



# American Sociological Association's Alcohol, Drugs, & Tobacco Section Newsletter

Volume 24, Number 2 - Summer 2014

## *Message from the Chair . . .*

For most of us the Spring Semester has ended and we can move forward with our summer plans. These plans may include finishing up incomplete manuscripts, data analysis, working on new grant application submissions and other such academic loose ends. Hopefully, your plans will also include some rest and relaxation activities.

It's also time to begin to plan your trip to the 109<sup>th</sup> Annual ASA Meeting that will take place in San Francisco August 16-19<sup>th</sup>. The theme this year is "*Hard Times: The Impact of Economic Inequality on Families and Individuals.*" This is a very appropriate title given the social and health disparities in this country have changed very little for large sectors of the U.S. population over the last few decades.

Please make sure that you check out the Alcohol, Drugs and Tobacco (ADT) sessions for this year's conference included in this issue of the newsletter. I would like to recognize and thank Wendy Chapkis, incoming ADT Chair, for organizing this year's sessions. I would also like to announce the results of this year's ADT section elections: **Chair Elect**- Andrew Golub, NDRI; **Secretary/Treasurer** - Dina Perrone, California State University Long Beach; **Council Member**- Michael Vuolo, Purdue University.

Although as a whole our section has had a number of accomplishments this year, we continue to have a serious challenge regarding our membership numbers. We have strategized on various ways in which to address this issue, yet this year our numbers have remained flat. I'd like to focus this year's business meeting to identifying realistic approaches and making commitments to increase these numbers in the hopes of bringing the excitement and vibrancy this section had in the recent past. I'd like to challenge all of us to bring to the meeting ideas and concrete strategies for dealing with this situation. Substance use continues to generate social problems in our society and cuts across many sociological interests and should have more prominence within the ASA.

I look forward to seeing everyone at our sessions and at our joint ASA/SSSP reception (date, time and location information can be found in this newsletter).

**Avelardo Valdez**  
*ADT Section Chair*

### CHAIR

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University of  
Southern California

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# Position Announcements

## Tenure Track Medical Sociology Position *University of Kentucky, Lexington, KY*

The University of Kentucky's Department of Sociology invites applications for a tenure track position at the assistant, associate, or full professor level to begin August 15, 2015. The department is seeking a scholar who can contribute to instruction and research in medical sociology or the sociology of health and illness as well as quantitative methods. The successful candidate will contribute to implementing a newly established program in Health, Society, & Population. Ideally, the applicant will be able to serve in an administrative leadership role in this program, dependent upon experience. This individual will teach 2/2 at the graduate and undergraduate level. Candidates should have a Ph.D. in hand at the time of the appointment. Interested candidates should submit the following items through Interfolio: a cover letter, a curriculum vitae, a research statement, a teaching statement, samples of research, and contact information for three references. Follow this link to Interfolio to apply for the position: [apply.interfolio.com/25131](http://apply.interfolio.com/25131). The statement of research interests should identify the emphases of the applicant's research program and specific research plans and goals. The teaching statement should describe the applicant's teaching philosophy and pedagogical approaches, as well as specific courses that the applicant has taught or is prepared to teach. Review of applications will begin on August 1, 2014 and continue until the position is filled. The University of Kentucky is an Affirmative Action/Equal Opportunity University that values diversity and is located in an increasingly diverse region. It is a Research I institution and committed to becoming one of the top public universities in the country. Women, persons with disabilities, veterans, and members of underrepresented groups are encouraged to apply.

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### ★★★ REMINDER ★★★

#### Renew your ASA ADT Membership!

To renew your ASA membership as well as your membership for the ADT section, go to the following webpage and click "Renew":

[http://www.asanet.org/  
members/joinasa.cfm](http://www.asanet.org/members/joinasa.cfm)



# Position Announcements

## ASA ADT Section Reception

**Saturday, August 16th**

6:30 p.m.

