solutions poses significant threats to the already vulnerable social fabric of many of our minority communities.

ABSTRACTS

Abrantes, A. M., Strong, D. R., Ramsey, S. E., Lewinsohn, P. M., & Brown, R. A. (in press). Substance use disorder characteristics and externalizing problems among inpatient adolescent smokers. Journal of Psychoactive Drugs.

ADHD and/or CD have been found to be associated with substance use disorders and cigarette smoking among adolescents. However, studies have often failed to explore these relationships among females, from a dimensional perspective, taken into account comorbidity between ADHD and CD symptomatology, and examine ADHD symptom subtypes (i.e., inattention and hyperactivity/impulsivity) separately as they relate to substance involvement and smoking characteristics. This study takes each of the above into consideration when examining the relationship between externalizing symptomatology and substance involvement characteristics in a sample of 191 (62.8% female, mean age = 15.4 years) inpatient adolescent smokers. The results of this study suggest that ADHD and CD symptoms may be related to different types of substance use characteristics. CD symptoms were associated with early onset of substance involvement and ADHD symptoms were related to alcohol and marijuana frequency. ADHD inattention symptoms, but not hyperactivity/impulsivity symptoms, were associated with marijuana and nicotine dependence. Lastly, significant interactions suggested that ADHD symptoms among boys and CD symptoms among girls were related to frequency of any type of substance use prior to inpatient hospitalization. The results of this study point to potentially important clinical implications such as tailoring prevention and intervention efforts according to type of externalizing symptomatology and gender.

Kelly, J. F., Myers, M. G., & Brown, S. A. (in press). The Effects of Age Composition of 12-Step Groups on Adolescent 12-Step Participation and Substance Use Outcome. *Journal of Child & Adolescent Substance Abuse***.**

Youth substance use disorder treatment programs frequently advocate integration into 12-Step fellowships to help prevent relapse. However, the effects of the predominantly adult composition of 12-step groups on adolescent involvement and substance use outcome remain unstudied. Greater knowledge could enhance the specificity of treatment recommendations for youth. To this end, adolescents (N = 74; M age = 15.9, 62% female) were recruited during inpatient treatment and followed up 3 and 6 months later. Greater age similarity was found to positively influence attendance rates and the perceived importance of attendance, and was marginally related to increased step-work and less substance use. These preliminary findings suggest locating and directing youth to meetings where other youth are present may improve 12-Step attendance, involvement, and substance use outcomes.

Murphy, J. G., Correia, C. J., Colby, S. M., & Vuchinich, R. E. (in press). Using behavioral theories of choice to predict drinking outcomes following a brief intervention. *Experimental and Clinical Psychopharmacology***.**

Behavioral theories of choice predict that substance use is partly a function of the relative value of drugs in relation to other available reinforcers. This study evaluated this hypothesis in the context of predicting drinking outcomes following an alcohol abuse intervention. Participants (N = 54, 69% female, 31% male) were college student heavy drinkers who completed a single-session motivational intervention. Students completed a baseline measure of substance-related and substance-free activity participation and enjoyment. Only women showed a significant reduction in drinking at the 6-month follow-up, and the ratio of substance-related to substance-free reinforcement accounted for unique variance in their drinking outcomes. Women who at baseline derived a smaller proportion of their total reinforcement from substance use showed lower levels of follow-up drinking, even after the authors controlled for baseline drinking level. Male and female participants who reduced their drinking showed increased proportional reinforcement from substance-free activities.

Robbins, M. S., Liddle, H. A., Turner, C. W., Dakof, G. A., Alexander, J. F., & Kogan, S. M. (in press). Adolescent and parent therapeutic alliances as predictors of dropout in Multidimensional Family Therapy. *Journal of Family Psychology***.**

We examined the relations between adolescent-therapist and mother-therapist therapeutic alliances and dropout in multidimensional family therapy for adolescent drug abusers. Videotapes of family therapy sessions were rated using observational methods to identify therapist-adolescent and therapist–mother alliances in the first two therapy sessions. Differences in adolescent and mother alliances in families that dropped out of therapy and families that completed therapy were compared. Results indicate that both adolescent and mother alliances with the therapist discriminated between Dropout and Completer families. Although no differences were observed between the two groups in session 1, adolescents and mothers in the Dropout group demonstrated statistically significantly lower alliance scores in session 2 than adolescents and parents in the Completer group. These findings are consistent with other research that has established a relationship between therapeutic alliance and treatment response.

