PSYCHOPHARMACOLOGY
NEWSLETTER

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PRESIDENT'S LETTER

Linda Dykstra
President, Division 28

Animal Research: Good News and Bad News

1988 has been a difficult year for animal research, especially research related to drug abuse. Several members of Division 28 have been targeted by animal rights activists for their investigations of biomedical and behavioral factors related to drug abuse. As the result of pressure from animal rights activists, a scientist at Cornell University has returned a NIDA research grant that was to support her research on barbiturate dependence. Presently, investigators conducting research with animals face expensive regulations that may do more to hinder research progress than to improve animal care. Given the frequency and intensity of these events, I believe it is important that Division members begin to take an active role in responding to this situation.

The good news is that we are not alone in countering these attacks. My own experiences in the last few months led me to a surprising discovery: The scientific community and several of its professional organizations have already developed strategies for dealing with attacks on animal research and are eager to share their insights. Upon inquiry, I was provided with written materials, offers of assistance, and moral support from several groups, including the Scientific Directorate of the American Psychological Association, the Foundation for Biomedical Research, and individuals within the National Institute on Drug Abuse. I also received a great deal of support from my own Institution, the University of North Carolina, which was more than willing to respond to inquires about animal research as well as provide additional security within my laboratory.

The bad news, of course, is that it takes time to be proactive, and that's time away from research, teaching, and other responsibilities. In a recent article about the situation at Cornell, a reporter noted that not one letter was received from the scientific community in support of the research in question. I would like to change this situation by urging you to express your views on animal research to your congressmen, as well as to universities with faculty members under attack. In this respect, two examples come to mind--New York University, where Ronald Wood has been singled out for his research on inhaled substances, and Emory University, where several individuals doing research in the area of drug abuse have been targeted. Both New York University and Emory University deserve praise for the support they have provided to these investigators.

In order to make it easier for you to respond to this situation, I have written two model letters which you could adapt for your own purposes. One is a thank you letter to NYU; the other is a letter of concern to Cornell University. I hope you will be able to take a little time to share your own views with these institutions or with other relevant individuals and institutions in your area:

I) letter to NYU:

Dr. Saul Farber
Dean of New York University Medical Center
550 1st Avenue
New York, NY 10016

Dear Dr. Farber:

I am writing to thank New York University for the role it has played in supporting research on problems related to drug abuse. As a scientist, I am quite aware of Dr. Ronald Wood's research and the contribution it has made to our understanding of the abuse potential and behavioral toxicity of organic solvents and inhaled substances. Your efforts in behalf of Dr. Wood's research also provide an excellent model of how uni-

versities can inform the public about biomedical and behavioral research as well as about the appropriateness of using animals in research.

2) letter to Cornell:

Dr. Gregory W. Siskind
Associate Dean of Sponsored Programs
Cornell University Medical College
1300 York Avenue
New York, NY 10021

Dear Dr. Siskind:

I am writing to express my concern about the recent events at Cornell regarding Dr. Okamoto's research on barbiturate dependence. Cornell's decision not to support Dr. Okamoto is unfortunate. Not only does it compromise the academic freedom of a distinguished research scientist, but it also cuts short a research endeavor that has already contributed to our understanding of a major public health problem, namely drug dependence.

I urge Cornell to reconsider this very important decision.

MORE ON ANIMAL WELFARE ISSUES

Hugh Evans
Chair, Committee on Animals in Research, Division 28

An excellent pamphlet from the Massachusetts Society for Medical Research (1400 Main Street, Waltham, MA 02254) on "The use of animals in medical research" discusses the topic in language appropriate for the layman. Members may find it useful in responding to inquiries from employees, students, the press, etc.

Massachusetts voters overwhelmingly defeated (71% opposed) a referendum calling for stricter regulation of the handling of farm animals.

An annotated bibliography on the wellbeing of laboratory animals may be of use in dealing with animal care committees and in commenting to officials concerning care issues. Send $5.00 handling fee in cash or check, payable to APA Division 28, to Dr. Hugh L. Evans, Institute of Environmental Medicine, New York University Medical Center, 5500 First Ave., New York, NY 10016. Indicate whether you prefer printout on paper or 5-1/4" floppy disk with MSDOS and WORDPERFECT files. Critiques and new references may also be sent to Dr. Evans.

