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Newly Funded Projects

The Diversion of Antiretroviral Medications to Street Markets  
R01-DA23157

Hilary L. Surratt, Ph.D., Principal Investigator  
James A. Inciardi, Ph.D., Co-Principal Investigator

Although a number of recent studies have addressed the problems of prescription drug abuse and diversion of opioids and benzodiazepines, the scientific literature is silent regarding the diversion of HIV antiretroviral medications (henceforth referred to as ARV medications). However, reports of the diversion of ARV medications have been appearing periodically in the popular media and on the Internet since 1995. These reports are now emerging on a regular basis from South Florida media outlets, suggesting that the problem of ARV diversion continues unabated. Moreover, pilot work by the investigators in the areas of prescription drug abuse and diversion suggests that this is a growing problem in Miami and other locations where rates of HIV infection are high, and that the most often diverted ARV medications include Sustiva® (efavirenz), Combivir® (lamivudine/zidovudine), Trizivir® (abacavir sulfate/lamivudine/zidovudine), Viracept® (nelfinavir mesylate), Zerit® (stavudine), Ziagen® (abacavir sulfate), Norvir® (ritonavir), Viread® (tenofovir), Truvada® (tenofovir + emtricitabine), and Kaletra® (lopinavir/ritonavir) among others. Additional medications frequently prescribed to treat HIV-related conditions or complications (e.g. Percocet®, OxyContin®, Marinol®, Serostim®) have also been targeted for diversion.

The implications of the diversion of ARV medications are significant. Most importantly, those who need the medications are not adhering to the regimens as prescribed, resulting in a deterioration of their own health and increasing the potential for the emergence of medication-resistant strains of HIV. From a public health perspective, concerns about the development of drug-resistant virus due to ARV non-adherence extend well beyond the health of particular individuals. The widespread transmission of drug-resistant HIV through unprotected sex and injection drug use could leave newly-infected individuals with few viable treatments. In this regard, recent studies have demonstrated that a significant number of new seroconverters without prior exposure to ARV medications have been infected with drug-resistant strains of HIV, seriously limiting their options for effective treatment. Recent estimates suggest that 10% of newly diagnosed HIV positive individuals display some evidence of drug resistance, and in addition, a significant part of the ARV medication diversion involves the fraudulent use of Medicaid and Ryan White Care Act funding, resulting in significant economic losses to the government agencies supporting these programs, and threatening the ability of the health care system to provide urgently needed, effective medications to HIV positive patients. In some states, these shortfalls in funds have led to the establishment of waiting lists for HIV positive patients to receive ARVs.

Our pilot work in Miami suggests that there are three different types of street-based ARV diverters: a) HIV positive drug abusers who sell or exchange their legitimately obtained ARV medications for money or other drugs; b) HIV positive individuals who are either unwilling or unable to access ARV medications legitimately, who make street purchases of ARV medications for personal use; and, c) professional “pill brokers” who illegally buy and sell ARV medications, as a profit-making activity. Our pilot work also indicates that the first group – HIV positive individuals who sell ARV medications or exchange them for other drugs – is the largest and most visible of the three. However, little is known regarding their motivations for ARV medication diversion and the potential health consequences for these individuals.

Within this context, the project – recently funded by NIDA – is examining the patterns and predictors of ARV diversion among drug-involved HIV-positive individuals in Miami (Dade County), Florida. It is also focusing on the dynamics of ARV medication diversion to local street markets.
Black Women in the Study of Epidemics (B-WISE)  
R01-DA22967

Carrie Oser, Ph.D., Principal Investigator  
Carl Leukefeld, D.S.W., Co-Investigator  
Jennifer Havens, Ph.D., Co-Investigator  
Michele Staton-Tindall, Ph.D., Co-Investigator

