

PSYCHOPHARMACOLOGY

And Substance Abuse Newsletter



DIVISION 28

AMERICAN PSYCHOLOGICAL ASSOCIATION

DIVISION 28—AMERICAN PSYCHOLOGICAL ASSOCIATION

Spring 2002

Volume 35, No. 1

From the President's Desk . . .

Warren K. Bickel, Ph.D.

First, I know that we are all saddened by the loss of one of the field's premier scientists, Dr. Marian Fischman. She not only made prodigious scientific contributions to the field, but also had made important contributions to many of us as a role model, as a mentor, as a colleague, and as a friend. I am most pleased that in this issue of the newsletter that Marian is remembered by her close friend, collaborator, and colleague, Dr. Richard Foltin.

Second, I would like to discuss what I see as both a need and an opportunity for the field. In discussing this matter, I will put my argument in the terms related to substance abuse because it is in that area that I conduct most of my work. However, I think that my arguments are applicable to psychopharmacology as well. As the field of substance abuse evolves, our scientific endeavors have become increasingly more specialized. Further with this increased specialization, the work of our colleagues in a sub-discipline may become less accessible to us. This fragmentation is evident in the growing number of scientific organizations and journals focused on a single analytical level or to only one drug of dependence. Such fragmentation may result in a lack of communication and may lead to an inability to see both commonalities in the problems of different sub-disciplines and how research findings at one level of analysis may influence and impact interpretation at another level of analysis. Such trends are not unexpected as science progresses and phenomena originally believed to be homogenous are shown to be heterogeneous.

In the face of this ever-increasing specialization, it remains a challenge to determine how to proceed. One way is to take a step back and reflect what it means to understand a behavior. The ethnologist Tinbergen had noted that to understand a behavior required that we understand it in 4 ways: (1) We need to understand a

behavior's evolutionary history; that is, explain the current form of behavior by describing how selection shaped those forms. (2) We need to understand the developmental history of the behavior; that is the sequential changes in that behavior across the life span. (3) We need to understand the current function of the behavior in the environment; that is, why the behavior operates as it does. And (4) we need to understand the mechanism of the behavior; that is how the behavior operates. I find this framework both clarifying and informative in that it suggests a means to organize the proliferation of knowledge in the field. Moreover, this organization provides guide to seeking knowledge from others in our field. As importantly this organizational scheme also provides an additional opportunity to identify potential knowledge gaps. In science this is very important because gaps in knowledge are the very definition of opportunity.

The question is how to fill in this organizational scheme. One can attend numerous specific conferences that address a particular level or a particular type of drug. Another alternative is to go to a conference that has considerable diversity. A conference where one can learn not only about specific knowledge developed in our field of expertise, but also has substantial number of diverse topics that may permit a more detailed overview of what others are doing that may impact our understanding of our own subject matter. I can think of no better place to see and obtain this broad array of knowledge than the annual meeting of the American Psychological Association. The diversity of knowledge at the meeting is outstanding and can impart a new data, theory, or vantage point to view our field of interest. So with that, I look forward to seeing you at this year meeting in Chicago.

EDITORIAL POLICY

The Psychopharmacology and Substance Abuse Newsletter is a thrice-yearly publication of Division 28. It is devoted to keeping its members informed about the activities of Division 28 and to the news and comments concerning all aspects of Psychopharmacology and Substance Abuse. Articles, comments, announcements, and advertisements should be sent to: petry@psychiatry.uchc.edu. Deadline for the Summer issue is April 15.

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MARIAN W. FISHMAN, Ph.D. - SCIENTIST AND MENTOR

By: Richard W. Foltin, Ph.D.

Marian W. Fischman Ph.D. passed away on October 23, 2001, at the age of 62, from complications related to colon cancer. The first work week in September 2001 was a difficult one. That Saturday, Dr. Fischman was admitted to the hospital for emergency surgery, and on that Tuesday, the World Trade Centers were attacked.

