

PSYCHOPHARMACOLOGY

And Substance Abuse Newsletter



DIVISION 28

AMERICAN PSYCHOLOGICAL ASSOCIATION

DIVISION 28—AMERICAN PSYCHOLOGICAL ASSOCIATION

Spring 2001

Volume 34, No. 1

From the President's Desk . . .

Alice Young, Ph.D.

I've just returned from the Winter 2001 APA Division Leadership Conference with a renewed appreciation of how APA supports science and practice issues important to our Division. Here's a sampling of what APA is doing for us right now:

Decade of Behavior Fund-Source – a new searchable website for research funding in behavioral and social sciences. Go to the Decade of Behavior website (www.decadeofbehavior.org) and click on "FundSource". FundSource is a searchable web site designed to help behavioral and social scientists find research funding. Sponsored by APA and NSF, it is specific to behavioral and social science research, freely available (!) with no subscription costs, and responsive to user feedback.

Effective lobbying by a psychopharmacologist. Geoff Mumford, Ph.D., is the new Director of Science Policy in the APA Public Policy Office (<http://www.apa.org/ppo/scippo.html>). Trained as a behavioral pharmacologist at Emory University and Johns Hopkins University, Geoff focuses on science advocacy at federal offices that set science policy (and pay for research by Division 28 members). Geoff acts as the APA Liaison to the National Institute on Drug Abuse (NIDA); the National Science Foundation (Biological Sciences Directorate), the White House Office of Science and Technology Policy, the National Aeronautics and Space Administration (NASA), and the Federal Aviation Administration (human

factors research). Geoff and his staff can be reached at ppo@apa.org.

Academic Enhancement Initiatives. The APA Science Directorate has initiated three effective programs that support academic psychologists at multiple stages of their careers. (1) If you teach undergraduate students, let them know about the **APA Summer Science Institutes**. Designed for students entering their sophomore or junior year, the Institutes are an effective way to strengthen your students' interests in a career in scientific psychology. Applications are due in February each year. Send your students to <http://www.apa.org/science/ssi.html> for more information. (2) APA presents academic career workshops at specialty meetings, regional meetings and the APA Convention. Experienced faculty and chairs discuss academic job searches, negotiation strategies, and the tenure and promotion process. (3) In 2000, APA initiated **Advanced Training Institutes (ATI)** to provide "just-in-time" training in rapidly developing areas of psychological science. The two ATI topics for 2001 include "Longitudinal Methods, Modeling, and Measurement" and "Functional Magnetic Resonance Imaging" (see <http://www.apa.org/science/ati-info.html> for descriptions). If you have suggestions for topics for future workshops, send them to Nancy Petry or to me, and we will forward them to the Science Directorate.

Each of these programs was developed in response to suggestions of APA members. I have been impressed

with how effectively the Science Directorate puts embryonic ideas into practice. For example, the staff in the Science Directorate "fleshed out" the idea for ATI program in about 18 months. If you have ideas for other ways that APA can support your science or practice, communicate them to me or any member of the Div. 28 Executive Board (see e-mail addresses this issue).

And more information about how your career (or at least your salary) "stacks up". The APA Research Office (<http://research.apa.org/>) prepares useful information about careers in psychology. I am most familiar with the surveys of faculty salaries in graduate departments of psychology in the US and Canada (<http://research.apa.org/salarydata.html>). For those of us in academic jobs, this survey is a godsend. It provides salary data collected over a >30-year collaboration between APA and the Council of Graduate Departments of Psychology (COGDOP). APA and COGDOP make these salary data

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available in a form that you can download to Excel – very useful for negotiations with chairs, deans, and the like.

Finally, APA is making major changes to improve our Convention. For some years now, Division 28 members have voiced complaints about the APA Convention. Our program chairs put together outstanding programs, but their efforts are often diluted by the format of the parent Convention. We are not alone! The Board of Convention Affairs (BCA), which is the APA governance body that oversees the Convention, has gotten the same message from virtually every group within APA.

