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PSYCHOPHARMACOLOGY AND SUBSTANCE ABUSE NEWS



Division 28
American
Psychological Association

From the President's Desk

-John Roll, Ph.D.

I am honored to have been elected President of Division 28. Throughout my career, I have been inspired by various members of the Division. I have met new friends and important collaborators through my association with the Division. I fondly recall many memorable times spent with Division members and I look forward to many more.

As I write these lines, we are living in uncertain times. The economic downturn is the worst most of us have ever experienced and the future appears uncertain. Many experience angst as they watch their institutional, research, and personal finances take repeated hits. Hopefully, by the time I write my last column the economic turmoil will have abated and our economic fortunes will have begun to rebound.

My hope for my term as president is that Division 28 will stay true to the course that cumulative leadership has charted for it over the past decades. We must continue to advocate for research funding for the important work in which our members engage. We must increase our advocacy for the provision of evidence-based care to those afflicted with substance use disorders, and we must continue to advocate for sufficient funding to deliver this care.

We must also continue our work in the policy and regulatory arenas. I believe that policy, like treatment, should be evidence based. We need to make sure that the work we do is represented to those in policy arenas in a fashion that compels policy makers to act from an informed perspective. Closely related to policy issues are regulatory issues. As researchers, most of us bristle at additional regulation. Without a doubt, unfettered regulation of the research enterprise – be it in the form of overzealous Institutional Review Board review or unsupported laboratory animal requirements – have hampered the research process. The Division needs to continue its work to strike a middle ground and advocate for reasonable regulation.

The above issues are things to which I believe most Presidents have attended.

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Note from the Editor

- William Stoops, Ph.D.

I'd like to open this issue by highlighting the next contribution to our "research spotlight" series. When I took over as newsletter editor, I wanted to include a focus on state-of-the-science issues in our field. The last contributions to this series explored the interaction of sex and drug abuse. In this issue, I've asked Dr. Craig Rush to discuss the potential of agonist replacement pharmacotherapy for stimulant dependence. This promising, yet controversial, topic has recently received attention in *Time* and *Miller-McCune* and I thought it would be of interest to our readers. I hope you find this article as informative and thought provoking as I did.

Second, I need to credit Dr. Nina Schneider for the excellent photograph of Dr. Murray Jarvik that appeared in the last issue. I inadvertently left the photo credit out—thank you Dr. Schneider! The photo received lots of nice comments from our readers.

As always, any suggestions, comments, or questions can be sent to my email address: william.stoops@uky.edu.

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In my mind, they are some of the central reasons for belonging to the Division. The Division, as part of APA, can more effectively advocate for these causes than can any individual on his or her own.

In addition to the above issues, I hope to continue the momentum my predecessor Dr. Kirby made in supporting early career investigators. Specifically, I plan to establish a process to facilitate the establishment of potential mentoring relationships between senior and junior members of the Division.

I also plan to work closely with our members and the membership of other Divisions (e.g., 25) to enhance support for basic science investigators to translate their work into clinically relevant protocols. Additionally, I hope to work closely with our colleagues and those in clinically-oriented Divisions (e.g., 50) to enhance our dissemination of evidence-based treatment protocols to community-based providers.

With the help and support of the wonderfully talented Executive Committee, Past-President Kim Kirby, and President-Elect Hendree Jones, I hope that we can accomplish much of the above agenda. I would very much appreciate hearing directly from you if you have other areas in which you believe the Division should be engaged. Feel free to e-mail me with comments or suggestions (Johnroll@wsu.edu). If I can help I will.

Developing a Medication for Cocaine Dependence: Agonist Replacement Therapy and Translational Research

-Craig Rush, Ph.D.

Cocaine dependence continue to be a significant public-health concern. As we are all well aware, identifying an effective pharmacotherapy for cocaine dependence remains a priority with the National Institute on Drug Abuse (NIDA). Despite over 30 years of research, and at times nearly Herculean efforts, a widely effective pharmacotherapy for cocaine dependence has not yet been identified.