Dr. Fischman received her BA degree from Barnard College in 1960, and a MA degree from Columbia University in 1962. While still an undergraduate, Dr. Fischman published her first scientific paper under her given name (Marian Rita Weinbaum): Kaplan, M., Campbell, S.L., Johnson, L., Papamichael, A., Sparer, R., & Weinbaum, M. Growth of body weight and manipulation of food motivation. *Science*. 129: 1673-1674, 1959. Thus, she was an author at the age of 20 of a paper in *Science*! During her first association with Columbia University, she published her first paper that displayed her expertise in operant behavior: Pierrel, R., Sherman, J.G., & Fischman M.W. Generalization of auditory intensity as a function of small amounts of discrimination training. *Journal of the Experimental Analysis of Behavior* 6: 545-548, 1963. Her early training left her well schooled in the use of operant conditioning procedures to study complex behavioral processes. In fact, this became the hallmark of her career.

Dr. Fischman received her Ph.D. from the University of Chicago in 1972. At Chicago, Dr. Fischman was a student of Dr. Charles R. Schuster and her dissertation, entitled "Behavioral effects of methamphetamine in the rhesus monkey," consisted of a series of studies demonstrating the long-term neurochemical and behavioral consequences of methamphetamine administration in non-human primates. This series of studies laid the foundation for research that has continued for more than 20 years. The studies demonstrated her interest in studying medical and pharmacological issues using behavioral principles. Upon completion of her Ph.D., Dr. Fischman was invited to stay at The University of Chicago by Dr. Schuster. Her interests then primarily shifted to human behavioral pharmacology. At Chicago, in collaboration with Dr. Schuster, she began her studies on the effects of cocaine in humans—studies that have continued to this date. Her research in human behavioral pharmacology, along with studies being done at The Johns Hopkins University at that time, became the model for how studies involving healthy, non-incarcerated, human participants in behavioral pharmacology should be accomplished.

Dr. Fischman was recruited away from The University of Chicago and joined the Division on Behavioral Biology at The Johns Hopkins University School of Medicine in 1984. In addition to her career-defining studies on cocaine, she expanded her research interests to address the behavioral pharmacology of smoked marijuana and then to study how workplace and other contingencies can alter drug self-administration. Dr. Fischman was promoted to Full Professor at The Johns Hopkins University in 1990. As a witness to the proceedings, I can report that this was quite an accomplishment. Opportunity again knocked in 1992 when Dr. Fischman accepted a Full Professorship at the College of Physicians and Surgeons at Columbia University and The New York State Psychiatric Institute, the positions she held until her death.

While she was involved in many lines of research, the line of research that is most readily tied to Dr. Fischman is the

study of the behavioral pharmacology of cocaine. Dr. Fischman has supervised the vast majority of controlled laboratory studies on the effects of cocaine in non-treatment seeking cocaine abusers. This line of research received a prestigious ADAMHA MERIT Award in 1987 which provided ten years of funding for her research grant "Cocaine Effects in Humans: Physiology and Behavior." For example, these studies were the first to demonstrate in humans 1) the effects of intravenous cocaine; 2) the development of acute tolerance to cocaine; 3) the effects of smoked cocaine; and 4) that laboratory models could be used to evaluate the potential therapeutic efficacy of medications for cocaine abuse. This list could be expanded, but it should be clear that a great deal of our understanding of the behavioral pharmacology of cocaine in humans can be traced to Dr. Fischman's research efforts. Because of the excellence of this research, Dr. Fischman received the American Psychological Association Solvay Award for Outstanding Basic Psychopharmacological Research on Affective Disorders in 1999, and the New York State Office of Mental Health Research Award for Excellence in 1999.