Because of consistent complaints, BCA will change the format of the APA Convention in 2002. The changes are still in draft form, but BCA is circulating drafts throughout APA for comment. Here's what the current plan looks like: The new Convention will have three levels of programming, with no competition among levels:

1. Divisional programming – organized by us, for us. The numbers of hours that we control will be reduced, however, to accommodate the following two new levels.
2. Collaborative programming among clusters of divisions. BCA is clustering divisions right now, based on information collected from Marilyn Carroll and other Division presidents in 2000. BCA's current vision is that each cluster of divisions will program one track of the Convention. Each track will consist of a "big name speaker", practical skills workshops, and symposia and poster sessions in formats chosen by track participants. The Program Chairs in each cluster of divisions will choose a different "track theme" for each annual meeting and will design the formats for thematic program modules. Because themes and formats will need to be chosen well in advance, BCA suggests that Divisions may wish to choose senior members as Program Chairs.
3. APA-wide programming – with no competition. This is something I argued for as a member of the Board of Scientific Affairs, and I find it reassuring that a wide variety of APA members like the idea.

The theme for the 2002 Convention that will inaugurate these changes is UNDER ONE DOME. The 2002 Convention in Chicago will be shortened to four days (August 23 to 27) because of scheduling problems, and BCA suggests that all future Conventions may also be shortened to end of Sunday afternoon.

BCA's plans for the 2002 Convention and beyond are still very much a work in progress. What do you think? Let me or any other member of the Executive Committee know, and we will communicate your ideas to APA.



2001 ANNUAL CONVENTION UPDATE

We are continuing to plan for this year's convention. We received a number of excellent submissions on a wide range of topics. Some of the highlights include addresses by Drs. E. Leong Way and Murray Jarvik, two of the pioneers in our field. Additionally, we are pleased that Dr. Leshner, the Director of the National Institute on Drug Abuse (NIDA), has accepted our invitation to speak. We are currently trying to accommodate his busy schedule and are hopeful that he will be able to join us. Two NIDA sponsored symposia will be presented, one exploring treatment strategies for smoking cessation and one examining the relationship between impulsivity and drug abuse. We also received a number of outstanding member initiated proposals addressing a wide range of topics, including gender and substance abuse, the criminal justice system and substance abuse, biomarkers of alcohol abuse, contemporary issues in assessing self-reported substance abuse, behavioral science foundations for tobacco product modification, and new research on ADHD. In addition, we will be co-sponsoring several events with Div. 50, including symposia on delay discounting and impulsivity, treatment for adolescent substance abusers, an NIAAA sponsored symposium on medications development, and a seminar on obtaining research grants for new investigators. We will be co-listing a number of events with other divisions, including symposia sponsored by Div. 40 on integrating neuroimaging and neuropsychology in the study of substance abuse; Div. 25 on behavioral mechanisms of drug action; and Div. 38 on the mediators, moderators, and mechanisms of substance abuse and emotion. Other noteworthy events include the Focus on Science Plenary address by Frans de Waal and Dr. Stephen T. Higgins' receipt of the prestigious Hake award presented by Div. 25. All in all, I believe that the convention will be very interesting and I look forward to seeing you there. I will be e-mailing copies of the final schedule as the convention approaches. Feel free to contact me if you have any questions. John M. Roll, Program Chair, ktlkz@aol.com

IN ADDITION TO OUR PREVIOUS SUPPORTERS, WE ALSO WISH TO THANK THE FOLLOWING INDIVIDUALS FOR THEIR GENEROUS SUPPORT TO THE BRADY/SCHUSTER AWARD:

Steve Higgins and Med Associates, Inc.

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

DRUG ABUSE AND OTHER SOCIAL PROBLEMS: OPPORTUNITIES AND CHALLENGES FOR INDIVIDUALS AND SOCIETIES

Invited address at the 2000 APA Convention by Mary Jansen, Ph.D. World Health Organization

In recent years, not only has drug use risen but so has the harm to society associated with such use. This includes alcohol use which has risen dramatically in developing countries contributing to a significant decline in male life expectancy in some countries. While we can attribute this solely to the behavior that we label "drug use", I will make the case that fundamentally it is about the underlying issues of poverty and the abdication of societal responsibility.