Samuolis, J., Hogue, A., Dauber, S., & Liddle, H. A. (in press). Autonomy and relatedness in inner-city families of substance abusing adolescents. *Journal of Child and Adolescent Substance Abuse***.**

This study examined parent-adolescent autonomous-relatedness functioning in inner-city, ethnic minority families of adolescents exhibiting drug abuse and related problem behaviors. Seventy-four parent-adolescent dyads completed a structured interaction task prior to the start of treatment that was coded using an established autonomous-relatedness measure. Adolescent drug use,

externalizing, and internalizing behaviors were assessed. Parents and adolescents completed assessment instruments measuring parenting style, family cohesion, and family conflict. Confirmatory factor analysis found significant differences in the underlying dimensions of parent and adolescent autonomous-relatedness in this sample versus previous samples. It was also found that higher autonomous-relatedness was associated with worse adolescent symptomatology and family impairment. The implications of these findings for systemic efforts to repair family relationships and subsequently reduce adolescent symptomatology are discussed.

Shelef, K., Diamond, G. M., Diamond, G. S., & Liddle, H. A. (in press). Adolescent and parent alliance and treatment outcome in Multidimensional Family Therapy. *Journal of Consulting and Clinical Psychology***.**

Examined the relation between adolescent and parent therapeutic alliances and treatment outcome among 65 substance-abusing adolescents receiving multidimensional family therapy. Observer ratings of parent alliance predicted premature termination from treatment. Observer ratings, but not self-report, of adolescent alliance predicted adolescents' substance abuse and dependency symptoms at posttreatment, and days of cannabis use at 3 months follow up. The association between adolescent alliance and substance abuse and dependency symptoms at posttreatment was moderated by the strength of the parent alliance. Results reveal the unique and interactive effects of the two alliances on treatment outcome and emphasize the need for a systemic, ecological and well-articulated approach to developing and maintaining the multiple alliances inherent to family therapy.

Zavala, S. K., French, M. T., Henderson, C. E., Alberga, L., Rowe, C. L., & Liddle, H. A. (in press). Guidelines and challenges for estimating the economic costs and benefits of adolescent substance abuse treatments. *Journal of Substance Abuse Treatment.*

Many economic evaluations have been conducted for adult substance abuse treatments, but only a few studies have conducted economic evaluations for adolescent-specific treatments. This is the first paper to present rigorous methodological guidelines for estimating the economic costs and benefits of adolescent substance abuse treatments while also addressing the potential challenges associated with these research activities. A representative case study of two adolescent substance abuse treatment programs (one residential and one outpatient) is presented to help adolescent treatment researchers and directors understand some of the initial steps of a comprehensive economic evaluation (e.g., cost analyses, selection of treatment outcome measures, and valuation of outcome measures via monetary conversion factors). Cost data were collected and analyzed using the Drug Abuse Treatment Cost Analysis Program (DATCAP). Monetary conversion factors were obtained and presented for a variety of different treatment outcomes. The methodological guidelines, discussion of economic analysis challenges, and recommendations set forth in this paper provide a foundation for future economic studies of adolescent substance abuse treatments.

FEDERAL UPDATE
NIAAA

Alcohol Policy Information System: alcoholpolicy.niaaa.nih.gov
The Alcohol Policy Information System (APIS) is an online resource that provides detailed information on a wide variety of alcohol-related policies in the United States at both State and Federal levels. It features compilations and analyses of alcohol-related statutes and regulations. Designed primarily as a tool for researchers, APIS simplifies the process of ascertaining the state of the law for studies on the effects and effectiveness of alcohol-related policies. The principal research tools on this Web site are 35 sets of comparison tables and supporting materials for selected alcohol policies. Two new policy topics were recently added: Use/Lose (Driving Privileges) and False Identification. In addition, a new Highlight on Underage Drinking section was added and the site was restructured to improve usability.