While one metric of scientific achievement is based on the number of publications in refereed journals (Dr. Fischman published >150 articles), and the amount of peer-reviewed grant support (Dr. Fischman was principal investigator on many grants throughout her career), another, more difficult to quantify metric, is based on influence; in this case, I am referring to influence based on public policy and influence on developing scientists. In these areas, Dr. Fischman also excelled. Dr. Fischman provided much professional service and was a strong proponent for behavioral pharmacology on the local, national, and international scene for many years. Locally, she worked towards advancing the lot of the younger faculty members in behavioral pharmacology by improving opportunities for career advancement and conducting research. On the national level, Dr. Fischman's professional service time was committed to maintaining a role for behavioral pharmacology in the science of drug abuse and promoting participation of younger individuals in scientific societies. She was on many advisory boards including the NIH Advisory Council on Drug Abuse, the NIDA Board of Scientific Counselors, the IOM Committee on Opportunities in Drug Abuse Research, the American Council on Drug Education, and the National Advisory Council for Center for Medicinal Cannabis Research.

Upon joining the College of Physicians and Surgeons at Columbia University and The New York State Psychiatric Institute, Dr. Fischman took on an expanded role as Mentor to several young Ph.D. faculty, and helped develop the Division on Substance Abuse's training program in Addiction Medicine. The Postdoctoral program in Addiction Medicine trains predominantly physicians. This program provided Dr. Fischman with the opportunity to spread the word of radical behaviorism and good research design to a new generation of physicians. The proof of the success of her mentoring is the fact that many of the younger investigators have now obtained their own funding. Dr. Fischman played an integral mentorship role in the development of many scientists, and was a mentor to many individuals at the time of her death (e.g., myself, Dr. Margaret Haney, Dr. Sandra Comer, Dr. Eric Collins, Dr. Eric Rubin, Dr. Adam Bisaga, Dr. Diana Martinez, and Dr. Carl Hart).

Continued on page 3

Several weeks before she went into the hospital, I asked Dr. Fischman why she had not tried to be president of one or more of the scientific organizations of which she was a member. She felt that she could do more for junior faculty and drug abuse research by participating in local Institutional committees. As mentioned above, she was active on many fronts lobbying for the success of her younger faculty.

I have been associated with Dr. Fischman for 23 years, spending all of my scientific career "under her wing," and she had spent most of her scientific career working with me. Every once in a while we talked about our longevity. It was certainly never planned, and it was more than inertia that kept us working together. The afternoon of her death, I did two work-related things. I counted the number of refereed articles that we had published together (>100), and began a list of things that made her a good mentor.

Based on her behavior, I make the following suggestions for mentors.

- 1) Let people think that you have nothing more important to do than spend time with them;
- 2) Give younger faculty the opportunity to write papers. The bonus of this suggestion is that the pain of rejection is less when someone else is the first author;
- 3) Be reinforcing, but don't over do it. Make those "good"s written on papers mean something;
- 4) Returns things given to you to read promptly;
- 5) Talk about things other than science. Find common interests with younger faculty so that the mentor-mentee relationship is well rounded and meaningful on multiple levels;
- 6) Use negative feedback sparingly;
- 7) Try to learn what you can from young faculty;

- 8) Encourage independent thinking and new ideas, but don't present those new ideas as your own;
- 9) Publicly credit those who work with you for their efforts;
- 10) Don't have too many meetings;
- 11) Remember that some things, people and events are just plain funny;
- 12) and, though not really necessary, but a great bonus, Be punctual.

Finally, as a person who has had his scientific career significantly influenced, determined is a more accurate word, by strong female scientists (Dr. Fischman, Dr. Chris-Ellyn Johanson and Dr. Nancy Mello), it is easy to forget that the current leading senior female scientists in behavioral pharmacology (the above and Dr. Maxine Stitzer and Dr. Linda Dykstra), were also pioneers in the women's movement. When Dr. Fischman joined the American Psychological Association's Division on Substance abuse (Division #28), she and Dr. Mello were about the only female members. She was proud of the accomplishments of her generation of female scientists. This pride has been memorialized by the College on Problems of Drug Dependence with the formation of the Marian W. Fischman Memorial Lecture. The memorial lecture will be given by a senior female scientist at each year's CPDD meeting.