RISK FACTOR AND PREVENTION INTERVENTION RESEARCH

Much is known about risk factors and interventions to address those factors. Research indicates that drug use onset, and progression to abuse, involves biological, psychological, social, and environmental factors. These include a variety of individual, familial, peer group, and community factors that contribute to an individual's vulnerability to drug use. Some of the most important ones include family history of substance abuse, criminality or other antisocial behavior, a tendency toward sensation seeking, lack of parental direction or discipline, and parental attitudes which approve the use of drugs. Peer influence, easy accessibility of drugs through peers, or peer encouragement of drug using behaviors along with low academic achievement, lack of internalization of educational norms and lack of social competence, and poor social coping skills. These factors have been identified in studies conducted in countries all over the world. The body of evidence is now so great that we can say with a fair amount of confidence that these are universal risk factors.

Successful prevention programs are those that are comprehensive, and incorporate the individual, family, peers, schools, community and the workplace. For those at high risk, interventions must be sufficiently intense, often with repeated sessions. Those programs that involve the family or an involved, caring adult, and focus on intermediate outcomes such as school performance, improved psychological and social skills such as social competence and self regulation of behavior, and peer relations have shown the most positive impact. The local community must play its part as well and research has shown that children need to know that drug use is not favored by the community.

SOCIETAL RESPONSIBILITY

I now want to return to the issue that I labeled societal responsibility. Research has shown that social problems rise in the absence of a sense of security. When multiple risk factors such as social isolation from mainstream society, lack of safety and security, poor education, lack of access to good health care, and an inability to secure stable employment are present, rates of drug use and other deviant behaviors rise. When these conditions persist from one generation to the

next, and young people who have had poor role models and who lack parenting skills become parents themselves, it is easy to see how problems develop. Particularly pernicious is the coupling of poor economic opportunities with the accumulation of social deficits often found in urban environments in many countries of the world. I believe that a major reason for the global drug use problem is that the social supports noted above are missing from many societies in our global community.

Yet, governments have a responsibility to provide for the basic human rights of individuals and their families including ensuring the right to an adequate standard of living, health care, and education for children. Even the responsibility of governments to protect children from drug abuse has found its way into the Convention on the Rights of the Child.

Unfortunately, the United States has signed neither the Universal Declaration of Human Rights nor the Convention on the Rights of the Child. The US and Somalia are the only two governments not to have ratified the Convention on the Rights of the Child. In fact most of the major human rights treaties have not been signed by the US, most often for political reasons.

The lack of commitment to ensuring basic human rights translates into policies which influence the very lives of people. Some examples include the following. Fully 23% of the US population are functionally illiterate. Globally, 17% of the world's population are functionally illiterate. That equates to 855 million people in the world are illiterate? We should, because it is many of these people who experience the social deficits I talked about earlier and who are both victims of social deviancy and perpetrators of it. But what can we really do about it? It is easy for the average person to say that he or she cares about these things but very difficult for us to take concrete action. It is really governments that control many of these factors. We have seen that governments have a responsibility to provide for the basic developmental rights of people, yet billions lack access to these basic and fundamental rights. Is it possible that there is a relation between this and the escalating rates of crime, violence, drug use and other social problems that are common to our global community? It is important to keep in mind that in today's world, even the poorest people have access to television and routinely see the disparity of their own situation and that of others around the world. This cognizance of the social disparity so evident globally is, I believe, a fundamental reason for the worldwide lure of drugs, which is often cited by users themselves as an escape from the reality of the problems they face.

The US is the benchmark for countries around the world. As a result, many countries are moving more and more in the direction of US social policy. And that direction is toward less access to basic health care, unequal standards of education,

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and greater disparity between the rich and the poor. Sadly, in the US there is little sense of community responsibility, anyone can do whatever he or she wants to do, irrespective of the cost of that action to others, and where the ends justify the means. In such a society, it is no wonder that collectively we don't want to pay taxes to fund health care for the 44 million people who have no insurance whatsoever, we don't want to pay for the education of our nation's poor children, even though they are literally the hope for our future, and in many cases, the cause of our societal and economic problems, we tolerate the mass firings of thousands of workers because it will raise the value of our stock portfolio even though many of those people lose everything they have, and, we don't want to be held accountable for the actions of others in our communities, even though we might have changed the course of history if we had spoken out.