PRESCRIPTION PRIVILEGES FOR CLINICAL PSYCHOLOGISTS?

Nancy Leith
NeuroAge, Chicago, IL

ISSUE -- Up until the 1950's, few physical interventions were available to treat mental problems. Thus, both psychiatrists and psychologists were trained to diagnose and treat mental problems, and each discipline had access to the tools then available for treatment--psychotherapy and other behavioral interventions. But with the advent of psychotherapeutic drugs, new tools for treating mental disorders became available to the medically-trained psychiatrists. In the subsequent years, research has made it undeniably evident that biological and behavioral factors are inextricably intertwined, and that affecting one affects the other. Psychologists, because of their ability to prescribe psychotherapeutic drugs, are currently unable to avail their patients of the full range of treatment options. Such restriction of treatment options denies the patient the opportunity to have treatment that provides the most rapid and effective relief from the mental disorder. In one recent case, malpractice liability resulted from such restriction of options: A psychoanalytically-based clinic was sued for failing to prescribe appropriate medication for a depressed patient who committed suicide.

Psychiatrists can offer treatment that incorporates both pharmacotherapy and psychotherapy. The number of psychiatrists (currently about 39,000), however, is not commensurate with the need. In addition to the shortage of such professionals, they are very unevenly distributed throughout the United States, with the concentrations being greatest in large cities and the surrounding suburban areas. As a result, the mental health needs of less populated areas are largely being met by psychologists and other non-medical professionals in conjunction with non-psychiatric medical professionals. Each approaches the problems with his/her own set of tools, viz., psychotherapy or pharmacotherapy. But studies have repeatedly shown that the two types of therapy can be synergistic, offering a level of relief for the patient that cannot be achieved with either alone. Thus, particularly those citizens who are poor, who live in rural areas, or who are in mental institutions or nursing homes are often denied access to quality mental health care, since these constituencies are largely unserved by the psychiatric profession.

Non-psychiatric physicians account for the majority of prescriptions written for psychotherapeutic drugs. Effective prescription is critically dependent on accurate and sound psychodiagnosis, yet most of these physicians have received little or no such training. In addition, most are

only minimally trained in the pharmacologic actions and clinical application of drugs used for mental disorders. As an understandable result, diagnostic and prescriptive errors frequently occur. For example, anti-anxiety agents may be prescribed to treat the symptom of anxiety without recognition that the underlying problem is depression or that the anxiety is masking a psychotic process. Or the physician may treat depression with a tricyclic antidepressant and fail to observe a latent schizophrenia. Still other times a drug is prescribed in too small an amount for too short of time period.

Should all physicians receive extensive training in psychodiagnosis and psychotherapy so they can be adequately trained to treat mental health problems? Or, building on their extensive training in diagnosis and behavioral intervention techniques, should clinical psychologists be additionally trained to be able to prescribe psychotherapeutic drugs appropriately and safely. Training psychologists to prescribe drugs could do much to move toward a behaviorally-based rationale for their use and an integrated socio-psycho-pharmacotherapeutic approach to treating mental disorders.

HISTORY -- In 1951, the Durham-Humphrey amendment to the Food, Drug, and Cosmetic Act established that certain drugs would be available only by prescription. Although the federal rule controlled the classification of various medications, the individual states retained the authority to decide which practitioners could prescribe. Every state granted MD and DO physicians unrestricted prescription privileges. In addition, some states have granted privileges to some non-physician health care professionals.

Privileges are classified as independent or dependent, determined by whether or not physician supervision of the prescribing is required. In all cases, the non-physician professionals are limited to certain categories of medicines for prescribing purposes. Dentists, optometrists, and podiatrists are independent, limited practitioners. On the other hand, physician assistants, nurse practitioners, nurse clinical specialists, and pharmacists are usually required to have physician supervision. Their prescription privileges are restricted to a prearranged protocol between the physician and non-medical professional or to a drug formulary established by a state drug formulary commission. Both the protocol and the formulary determine the list of authorized drugs and establish guidelines for their use. Often the state statutes include additional requirements aimed at assuring public welfare and safety. Further educational requirements, limits on use of controlled substances, or even limits on the settings in which a non-physician professional can prescribe exist in some states.