ETOH Archive: etoh.niaaa.nih.gov
The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created this portal to support researchers and practitioners searching for information related to alcohol research. This page includes links to a number of databases, journals, and Web sites focused on alcohol research and related topics. Also included is a link to the archived ETOH database, the premier Alcohol and Alcohol Problems Science Database, produced by NIAAA from 1972 through December 2003.

National Epidemiologic Survey on Alcohol and Related Conditions (NESARC): niaaa.census.gov
This website contains the public use data files of the NIAAA-conducted and -sponsored NESARC. NESARC is the primary source for information and data on the U.S. population aged 18 and older for:

- alcohol and drug use,
- alcohol and drug abuse and dependence, and
- associated psychiatric and other medical comorbidity.

Information obtaining the public use data file for NIAAA's 1991-1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES), a cross-sectional survey of the U.S. population aged 18 and older, is also available on the NESARC website.

DIVISION 50 PROGRAM SUMMARY SHEET
APA's 2005 Annual Convention, August 18–21

Thursday, August 18

Symposium: Research on Organizational Effectiveness in Substance Abuse Treatment
8/18 Thu: 8:00 AM–9:50 AM
Washington Convention Center, Meeting Room 102B
Chair: Thomas F. Hilton, PhD

Discussion: Legal Issues Affecting Services for Persons With Substance Use Disorders
8/18 Thu: 10:00 AM–11:50 AM
Renaissance Washington DC Hotel, Renaissance
Ballroom West A
Chair: Richard Lopez, PhD, JD

Symposium: Adolescence—Integrating Research on Development and Addiction
8/18 Thu: 10:00 AM–11:50 AM
Washington Convention Center, Meeting Room 101
Chair: Sandra A. Brown, PhD

Symposium: From Student to Professional—Establishing an Addictions-Focused Career
8/18 Thu: 12:00 PM–1:50 PM
Washington Convention Center, Meeting Room 102B
Chair: Keith J. Morgen, PhD

Symposium: Behavior Genetics of Drug Abuse in the Molecular Genetics Era
8/18 Thu: 2:00 PM–3:50 PM
Washington Convention Center, Meeting Room 103A
Co-Chairs: Joni Rutter, PhD & Kevin Conway, PhD

Symposium: Alcohol and Drug Intervention Alternatives—Considerations of Efficacy and Cost
8/18 Thu: 3:00 PM–3:50 PM
Washington Convention Center, Meeting Room 204C
Chair: Bradley D. Olson, PhD

Symposium: Rural Substance Abuse—New Methods, New Findings, New Funding
8/18 Thu: 7:00 PM–8:50 PM
Washington Convention Center, Meeting Room 151A
Chair: Laurie Roehrich, PhD

Symposium: Drugs, African Americans, HIV, and Criminalization: Breaking the Cycle?
8/18 Thu: 7:00 PM–8:50 PM
Washington Convention Center, Meeting Room 147A
Chair: Lula A. Beatty, PhD

Friday, August 19

Symposium: Evidence-Based Practice in the Treatment of Addictive Behavior Problems
8/19 Fri: 8:00 AM–9:50 AM
Washington Convention Center, Meeting Room 152A
Chair: Nancy A. Piotrowski, PhD

Symposium: Comorbidity and Beyond: Substance Use, Health, and Mental Health
8/19 Fri: 10:00 AM–11:50 AM
Washington Convention Center, Meeting Room 146B
Chair: Linda C. Sobell, PhD