Dr. Fischman is survived by her husband and scientific partner, Herbert D. Kleber, M.D., her mother, brother, three children and their spouses, 4 grandchildren, 3 step-children and 4 step grandchildren, and a vast scientific family.

Dr. Fischman was a scientific mother to many individuals. To all of us, she has not only influenced our scientific careers, but the way we think about the world, and, what I think she would be most proud of, the way we behave.



DIVISION 28 PROGRAMMING AT THE ANNUAL CONVENTION

Lisa A. Marsch, Ph.D., Program Chair (lisa.marsch@uvm.edu)

The 110th Annual APA Convention will be held from Thursday, August 22, 2002 through Sunday, August 25, 2002 in Chicago. In response to requests of conference attendees, APA has shortened the meeting this year and arranged for most conference events to take place in one complex. Division 28 will be sponsoring a number of exciting programs at this year's meeting, including several NIDA-sponsored events and several co-sponsored events with Divisions 50 (Addictions Division) & 25 (Division of Behavior Analysis). Division 28 sponsored topics include:

- Prescription Opioid Abuse
- Relapse Prevention
- Modulation of Psychoactive Drug Effects in Humans
- Integrating Research-Developed Interventions Into Addiction Treatment
- Interventions for Marijuana Abuse in Adults and Adolescents
- Medications for Treatment of Stimulant Abuse
- New Developments in Addiction Instruments
- Contemporary Issues in Contingency Management

Additionally, Division 28 will sponsor a presentation by the Acting Director of NIDA, Glen Hanson, Ph.D., D.D.S. The Division will also honor the recipients of this year's Brady-Schuster, Young Psychopharmacologist, Dissertation and Student Poster Competition Awards, as well as 9 New Fellows of the Division. We look forward to seeing you at the APA meeting in Chicago!

THE PSYCHOLOGY OF TERRORISM: MIND GAMES AND MIND HEALING

Philip Zimbardo, President of American Psychological Association

As the war in Afghanistan winds down and the relentless hunt for Osama bin Laden continues, our government is gearing up for what is promised to be a long battle against the shadowy, ubiquitous enemy of world wide Terrorism. Leaders from the corporate, scientific and technical sectors of our country are collaborating to develop strategies for combating almost every conceivable kind of terrorist attack - bio-terrorism, cyber-terrorism, nuclear-terrorism, terrorism against our reservoirs, grain stores, food delivery systems, and of course airlines, tunnels and bridges. They are working on the assumption of international enemies with sophisticated technologies and ample resources to deliver lethal attacks that would cripple our nation's functioning. Putting their big security plans into operation will cost billions of "better safe now than sorry later" taxpayers' dollars. Given the current state of national angst over the devastating attacks on the World Trade Center and Pentagon, along with the anthrax mail contamination, most Americans are ready to pay almost any price for greater security.

But what is missing in this big view of the demonic, technologically savvy Enemy bent on mass destruction? Missing is the recognition of the less obvious psychological perspective on what terrorism is all about. Terrorism is the process of inducing fear in the general population by means of acts that undercut an established sense of trust, stability and confidence in one's personal world. Unpredictable, dramatic acts of seemingly random violence are the terrorist's signature. Our fear is a realistic emotional response to events that can harm us, and we react to fear by fleeing or fighting it, or freezing in its presence. Fear becomes anxiety when it generalizes beyond the specific danger situation to become a more pervasive feeling of personal vulnerability to things that are not intrinsically dangerous, but are linked symbolically or historically to danger. Anxiety may be triggered by current events that link to unresolved earlier conflicts, to feelings of loss of control, or to childhood states of inadequacy. The actual danger of most terrorist attacks is relatively small compared to on-going dangers in our every day lives, such as accidents, stress-induced heart attacks, obesity-induced diabetes, or disability and death from smoking. It is the irrational anxiety that terrorists are able to spread wide and deep that amplifies their impact. Kill one president, make everyone feel threatened. Torture and rape a few and make many feel insecure. Destroy a building and have citizens worry that theirs will be next. The terrorists' omnipresent weapon is exaggerated fear that spreads into action-crippling anxieties, especially when delivered repeatedly by television and print media. It is more likely that terrorists would suicide bomb some urban subways or time bomb a few rural school buses than poison our water or food supply. The key to combating terrorism is adopting their minimalist mind set of the rippling impact of singularly dramatic deeds, not using the lens of our grand vision of what major calamity we would inflict given our power — if we were terrorists.