To date, no states have granted prescription privileges of any type to psychologists. Within the federal services, however, including the Veterans Administration, Department of Defense, and Public Health Service, the federal government retains jurisdiction regarding prescription privileges and other issues of practice for health care providers. This federal health system exercises considerable clinical flexibility in order to meet the health needs of its constituencies. As the result of unmet mental health needs of the American Indians, the Indian Health Service has granted limited formulary prescription privileges to selected psychologists at Santa Fe Indian Hospital since 1986. These psychologists are permitted to prescribe medication to psychiatrically disturbed patients on the basis of standing orders of the medical staff.

In addition to the requirements for licensure in New Mexico, the clinical psychologist must have had both experience and training in psychopharmacology. Specifically, the person must have had at least six months of experience independently prescribing and monitoring psychotropic drugs while under the supervision of a physician. Additionally, the person must have had course work or continuing education in clinical psychopharmacology and must be knowledgeable in the use of common clinical laboratory procedures in assessing patients for psychotropic medications. The Santa Fe Hospital has also developed specific criteria for psychiatric consultation and clinical indicators for chart review. Currently, such psychologists may prescribe antipsychotic, antidepressant, and antiparkinson drugs but are prohibited from prescribing any controlled substances or lithium.

More recently, the House-Senate conferees on the Department of Defense Fiscal Year 1989 Appropriations bill directed the Department of Defense to conduct a psychology prescription privilege demonstration program, citing the importance of aggressively addressing battle fatigue/psychosis. Dr. William Mayer, the Assistant Secretary for Health Affairs of the Department of Defense, accordingly directed the US Army to establish, on a pilot basis, the training requirements for authorizing military psychologists to prescribe under specified conditions. The experiences of the Indian Health Service and the Department of Defense with such expanded roles for psychologists will likely provide important experience to guide future decisions.

TRAINING TO PRESCRIBE PSYCHOACTIVE DRUGS -- All parties supportive of prescription privileges for psychologists recognize the need for additional training in order to prescribe safely and effectively. Current training of clinical psychologists requires only a minimal competence in the subject area of the biological bases of behavior.

Not all clinical psychologists are likely to seek the privilege. Some may limit their practice to clients and situations where drug use is not needed or appropriate. Prescribing will carry increased malpractice liability, which some practitioners will want to avoid. Even for those clinicians who do not wish to prescribe drugs, however, knowledge of the clinical pharmacology of psychotherapeutic agents should be acquired. The practitioner has the responsibility to know when referral for pharmacotherapy is appropriate.

For those who wish to prescribe, the training required will be largely a function of the degree of independence the practitioner will have and the range of compounds s/he is permitted to prescribe. The training could take the form of an intensive but circumscribed post-doctoral program, continuing education courses for those already in practice, and special-track training for graduate students.

Thoughtful analysis is needed to determine what knowledge and skills are essential for treating patients with psychotherapeutic agents. Clearly, the psychologist would need the ability to deal with side effects as well as therapeutic effects. The prescriber would need to be able to evaluate physical and mental history to determine the appropriate drug. Awareness of drug interactions and treatment of side-effects would be needed. Perhaps 80% of the cases seen would be straightforward and routine, but the practitioner would need to be equipped to deal with unexpected complications. For this latter point, the issues would be similar to those faced by other specialists within medicine, i.e., does the practitioner recognize the limits of his/her skills and know when to seek the advice of other experts?

In 1985, the American College of Neuropsychopharmacology designed a curriculum to be used to teach basic and clinical psychopharmacology to psychiatric residents. The College undertook this project because such training is underrepresented and uneven in quality in residency programs. Perhaps the work of this eminent group (ACNP) can serve as the framework for building a structure of formal and informal programs needed to train mental health professionals.

The justification for extending prescription privileges to psychologists must be based on the currently unmet need for services, not on a desire to expand psychology's turf. The ultimate goal is to have adequate numbers of mental health professionals who can offer the consumer a range of treatment options that maximize the appropriateness, effectiveness, and quality of the care received.