African American women are unique because they face cultural factors that may impact health status and health services utilization. African Americans are disproportionately more likely to experience severe health consequences (such as human immunodeficiency virus or HIV) as a result of drug use, abuse, and dependence than other ethnic groups. In fact, the HIV epidemic has been identified as a public health concern in the African American community and is the number one cause of death among African American women aged 25-34 years (Anderson & Smith, 2003). While African Americans comprise about 13% of the US population, African Americans account for over 50% of new HIV cases (CDC, 2004b). National data also suggests that the reported rates of other sexually transmitted infections (STIs) are significantly higher among African Americans (CDC, 2004a). Sociocultural inequalities including racism, socioeconomic resources, access to health care, history of trauma and violence, unequal sex ratios, gender-based power dynamics, substance abuse, and incarceration may each contribute to the disproportionate rate of HIV and HIV-risk related behaviors among African American women. African American women are considered to be especially at risk due to their high rates of injection drug use and risky sexual contact with infected male partners. In addition, African American females are disproportionately more likely to be involved in the criminal justice system. The literature suggests that women involved in the criminal justice system are likely to report increased health problems.

Overall, there are limited scientific data to help understand the linkages between health disparities such as HIV, untreated drug abuse/dependence, barriers to service utilization, and criminality among African American females. The overall goal of this NIDA R01 supported study is to understand how drug use and criminality are related to health disparities, particularly HIV, and service utilization among African American women across criminal justice status and drug use status. This multi-venue study includes recruiting, screening, and baseline interviews with 600 African American women. Drug using participants (n=300) will also be recruited from prison. (intensive correctional the community (no supervision). Non-drug using participants (n=300) will also be recruited from these same venues. Follow-up interviews will be conducted at 6, 12, and 18-months after the baseline interview. All participants are offered free HIV, Hepatitis C (HCV), and Herpes Simplex II (HSV-2) testing as well as referrals.

Among African American drug using and non-drug using women across criminal justice status, the project aims are as follows: (1) to describe the prevalence of HIV, Herpes, Hepatitis C (HCV), and other physical health problems, (2) to determine the cultural, predisposing, historical health, and potential enabling factors that are predictors of the incidence of current health problems, (3) to describe the prevalence of untreated health problems, the patterns of health services utilization, and the cultural barriers to using health care services, and (4) To examine factors that predict the likelihood of using health services (including substance abuse treatment services, psychiatric services, private/public general health care services, private/public inpatient hospitalization services, and emergency room services) over 18 months.

Understanding the Scope and Magnitude of Prescription Drug Diversion  
R01-DA21330

James A. Inciardi, Principal Investigator

Prescription drug “diversion” -- the unlawful channeling of regulated pharmaceuticals from legal sources to the illicit marketplace -- has been a topic of widespread commentary since the latter part of the 1990s. At the same time, the Drug Enforcement Administration (DEA) has estimated that prescription drug diversion is a $25 billion-a-year industry and that diversion can occur along all points in the drug delivery process, from the original manufacturing site to the wholesale distributor, the physician’s office, the retail pharmacy, or the patient.

It is generally believed that the major mechanisms of diversion include: the illegal sale and recycling of prescriptions by physicians and pharmacists; “doctor shopping” by individuals who visit numerous physicians to obtain multiple prescriptions; theft, forgery, or alteration of prescriptions by patients; robberies and thefts from manufacturers, distributors, and pharmacies; and thefts of institutional drug supplies. Furthermore, there is growing evidence that the diversion of significant amounts of prescription analgesics and benzodiazepines occurs through residential burglaries, as well as cross-border smuggling at both retail and wholesale levels. In
Inciardi, cont’d.

addition, recent research has documented diversion through such other channels as: “shorting” (undercounting) and pilferage by pharmacists and pharmacy employees; medicine cabinet thefts by cleaning and repair personnel in residential settings; theft of guests’ medications by hotel housekeeping staff; and Medicare and Medicaid fraud by patients, pharmacies, and street dealers. Moreover, it would appear that pill abusing middle and high school students are obtaining their drugs through medicine cabinet thefts and medication trading. Finally, a few observers consider the Internet to be a significant source for illegal purchases of prescription drugs.

Although national surveys and monitoring systems are documenting widespread abuse of prescription drugs, and numerous scientific papers over the years have discussed the problems associated with diversion, empirical data on the scope and magnitude of diversion, as well as the patterns of diversion associated with specific drugs of abuse, different user populations, and/or other demographic, sociocultural and psychosocial factors, are largely unavailable and remain absent from the literature.