Sadly, such bad behavior is not limited to Americans. The rest of the world follows our lead. All countries want to have the wealth that some Americans enjoy but few realize that that wealth is limited to a small percentage of American citizens and that there are dire consequences for millions of other Americans. Globally, the world has become one because of telecommunications and satellite TV, so that around the globe, everybody sees what everyone else is doing and attempts to emulate that behavior.

CONCLUSION

So, where does this leave us? Despite the substantial increase in funding for prevention research and programs, drug use has continued to rise among youth in the US. Some have called for a fundamental look at the nation's health, education, social services and drug policies. I would echo that, but broaden it to call for a fundamental look at the policies and underlying values of our global community with special attention to the role that America plays in that global world.

There are two levels on which to focus our efforts. The first is specific to the drug problem and the second level relates to our role as individuals in a democratically governed society. With respect to the drug problem, we can learn from our own history with prohibition. We need to consider several steps that were finally implemented at the end of prohibition when the problems with alcohol had reached the levels that we see now with illicit drugs. These steps brought these very same problems with alcohol under control.

First of all, recognize that drug use will never be

completely eliminated. Secondly, we need to move the debate away from the current position of an all or nothing perspective to one where appropriate degrees of regulation can be considered. This will facilitate the elimination of organized crime's control over the drug trade, and allow for it to be regulated to an appropriate degree as other commodities in the global market place. And, thirdly, we need to adequately fund prevention and treatment initiatives while increasing health, education and economic opportunities for all.

The second category of recommendations relates to the questions I raised earlier about societal responsibility. We have seen that there are enough resources to feed, educate and provide health care for everyone. Governments must direct these resources so that health and education systems function equitably and properly for all segments of society. This means extending health insurance and educational opportunities as broadly as possible, optimally for every member of the society. In order to do this, governments must do a better job of prioritizing how to use the resources they have at their disposal. And we as citizens must be willing that those resources be allocated more equitably across socio-economic levels. More emphasis should be placed on re-balancing individual desires for wealth with societal responsibility for health, education, housing and economic opportunity.

We also have a responsibility to see to it that our government participates in global human rights conventions and abides by them, enforcing adherence where necessary. And these same values should be reflected in state, and local policies as well. Where these already exist, we must insist that they be followed.

At the end of the day, everyone benefits in a society where all are working together for the common good. Individuals can only reap the benefits of their own achievements for so long. Without strong societal values underlying those accomplishments, the fabric of society breaks down and we are beginning to see that today in countries where the poor have been driven so deeply into poverty and the disparity has grown so great that civil war seems the only viable option. Because of our unique position as Americans, we have the ability to take steps to reverse these world wide trends.

For more information, please contact Dr. Jansen at wj_mj@hotmail.com.



CALL FOR PAPERS!

Experimental and Clinical Psychopharmacology invites the submission of papers for a Special Issue devoted to clinical research in psychopharmacology. The Special Issue will be co-edited by Warren K. Bickel, Kathleen M. Carroll and Edward V. Nunes. The goal is to highlight clinical research and its contribution to the development of effective treatments. Manuscripts consisting of empirical studies and integrative reviews are welcome. A range of possible topics is relevant in the Special Issue and include, but not limited to, (1) interaction of behavioral and pharmacological treatments; (2) the efficacy of clinical treatments; (3) how patient with different characteristics (demographic, genetic, etc.) are differentially affected by treatments, (4) clinical behavioral treatments for substance use disorders and (5) translation of research-based interventions to community-based treatments. All manuscripts should conform to APA guidelines and will undergo the usual peer review process. Deadline for submission is August 1, 2001. Please contact Warren K. Bickel, Ph.D., Editor, Experimental and Clinical Psychopharmacology, 38 Fletcher Place, Burlington, VT 05401-1419 warren.bickel@uvm.edu

POSTDOCTORAL RESEARCH FELLOWSHIP IN SUBSTANCE ABUSE AT THE UNIVERSITY OF VERMONT

Research fellowship position (2-3yrs) is available in a stimulating and productive clinic. Participate in the development, conduct, and publication of studies on behavioral treatments for cigarette smoking among pregnant women and for cocaine dependence. Applicants must have completed doctoral training in psychology and have research experience. Individuals from disadvantaged groups are encouraged to apply. Competitive stipends. Send letter of interest, vita, and letters of reference to: Stephen T. Higgins, Ph.D., University of Vermont, Dept. of Psychiatry, 38 Fletcher Place, Burlington, VT 05401-1419.