The author gratefully acknowledges Drs. Patrick DeLeon, Ronald Fox, Richard Gay, and Floyd Jennings for information and helpful discussions of the issues.

FOCUS ON ISSUES IN SUBSTANCE ABUSE

Note: This is the first in a series of columns on research and policy issues in substance abuse. Readers are invited to submit brief essays of a similar nature.

Observations on the Role of Human Experimentation in Understanding and Managing Substance Abuse

Ovide F. Pomerleau
Director, Behavioral Medicine Program,
University of Michigan School of Medicine

Over the past several decades, much has been learned about drug use from animal experimentation. Functional analyses of response patterns have increased awareness that behavior is controlled by processes that are common to both drug and non-drug stimuli. Thanks to the contributions of behavioral pharmacology, it is no longer assumed that compulsively driven behaviors are physiologically based and involuntary, independent from the influence of reinforcing consequences. Moreover, it is now recognized that physiological dependence is neither "necessary nor sufficient to maintain drug-reinforced behavior" (Henningfield, Lukas, & Bigelow, 1986). Yet another important contribution has been the recognition that patterns of drug self-administration resembling those seen clinically in humans can occur in organisms that are physiologically normal and have no obvious psychopathology.

Along with early successes in investigating substance abuse using animal models came skepticism about the appropriateness and even the need for experimentation at the human level. Experimental studies of drug self-administration in human subjects were considered by some to be "unethical, unable to meet rigorous scientific standards, and unlikely to provide information not attainable by studies with animals" (Henningfield et al., 1986). In the last ten years, however, experiments with humans have contributed to the elucidation of the reinforcing effects of various drugs and to the definition of their abuse liability, and this new knowledge has played a critical role in increasing the understanding of drug abuse.

Studies with humans have yielded information not readily obtainable with animal subjects: For instance, personal and environmental characteristics associated with particular patterns of substance use have been identified; the inheritability of serious drug-related behavioral patterns has been investigated; self-reported and other behavioral effects of drugs have been measured; dose thresholds for euphoric and toxic effects have been determined; the intensity and extent of various withdrawal states have been characterized; and special populations and subgroups have

been evaluated and compared, including regular and occasional cocaine users, marijuana and tobacco cigarette smokers, alcoholics and social drinkers, dependent and non-dependent opiate users, and others. It is now well established that drugs can serve as powerful reinforcers for both humans and animals, and that drug-taking follows behavioral laws, its expression depending on specifiable variables such as history, deprivation, response cost, schedule of reinforcement, availability of alternative reinforcers, etc.

In the context of the current "war on drugs," some public interest groups concerned with dramatic revelations of substance use in society have questioned the "relevance" of the scientific research conducted to date and have leveled sharp criticisms of the National Institute on Drug Abuse's coordination of efforts to manage and contain drug abuse problems (Booth, 1988; Schuster, 1988). On the one hand, these complaints could be dismissed as a political response to frustration and to the underestimation of the recalcitrant nature of complex economic, social, and biobehavioral processes. On the other hand, by making more efficient use of available resources, it may be possible to enhance the "relevance" of the scientific effort to determine the biological and behavioral causes of drug abuse. Some modifications could be made readily to provide "research-based guidance" without compromising scientific soundness. For example, 1) a greater emphasis on the integration of animal and human research findings, and 2) technology transfer--a more systematic exchange of information and techniques between the laboratory and clinic--might be beneficial. Human experimentation is central to both endeavors.

1) Despite numerous studies showing the lawfulness of drug self-administration by human and animal subjects, the literature on common factors is still quite sparse. The issue is of considerable importance, for "the extent to which human and animal drug-taking behavior are similarly controlled represents the extent to which animals may serve as valid models with which to evaluate variables that influence drug use by humans" (Henningfield et al., 1986). Satisfactory explanations of substance use and abuse, to be useful in the current context of a "war on drugs", will need to be based on the integration of multiple levels of evidence, encompassing findings ranging from drug receptor biochemistry to psychopharmacology to the sociology and economics of drug use.