Discussion: Building and Understanding a Collegiate Substance-Use Recovery Community
8/19 Fri: 10:00 AM–11:50 AM
Renaissance Washington DC Hotel, Renaissance
Ballroom West A
Co-Chairs: Kitty S. Harris, PhD and Alan S. Reifman, PhD

Symposium: Dynamic Models of the Role of Self-Regulation in Addictive Behavior
8/19 Fri: 12:00 PM–1:50 PM
Renaissance Washington DC Hotel, Renaissance
Ballroom West A
Chair: Mark Muraven, PhD

Invited Symposium: Contributions of Alcohol Research to Behavioral Science
8/19 Fri: 2:00 PM–3:50 PM
Washington Convention Center, Meeting Room 145A
Chair: Mark S. Goldman, PhD

Social Hour / Young Investigator's Poster Session: [Joint Session with Division 28]
8/19 Fri: 4:00 PM–6:50 PM
Renaissance Washington DC Hotel,
Grand Ballroom South
Sponsored by NIAAA and NIDA

Saturday, August 20

Symposium: United States--The Netherlands Binational Collaboration on Drug Abuse
8/20 Sat: 8:00 AM–8:50 AM
Washington Convention Center, Meeting Room 156
Co-Chairs: Eve Reider, PhD & Beverly A. Pringle, PhD

Poster Session: [Joint Session with Division 28]
8/20 Sat: 10:00 AM–10:50 AM
Washington Convention Center, Halls D & E
Chair: Nancy A. Piotrowski, PhD

Poster Session
8/20 Sat: 11:00 AM–11:50 AM
Washington Convention Center, Halls D & E
Chair: Laurie Roehrich, PhD

Presidential Address [Carlo C. DiClemente, PhD]: Ready or Not: Changing Perspectives on Addiction Programs, Providers, Policies, and People
8/20 Sat: 12:00 PM–12:50 PM
Renaissance Washington DC Hotel, Renaissance
Ballroom West A
Chair: Marsha E. Bates, PhD

Business Meeting
8/20 Sat: 1:00 PM–1:50 PM
Renaissance Washington DC Hotel,
Renaissance Ballroom West A

Symposium: Translational Research on Smoking Cessation—Types I and II
8/20 Sat: 2:00 PM–3:50 PM
Grand Hyatt Washington Hotel, Independence
Ballrooms D and E
Chair: Beverly A. Pringle, PhD

Sunday, August 21

Symposium: Using Assessment to Improve Drug Abuse Treatment for Offender Populations
8/21 Sun: 8:00 AM–9:50 AM
Washington Convention Center, Meeting Room 101
Chair: Redonna K. Chandler, PhD

Symposium: Meeting Treatment Needs of Girls and Women With Co-Occurring Conditions
8/21 Sun: 10:00 AM–11:50 AM
Washington Convention Center, Meeting Room 101
Chair: Redonna K. Chandler, PhD

Symposium: Co-Occurring Substance Use and Mental Disorders—Moving the Field Forward
8/21 Sun: 12:00 PM–1:50 PM
Washington Convention Center, Meeting Room 150A
Chair: Charlene E. Le Fauve, PhD

Announcements

Postdoctoral Fellowship
The Division of Prevention and Community Research, Department of Psychiatry, Yale University School of Medicine and the Department of Psychology, Yale University invites applications for a two-year postdoctoral fellowship as part of a NIDA-funded research training program focused on the prevention of substance abuse. Final notification of funding for this position is expected shortly with an anticipated start date of July 1, 2005. Fellows will participate in a mentor-based training program with core faculty investigating (a) the relationships among women s victimization, their use of violence, PTSD, and substance use; and (b) individual trait characteristics, alcohol-related cognitions, subjective alcohol responses, and social influences impacting college student drinking and prevention programs designed to counter these risk factors. Competitive candidates will have a PhD in clinical, community, or counseling psychology and a strong research background and interest in pursuing an academic career. Interested applicants should forward a CV, representative manuscripts, statement of interests and future goals, and three letters of recommendation to: David L. Snow, Ph.D., Director, Division of Prevention and Community Research, Department of Psychiatry, Yale University School of Medicine, 389 Whitney Avenue, New Haven, CT 06511, or email materials to david.snow@yale.edu. Deadline for receipt of applications is June 10, 2005. Yale University is an Affirmative Action/ Equal Opportunity Employer. Women and minority group members are encouraged to apply.