In a profound sense, everything of terrorism is about psychology. Beyond their mind games is the way we cope with

their threat. When national leaders repeatedly issue alarms for hyper-vigilance, they ignore all the psychological research about the negative effects of non-specific warnings without any action focus - only making us more paranoid and less mindfully alert. Many of the victims of the Sept. 11 attacks have turned to psychologists for counsel, therapy and aid to help with their overwhelming personal and family grief and stress, and we have continued to give them our services freely. Psychology is also at work in the remarkable transformation that has been taking place in communities throughout the United States. We have changed since our initial sense of feeling victimized as the hated enemy of unknown forces, as being vulnerable in a way Americans have never felt on our homeland. We are developing a more thoughtful, mature outlook on life, sensitive to the preciousness and fragility of all life, and aware of the need to connect more deeply to family and friends. Research shows that reinforcing one's social support network is the single most powerful act any of us can do to improve our health and longevity. There seems to be a shift away from our preoccupation with future goals and materialistic ambitions towards a better blending of our time frames to include present joys and indulgences as well as embracing past links to our roots and spiritual values. In volunteering money, blood and services, more Americans than ever before are reaching out to help our near and distant neighbors. We have all been the beneficiaries of learning of the sacrifices of so many ordinary men and women in police, fire and emergency forces at Ground Zero, who have become the nation's new breed of hero, replacing celebrities and the idle rich and famous.

The losses of Sept. 11 still hurt and sadden us, but we are emerging as wiser, and are collectively discovering new sources of resiliency that are apparent only when our resolve and courage are put to extreme tests. We are going beyond simplistic patriotism, with its songs and slogans, to question how much of our basic freedoms we are willing to surrender for an illusion of security? We are becoming aware that there are not simple, immediate solutions for complex problems that have been in the making for decades. We can be proud of the ways in which most Americans have demonstrated tolerance for the ethnic and religious diversity that so enriches our national purpose. We can now better appreciate the depth of resiliency that has always been the hallmark of people of color and the poor in our nation, learning from them that a sense of community and kinship helps transcend suffering and victimization.

Psychology is all about making the human connection, about understanding and contributing to enriching human nature. And it is about our enduring televised imprinted memory of September 11. Vibrant lives of thousands of people from New York City and its neighboring Global Village are now images held tenderly in the arms of our million memories. Psychology is about thinking, feeling and acting — sometimes to create a bit of hell and sometimes a bit of heaven on earth.



ASSISTANT PROFESSOR POSITION AT NEW YORK STATE PSYCHIATRIC INSTITUTE

The Division on Substance Abuse at the New York State Psychiatric Institute and the Department of Psychiatry at The College of Physicians and Surgeons at Columbia University has an immediate opening for an Assistant Professor to conduct studies in substance abuse. The position involves designing, implementing & supervising human residential & outpatient grant-funded behavioral pharmacology research. The primary duties of this position are: 1) design & implement research protocols; 2) organize data collection & analysis; 3) oversee recruitment & training of research participants; 4) write grants, progress reports, papers, etc.; and 5) interview, train & supervise full & part time staff.