2) The difficulty of establishing a meaningful dialogue between basic and applied researchers should be addressed more assiduously. The current approach of reviewing proposals by study sections specializing in either treatment or basic research may inadvertently contribute to some of the difficulties. Remedies involving programmatic initiatives to encourage interactions between basic and clinical researchers by means of clinical centers or large program projects seem inefficient and administratively complex. A possible solution might be to link laboratory-based human or animal research projects with applied research having implications for prevention, treatment, or relapse management; each component could be headed by a separate co-principal investigator. Review and evaluation of the combined research program could be carried out by a study section made up of peer reviewers representing both basic or applied research.

Developing a more comprehensive understanding of substance abuse--one that does not sacrifice richness of detail at the clinical level or gloss over the critical role of functional analyses based on careful experimentation--will require a detached and judicious review of current assumptions. It is likely that the research problems that will need to be prioritized to reach these objectives will not all seem as "safe" or as convenient as those currently fostered by custom and the demands of technological specialization. Nonetheless, the effort seems critical and timely.

References

Booth, W. (1988). War breaks out over drug research agency, *Science, 241*, 648-650.

Henningfield, J.E., Lukas, S.E., & Bigelow, G.E. (1986). Human studies of drugs as reinforcers. In S.R. Goldberg & I.P. Stolerman (Eds.) *Behavioral analysis of drug dependence*. New York: Academic Press.

Schuster, C.R. (1988). NIDA's role in war on drugs (Letter to the Editor), *Science, 242*, 15.

SENATE AGRICULTURE COMMITTEE URGES EPA CHIEF TO REVISE NEUROTOXIC GUIDELINES

William D. Echols

Federal and Legislative Affairs Officer, Science Directorate

Roughly a year ago, Dr. Ron Wood testified on behalf of APA at an Environmental Protection Agency (EPA) Science Advisory Panel hearing convened in response to a petition filed with the Agency by APA and the Center for Science in the Public Interest (CSPI). The APA/CSPI petition requested the EPA to revise its neurotoxic guidelines. The Science Advisory Panel agreed with much of APA's testimony. Since that time, however, EPA has been lax about making these revisions. Through a series of meetings with the staff of the Senate Agriculture Committee, APA staff succeeded in persuading Senator Patrick Leahy (Democrat-VT), Committee Chair, and Senator Richard Lugar (Republican-IN), Ranking Minority Leader of the Committee, to send a letter to the Honorable Lee

Thomas, Chief Administrator of the EPA, urging his agency to begin this task. APA staff is optimistic that this letter will prod the EPA into action. Excerpts from the Leahy/Lugar letter follow:

> ...With the recent passage of S.659 and the signing of that bill into law by the President, the implementation of neurotoxic guidelines to coincide with other data requirements in the reregistration of pesticides is imperative.
>
> ...As you know, pesticides may cause a wide range of adverse behavioral and health effects, including memory loss, convulsions, and paralysis, affecting millions of Americans. Damage to the brain and nerves is by far the greatest source of long-term disability in this country as well as the most common type of birth defect. Yet, most pesticides on the market today remain untested for neurotoxicological effects.
>
> In the last session of the 100th Congress several legislative actions were taken to encourage EPA action in this area. Section 219 of S.1516, the FIFRA [Federal Insecticide, Fungicide, and Rodenticide Act] reauthorization bill reported by the Senate Agriculture Committee on April 27, 1988, would require EPA
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> > "to develop methods for testing to accurately detect neurotoxicological and behavioral effects of pesticides, and...as such methods are developed, require to the extent appropriate and necessary, that data from such testing be submitted by persons seeking to obtain or maintain pesticide registrations."
>
> The HUD-Independent Agencies Appropriations Bill of 1989 (H.R.4800) contains very similar language in the accompanying report (Report 100-401) on pages 41 and 42. S.659 also has such language in its report (Report 100-939) on page 33 that was offered by Congressman George E. Brown, Chairman of the House Subcommittee on Department Operations, Research, and Foreign Agriculture, of the Committee on Agriculture.
>
> ...It is our understanding that at the December 15, 1987 meeting of the FIFRA Scientific Advisory Panel, EPA announced its intention to modify its pesticide testing guidelines in accordance with the subpanel's recommendations. However, it has been nearly a year since that meeting and little or no action has been taken by the Agency in this regard. The evaluation of pesticides for this long-neglected aspect of toxicity, to which the Agency and Congress have now devoted special attention, should no longer be delayed.