Cocaine produces its behavioral and physiological effects *via* interaction with monoamine transporters (dopamine, serotonin, and norepinephrine), although central
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dopamine systems are thought to play a prominent role in mediating its abuse-related effects. Considerable efforts have, therefore, been devoted to identifying compounds that directly or indirectly antagonize the effects of cocaine on monoamine systems. The premise of this approach is that treating patients with an antagonist will block the desired stimulant effects (e.g., reinforcing effects or euphoria), thereby leading to the extinction of drug-taking and drug-seeking behavior. Putative “antagonists” from diverse pharmacological classes have been tested to determine their efficacy in the management of cocaine dependence. None, however, has demonstrated robust efficacy in double blind, placebo-controlled clinical trials (reviewed in de Lima et al., 2002). In fact, treating cocaine-dependent individuals with some putative “antagonists” (e.g., olanzapine and risperidone) may increase drug use and decrease treatment retention (Grabowski et al., 2000, 2004; Kampman et al., 2003).

An alternative approach is agonist replacement therapy. As the name implies, a pharmacologically similar agent is substituted for cocaine. Treating patients with an agonist may produce tolerance to the reinforcing or positive subjective effects of cocaine, thereby leading to the extinction of drug-taking and drug-seeking behavior. Agonist replacement therapies like nicotine replacement products and methadone are amongst the most effective pharmacotherapies for nicotine and opioid dependence, respectively (e.g., Silagy et al., 2004; Sofuoglu and Kosten, 2004).

The results of initial preclinical experiments, human laboratory studies, and clinical trials suggest that agonist replacement therapy may also be a viable strategy for managing cocaine dependence. Chronic d-amphetamine treatment attenuates the reinforcing effects of cocaine under a variety of behavioral arrangements in different species including humans (Chiodo et al., 2008; Negus, 2003; Negus and Mello, 2003a, 2003b; Rush et al., 2009). In one study, for example, the effects of chronic d-amphetamine on cocaine self-administration were assessed in rhesus monkeys using a progressive-ratio schedule (Negus and Mello, 2003a). As expected, cocaine dose-dependently increased break points during saline maintenance. d-Amphetamine dose dependently decreased responding for cocaine. Worth noting is that the highest dose of d-amphetamine tested (0.1 mg/kg/hour for 10 days) almost completely eliminated responding for cocaine. In a recently completed experiment in our laboratory, the effects of d-amphetamine maintenance on cocaine choice behavior were assessed in nine participants (Rush et al., 2009). After three to five days of placebo or d-amphetamine maintenance (40 mg/day), volunteers completed five experimental sessions. During these sessions, the volunteer first sampled placebo (i.e., 4 mg intranasal cocaine) identified as Drug A. Volunteers then sampled a second intranasal drug dose (4, 10, 20 or 30 mg cocaine) identified as Drug B. Volunteers then made six discrete choices between Drug A and Drug B. During placebo maintenance, a significant linear trend was detected for cocaine choice. During d-

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“Agonist replacement therapies like nicotine replacement products and methadone are amongst the most effective pharmacotherapies for nicotine and opioid dependence, respectively....”

From the Candidates

Below are statements from the candidates running for Division 28 office. Look for your ballots in April.

President:

Rick Bevins, Ph.D. It is an honor to be nominated by my peers for President of Division 28. I take this nomination as reflecting an interest in someone that has 1) substantive administrative background, 2) extensive research experience in psychopharmacology and substance abuse, and 3) demonstrated interest in interdisciplinary and translational research that bridges basic behavioral, cognitive, and neural processes to implementing and evaluating effectiveness of intervention and prevention strategies. With this background in mind, if I am elected President of Division 28, I will work closely with the members and the Executive Committee to build on existing strengths of the division and the efforts of the hard-working members of the division. Of particular focus and interest will be...

- a) increasing participation by students at the conference and in the division
- b) developing a strategic plan to increase visibility and membership of the division
- c) promoting communication among the diverse groups within the division
- d) building more ties between allied divisions
- e) increasing coordination and efforts with divisions of overlapping interest on critical issues within APA and beyond (e.g., funding, regulatory excess, use of animals in research, ethics training, etc.).

Again, thanks to those that nominated me and, thank you for considering me as your next Division 28 President.

President:

Mark Greenwald, Ph.D. If elected President of Division 28 for 2011, I will work to achieve two key objectives. First, I will accelerate momentum created by our recent presidents to recruit and retain excellent members, especially at junior levels, by nationally marketing our scientific identity and history of productivity and success. Toward this end, I will encourage peer-to-peer recruiting and direct personal connections of junior members with mid- and advanced-career scientists, and I will reach out to sister divisions (which may generate novel and fundable collaborations). Second, I will work closely with our scientists, Council Representative and Science Directorate to promote understanding and adoption of addiction principles, treatments, and policies – based on empirical studies conducted by our preclinical and clinical members – to a range of important stakeholders including the APA; regional, state, and community organizations; federal funding agencies; legislative and executive branches of government; and tax-paying citizens who fund our psychopharmacology research and training efforts. I believe these short-range actions have considerable potential to improve the long-term health, visibility, and impact of our talent-rich division in the public health sphere. I would eagerly accept the opportunity to represent the interests of the Division 28 membership to build these efforts and attain these goals.