POST-DOCTORAL TRAINING AT THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

Research areas include: behavioral pharmacology of alcohol and drugs, neurophysiological correlates of CNS drug action, cognition and alcoholism, neuropsychological correlates of schizophrenia, dementia, and substance abuse, cardiovascular and psychophysiological correlates of drug/alcohol effects, and psychopharmacology of alcohol and drugs in humans and animals. A Ph.D. or M.D. degree and US citizenship or permanent residency is required. The stipend level for training ranges from \$26,916-42,300, depending on postdoctoral years of experience. Since decisions are based upon finding a match with a particular faculty member's ongoing research, please include a letter detailing past research experience as well as current interests and career goals. Training in experimental or clinical research desirable. Postdoctoral training in biological psychology may be undertaken at any time. Information on the training programs and research center can be found at: <http://w3.ouhsc.edu/biopsych>. Candidates should send a current CV, a letter detailing their background and interests, and three (3) letters of recommendation to: Frank A. Holloway, Ph.D., Professor and Vice Chair, Biological Psychology Postdoctoral Training, University of Oklahoma Health Sciences Center, P.O. Box 26901 - Research Bldg., 302-R, Oklahoma City, OK 73190-3000 U.S.A., (405) 271-2011, Ext. 47688 or FAX: (405) 271-2356. E-mail: Frank.Holloway@ouhsc.edu

CLINICAL DRUG ABUSE RESEARCH AT NIDA

The National Institute on Drug Abuse, Intramural Research Program has a postdoctoral position available immediately in the Clinical Pharmacology and Therapeutics Branch. The research program involves human studies on 1) attentional deficits and tobacco craving observed during nicotine withdrawal and 2) brain imaging during drug craving as assessed via PET. The candidate must have a Ph.D., and experience in cognitive or experimental psychology or behavioral pharmacology. Candidates must be U.S. citizens or permanent residents. Salary range is \$27,500 to \$42,000 depending on postdoctoral experience. Submit a CV and names of 3-5 references to: Stephen J. Heishman, Ph.D., Clinical Pharmacology and Therapeutics, NIDA/IRP, 5500 Nathan Shock Drive, Baltimore, MD 21224. For more information, contact Dr. Heishman (410-550-1547 or sheish@intra.nida.nih.gov). NIDA is an equal opportunity employer and encourages applications from women and minorities.

POSTDOCTORAL PROGRAM IN DRUG ABUSE TREATMENT AND SERVICES RESEARCH AT UCSF

Traineeships in drug abuse treatment and services research are available in the Department of Psychiatry, University of San Francisco (UCSF), in an active, multidisciplinary research environment. Trainees work with a preceptor to design and implement studies on treatment of drug dependence, including nicotine dependence. Trainees also select a specific area of focus for independent research. Current research interests of faculty include trials of efficacy and effectiveness of psychosocial and pharmacologic treatment of drug abuse, including nicotine dependence, instrument development in drug abuse, diagnostic techniques, research on treatment tailored for HIV positive drug abusers and drug abusers with psychiatric and medical disorders, research on provision of services to drug abusing populations, innovative methodology, and treatment of complex patients in innovative settings. Stipends are funded by the National Institute on Drug Abuse. Preceptors are expected to supplement stipends from non-NIH sources. A priority of the department is the training of women and minorities for academic research careers. The application filing period is open until filled. Please call Heather Kenna at (415) 476-7673 or email at hkenna@itsa.ucsf.edu for application information. You may fax (in advance) your CV, 2 letters of recommendation, and research statement. Originals should be mailed along with your representative work. Sharon Hall, Ph.D., Barbara Havassy, Ph.D., and James Sorensen, Ph.D. are Co-Directors. Postdoctoral Training Program in Drug Abuse Research, 401 Parnassus Avenue, UCSF Box 0984-TRC, San Francisco, CA 94143-0984.