The Institute for Scientific Analysis  
390 4th Street, Second Floor  
San Francisco, California 94107



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## Educational Program Coordinator

*Tenure Track Faculty Position, University of Kentucky*

The Department of Behavioral Science, located within the College of Medicine at the University of Kentucky, is seeking applicants for an established Assistant Professor full-time, tenure-track position. The successful candidate must have completed an advanced degree (e.g., Ph.D.) and strong administrative and communication skills with professional colleagues and students. We are interested in a person to facilitate the planning and conduct of the Department's educational program with undergraduate medical students, medical residents, graduate students from several colleges and departments of the university, and undergraduate students from various departments in both campus sectors - the Medical Center and the Lexington Campus. The Department of Behavioral Science is a multidisciplinary, basic science department within the College of Medicine at the University of Kentucky with a strong tradition of collaboration among clinical departments and other substance abuse programs on campus, including Psychiatry, Psychology and the Centers for Prevention Research, Drug Abuse Research Translation, and Drug and Alcohol Research. The University is located in Central Kentucky's beautiful Bluegrass region, an area known for its quality of life. Lexington is a growing community of approximately 330,000 with excellent schools, diverse business and industry, excellent recreational opportunities, and a variety of cultural events. Information about the Department of Behavioral Science is available at <http://www.mc.uky.edu/behavioralscience>. Additional information can be obtained by e-mail from John Wilson, [johnfwilson@uky.edu](mailto:johnfwilson@uky.edu) (Phone: [859-489-4602](tel:859-489-4602)). Interested applicants should submit a curriculum vitae, a letter of application outlining their experience and interest in the position, and three letters of recommendation to: Chair Search Committee (John Wilson, Ph.D.), Department of Behavioral Science, University of Kentucky College of Medicine, Lexington, KY 40536-0086. Review of applications will begin immediately and will continue until the position is filled. All applicants will be required to pass a pre-employment drug screen and undergo a pre-employment national background check as mandated by University of Kentucky Human Resources. The University of Kentucky is an Affirmative Action/Equal Opportunity Employer.

# Recent Research Findings

## National Research Council Report on Incarceration in the United States

The United States incarcerates too many people, a new National Research Council report concludes. The scientific panel, which included sociologists Robert D. Crutchfield, Devah Pager, Robert Sampson and Avelardo Valdez, noted the U.S. penal population of 2.2 million adults is by far the largest in the world. Nearly one out of every 100 U.S. adults is in prison or jail, a rate five to 10 times higher than that in Western Europe and other democracies. This increase in incarceration began in the early 1970s.

The Committee found that the reason for this increase was not associated with rising crime rates but policy changes. During the seventies and eighties across all branches and levels of government, criminal processing and sentencing expanded the use of incarceration for lesser offenses, increased time served, and drug crimes became more severely policed and punished. Many of the sentences were with drug violations.

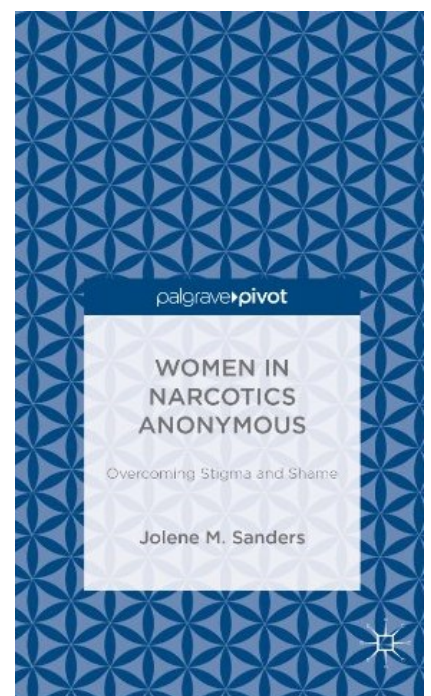
The report also determined that in most states, spending on corrections represents the third highest category of general fund expenditures, ranked only behind Medicaid and education. The social costs have likewise been steep, particularly for minorities and the poor. In 2011, for example, about 60 percent of everyone behind bars was either black or Hispanic. Black men under the age of 35 with no high school diploma are now more likely to be in jail than working in the labor market, the report notes.