Within this context, the overall goal of this 4-year project – recently funded by NIDA -- is to examine and describe the complex of mechanisms of prescription drug diversion in South Florida from three vantage points: 1) prescription drug abusers, 2) prescription drug dealers, and 3) law enforcement. Three large South Florida counties -- Dade (Miami) Broward (Ft. Lauderdale) and Palm Beach (West Palm Beach) – are being targeted, all of which have significant populations of prescription drug abusers.

The study is recruiting 1,800 respondents, including subsamples of 600 treatment clients (300 publicly-funded and 300 private pay), 300 active street drug users, 300 methadone maintenance treatment clients, 300 gay men who abuse methamphetamine, 300 elderly persons (ages 60 and above) – all with prescription drug abuse problems, and all in the South Florida area.

In addition, in-depth interviews are being conducted with sub-samples of 30 individuals in each group who appear to be among the most heavily involved in prescription drug diversion. And finally, data are being extracted from the arrest files of 300 drug traffickers of the Broward County Sheriff’s Department to determine the sources and mechanisms of prescription drug trafficking.

Symposium Announcement

Colleagues from the School of Criminal Justice and Criminalistics at California State University, Los Angeles and the Epidemiology Research Branch in the Division of Epidemiology, Services and Prevention Research at the National Institute on Drug Abuse, invite you to attend a symposium on the intersection of crime and public health. The working title is: Crime, HIV and Health: Intersections of Criminal Justice and Public Health Concerns. The symposium will be held Day Zero (or the day before the official start) of the American Sociological Association's annual meeting in San Francisco, which is August 7, 2009 from 9:30 am to 4:30 pm. Approximately a dozen presentations will be offered on topics related to one of five themes: 1) Incarceration and Health Risks; 2) Health Consequences of Risk Behaviors; 3) Health and Health Access in High Crime Neighborhoods; 4) Public Health Interventions among High Risk Populations; and 5) Crime, Space and Health. All are welcome to attend. For further information, please contact Bill Sanders at bsander2@calstatela.edu. We hope to see you in San Francisco!

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Newly Funded Projects, cont’d.
Introduction
The meeting, attended by approximately 30 individuals, began with Margaret Kelley (the outgoing Chair) opening the meeting. She thanked the following section members for their work over the past year: Dale Chitwood (Nominations Committee); Steve Lankenau (Student Paper Committee); Richard Wilsnack (Junior Scholar Committee); Carrie Oser (Senior Scholar Committee); and Bruce Johnson for finding a space for the ADT reception in Boston.

New Officers
Margaret introduced the three new 2008-2009 section officers:
  Richard Wilsnack (Chair);
  Henry Brownstein (Chair-elect);
  Steve Lankenau (Secretary-Treasurer); and
  Yonette Thomas (Council).

Section Membership
Margaret provided an update on Section membership. The section needs to recruit new members so that a minimum of 300 is maintained, and that it’s currently at approximately 250 members. She reasoned the drop-off was due to fewer students and it being a difficult year financially. Due to the problems maintaining the section at 300, the section may need to consider a membership secretary. Margaret introduced Richard Wilsnack, the new Section chair, who ran the meeting until its conclusion.

Section Awards
Richard announced the winners of three section awards for 2007-2008:
  Joseph Wolfe, Indiana University (Student Paper Award);
  William Pridemore, Indiana University (Junior Scholar Award);
  Jim Inciardi, University of Delaware (Senior Scholar Award).