Postdoctoral Research Fellowship, Prevention Science with Emphasis on Alcohol Research
The Prevention Research Center (PRC), a division of the Pacific Institute for Research and Evaluation, in collaboration with the School of Public Health at the University of California, Berkeley, is seeking applicants for a two-year postdoctoral appointment funded by the National Institute on Alcohol Abuse and Alcoholism (P.I. and Program Director, Dr. Genevieve Ames; Training Director, Dr. Paul Gruenewald). This fellowship will provide training for individuals who wish to pursue a career in prevention science with an emphasis on alcohol research. Prevention science is defined as the systematic application of scientific methods to the study of the etiology, development, and prevention of health and social problems. It encompasses both basic and applied research and addresses tertiary, secondary, and primary prevention. The focus of the training program is on preventing substance abuse, substance dependence, and substance-related problems, and with recognition that alcohol-related problems result from the interaction between individuals and their larger environment (family, workplace, school, community, etc.). As this topic encompasses interdisciplinary perspectives, individuals with backgrounds in relevant areas (anthropology, social psychology, epidemiology, mathematical modeling, developmental psychology, etc.) are encouraged to apply. For information on the application process, training program, PRC scientists and focused research areas, please see our website http://www.prev.org/preventiontraining/ or contact Cheryl Sieczkowski, Program Administrator, Prevention Research Center, 1995 University Avenue, Suite 450, Berkeley, CA 94704, prcpostdoc@prev.org, (510) 883-5756. Pacific Institute for Research and Evaluation and the University of California are Equal Opportunity/Affirmative Action Employers. Applicants must have completed a doctoral degree. Due to federal guidelines, only applicants who are U.S. citizens or permanent residents will be considered.

Upcoming Meetings

PTID Conference
The 4th Annual Conference International Society for the Prevention of Tobacco Induced Diseases will be held September 30–Oct. 2nd 2005 in Athens, Greece. The conference is focused on biologic effects and public health impact of tobacco and will attempt to bridge the gap between basic science and health policy by (1) addressing pathologic mechanisms and prevention strategies at the molecular level; (2) presenting timely clinical evidence of tobacco's involvement in disease etiology; and (3) clarifying national obligations under the FCTC. Delegates will have the opportunity to discuss specific research topics and identify opportunities arising from local FCTC implementation around the globe. CONFERENCE INFORMATION: Dr. A.I. Zavras: 617-818 0573, zavras@hms.harvard.edu

SMART Recovery
The SMART Recovery Annual Training and Conference will be held in Chicago, Illinois on October 21-23, 2005 and includes: (1) a full day Motivational Interviewing training by Linda Sobell; (2) SMART Recovery Facilitation Training (SRFT), intended for professionals who wish to incorporate SMART Recovery concepts into their professional treatment activities; (3) the annual training for new meeting facilitators (who are non-professional volunteers); and (4) the annual training for experienced meeting facilitators. Further details available at www.smartrecovery.org.

SMART Recovery® is a nearly all-volunteer non-profit organization offering free self-help groups for individuals desiring to abstain, or considering abstinence, from any addictive behavior (substance or activity). The SMART Recovery 4-PointTM Program is science-based, teaches self-empowerment, and uses cognitive-behavioral and motivational enhancement techniques to help participants enhance and maintain motivation to abstain, cope with urges, problem solve (manage thoughts, feelings and behaviors), and achieve a balanced lifestyle. Established in 1994 and recognized by NIDA and ASAM, SMART Recovery is growing nationally and internationally, with over 300 weekly community and correctional setting meetings, and daily online meetings.

Division 50 Executive Officers

The Addictions Newsletter
Nancy A. Haug, Editor
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