Applicants should have a Ph.D. or M.D. degree with at least two years of research experience. Training in Behavioral Pharmacology or Experimental Psychology, data analyses & computer programming, coursework or research experience w/ drug abuse issues, and experience designing & running human research protocols is desirable. Applicants should be interested in cocaine, marijuana and stimulant use, abuse, and dependence. Interested persons should contact: Richard W. Foltin, Ph.D. Division on Substance Abuse, New York State Psychiatric Institute, Unit 120, 1051 Riverside Drive, New York, NY 10032, email: rwf2@columbia.edu (212) 543-5991 FAX

ASSISTANT PROFESSOR AND POST-DOCTORAL POSITIONS AT UNIVERSITY OF CT HEALTH CENTER

The Univ. of Connecticut Health Center is seeking applicants for a faculty-level position and post-doctoral positions. (1) Assistant Professor (in residence) to assist in development and management of 5-year NIH-funded projects on cognitive-behavioral treatments for pathological gambling and behavioral (contingency management) treatments of substance use disorders. Support will be available for the candidate to develop their own research projects as well. Must have post-doctoral experience. (2) Post-doctoral fellowship positions are available. Areas include: (a) Electrophysiology [EEG, ERP], and fMRI research. Fellowship focusing on brain imaging studies of substance abusers and adolescents at risk for substance dependence. Mentor is Lance Bauer, Ph.D. (b) Studies of psychological/cognitive risk factors for alcoholism. Opportunities exist to collaborate in longitudinal studies of adolescents and adults with a family history that place them at increased risk for alcohol/substance abuse problems. Expertise in hierarchical linear regression and/or genetic analysis techniques is preferred. Mentor is Victor Hesselbrock, Ph.D. (c) Studies of gambling disorders and contingency management treatments of substance use disorders. Excellent opportunity for experimental psychologists with interests in behavior analysis or biopsychology to gain clinical research experience; clinical psychologists with strong research backgrounds may be considered. Mentor is Nancy Petry, Ph.D. (d) Research in the broad area of behavioral treatment of alcohol and drug dependence. Topics explored include treatment process, use of contingency management procedures, and experience sampling methodologies. ~~Fellows will have the opportunity to explore various treatment data sets and participate in the grant preparation process. Mentors are:~~ Ronald Kadden, Ph.D. and Mark Litt, Ph.D. These are all full-time research positions. Start times are open. Fellows must be US citizens or permanent US residents. For all positions, contact mentor directly and send CV, names and addresses of 3 references, recent publications, and cover letter describing research interests and career plans to: Dr. Nancy Petry, Dept. Psychiatry, University of Connecticut School of Medicine, Farmington, CT 06030-3944. PH: (860)679-2593. FAX: (860)679-1312. petry@psychiatry.uchc.edu. The University of Connecticut is an affirmative action/equal opportunity employer.

POST-DOCTORAL POSITION IN HUMAN BEHAVIORAL PHARMACOLOGY OF NICOTINE AT UNIVERSITY OF PITTSBURGH

Post-doctoral positions in the behavioral pharmacology of nicotine in humans may be available in the laboratory of Dr. Kenneth A. Perkins at the University of Pittsburgh. Ongoing NIDA-supported projects include environmental modulation of nicotine discrimination, sex differences in influences on tobacco self-administration, and individual differences associated with sensitivity to nicotine, including genetic and personality factors. Applicants also interested in clinical research may become involved in smoking cessation studies. Interested candidates should send a C.V. and letter of interest to: Kenneth A. Perkins, Ph.D., Department of Psychiatry, University of Pittsburgh Medical Center, 3811 O'Hara Street, Pittsburgh, PA 15213, voice: (412) 624-1716, fax: (412) 624-6018, email: perkinska@msx.upmc.edu

POST-DOCTORAL POSITION IN BEHAVIORAL PHARMACOLOGY AT UNIVERSITY OF MISSISSIPPI

Applications are invited for a post-doctoral research associate position in the Dept. of Psychiatry and Human Behavior to conduct research in the behavioral pharmacology of drugs of abuse. Candidates should have a Ph.D. in Experimental Psychology, Pharmacology or Neuroscience and some expertise in behavioral pharmacology. The successful candidate will be expected to supervise technicians, prepare reports and manuscripts for publication and present research results at national meetings. Salary is competitive and commensurate with experience. Applicants should send CV, a statement of research goals and names of 3 references to: William L. Woolverton, Ph.D., Dept. of Psychiatry & Human Behavior, Univ. of MS Medical Center, 2500 N. State Street, Jackson, MS, 39216.