POSTDOCTORAL POSITION AT UNIVERSITY OF TEXAS

Postdoctoral position available to study the behavioral pharmacology of opioids, benzodiazepines and stimulants in non-humans using drug discrimination, self-administration and other procedures. Must have a Ph.D. in pharmacology, psychology, neuroscience or related field. Initial appointment is for one year and is renewable for up to 3 years. Send CV and the names and addresses of 3 references to: Charles 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 (france@uthscsa.edu).

POSTDOCTORAL POSITION- SMOKING RESEARCH GROUP (SRG), UNIVERSITY OF PITTSBURGH

Fellow sought to join SRG under direction of Dr. Saul Shiffman. SRG's focus is on process of smoking cessation and relapse. Recent studies have collected data on smoking, cessation, and relapse, with or without drug treatment, via Ecological Momentary Assessment- real-time intensive monitoring using palmtop computers. Primary focus of position is development of scientific publications, with provision for new research directions and studies. Candidate should have background in addictions and treatment, particularly tobacco use and dependence, as well as good writing skills and quantitative sophistication. Funding for 2-year+ position from diverse NIH grants and other sources. Salary and benefits competitive. Start date negotiable. Position may include or evolve into research faculty appointment, depending on candidate. University of Pittsburgh Department of Psychology includes PhD programs in Clinical and Health Psychology. University community includes several research groups focused on tobacco and nicotine as well as other substance abuse. Send curriculum vitae, letter of interest and list of 3 references to: S.M.Paton at Smoking Research Group, Suite 510, 130 N. Bellefield Avenue, Pittsburgh 15213 or smpaton@sg.pitt.edu. An Equal Opportunity Employer.

SUBSTANCE ABUSE RESEARCH AT JOHNS HOPKINS

Postdoctoral research fellowships in stimulating, productive program with excellent resources. Prepare as independent investigator. CLINICAL TRIALS - testing medications, verbal & behavioral therapies (incentive/motivation-based), and combinations; psychiatric comorbidity research; addiction & pregnancy/ women. Opioid, cocaine, tobacco, mixed/other dependencies. 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. Start Date: Flexible. Eligibility: citizen, permanent resident. A broad range of backgrounds are appropriate - from clinical/counseling to experimental/neuroscience. NIH stipend levels: \$27-42K+. Contact: George Bigelow, Roland Griffiths, Maxine Stitzer, or Robert Brooner; BPRU, Behavioral Biology Research Center, 5510 Nathan Shock Drive; Johns Hopkins Bayview Campus; Baltimore, MD 21224-6823. (410) 550-0035; bigelow@jhmi.edu or <http://bpru.med.jhu.edu>

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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 edition is April 15, 2001.

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RESEARCH SCIENTIST POSITION AT THE MURINE NEUROBEHAVIORAL LABORATORY

The Murine Neurobehavioral Laboratory (MNL) at Vanderbilt University seeks a Research Scientist to serve as Core Manager. The MNL Manager consults with investigators in the assessment of behaviors in mice, and oversees the day-to-day activities of the Core. Candidates should have a PhD in Experimental Psychology or Behavioral Neuroscience with experience in the analysis of the behavior in mice. Applicants should submit a C.V. and letters from 3 referees to: Mike McDonald, PhD, Director, Murine Neurobehavioral Laboratory, 432 Robinson Research Bldg., Nashville, TN 37232-6600; email: mike.mcdonald@vanderbilt.edu. Applications will be considered as they are received and accepted until the position is filled. For more information call (615) 936-1082. Vanderbilt University is an Affirmative Action/Equal Opportunity Employer.