Member-at-Large:

Sarah Heil, Ph.D. My first foray into Division 28 was in 2000 as a postdoctoral fellow, submitting an abstract to the annual meeting. Since then, my participation in the Division has grown steadily. I have submitted many abstracts, both as a student and now also as a mentor of students, and I have also participated in and chaired symposia and served as a member of the Program Committee for many years. In 2006, I became a Member of the Division. Looking back, most of my activities to date have revolved around the annual meeting. Election as a Member-at-Large would provide me with an opportunity to expand my activities with the Division and to serve in new and different ways. The Bylaws of our Division indicate that Members-at-Large have three responsibilities: 1) to represent the general membership at the Executive Committee Meetings; 2) to serve on panels to review candidates for Division awards; and 3) to carry out duties as assigned by the President. Regarding the first responsibility, my research career has been varied, including pre-clinical and clinical work with a number of different substances of abuse (alcohol, nicotine, cocaine & opiates). As a result, I believe I could represent the diverse needs of many Members of our Division. Regarding the second and third responsibilities, I would welcome the opportunity to serve the Division by reviewing award candidates and carrying out duties assigned by the President. In addition, there is one particular issue I would pursue as a Member-at-Large, which is organizing and implementing a plan to publish abstracts and other materials from Division events at the annual meeting. At one point in time, meeting abstracts were published as a special section in a journal, but this has not occurred for many years. Reviving this tradition would allow the outstanding work being done throughout the Division to be more accessible to Division members as well as the wider scientific audience. In sum, I would welcome the opportunity to contribute to the mission of Division 28 as a Member-at-Large.

Member-At-Large:

Wendy Lynch, Ph.D. I have been an active member of APA and Division 28 since 2000 when I attended my first meeting and organized and ran the division's hospitality suite. In 2004 I received the Wyeth Young Psychopharmacologist Award through APA's Division 28 for my research examining sex and hormonal influences on drug self-administration. In 2007-2008 I served as Program Chair and am assisting the current Program Chair for the 2009 program. Through these interactions with Division 28, particularly through my service as Program Chair, I have become familiar with the historical and current issues that are important for our division and have developed/strengthened relationships with many members of the executive committee. I believe that both of these factors make me well suited for taking on the responsibilities associated with the position of Member-at-Large (i.e., representing the general membership, serving on APA panels, reviewing candidates for Division awards, carrying out duties assigned by the acting Division 28 president).

Editorial Policy:

Psychopharmacology and Substance Abuse News is a thrice-yearly publication of Division 28. It is devoted to keeping its members informed about the activities of Division 28 and to news and comments concerning all aspects of psychopharmacology and substance abuse. Articles, comments, announcements, and advertisements should be sent to Bill Stoops at william.stoops@uky.edu.

“Of course, the question many of us ask when deciding whether to join an organization is ‘What’s in it for me?’”

Student Column

-Jennifer Brielmaier

Greetings! This is my first column as the new student representative for Division 28. I would like to start off by thanking Andrea Vansickel, the outgoing representative, for doing such a wonderful job. Her column in last summer’s newsletter was what inspired me to get involved with the division and apply for this position! During my time as student representative, I plan to continue all of the activities Andrea worked so hard on as well as put into action a few ideas of my own. The following are a few things I plan to focus on:

Recruitment. Many of you reading this are already student affiliates of the division, and as you know, we are always looking for more students to join. As before, I ask that you spread the word and encourage your fellow students with interests in psychopharmacology and substance abuse to join. Of course, the question many of us ask when deciding whether to join an organization is “What’s in it for me?” One of my goals is to provide students with a few incentives to become an affiliate. I hope to accomplish this by providing student affiliates with easy access to professional development resources as well as opportunities to interact not only with fellow students, but also scientists and practitioners in the field. In this way, becoming an affiliate of the division would give students not only a “professional home”, but also a place to obtain information and advice they can use to navigate the challenges of graduate school. So when other students ask you what they can get out of joining division 28, you will have plenty of examples to choose from! In the meantime, the application for membership in Division 28 can be found here: <http://www.apa.org/divisions/div28/div28brochure2008.pdf>.