POST-DOCTORAL POSITION IN THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER IN HOUSTON

Our research group in the Human Laboratory at the Department of Psychiatry and Behavioral Sciences consists of three faculty members (Don Cherek, Scott Lane and Joel Steinberg), a postdoctoral fellow (Cynthia Pietras) and 4th year psychiatry residents. Research activities are focused on the study of human social behavior (aggression, self-control, risk-taking and sharing) under laboratory conditions. Populations studied include adults, adolescents and children. Facilities include 12 individual test chambers, and a separate area for testing children. Four NIH Grants extending to 2005 support research. All previous postdoctoral fellows have obtained faculty positions and NIH funding. Support will be provided for 2-3 years and until candidate obtains a faculty position. A background in behavioral analysis is preferred. Past experience in human research is not required. Interested individuals should contact: Don R. Cherek, Ph.D., Department of Psychiatry and Behavioral Sciences, University of Texas Health Science Center, 1300 Moursund Street, Houston, Texas 77030 Phone: 713-500-2797 or 2710, fax 713-500-2618 or don.r.cherek@uth.tmc.edu

POST-DOCTORAL POSITIONS IN SUBSTANCE ABUSE AT THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

Postdoctoral positions are available in the Departments of Pharmacology and Psychiatry at the University of Texas Health Science Center at San Antonio. Research in the collaborating laboratories spans human psychopharmacology to behavioral pharmacology in non-humans (monkeys, pigeons, rats and mice) to molecular studies on neurotransmitter transporters. Major areas of research include the following: dependence and abuse liability of benzodiazepines and related GABA modulators; the role of monoamines in opioid dependence and withdrawal; contingency management treatments of cigarette smoking; behavioral and molecular pharmacology of GHB; insulin pathways and reinforcing effects of drugs; and the regulation of dopamine transporters in drug abuse. Successful applicants will conduct research in one or more of the laboratories of the primary investigators (C.P. France, A.Galli and R.J. Lamb). Applicants must have a Ph.D. in pharmacology, physiology, psychology, neuroscience or other related field. Initial appointment is for one year and is renewable for up to three years. Send CV and the names and addresses of three references to: C.P. France, Ph.D., Department of Pharmacology, The University of Texas Health Science Center at San Antonio, Mail Code 7764, 7703 Floyd Curl Drive, San Antonio, TX 78229-3900 (email: france@uthscsa.edu).

POST-DOCTORAL POSITION AT UCLA/FRIENDS RESEARCH INSTITUTE

A post-doctoral position is available in the laboratories of Drs. Tom Newton and John M. Roll at UCLA and Friends Research Institute. Projects currently underway, or about to begin, include the development of models of human cocaine and methamphetamine self-administration to study relapse and screen potential pharmacotherapeutic interventions for cocaine and methamphetamine abuse, a study of the effects of the availability of alternative sources of reinforcement on human methamphetamine self-administration, and studies examining the basic human behavioral pharmacology of GHB and ketamine (e.g., assessments of pharmacokinetics, subjective effects, reinforcing efficacy, and physiological effects). Additionally, participation in ongoing clinical trials of contingency management for the treatment of substance abuse and associated problems in special populations (e.g., persons involved in the criminal justice system and adolescent cigarette smokers) is a possibility. Interested individuals should contact Dr. John M. Roll at The Laboratory of Human Behavior, Suite 204, 9375 Archibald Avenue, Rancho Cucamonga, CA 91730.