The National Academy of Sciences report entitled "The Growth of Incarceration in the United States" is available online at this link: [http://sites.nationalacademies.org/DBASSE/CLAJ/Growth\\_of\\_Incarceration/index.htm](http://sites.nationalacademies.org/DBASSE/CLAJ/Growth_of_Incarceration/index.htm)

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**Sanders, Jolene M. 2014. *Women in Narcotics Anonymous: Overcoming Stigma and Shame*. Palgrave Macmillan: New York, NY.**

*Women in Narcotics Anonymous* looks at a sample of women in Narcotics Anonymous (NA) and surveys the stigma they perceive and the shame they harbor as active and recovering addicts. Past abuse, mental illness, and criminal involvement are just a few of the causes and effects associated with their drug addiction. Moreover, these conditions sever their abilities to properly ascribe to and live up to traditional gender expectations. Therefore, their recovery must confront causes and conditions of addiction as well as the double standard that they are held to. Once members of NA, these women begin to let go of the shame they feel by working the Twelve Steps. The process is further facilitated by attending women-only groups of NA and identifying with other women like themselves. Even those women who are thought to most socially marginalized--poor, minority heroin and crack addicts--are able to rid themselves of both the stigma and shame that plague them once in recovery.



# Call for Papers

## *Special Issue of IJSHSC*

### **International Journal of Self-Help & Self-Care (IJSHSC) Special Issue on**

#### *The role of self-help, mutual help & peer support in recovery from addictions and/or mental illness*

A special issue of the journal will focus on theoretical perspectives, empirical research and experience reports of innovative peer support, mutual help or collective self-care efforts in recovery from addictions and/or mental illness. Quantitative and qualitative methodological approaches are equally welcome. This interdisciplinary and multidisciplinary, peer-reviewed, social and behavioral sciences Journal publishes empirical research papers on practice, theory, and methods in the areas of self-help/self-care, mutual aid, and consumer participation at the interpersonal, group, organizational, and community levels, as well as practitioners' and participants' reports of personal experience with self-help/self-care and mutual aid.

Interest in non-professionalized mutual help groups and consumer/survivor organizations is increasing with the turn toward "recovery" in public policies of treating alcohol and drug addiction and psychiatric illness. The US, UK, and other industrialized countries are reshaping their policies to incorporate recovery oriented systems of care (White 2006; Ramon & Williams 2005). Recovery in substance abuse has a 70+ year long history with the 12 step mutual help group of Alcoholics Anonymous and the many imitators such as Narcotics Anonymous, Cocaine Anonymous, and Marijuana Anonymous along with many other non 12 step mutual help groups and networks of recovering individuals such as Women for Sobriety or Wellbriety (for American Indians). Addictions groups have developed extensive protocols for personal recovery through their group activities of sharing "experience, strength, and hope." In contrast, the history of collective consumer participation in mental health the past 50 years has been primarily advocacy and developing techniques to enhance personal recovery has been a secondary activity. The ex-patients' movement as Judi Chamberlin, a well known early advocate termed it, had two main goals: develop self-help alternatives to psychiatric treatment and to gain full citizenship rights for people "labeled mentally ill." (Chamberlin 1990, p. 77) Her 1990 statement said nothing about recovery which has developed later in the mental patient's liberation movement. The advocacy movement of ex-patients who are also known as consumer/survivors or service users have been very successful in getting new forms of consumer/survivor run mutual help and recovery organizations developed and in broadening their attention to personal recovery.

Some suggested topics but the issue will not be limited to these:

- How extensively are recovery oriented policies being implemented in light of the professionalized systems in place? Tokenism or real change?
- How do the recovery definitions, beliefs and activities of persons with substance abuse issues compare with people with mental health issues?
- How does the experiential knowledge of consumer/survivors contribute to support of peers in consumer/survivor run organizations?
- What are the challenges and opportunities of learning to be effective peer staff in consumer/survivor run organizations?
- What is the impact of governmental policies that legalize psychoactive drugs such as marijuana on the abstinence orientation of 12 step addiction groups such as Narcotics Anonymous?