Creation of a Student Website. Related to my goal of providing students with useful professional development resources, I’m currently working with members of the Executive Committee on the possibility of creating a section of the division website dedicated specifically to the needs of student affiliates. This website will be used to gather in one place various links to information usually found on many different websites, such as award announcements, job opportunities, and conference programs and events. I also hope to include an interactive component, such as a discussion forum, so that students can share their questions and concerns as well as communicate with others who have similar professional interests. I’d also like to use the website to implement Andrea’s idea of highlighting student research, and perhaps include a question-and-answer section to further facilitate student interaction. In addition, the website will include information on legislative issues affecting psychopharmacology and substance abuse and the field of psychology as a whole, as well as some of APA’s wonderful advocacy resources. Advocacy is crucial for ensuring the future of psychology, and students can play an active role in the process. Last but not least, I am looking into the possibility of creating a Division 28 Facebook group – stay tuned for more details.

Mentorship. Good mentorship is essential to a successful career in psychology, particularly for those aspiring to careers in research. Several professional organizations, such as the Society for Neuroscience and the International Behav-
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amphetamine maintenance no such trend was observed. The absence of a significant linear trend during the active maintenance condition suggests that d-amphetamine attenuated the reinforcing effects of cocaine.

Finally, and perhaps most importantly, the results of initial clinical trials suggest that d-amphetamine may be effective for cocaine dependence (Grabowski et al., 2001, 2004; Shearer et al., 2003). In a seminal trial, cocaine dependent patients (N = 128) were randomly assigned to receive *d*-amphetamine (15 or 30 mg/day; N = 26 and 28, respectively) or placebo (N = 40) for 25 weeks (Grabowski et al., 2001). During the fifth week, the *d*-amphetamine dose was doubled. Patients maintained on the high dose of d-amphetamine (30/60-mg/day) used significantly less cocaine during the trial than patients maintained on either 15/30 mg/day *d*-amphetamine or placebo as determined by benzoylecgonine-free urines.

Collectively, the results of preclinical experiments, human laboratory experiments and initial clinical trials suggest agonist replacement therapy may be a viable strategy for managing cocaine dependence. The initial findings with d-amphetamine obviously need to be replicated in larger clinical trials. The utility of agonist replacement therapy for managing dependence on other stimulants (e.g., methamphetamine) also needs to be determined. The results of initial clinical trials are encouraging (Shearer et al., 2002; Tiihonen et al., 2007).

While agonist replacement therapies like d-amphetamine may have utility in treating stimulant dependence, this strategy is controversial and may never gain widespread acceptance. Most notably, clinicians may be reluctant to use amphetamine congeners to treat stimulant dependence because of their abuse and diversion potential. The viability of the agonist replacement approach for stimulant dependence may hinge on identifying novel agonist replacement therapies that have less abuse potential and are more acceptable to clinicians. The advent of a formulation that is tamper or diversion resistant may also reduce reluctance to use amphetamine congeners to treat stimulant dependence.

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“While agonist replacement therapies like d-amphetamine may have utility in treating stimulant dependence, this strategy is controversial and may never gain widespread acceptance.”

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ioral Neuroscience Society, offer mentoring programs in which students are matched with experienced professionals. I would like to start a similar program that would connect interested students and professionals within Division 28. Once matched, mentors and mentees could communicate via phone, email or online, and even set up face-to-face meetings at conferences such as the APA Convention. Each mentoring relationship would be unique and dependent on the expectations and contributions of each participant. In all cases, however, the goal would be to make the experience beneficial to both the mentee and the mentor. I will provide more information on this program in the near future.

Starting with my next column, I will write about specific issues pertinent to students. Until then, I encourage you to browse through past issues of the newsletter where you will find some great articles on topics such as obtaining grant funding, presenting research at conferences, and service opportunities for students. I would also love to hear from you! If you have additional ideas regarding how the division can reach out to students, or if you want to help with any of the above activities, please email me at jbrielma@gmu.edu. I look forward to serving as a voice for the student affiliates of Division 28, and I hope to work with you all to make membership in the division a worthwhile experience for students.