POSTDOCTORAL RESEARCH FELLOWSHIP IN SUBSTANCE ABUSE AT THE UNIVERSITY OF VERMONT

The University of Vermont announces the availability of a postdoctoral research fellowship position in a stimulating and productive lab. The successful applicant will be responsible for studies of self-control (delay discounting) in 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 begins June-Sept, 2001 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

ASSISTANT PROFESSOR - QUANTITATIVE PSYCHOLOGIST AT UNIVERSITY OF TENNESSEE

The Department of Psychology of The University of Tennessee invites applicants for a tenure-track faculty position associated with its Experimental Psychology Program. This program encompasses three areas of concentration: Applied/Industrial, Social/Health, and Cognitive/Phenomenology. The matriculated graduate students are selected from a large and diverse group of applicants from across the nation and around the world. The faculty position is effective August 2001. We seek candidates with demonstrated research/extramural funding potential, teaching ability, and interests in teaching graduate level statistics, as well as multivariate analysis, LISREL, time-series analysis, or related courses. Preference will be given to applicants with expertise and research interests in Industrial, Organizational, or Applied Psychology; however, outstanding applicants in other areas of expertise will be considered. Position responsibilities include research, teaching at both undergraduate and graduate levels, and supervision of graduate students. We are especially interested in applications from women and minorities. Review of applications will begin immediately and continue until the position is filled. Applicants should send a letter of interest, a CV, representative publications, grant applications, and three letters of recommendation to the Quantitative Search Committee, Department of Psychology, University of Tennessee, Knoxville, TN, 37996-0900.

FACULTY AND POST-DOCTORAL POSITIONS IN SUBSTANCE ABUSE AND GAMBLING AT UNIV. OF CT HEALTH CENTER

(1) Assistant Professor or Instructor position (depending on qualifications) 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. Other projects involve assessment of impulsivity. Support will be provided for the candidate to develop their own research projects as well. Must have post-doctoral experience and publications in peer-reviewed journals. (2) NIAAA post-doctoral position is also available to work on similar studies. 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. Minorities encouraged. Competitive salaries. For both positions, send letter of interest, vita, and names and addresses of 3 references to: Nancy Petry, Ph.D., Dept of Psychiatry, University of Connecticut Health Center, 263 Farmington Avenue, Farmington, CT 06030-3944

NIH-FUNDED POSTDOCTORAL FELLOWSHIPS AT THE UNIVERSITY OF KANSAS

Two-year positions (with the potential for extension) are available in The University of Kansas Life Span Institute. Laboratories are located at the Lawrence, Parsons, and KU Medical Center Campuses. We seek applicants with a strong interest in developing grant-writing skills, with guidance from experienced investigators whose work is funded by NIH. Available mentors include Steve Fowler, Steve Schroeder, Travis Thompson, Rick Tessel, Dean Williams. Active research areas include behavioral and clinical pharmacology, animal models of mental retardation, stimulus control, aberrant behavior, social behavior, developmental cognitive neuroscience, motor function, and electrophysiological assessment of cognitive function. Both human and animal laboratories are represented. For more information, including application requirements, see: <http://www.parsons.lsi.ukans.edu/postdoc/index.html> or contact Kate Saunders, Program Director, ksaunders@ukans.edu

FACULTY LEVEL HEALTH RESEARCH SCHOLAR PROGRAM ON WOMEN AND DRUG ABUSE AT YALE UNIVERSITY

This program offers up to 5 years of salary support and research training. Scholars will work with an internationally recognized multidisciplinary team in a NIDA and NIH Office of Research on Women's Health-supported program to provide research career support for Faculty Level investigators concentrating on issues relevant to drug abuse and women's health. Training faculty, led by Carolyn M. Mazure, Ph.D. and Bruce Rounsaville, M.D., have interests in molecular neurobiology, genetics, brain imaging, evaluation of innovative behavioral and pharmacological treatments, laboratory medicine, health services, health economics, psychiatric epidemiology, behavioral pharmacology and social psychology. Required qualifications: M.D., Ph.D. or equivalent, commitment to a research career in drug abuse and women's health and U.S. citizenship or permanent resident status. Faculty appointment and salary determined on basis of experience and qualifications. Send CV to Bruce J. Rounsaville, M.D., VA Connecticut, 950 Campbell Ave. (151D), West Haven, CT 06516, e-mail Bruce.Rounsaville@yale.edu

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POST-DOCTORAL POSITION IN NICOTINE/SMOKING RESEARCH

A post-doctoral position focusing on the behavioral pharmacology of nicotine in humans with Dr. Kenneth A. Perkins is available at the University of Pittsburgh. Ongoing NIDA-supported projects include environmental modulation of nicotine discrimination, and individual differences associated with sensitivity to nicotine and with tobacco self-administration, including dopamine genotypes and subject sex. 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 at the University of Mississippi Medical Center 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 and Human Behavior, The University of Mississippi Medical Center, 2500 N. State Street, Jackson, MS, 39216.