POSITIONS OPEN

Human Behavioral Pharmacology: Post-doctoral research fellowship available for laboratory studies in human behavioral pharmacology at Johns Hopkins Medical School; involves studies of benzodiazepine and caffeine pharmacology, drug discrimination, drug self-administration, and performance effects. Suitable for psychologist, pharmacologist, or psychiatrist. Two-year duration. Standard USPHS stipend: $17,000 and up. Send c.v. and letter of interest to Roland R. Griffiths, Ph.D., D-5-West, Psychiatry, Johns Hopkins/Key Medical Center, 4940 Eastern Ave., Baltimore, MD 21224.

Post-Doctoral Appointment: A post-doctoral position is available in the laboratory of John L. Falk at Rutgers University to study the behavioral and pharmacologic factors affecting the oral abuse (by schedule-induced polydipsia) of cocaine and of benzodiazepines in animals, and the behavioral consequences (e.g., discriminative motor control) of these and related agents. Research experience in behavior analysis, behavioral pharmacology, and microcomputers, or some combination of these, is desirable. Applicants should send vita and a list of three references to John L. Falk, Dept. of Psychology-Busch, Rutgers University, New Brunswick, NJ 08903, (201) 932-2543.

Behavioral Pharmacology: The biopsychology area of the Department of Psychology, Wayne State University, is recruiting a visiting Assistant Professor in the area of experimental psychology or psychopharmacology. The position, available 5/89, will be a 12-month appointment for 2 years, with the possibility of renewal for additional years. This individual will participate in laboratory studies of the behavioral pharmacology of opioids and in the biopsychology area's instructional program teaching 2 courses/yr. in learning or behavioral pharmacology. Qualifications include a Ph.D. in experimental or physiological psychology. Salary will be dependent upon experience. Interested individuals should send vita, letter describing research interests, and names of three references to Alice M. Young, Ph.D., Dept. of Psychology, 71 West Warren Ave., Wayne State University, Detroit, MI 48202. Wayne State University is an Equal Opportunity/Affirmative Action Employer.

Environmental Medicine: Faculty position for a neuroscientist with 0-5 years of postdoctoral experience in pharmacology and toxicology. Rank and salary to match experience. A growth opportunity to participate in well-supported, multidisciplinary group in research with animals and humans on chemically-altered cognitive and brain functions. Contact Dr. Hugh L. Evans, Institute of Environmental Medicine, New York University Medical Center, 550 First Ave., New York, NY 10016.

Addictions--Alcohol and Other Drug Studies: We invite applications for a 9-month Asst. Professor faculty position, eligible for tenure review, beginning 8/89. Candidates should have doctorate in health or social science discipline. Clinical teaching and research experience in alcohol and other drugs essential, epidemiology background desirable. Salary: commensurate with qualifications and experience. Send transcripts, c.v., and 3 references by 3/10/89 to Dr. Joan Farrell, Dean, College of Health, U of North Florida, 4567 St. Johns Bluff Rd. S., Jacksonville, FL 32216.

DIVISION 28 NEWS AND ANNOUNCEMENTS . . . .

APPRECIATION OF CORPORATE SPONSORSHIP OF DIVISION 28

Jack E. Henningfield
Treasurer, Division 28

The Psychopharmacology Division of the American Psychological Association would like to express its great appreciation to the many corporate sponsors that help to fund our scientific and academic activities. This support has helped the Psychopharmacology Division to facilitate research and to disseminate information effectively. Specific activities supported by this funding include the organization of interesting and effective programs on drugs and behavior at the Annual Convention of the American Psychological Association, invitation of outstanding leaders in the field both from industry and academia to address those attending the Convention, publication and distribution of the quarterly *Psychopharmacology Newsletter* to our 1,200 members, Fellows, and Corporate Affiliates and to officers of the 90,000-member American Psychological Association, efforts to influence national policy on the proper use of psychoactive drugs in clinical settings and on the usefulness of animal testing in the evaluation of the activity of drugs and compounds, promotion of the already close interdependence between academic and industrial psychopharmacology, and general support of programs and activities both within and outside the American Psychological Association that relate to the growth and productivity of psychopharmacology.