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Postdoctoral Alcohol Research Fellowship in Neurocognitive Effects of Alcohol and Other Substance Use/Abuse at the University of Michigan Addiction Research Center (UMARC)

UMARC invites applications from Ph.D.s and M.D.s for its NIAAA funded post-doctoral research training program. The Center has a focused interest in recruiting a fellow with interests in the comorbidity of alcohol and smoking with a specialized focus on neurocognitive effects. The successful candidate will be involved in cognitive testing and functional MRI in longitudinal studies of children, adolescents and adults at risk for alcohol and other drug involvement. We are seeking fellows with previous research experience in MR imaging who are interested in a multidisciplinary approach to the study of these comorbidities and neurocognitive risk. This position is primarily mentored by Jennifer M Glass, Ph.D., with additional mentoring and collaboration opportunities with other faculty, including Mary M Heitzeg, Ph.D. (neuroimaging - fMRI), Jon-Kar Zubieta, M.D., Ph.D. (Neuroimaging – fMRI, PET), and Robert A. Zucker, Ph.D. (developmental psychopathology). UMACR is the research arm of the Substance Abuse Section (<http://www.med.umich.edu/psych/sub/>) within the Department of Psychiatry, and it currently houses 23 projects addressing issues pertaining to the etiology, course, clinical manifestations, and treatment of alcoholism, alcohol problems, and other substance use disorders. The University provides an unusually strong methodological infrastructure for trainees, and a research environment that is rich in interdisciplinary collaborations, including faculty from the Departments of Psychiatry, Psychology, Statistics, Human Genetics, Pharmacology, Emergency Medicine, the Institute for Social Research, and a number of other university-wide Centers and institutes. UMACR's activities are focused in six areas: I. Developmental Psychopathology and Genetics; II. Neuroimaging and Neurophysiological Research; III. Treatment Research; IV. Health Services Research; V. Prevention and Early Intervention; and VI. Research on Sleep and Sleep Problems as Related to Substance Use Disorder. Fellowships offer the opportunity to develop an integrated research program and enhance skills necessary for a successful academic/research career. Applicants must be US citizens or permanent residents with a Ph.D. or M.D. degree. Appointments typically are for two years of training although a third year appointment is sometimes available. Salaries are commensurate with prior postdoctoral experience and NRSA regulations. Applications will be considered as received. Preliminary inquiries may be addressed to Dr. Glass (jglass@umich.edu). The University of Michigan, as an equal opportunity employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. For the formal application, send a CV, three letters of reference, reprints, and a detailed cover letter describing your research interests, potential project foci for the fellowship period, and longer term career goals to:

Kristi R. Jenkins, Ph.D.
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Postdoctoral Fellowship in Genetics of Behavioral Risk and Alcohol Abuse/Alcoholism (US citizens/residents)

Training grant position is available for 2-3 years of postdoctoral training in behavioral genetics in the University of Michigan Addiction Research Center (UMARC) <http://www.med.umich.edu/psych/sub/pdf/postdocad.pdf>. The project involves an ongoing collaboration to study the genetics of behavioral risk relevant to alcohol and other drug abuse in a longitudinal (>20 years) sample of nearly 500 families enriched for alcohol and other substance abuse. Psychological and behavioral as well as substance abuse variables are available on close to 2000 individuals, in about half of them since early childhood. A subset of the sample has been genotyped for >1000 SNPs in >100 candidate genes. The data will allow genetic association studies, gene x gene, gene x environment and behavioral pathway analyses. Additional genotyping may also be performed by the fellow as needed although the major effort will be on analysis. Candidates should be recent (<5 years) Ph.D.s in psychology, genetics, bioinformatics, or statistics who seek cross-training in the other disciplines. Interested MDs with expertise in one of these areas are also invited to apply. Please send applications - see link above for requirements - to Dr. Margit Burmeister, margit@umich.edu or Dr. Kristi Rahrig Jenkins (kristirj@umich.edu).

A thank you to our corporate members:
 Janssen Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc. (corporate membership support), Reckitt Benckiser Pharmaceuticals (corporate membership support), Grunenthal USA Inc. (corporate membership support), Jazz Pharmaceuticals (corporate membership support), Wyeth Research (Young Psychopharmacologist Award support), Friends Research Institute, Inc. (Dissertation Award support), and MED Associates (Brady-Schuster Award support).