Direct inquiries or one-two page descriptions of the proposed paper to Thomasina Borkman, Editor, at [tborkman@gmu.edu](mailto:tborkman@gmu.edu) by July 15, 2014. We will let you know whether to proceed with a paper within one or two weeks of receiving the abstract. Completed papers will be due October 15, 2014 and will be blind peer reviewed. The special issue will be published in 2015.

#### **References**

- Chamberlin, Judi. 1990. The Ex-Patient's Movement: Where We've Been and Where We're Going. *Journal of Mind and Behavior* 11 (3/4) Summer/Autumn: 77-90.
- Ramon, Shulamit, and Janet E. Williams, Eds. 2005. *Mental Health at the Crossroads: The Promise of the Psychosocial Approach*. Hants, England: Ashgate Publishing.
- White, William L. 2006. *Let's Go Make Some History: Chronicles of the New Addiction Recovery Advocacy Movement*. Washington, D.C.: The Johnson Institute

# Recently Funded Research

## New NIDA Funded Study

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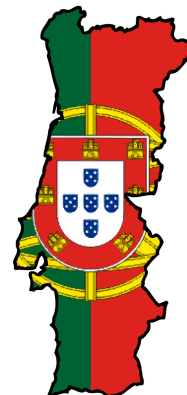
**Hannah Cooper (Emory, contact PI), Ron Stall (University of Pittsburgh) and Sam Friedman (NDRI) received a five year grant from NIDA to study "Metropolitan Trajectories of HIV Epidemics, Drug Use, and Responses in US Key Populations"**

For over 30 years, almost all studies of HIV/AIDS epidemics and programs have focused on one key population (KP) in isolation from other KPs. This siloed approach has significantly limited scientific understanding of the fundamental dynamics of HIV/AIDS epidemics, and has led us to miss vital opportunities to prevent new infections. Analyses by this team and others suggest that HIV/AIDS epidemics and programs in one KP may affect epidemics and programs in other KPs. For example, our analyses of the 96 largest US metropolitan statistical areas (MSAs) suggest that HIV prevalence among people who inject drugs (PWID) predicts AIDS incidence among heterosexuals, and that HIV prevalence among men who have sex with men (MSM) predicts HIV prevalence among PWID. Studies of sexual networks also suggest that mixing occurs across KPs. Likewise, programs targeting one KP may affect epidemics in other KPs: we have found that the presence of syringe exchange programs predicts later lower AIDS incidence and mortality rates among heterosexuals in these MSAs. Using a population-level approach, we will pioneer a novel line of high-impact epidemiologic, programmatic, and policy research on whether and how HIV/AIDS epidemics and programs among PWID affect and are affected by epidemics among MSM and heterosexuals in the US. This longitudinal (1992-2015) cohort study of three KPs (i.e., PWID, MSM, and heterosexuals) in the 96 largest MSAs in the US will (1) create MSA-level annual estimates of HIV/AIDS epidemic outcomes for each KP and KP subgroup (defined by race/ethnicity, age, and, for heterosexuals and PWID, gender), and of HIV/AIDS- and drug-use-related program presence and coverage for these KPs and KP subgroups. It will then describe how each of these epidemiologic and program variables varies across time and MSAs. Using these epidemiologic and programmatic estimates, it will (2) determine if and how HIV/AIDS epidemics in one KP affect and are affected by epidemics in other KPs, both overall and across KP subgroups; and (3) discover determinants of the presence and coverage of HIV/AIDS-related program presence and coverage for PWID and each other KP and KP subgroup. Aim 2 will be guided by the Political Ecology of Disease and the Dialectical Model of Epidemics frameworks; Aim 3 will be guided by the related Theory of Community Action. By achieving these aims and embracing a population-level perspective, the proposed study will advance a new paradigm of research that will discover and describe how cross-KP dynamics help drive HIV/AIDS epidemics among PWID and other KPs in the US. Findings will also open up new arenas for intervention, including interventions that seek to prevent epidemics in PWID from affecting and being affected by epidemics in other KPs, and that maximize positive effects of interventions across KPs. A team of researchers with deep knowledge of epidemics and programs within each KP has joined forces to integrate their KP-specific expertise to conceptualize and study these cross-KP interactions.