POST-DOCTORAL FELLOWSHIP AT UNIVERSITY OF VERMONT

A 2-3 yr NIDA Institutional Training Grant post-doc at the University of Vermont to work with John Hughes, M.D. is available beginning between July-Nov 2002. The major focus will be smoking reduction among smokers not interested in quitting and "safer" cigarettes/nicotine devices. Position will be filled when qualified applicant accepts. For more info email or call Dr. Hughes (see info below) or go to www.uvm.edu/~hbpl. If interested, send cover letter and vita via email to: John R. Hughes, M.D., Professor, Department of Psychiatry, University of Vermont, 38 Fletcher Place, Burlington, VT 05401-1419, Phone: (802) 656-9610, Fax: (802) 656-9628, email: john.hughes@uvm.edu

TWO POST-DOCTORAL RESEARCH FELLOWSHIPS IN SUBSTANCE ABUSE AT UNIVERSITY OF VERMONT

The University of Vermont announces the availability of two postdoctoral research fellowship positions in a stimulating and productive research setting. Position 1: Clinical trials and laboratory studies of behavioral and pharmacological therapies for treatment of opioid dependence in adults and adolescents, including motivation-based and computer-assisted therapies. Emphasis on development and evaluation of cost-effective treatment and behavioral economics of drug abuse treatment. Position 2: Studies of self-control (delay discounting) in various drug dependent populations. Applicants must have completed doctoral training in psychology or pharmacology and have research experience. Applicants must be US citizens. Individuals from underrepresented groups are encouraged to apply. The position offers a competitive stipend. Fellowships begin ASAP and last 2-3 yrs. Send letters of interest, vita, and letters of reference to: Warren K. Bickel, Ph.D., Human Behavioral Pharmacology Laboratory, Department of Psychiatry, 38 Fletcher Place, Burlington, Vermont 05401-1419, Email: warren.bickel@uvm.edu, Phone (802) 656-9616, Fax (802) 656-9628

SUBSTANCE ABUSE 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 function, neuroimaging); anti-drug-abuse medications development. Opioids, cocaine, anxiolytics, alcohol, caffeine, nicotine. **CLINICAL TRIALS** – testing medications, verbal & behavioral therapies (esp. incentive/motivation-based), and combinations; psychiatric comorbidity research; addiction & pregnancy/women. Opioid, cocaine, tobacco, mixed/other dependencies. Start Date: Flexible, some now. Eligibility: citizen, permanent resident. A broad range of backgrounds are appropriate – from clinical/counseling to experimental/neuroscience. NIH stipend levels: \$28-44K+. Contact Sharon Walsh, George Bigelow, Roland Griffiths, or Maxine Stitzer; BPRU, Behavioral Biology Research Center, 5510 Nathan Shock Drive; Johns Hopkins Bayview Campus; Baltimore, Maryland 21224-6823. (410) 550-1060; swalsh@jhmi.edu. Cf <http://bpru.med.jhu.edu>

International Workshop: New Advances in Understanding and Treatment of Addiction

Brighton, UK, September 19-21, 2002.

Organized under the auspices of the European Behavioural Pharmacology Society and the British Association for Psychopharmacology. The size of the meeting is limited and registrations will be accepted on a strictly first-come first-served basis. The Abstracts of the meeting will be published in a Special Issue of the journal Behavioural Pharmacology. Further details, including the Programme, are at www.ebps.org and www.bap.org.uk

DIVISION 28 THANKS THE FOLLOWING INDIVIDUALS AND CORPORATIONS FOR THEIR GENEROUS SUPPORT:

Lafayette Instruments

Wyeth-Ayerst

Med Associates, Inc. (for contributions to the Brady-Schuster Award)

Steve Higgins (for contributions to the Brady-Schuster Award)

If you would like to make a **tax-exempt donation**, please contact
Dr. Jane Acri, APA Div. 28, P.O. Box 7735, Silver Spring, MD 20907, or by email at jacri@nih.gov

Division 28 Executive Committee

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Women's Network Representative	Carolyn M. Mazure	1997-2002	MAZURE@BIOMED.MED.YALE.EDU

Nancy M. Petry, Ph.D.
Department of Psychiatry
University of CT Health Center
263 Farmington Avenue
Farmington, CT 06030-3944

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Ronald W Wood
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