Postdoctoral Fellowships at The University of Texas Health Science Center at San Antonio

The Behavioral Pharmacology Group at The University of Texas Health Science Center at San Antonio invites applications from highly motivated individuals for POSTDOCTORAL FELLOWSHIPS. This group includes Drs. Charles France, Rick Lamb, Wouter Koek, John Roache, Don Dougherty, Lance McMahon, Brett Ginsburg and Lisa Gerak; these highly collaborative investigators within the Departments of Pharmacology and Psychiatry are well funded by NIH to study behavioral and pharmacological mechanisms underlying the therapeutic and/or abuse potential of GABAergics, opioids, alcohol, stimulants, nicotine and cannabinoids, to study behavioral and pharmacological treatments for smoking, alcoholism and cocaine addiction, and to study the behavioral and biologic basis of vulnerability to addiction. Participating pre-clinical faculty have broad expertise in drug self-administration, drug discrimination, place conditioning, and many other behavioral assays, conducted within a spacious, state-of-the-art animal facility housing a variety of laboratory animal species. Participating clinical faculty have broad expertise in human laboratory and treatment research which is being conducted in newly renovated space especially designed for these purposes. San Antonio is a vibrant, multicultural city that borders the Texas Hill Country and offers museums of art and culture, diverse cuisine, and professional sports including basketball, baseball and hockey. South Texas boasts many state and national parks which can be enjoyed year round under sunny skies and pleasantly warm temperatures. San Antonio is an ideal place to live for those transitioning from graduate training to a career in science. Individuals who have completed or will complete their Ph.D. training in pharmacology, psychology, biology, neuroscience or a related field are encouraged to apply. Applicants should send a curriculum vitae, a brief statement of research interests and career goals, and letters of reference to Lisa Gerak, Department of Pharmacology, University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Dr, mail code 7764, San Antonio TX 78229 or by email to gerak@uthscsa.edu. All postdoctoral appointments are designated as security sensitive positions. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action employer.

POSTDOCTORAL POSITION IN DRUG ABUSE RESEARCH:

The University of Vermont announces the availability of a post-doctoral research fellowship position in an internationally recognized center of excellence for the study of drug abuse. Fellows have opportunities for training in a wide range of treatment-outcome and human laboratory research. Current openings are with SARAH H. HEIL (Sarah.Heil@uvm.edu, 802-656-8712) and STEPHEN T. HIGGINS (Stephen.Higgins@uvm.edu, 802-656-9614) projects characterizing nicotine withdrawal in preg-

nant cigarette smokers and developing efficacious behavioral therapies for cigarette smoking among pregnant women. Applicants must have completed doctoral training in psychology, behavior analysis, or a related discipline and be U.S. citizens or permanent residents. Salary is competitive commensurate with experience (PGY 1 to PGY 7) and supported by an NIDA/NIH Institutional Training Award. For more details on the position please contact the investigators directly at the e-mail addresses/phone #s shown above. To apply please forward a curriculum vitae, statement of research interests, and three letters of reference in c/o Ms. Diana Cain, University of Vermont, Dept. of Psychiatry, UHC Campus, Rm. 3101C Old Hall, MS#482, Burlington, VT 05401. The University of Vermont is an affirmative action and equal opportunity employer.

SUBSTANCE ABUSE & PSYCHOPHARMACOLOGY HUMAN RESEARCH AT JOHNS HOPKINS

Postdoctoral research fellowships in stimulating, productive program with excellent resources. Prepare as independent investigator.

HUMAN LABORATORY -- behavioral & clinical pharmacology of abused drugs (abuse liability, self-administration, cognitive/memory function, neuroimaging); anti-drug-abuse medications development. Opioids, cocaine, anxiolytics, alcohol, caffeine, nicotine, hallucinogens, MDMA, club drugs.

CLINICAL TRIALS – testing medications, behavioral therapies (esp. incentive/contingency-based), and combinations; psychiatric comorbidity research; addiction & pregnancy/women. Opioid, cocaine, tobacco, mixed/other dependencies.

Eligibility: U.S. citizen, permanent resident. Many backgrounds are appropriate – from clinical / counseling to experimental/neuroscience.

NIH stipend levels: \$37K - 51K+.

Start Date: Flexible.

Faculty: George Bigelow, Roland Griffiths, Maxine Stitzer, Eric Strain, Ken Silverman, Robert Brooner, Miriam Mintzer, Una McCann, et al

Contact George Bigelow; BPRU, Behavioral Biology Research Center;. 5510 Nathan Shock Drive; Johns Hopkins Bayview Campus; Baltimore, Maryland 21224-6823. (410) 550-0035; bigelow@jhmi.edu. See www.bpru.org

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