# Kudos!

## Fulbright Fellowship Awarded

Professor Eleanor Miller, University of Vermont, has been awarded a Fulbright Fellowship for the spring semester of 2015 to teach courses in comparative drug policy and urban inequality and crime in the Law School of Nova University in Lisbon, Portugal and to study the impact of the Portuguese drug policy, now over 10 years old, that decriminalized all drugs for personal use and transferred public funding from policing and prosecuting personal drug use to treatment.



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## PhD Candidate Nowotny Receives NIDA Fellowship & NSF Dissertation Improvement Grant

Kathryn M. Nowotny (PhD Candidate, University of Colorado Boulder) was awarded a NIH Ruth L. Kirschstein National Research Service Award Individual Fellowship from the National Institute on Drug Abuse (F31 DA037645) and a National Science Foundation (NSF) Sociology Doctoral Dissertation Research Improvement Grant (1401061) for her dissertation entitled, "Examining Health Disparities: The Health and Healthcare of Incarcerated Adults." She is also a fellow on NIDA's International Research Training Institute where she is mentored by Alice Cepeda from the University of Southern California. Kathryn has been an active member of the ASA and ADT. She was elected member (2013-2015) of the ASA Student Forum Advisory Board and has served on various committees for the ADT including the elections committee (2014) and junior scholar award committee (2013).

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## Recent Graduate

Dr. Erin Pullen (erinpullen@uky.edu) recently received her Ph.D. in Sociology from the University of Kentucky in 2014. She currently works at the University of Kentucky's Center on Drug and Alcohol Research as a project director on two federally funded grants. Erin is a medical sociologist whose main research interests include illicit drug use, health disparities, social networks, and health service utilization. Her dissertation explores the dynamic ways in which intersecting marginalized statuses – mainly race, class, gender, and incarceration status – shape social networks, exposure to discrimination, and patterns of illicit drug use and related treatment seeking over time. Using multi-level modeling with longitudinal data from 643 low-income African American women, her findings reveal that their patterns of drug use are shaped by both exposure to gendered racism and the influence of women's ego-networks. Further, her results provide additional insight into the longitudinal ways patterns of illicit drug use shape the structure, content, and function of social networks. Presentations of this research have been accepted at two national conferences, and several manuscripts from this dissertation are under the beginning states of preparation for peer-reviewed submission to academic journals in sociology and substance use.

# Extended Abstract

## Alcohol Policy Saves Lives

William Alex Pridemore

*Distinguished University Professor – Department of Criminal Justice & Criminology  
Senior Researcher – Cluster on Evidence-Based Policy  
Georgia State University*

Alcohol is no ordinary commodity, and its carefully considered and efficient regulation can save lives. Our recent series of publications reveal the power of alcohol policy, even in a nation where hazardous drinking is common. The discussion below quotes heavily from three articles:

- (1) Pridemore, W.A., Chamlin, M.B., Kaylen, M.T., & Andreev, E.M. (2014). The effects of the 2006 Russian alcohol policy on alcohol-related mortality: An interrupted time series analysis. *Alcoholism: Clinical and Experimental Research*, 38, 257-266.
- (2) Pridemore, W.A., Chamlin, M.B., & Andreev, E.M. (2013). Reduction in male suicide mortality following the 2006 Russian alcohol policy: An interrupted time series analysis. *American Journal of Public Health*, 103, 2021-2026.
- (3) Pridemore, W.A., Chamlin, M.B., Kaylen, M.T., & Andreev, E.M. (2013). The impact of a national alcohol policy on deaths due to transport accidents in Russia. *Addiction*, 108, 2112-2118.

Alcohol is responsible for 2.5 million deaths annually and is the third leading cause of premature mortality worldwide. Although funding agencies and the empirical literature on the alcohol-health relationship are increasingly focusing on individuals, population-level levers can be successful and more efficient in reducing some burdens posed by harmful alcohol consumption. We took advantage of a natural experiment to determine if a national alcohol policy in Russia was associated with a reduction in alcohol-related, suicide, and transport accident mortality.