Award Winners of the Society for General Psychology for Year 2001 Call for Nominations for Awards of Year 2002

The Society for General Psychology, Division 1 of APA, announces its Year 2001 award winners. The winner of the William James Book Award is Michael Tomasello's 1991 book *The Cultural Origins of Human Cognition*. This award is for a recent book that serves to integrate material across psychological subfields or to provide coherence to the diverse subject matter of psychology. The 2001 winner of the Ernest R. Hilgard Award for a Career Contribution to General Psychology is Murray Sidman. And the winners of the George A. Miller Award for an Outstanding Recent Article in General Psychology are Jack Martin and Jeff Sugarman of Simon Fraser University for their 1999 article "Psychology's Reality Debate: A 'Levels of Reality' Approach" in *Journal of Theoretical and Philosophical Psychology*.

For all of these awards, the focus is on the quality of the contribution and the linkages made between the diverse fields of psychological theory and research. To nominate for the Hilgard Award and the Staats Award, send the candidate's name and vitae along with a detailed statement and supporting letters from others who endorse the nomination. For the Miller Award, nominations should include: vitae of the author(s), four copies of the article

being considered (post-1995 publication date), and a statement detailing the strength of the article as an outstanding contribution to General Psychology. Nominations for the William James Award should include three copies of the book (dated post-1995 and available in print); the vitae of the author(s); and a one-page statement that explains the strengths of the submission as an integrative work and how it meets criteria established by the Society. Text books, analytic reviews, and biographies are generally discouraged.

Winners will be announced at the 2001 APA convention and will be expected to give an invited address at the subsequent convention and provide a copy of the award address for inclusion in the newsletter of the Society. All nominations and supporting materials must be received on or before April 15, 2001. Nominations and materials for all awards and requests for further information should be directed to General Psychology Awards, c/o C. Alan Boneau, Department of Psychology, George Mason University, Fairfax, VA, 22030. Phone: 301-320-3695; Fax: 301-320-2845; E-mail: aboneau@gmu.edu.

CANDIDATES FOR NEW FELLOWS WELCOME!

The Executive Committee seeks nominations for Fellow status in Division 28. Any member who has made outstanding contributions to psychopharmacology or substance abuse is eligible. As a guide for you to determine if you or somebody you are thinking of nominating fit the criteria for "Fellow" status, here is a list that APA as well as our division considers when going through applications. Note that these are minimum standards under the APA Bylaws so you must meet all of these criteria: 1) the receipt of a doctoral degree based in part on a psychological dissertation, or from a program primarily psychological in nature; 2) prior membership as an APA member for at least one year and a Member of Division 28; 3) active engagement at the time of nomination in the advancement of psychology in any of its aspects (for our division, the aspect would be psychopharmacology or substance abuse); 4) five years of acceptable professional experience subsequent to the granting of the doctoral degree; 5) evidence of unusual and outstanding contribution or performance in the field of psychology (for our division, the field would be psychopharmacology or substance abuse). If you wish to be considered yourself or nominate someone else for this APA honor, please send your/his/her curriculum vitae to: James P. Zacny, Ph.D., New Fellows Chair, DACC MC4028, The University of Chicago, 5841 S. Maryland Avenue, Chicago, IL 60637. Phone: 773 702-9920; fax: 773 702-6179; e-mail: jzacny@airway2.uchicago.edu.

Division 28 Executive Committee

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Membership	Craig R. Rush	2000-2001	crush2@uky.edu
New Fellows	James P. Zacny	1999-2001	ZACN@MIDWAY.UCHICAGO.EDU
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Committee on Aging	Stephen A. Daniel	1998-2001	DANIEL3@FRONTIERNET.NET
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Military Psychology	David M. Penetar	1996-2001	DPENETAR@NATICK-CCMAIL.ARMY.MIL
Office of Substance Abuse	J. Grabowski	1997-2001	JGRAB@MSI13.MSI.UTH.TMC.EDU
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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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