Message from the Chair . . .

Dear Alcohol, Drugs, and Tobacco Section Members:

I want to start by thanking Carrie Oser for her tireless work putting together our newsletters. When Carrie reminded me that I needed to write this letter I replied, “What should I say?” She wisely suggested that I begin with a call to recruit more section members. Smart woman our Carrie, so please seriously consider my plea for each of you to take some of your precious time to do some new section member outreach in the coming months. Our membership as of September 30, 2011 was 226 (up 13 from 2010). In order to have two panel sessions at the 2013 meetings, we need 300 members. In her Summer 2011 letter from the Chair, Claire Sterk reported that the conversations about merging the National Institute of Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) were heading in a more concrete direction. For sociologists, the ADT section may well be an important site to exchange ideas about what such a merger may mean for the field and a place to organize spheres of sociological influence.

In the months since our meeting in Washington, DC, several alcohol and drug related issues have received considerable media attention. Overdose is currently the number one injury-related killer among adults ages 35-54. Accidental drug overdose is the leading cause of injury-related death in the United States for people between the ages of 35-54 (http://www.drugpolicy.org/issues/drug-overdose). Communities all over the United States are enacting Good Samaritan 911 legislation and naloxone (opioid reversal medication) distribution programs, which are often linked with syringe exchanges. Our members have much to offer communities trying to stem the drug overdose rates, particularly since we understand the role of drug combinations, specifically alcohol with other drugs in these fatalities.

Problems related to prescription drug misuse have also been in the news with Oxytocin abuse receiving the lion’s share of attention and concern. In this context of nonmedical use of licit drugs, prescription drugs refers to a variety of medications from stimulants, to tranquilizers, to pain medications. In this sense “prescription drugs” resemble “club drugs” in that both terms include a number of drugs with wide variation in drug effects, user characteristics, motivations for use and outcomes or consequences of use. The line between licit and illicit drug use is becoming blurred in the public discourse and it is our challenge as academics and researchers to provide empirical and in depth information to inform intervention efforts and policy.

Continued on Page 2
Along with new drug groups, we have new cohorts of users. The Baby Boomer generation may be discovering (or rediscovering) marijuana use and its purported facility as an analgesic, sedative and appetite stimulant. CNNMoney reports in a video entitled, “Getting Grandma to try Pot,” that marijuana activists are recruiting seniors to enroll in medical marijuana programs and work for marijuana reform groups (http://money.cnn.com/video/news/2012/03/n_marijuana_seniors_medical.cnnmoney). Our section members need to provide the sociological insights into the ways in which this cohort of marijuana users responds to the possibility of using marijuana as a medicine. If larger groups of older adults choose to use marijuana to alleviate the aches and pains of aging, what sorts of social norms will they construct? How will they incorporate marijuana use into their everyday lives? What will they tell the kids?

This summer in Denver, we will have presentations that address these as well as other important topics. I look forward to lively discussions and learning opportunities. I hope to see all of you there.

Sincerely,
Sheigla Murphy,
ADT Section Chair

Workshop Opportunity

The Integrated Health Interview Project (IHIS, at www.ihis.us) recently released new data adding several hundred more variables relating to the use of alcohol, tobacco, and drugs by the noninstitutionalized U.S. population. Now comprising 12,000 health-related variables for 1963-2010, IHIS is a consistently-coded version of nationally-representative data from the U.S. National Health Interview Survey and is available for free over the Internet. Along with socioeconomic and demographic variables, IHIS includes data on a wide range of physical and mental health conditions, health behaviors (including alcohol, tobacco, and drug use), health care use and access, and activity limitations for children and adults. Researchers can analyze these data using an online tabulator or can make a customized data extract with just years and variables needed for their research project and analyze the data using a statistical package.