Corporate Sponsors during 1988 have included:

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CONVENTION '89 UPDATE

Barbara Slifer
Division 28 Program Chair, 1989

Plans are well underway for the August meeting. Science weekend themes are once again favorable for the areas of research of Division 28 members. The preliminary program suggests an interesting and exciting Convention. I have also begun one of the more important tasks of a Program Chair: restaurant review. Tedious, I know, but someone has to sample New Orleans' finest for you. (The city has a number of exceptional new restaurants, by the way.) See you in August.

DIVISIONAL ASSESSMENT

Members may have noticed when they received their most recent APA dues billing that Division 28 has begun a divisional assessment of $5.00 per year. This was discussed and approved at the Divisional Business Meeting in August. The assessment amount is small (fewer than 10% of divisions charge less), but it is expected to provide the Division with a needed flexibility of action. Possible applications of the funds that have been discussed include: supporting the present improved print quality of our newsletter, increased advocacy efforts in Washington, participation in APA reorganization meetings or APS meetings, and/or underwriting conferences on psychopharmacology. Further suggestions and comments should be directed to members of the Division's Executive Committee.

DIVISION 28'S NEW FELLOWS

Steven C. Fowler
Chair, Division 28 Membership Committee

Congratulations to the following members of Division 28, who became Fellows of the Division on January 1, 1989:

Ernest L. Abel, Ph.D.
Victor Adolfo Colotla, Ph.D
Deborah Ann Cory-Slechta, Ph.D.
Stephen C. Fowler, Ph.D.
Dorothy Hatsukami, Ph.D.
Jacques Maurissen, Ph.D.
Richard D. Olson, Ph.D.
William E. Pelham, Jr.,Ph.D.
Nina R. Schooler, Ph.D.
Theo B. Sonderegger, Ph.D.
Morris Duncan Stanton, Ph.D.
John D. Swisher, Ph.D.

DIVISION 28 OFFICERS

Elected:		Term on Council
President	Linda A. Dykstra	9/87-8/90
President-Elect	Robert L. Balster	8/88-8/91
Past-President	George E. Bigelow	9/86-8/89
Council Representative	John G. Grabowski	2/88-2/91
Members-at-large	Marian W. Fischman	9/86-8/89
	Sharon M. Hall	9/87-8/90
	Alice M. Young	8/88-8/91
Appointed:		
Treasurer	Jack E. Henningfield	8/88-8/91
Secretary	Stephen T. Higgins	8/88-8/90
Program Chair, 1988	Barbara L. Slifer	9/87-8/90
Past-Program Chair	Larry D. Byrd	9/86-8/89
Incoming Program Chair	Warren K. Bickel	8/88-8/91
Newsletter Editor	Cynthia S. Pomerleau	5/88-8/91
Membership Chair	Steven C. Fowler	8/88-8/91
CPDD Liaison	Robert L. Balster	
Public Information	John G. Grabowski	6/87-5/89
ASPET Liaison Officers	John A. Harvey	9/87-8/89
	Linda A. Dykstra	9/87-8/89
APA Public Affairs Liaison	Robert L. Balster	8/88-8/89

SUBMISSION OF COPY FOR THE NEWSLETTER

Readers are invited to submit articles and information of general interest to Division 28 members. Book reviews and Letters to the Editor will be considered for possible inclusion. Copy for the Newsletter may be submitted: 1. Typed double-spaced on standard bond paper; OR 2. On diskette--preferably word-processed on IBM-compatible equipment. We use Wordstar Professional 5.0 but can translate from most other widely-used word processing programs. BE SURE TO INCLUDE HARD COPY IN CASE THE DISKETTE IS DAMAGED IN THE MAIL.

The Newsletter is published on a quarterly basis and will appear 4-6 weeks after each deadline. Deadlines for submission of materials are:

Fall issue: September 15
Winter issue: December 15
Spring Issue: March 15
Summer issue: June 15

Submit materials for inclusion in the Newsletter to:

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