### Alcohol consumption in Russia

The level of alcohol consumption in Russia is among the highest in the world. Recent estimates put adult per capita consumption at over 16 liters of pure ethanol annually. This is accompanied by a pattern of heavy episodic drinking, placing Russia in the highest risk category for harmful consumption. Alcohol is directly or indirectly responsible for at least 500,000 deaths annually, and more than 40% of all premature mortality among working-age Russian males is attributable to hazardous drinking.

### Alcohol-related, suicide, and transport accident mortality in Russia

Russian rates of alcohol-related, suicide, and transport accident mortality are also high. Alcohol-related mortality is a predominant explanation for high overall mortality rates in Russia, and one in five Russian men die from alcohol-related causes. The Russian suicide rate is among the highest in world. The 2010 suicide rate was 50 per 100,000 for males and 9 per 100,000 for females. The Russian male suicide rate ranks second only to

***Continued on the following page →***



# Extended Abstract

## **Alcohol Policy Saves Lives**, William Alex Pridemore (*continued from previous page*)

Lithuania, and the Russian female suicide rate ranks in the top 10. The total suicide rate of 28 per 100,000 is 2-3 times higher than in most European nations and the United States. Russia experiences about 30,000 fatalities due to traffic accidents annually, for a death rate of 21 per 100,000 residents. This rate is five times higher than nations with the safest roads and nearly twice the European Union average.

### **The 2006 Russian alcohol policy**

On July 21, 2005, President Putin signed laws on the regulation of production and sale of ethyl alcohol and alcohol-containing products, effective January 1, 2006. Among other items, the law (1) made it illegal to produce, distribute, and sell alcohol without a license, (2) required the amount of ethyl alcohol products used and produced to be reported to the government, (3) prohibited alcohol sales at sites like educational and athletic facilities and on public transport, and (4) prohibited the sale of beverages containing more than 15% ethanol alcohol by volume at any place not specifically licensed for such sales. The laws resulted in higher consumer prices and a decline in alcohol producers and distributors. Shkolnikov et al. (2013) suggested the policy may be partially responsible for the increase in life expectancy and the decrease in mortality during the last decade. Similarly, Neufeld and Rehm (2013) found declines in all-cause mortality and deaths due to cardiovascular disease and external causes that coincided with the policy. In neither case, though, did the authors carry out formal tests of the policy's effects.

### **Data, method, and results**

The outcome series in our studies begin in January 2000 and end in December 2010. The alcohol policy was implemented in January 2006, providing 132 monthly observations in each series, with 72 pre-intervention and 60 post-intervention observations.

The outcome variables were the monthly number of male- and female-specific deaths of those aged 15+ years due to (1) accidental alcohol poisoning (ICD-10: X45), alcoholic cardiomyopathy (I42.6), alcoholic liver cirrhosis (K70), and alcohol-related mental and behavioral disorders (F10), (2) suicide (X60-X84), and (3) transport accidents (V01-V09, V40-V79).

We used autoregressive integrated moving average (ARIMA) interrupted time series techniques to model the impact of the alcohol policy on the outcome series. ARIMA techniques are uniquely situated to assess the impact of natural experiments and are well established in the literature on policy impact, including alcohol policy.

For male alcohol poisoning deaths, a gradual change model best fit the data. The asymptotic monthly decline in male deaths from alcohol poisoning due to the policy was 555, which was realized within the first year. For female alcohol poisoning deaths, the effect of the alcohol policy was non-significant. For deaths due to alcoholic liver cirrhosis, the alcohol policy resulted in an immediate and sustained monthly decrease of 137 male and 110 female deaths. The policy did not result in a decline in male or female deaths due

***Continued on the following page →***

# Extended Abstract

## **Alcohol Policy Saves Lives**, William Alex Pridemore (*continued from previous page*)

to alcoholic cardiomyopathy or to mental and behavioral disorders due to alcohol. The models showed no impact of the alcohol policy on female deaths due to suicide or transport accidents. However, the alcohol policy resulted in immediate and permanent monthly declines of 334 and 203 male deaths due to suicide and transport accidents, respectively.