Contact Miriam King with any questions at king2clio@hotmail.com.
In this paper we investigate the relationship between social support and substance use during pregnancy among young women. Although teen pregnancy rates have recently dropped in the U.S, they still remain relatively high in comparison to many other western nations. The consequences of early pregnancy are serious and wide-reaching—including abortion, curtailed educational attainment, later-life health problems, and poor birth outcomes (Chen et al. 2007; Geronimus and Korenman 1992; Hardy et al. 1998; Kost et al. 2010; Ventura et al. 2008). High rates of substance use contribute to the poor birth outcomes experienced by young women. Women who become pregnant at a young age are at significant risk of smoking cigarettes, using illicit drugs, and drinking alcohol during pregnancy (Abma and Mott 1991; Ebrahim and Gfroerer 2003; Flanagan 1999; Kokotailo et al. 1992). The risks associated with substance use during pregnancy are great and include reduced gestational age, low birth weight, preterm birth, infant mortality, and poor cognitive development. Studies have found social support to positively affect birth outcomes such as Apgar scores, birth weight and fetal growth (Collins et al. 1993; Feldman et al. 2000; Lespinasse et al. 2004; Norbeck and Anderson 1989; Norbeck and Tilden 1983; Oakley et al. 1990). Little is known, however, about the behaviors that contribute to the association between social support and birth outcomes. Although substance use is likely to be important in linking social support to birth outcomes, relatively few studies have investigated the topic, and results are inconsistent. In addition, most of these studies measure social support and substance use retrospectively, which likely introduces reporting error. In order to reduce this type of error, we need to study detailed, dynamic measures of social support and substance use during pregnancy. Newly available data from the Relationship Dynamics and Social Life (RDSL) study allow us to examine detailed, weekly measures of social support and substance use collected throughout the pregnancies of a population-based sample of young women. We use these data to determine if multiple dimensions of social support are independently associated with drinking alcohol, using marijuana, and smoking cigarettes during pregnancy. Our preliminary results suggest pregnant women are less likely to drink alcohol or smoke marijuana or cigarettes during periods when they have social support and when they have accumulated social support over time. We also find the kind of social support received to be important predictors of substance use during pregnancy. A particularly strong and consistent predictor of substance use is having someone to talk to about the pregnancy. We hope these results serve to motivate new research given the substantial and important associations we document between social support and substance use during pregnancy.

Drug Use Health Consequences for Mexican American Former Gang Members

Kathryn Nowotny¹, Alice Cepeda², Jarron Saint Onge³, & Avelardo Valdez²
University of Colorado at Boulder¹, University of Southern California², University of Houston³

Youth who associate with gangs are at risk for an array of problematic behaviors including substance use. In San Antonio, TX, Mexican-American gang members and other disadvantaged youth are operating in a distinct cultural and social context with concentrated poverty, few well-paid stable jobs, lack of governmental services, a thriving informal economy and drug market based on ethnic ties to the Mexican drug market, and high rates of crime and incarceration. Given the socially disadvantaged economic conditions gang members live in, the long-term health status of these men is particularly concerning. Studies demonstrate ethnic minority males from economically disadvantaged communities are at increasing risk for early disease onset, infectious diseases, physical and mental impairment, and early mortality. Nonetheless little is known about the general health status or biological risk profile of specific subgroups of Mexican Americans.

The current longitudinal study follows up a cohort of adolescent Mexican-American gang members originally interviewed in 1997-1998 in an impoverished neighborhood.

Continued on Page 4
Drug Use Health Consequences for Mexican American Former Gang Members (cont’d.)

in San Antonio, TX as part of an ongoing NIDA-funded study on long-term health consequences. We present preliminary (n = 103) tested data for individual biological indicators of cardiovascular and metabolic risk and STI using well-established clinical thresholds. We use paired t tests and \( \chi^2 \) tests to compare our participants’ biological health indicators to a comparable nationally representative sample of 167 Mexican-American males from the NHANES 2007-2008.