### **Conclusion**

Our findings suggest the 2006 Russian alcohol policy was responsible for an annual decline of about 6,700 male deaths due to alcohol poisoning, 1,640 male and 1,320 female deaths due to alcoholic liver cirrhosis, 4,000 male deaths due to suicide, and 2,400 male deaths due to transport accidents. Remarkably, this prevention of 16,000 deaths annually can be attributed to a policy that was nearly entirely regulatory in nature and contained no large systematic public health component.

Both the programmatic efforts of federal agencies and the empirical literature on the association between alcohol and harm are becoming increasingly focused on individuals and on biology. Although such research is fundamental to our understanding alcohol's effects, our and related findings reveal that public health, social epidemiology, and public policy play a vital role in reducing alcohol-related harm. This is evidenced not only by the population-level association between alcohol and harm found in countless studies, but by the ability of population-level mechanisms like alcohol policy to reduce alcohol-related harm. Simply put, policy can influence the amount and the pattern of alcohol consumption in populations, which in turn is associated with alcohol-related harm. Thus, carefully crafted alcohol policy saves lives.



# ASA Alcohol, Drugs, & Tobacco Section Sessions

## 109<sup>th</sup> Annual Meeting

San Francisco, California • August 16 - 19, 2014

### SATURDAY, AUGUST 16th

8:30 am — 9:30 am

#### 043. ADT Roundtable Sessions

**Table 01.** DRUGS: WHAT DO WE KNOW AND HOW DO WE KNOW IT?

**President:** *Dina Perrone*, California State University Long Beach

1. **Effects of the Keepin' it REAL Model Program among Guadalajara, Mexico Middle School Students.** *Stephen S. Kullis, Flavio Marsiglia, & Stephanie Ayers*, Arizona State University.
2. **Ethnographic Methods in Accessing a Street-Recruited Community Based Sample of Crack Users in Mexico City.** *Alice Cepeda & Avelardo Valdez*, University of South California; *Kathryn Marie Nowotny*, University of Colorado Boulder.
3. **Howard Becker in Hyperspace: Social Learning within an Online Drug Community.** *Michael Rosino & Annulla Linders*, University of Cincinnati.
4. **I'll Have a Nicotini: How the Tobacco Industry Normalized Smoking with Drinking to Market Tobacco.** *Daniel K. Cortese*, Governors State University; *Nan Jiang & Pamela M. Ling*, University of California San Francisco.

**Table 02.** COLLEGES, SPORTS, AND PRISONS: SOCIAL CONTEXTS OF DRUG USE

**President:** *John Taylor*, Florida State University

1. **Drugs, Dorms, and Disparities: How College Contributes to Punishment Inequality.** *Joshua Fink*, Duke University.
2. **Influence, Environment, or Selection: The Spread of PED Use in MLB.** *Joshua Murray*, Vanderbilt University.
3. **Race/Ethnic Disparities in the Utilization of Treatment for Drug Dependent Inmates in U.S. State Correctional Facilities.** *Kathryn Marie Nowotny*, University of Colorado Boulder.

**Table 03.** REGULATING DRUG ACCESS

**President:** *Elizabeth Chiarello*, Saint Louis University

1. **Altered States: Variations in Medical Marijuana Legalization across U.S. States, 1994-2012.** *Stefan R. Malizia*, University of California Irvine.

2. **Environmental Munificence and State-Level Variation in Physicians Waivered to Prescribe Buprenorphine for Opioid Dependence.** *Hannah K. Knudsen*, University of Kentucky.
3. **Professional Prestige and Physician Attitudes Regarding Criminal Justice Oversight of Prescribing Drug Practices.** *Neal Carnes & Eric R. Wright*, Georgian State University; *Harold Kooreman*, Indiana University - Purdue University at Indianapolis.

**Table 04.** SOCIAL FACTORS AND SUBSTANCE USE

**President:** *Judith A. Richman*, University of Illinois Chicago

1. **Childhood Socioeconomic Circumstances and Health Risk Behaviors in Adolescence: The Role of Exposure to Adversity.** *Teri Andrea Rosales*, University of Michigan.
2. **Lesbian, Gay, and Bisexual Orientations as Contexts for Tobacco-Related Health Disparities.** *Amanda Fallin*, University of California San Francisco; *Amie Goodin*, University of Kentucky; *Youn Ok Lee*, RTI International; *Keisa Bennett*, University of Kentucky.
3. **The Unintended Effects of Reducing Youth Substance Use: Decreasing Heavy Drinking in Parents.** *Stephanie Ayers, Lela Rankin Williams, Flavio Marsiglia, & Adrienne Baldwin*, Arizona State University.
4. **World Polity and Youth Smoking Rates in Developing Nations: A Cross-National Analysis.** *Gary Maynard*, University of Tennessee Chattanooga.

9:30 am — 10:10 am

Alcohol, Drugs, & Tobacco Section  
**BUSINESS MEETING**



# ASA Alcohol, Drugs, & Tobacco Section Sessions 109<sup>th</sup> Annual Meeting

San Francisco, California • August 16 - 19, 2014

## SATURDAY, AUGUST 16th

10:30 am — 12:10 pm

### 068. Regular Session.

CHANGING NATURE AND IMPACT OF  
SUBSTANCE USE AMONG YOUTH AND  
YOUNG ADULTS

**Presider:** *Stephani Hatch*, King's College London

1. **Alcohol Use among American Indian Adolescents and Young Adults: Longitudinal Change and Life Course Transitions.** *Kaylin Greene, Tamela McNulty Eitle, & David J. Eitle*, Montana State University.
2. **Prescription Drug Misuse among Young Adults: The Role of Peer Relationships.** *Alexandra Marin, Brian C. Kelly, & Michael Vuolo*, Purdue University; *Brooke E. Wells*, Center for HIV Educational Studies and Training; *Jeffrey Parsons*, City University of New York Hunter College.
3. **Substance Use and Mental Disorder Comorbidity among Homeless Youth: Evidence of Self-Medication?** *Harmony Rhoades*, University of Southern California; *Eric R. Rice*, University of California Los Angeles; *Hailey Winetrobe*, University of Southern California.
4. **The Effects of Youth Social Withdrawal on Alcohol, Cigarette, and Illicit Drug Use.** *Michael David Nino*, University of North Texas; *Tianji Cai*, University of Macau.

4:30 pm — 6:10 pm

### 156. Paper Session.

SOCIAL AND CONTEXTUAL DIMENSIONS OF  
SUBSTANCE ABUSE

**Presider:** *Wendy Chapkis*, University of Southern Maine

1. **Becoming a Prescription Pill Smoker: Revisiting Becker.** *Mark Pawson*, City University of New York Graduate Center; *Brian C. Kelly*, Purdue University; *Brooke E. Wells*, Center for HIV Educational Studies and Training; *Jeffrey Parsons*, City University of New York Hunter College.

2. **Cannabis as PTSD Medicine among Recent Veterans in New York City.** *Luther C. Elliott, Andrew Golub, Alex S. Bennett, & Honoria Guarino*, National Development and Research Institutes.
3. **Conceptualizing Instrumental Drug Use: Undergraduate Student Non-Prescription Use of Stimulant Medications as Study Aids.** *Kat Kolar*, University of Toronto.
4. **Emerging Patterns of Crack Use in Mexico City.** *Avelardo Valdez & Alice Cepeda*, University of Southern California.
5. **Junkie Habitus: On Biopower and Liquid Cuffs.** *Camila Gelpi-Acosta*, National Development and Research Institutes.

6:30 pm

Alcohol, Drugs, & Tobacco Section

### SECTION RECEPTION

The Institute for Scientific Analysis  
390 4th Street, Second Floor  
San Francisco, California 94107

Join us at next year's 110th Annual Meeting of the American Sociological Association in Chicago, Illinois!

The theme will be  
*Sexualities in the Social World.*