Comparisons between the at-risk Mexican-American males and the NHANES data show an increased risk profile for the disadvantaged sample with significantly higher levels of both Systolic BP (127.84, SD=14.76 vs. 119.96, SD=10.52) and Diastolic BP (83.20, SD=10.89 vs. 71.09, SD=11.81) with a higher proportion classified in risk categories. Also present is a significantly higher level of BMI (30.96, SD=6.27 vs. 29.54, SD=6.08) and a significantly larger proportion of obesity (57.28% vs. 37.13%), high risk C-reactive protein (4.85% vs. 1.20%), and risk for triglycerides (29.13% vs. 14.37%). However, the NHANES sample shows significantly higher total (173.74, SD=38.89 vs. 205.52, SD=43.76) and LDL (98.58, SD=31.65 vs. 120.11, SD=31.02) cholesterol, with a larger proportion of risk for both total (5.83% vs. 14.37%) and HDL (29.13% vs. 41.32%) cholesterol. A sum scale indicates that the average number of risk indicators is significantly higher in the disadvantaged group (1.79 vs. 1.20). Finally, results indicate that the San Antonio sample has a high level of risk for infection, with significantly higher levels of HSV-2 (36.89%), CT (3.88%), NG (2.91%), and HCV (43.14%) compared to the general sample (11.06%, 0.68%, 0.00%, and 1.99%, respectively).

These data suggest marked differences in the prevalence of biomarkers associated with chronic and infectious diseases among two Mexican-American male subgroups. Future analyses of our data will build on this preliminary descriptive focus to understand the complex social and contextual determinants of high-risk biomarkers including drug use and incarceration history. These findings are of critical importance given the young age of the San Antonio sample and their lack of resources to address current and potentially long-term health consequences.

CALL FOR PAPERS

Special issue of the Journal of Substance Abuse Treatment: Integration of Substance Use Treatment and Medical Care

The Journal of Substance Abuse Treatment is requesting submissions for a special issue of research studies on the integration of substance use treatment and medical care. The DEADLINE FOR SUBMISSION is MARCH 1, 2012. Interested authors should contact one of the Guest Editors for the special issue, Alexander Y. Walley M.D., MSc. (awalley@bu.edu), Jeanette Tetault M.D. (jeanette.tetault@yale.edu) or Peter D. Friedmann, M.D., M.P.H. (pfriedmann@lifespan.org), for more information. Manuscripts should be submitted via the Elsevier Editorial System’s website for JSAT (http://ees.elsevier.com/jsat/) as a “Special Issue Paper” and the Cover Letter should also indicate that the manuscript is intended for the special issue. Submitted manuscripts will be screened by the guest editors before being sent out for peer review.

Evidence-based interventions for the treatment and management of substance-related disorders are well-described in specialty treatment settings. Several of these interventions (e.g., pharmacotherapy for opioid dependence and screening, brief intervention, and referral to treatment (SBIRT) for unhealthy alcohol use) can be delivered effectively in medical settings. Furthermore, the integration of substance use treatment and medical care will enhance the management of medical conditions related to alcohol and drug use (e.g., alcoholic liver disease, hepatitis C, HIV, and overdose).

This special issue will consider studies focusing on the epidemiology, feasibility, implementation and effectiveness of care models that integrate substance use treatment and medical care for patients with substance-related disorders. We encourage submission of manuscripts that consider either the integration of substance use treatment into medical settings or the integration of medical care into specialty addiction treatment settings. The goal is to advance scientific knowledge of effective models of integrated care for unhealthy substance use and related medical conditions.
Business Meeting

The ADT Section meeting was held on Saturday, August 21, 2011 at the annual meeting of the ASA in Las Vegas, Nevada and was attended by approximately 25 people. The change in meeting dates and locations unfortunately caused several people to be unable to attend. The incoming Chair, Sheigla Murphy opened the meeting.

Upon thanking outgoing officers for their service to the Section, two newly elected members were welcomed: Brian Kelly became the Section’s Chair elect and Brian Ward joined as a Council Member. Next year, the Section will need to elect its next Chair-elect, Secretary/Treasurer, and one Council Member. As Past Chair, Claire Sterk will guide the three Nominations Committees. Members of these committees are:

- Nominations committee: Luis Nuno (Chair), Hannah Knudsen, and Mike Garr.
- Student paper committee: Alice Cepeda (Chair) and Amanda Abraham.
- Senior scholar award: Sheigla Murphy (Chair), Dina Perrone, and Ellen Benoit.
- Junior Scholar Award: Andrew Golub (Chair), Judith Richman, and Avelardo Valdez.

The winners of this year’s ADT Section award winners were:

- Sheigla Murphy, Senior Scholar Award
- Dina Perrone, Junior Scholar Award

No winner for the graduate student paper was identified.

Next, the discussion focused on potential Section themes for the 2012 annual meeting. The overall ASA conference theme is “Real Utopias . . . “ – a perfect match for the ADT section. After some discussion, those present suggested that the Section theme by along the lines of “Pleasures and risks of drug and alcohol use.”

Subsequently, as of August 18, 2011, the Section’s membership was at 218. This represents an increase of five individuals as compared to last year at this time. There was extensive discussion on strategic planning to increase the membership to 300. We will continue to invest in recruiting new members. Suggestions for increasing membership included getting more graduate students to join the section (we can fund their minimal ADT Section fee, but cannot pay for their ASA membership), making deals with ASA colleagues to join each other’s sections, and briefly “advertising” (a quick statement to those in attendance) the ADT Section at ASA panels during the conference.

Finally, there was some discussion of renewing efforts to get an ADT Section journal. There is support from the membership to do this, but it is a difficult task. Considerable work was done last time, only to have the proposal denied by ASA. In short, the conclusions of this discussion were that we need substantially more members and an existing journal with a strong impact factor to pair with us.

Andrew Golub announced that he is editing a special issue of Substance Use and Misuse on the topic “Drugs, wars, soldiers, and veterans.” Please contact him for further information or to submit your manuscript for consideration.
Section Council Meeting

Section officers and Council members met on Saturday, August 21, 2011 prior to the annual Section meeting. Discussions focused on the agenda for the business meeting, ways to increase Section membership, and the issue of a Section-sponsored journal in light of the decision by the ASA Publications Committee last year to disallow a relationship with the Journal on Drug Issues. Attention was also given to other means of enhancing communications, such as through the website.

Officers and Committees

For the current years the officers and Council members of the Section are as follows:

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<th>Role</th>
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<tr>
<td>Chair</td>
<td>Sheigla Murphy</td>
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<td>Chair-Elect</td>
<td>Brian Kelly</td>
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<td>Secretary-Treasurer</td>
<td>William Pridemore</td>
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<td>Past Chair</td>
<td>Claire Sterk</td>
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<td>Council Member</td>
<td>Hannah Knudsen</td>
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<td>Council Member</td>
<td>Brian Ward</td>
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<td>Newsletter Editor</td>
<td>Carrie Oser</td>
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Operating Budget

While our membership is in need of growth, our financial situation is strong. According to the ASA financial report dated June 30, 2010, the Section showed net assets year-to-date of $10,500. During the Annual Meeting the Section gave plaques to award recipients and co-sponsored a reception with the Drugs and Drinking Section of the SSSP, costing the Section a total of $561.62. We anticipate similar meeting costs for the 2012 meeting. We are also considering the possibility of using Section funds to upgrade our use of the Internet, and this will be discussed further at our next meeting.

Review of Year’s Activities and Plans for the Coming Year

During the past few years, the sociological study of alcohol, drugs, and tobacco lost some of its most productive and influential members. While we who engage in this research continue to believe it is a highly valuable area for research for understanding and explaining how people live and relate to one another in society, we do not see much support for it and struggle to grow the membership of our section. We remain below the 300-member level in ASA, but will make new efforts in the coming year to recruit new members. Our focus will be on young people starting their careers, including graduate students. Current members who do research in this area will work with younger scholars and those of us who are teachers will encourage our students to consider doing work in this area. Members continue to do excellent work and to present papers and publish articles relating to the use and misuse by members of society of both licit and illicit substances and the social institutions that are constructed outside of the legitimate constraints of social life to make this use and misuse possible.

Submitted October 14, 2011

Claire E. Sterk
Past Chair, ASA Section on Alcohol, Drugs and Tobacco
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