Brief Presentation by Director of Schroeder Institute
Dr. David Abrams, Executive Director of the Steven A. Schroeder National Institute for Tobacco Research and Policy Studies, was introduced. He stressed the importance of examining social problems, including substance misuse and tobacco use, from a systems level. He encouraged members to view the Office of Behavioral and Social Sciences Research (OBSSR) website, which includes new research initiatives with an emphasis on social context. He gave an overview of the Institute. It’s funded by the American Legacy Foundation to better understand tobacco prevention. It will be dispensing a number of small grants to fund cutting edge research. It will be affiliated with Johns Hopkins and Georgetown University. It will include a core staff to support high-risk, high-leveraged research. Several areas of interest are: dissemination of findings; social networks and the use of new technology, such as PDAs; and QuitNet, which is a series of online chat rooms containing people who are quitting smoking. An interest of the Institute is to see how sociology can inform an understanding of social norms as they relate to changing smoking behaviors. A larger goal is to push NIH in new directions, which will require new theories that sociologists can help develop.

Section Website
Margaret provided an update on the Section website. The site has been developed (www2.asanet.org/sectionadt) and will be linked the ASA homepage. The website will become the library of the section.

Continued on Page 6
Budget
Outgoing Secretary-Treasurer, Geoff Hunt, provided an update on the Section’s budget. He indicated that the budget was solvent. The starting and ending budget was approximately $8,000. However, that amount will decline after the costs of this year’s party and expenses related to paying for plaques are paid for.

Section Journal
Dale Chitwood and Dwayne McBride provided an update on the progress of linking the Section with the Journal of Drug Issues (JDI). 97% of the Section previously voted in favor of having JDI as the Section’s official journal. A proposal was developed and submitted to ASA requesting that ASA negotiate with JDI. ASA has decided to review the proposal by a three-person committee, and will report its decision to the Section this Fall. Assuming that the subcommittee approves the proposal, there should little or nothing more for the Section to do, except for the possibility of needing to consider raising or lowering the member dues. At some point, ASA will ask the Section to create an Advisory Committee for JDI. Currently, there is only one other ASA section that is affiliated with a journal.

2008-2009 Committees
Richard put out a call for volunteers to staff this year’s committees. The following persons volunteered to form the following committees:
- Nominating Committee -- Margaret Kelly (chair), John Taylor, and Bill Pridemore;
- Student Paper -- Barbara Kail (chair), Kathleen Kleg Smith, Hannah Knudsen;
- Junior Scholar -- Paul Steele (chair), Richard Wilsnack, Geoff Hunt;
- Senior Scholar -- Carrie Oser (chair), Andrew Golub, Peter Venturelli

Section Membership
Richard raised the issue of how to increase Section membership, and offered several suggestions: target persons who have quit ASA; examine digital dissertations for recent PhDs and target students with a ADT focus; target faculty members listed with ASA as having a focus in ADT; target sociology departments with a focus on ADT; and target researchers who have recently published on ADT topic from a sociological approach. An important question, however, is how to appeal to new members. Three strategies were mentioned: highlight the JDI linkage; highlight the new website; and create a discussion listserv focused on ADT concerns from a broadly sociological angle. A call for a member to volunteer to head a new membership committee was put forth but no one volunteered. He indicated that he would seek out a volunteer following the meeting.

Other ideas to increase membership were put forth by the members: connect with APHA’s ADT section; target members from other sections with overlaps with ADT, such as mental health or criminology; broadly publicize Section benefits; go back over past several issues of JDI and target sociologists who have published in the journal.

Dissertation Award
Richard put forth the idea of the Section sponsoring a dissertation award.

2009 ASA Meeting
Richard mentioned that the Section is likely to get an additional session at the 2009 ASA meeting since ADT falls on Day 4 of the meeting.

2008 Section Reception
Members were reminded of the Section reception beginning at 6:30 pm, and the meeting was adjourned.
Senior Research Scientist
Substance Abuse, Mental Health, and Criminal Justice Studies Department
NORC at the University of Chicago

Location: Bethesda, MD
The National Opinion Research Center (NORC) at the University of Chicago is seeking a qualified Senior Research Scientist in its Substance Abuse, Mental Health, and Criminal Justice Studies Department in its Bethesda office. The Senior Research Scientist will be responsible for building and maintaining his or her own portfolio of research projects and will direct research projects and manage the activities of research assistants, analysts, and other staff.

Responsibilities include: Broadly the Senior Research Scientist will be responsible for designing research studies in collaboration with other staff, independently drafting and managing contract proposals and grant applications, communicating effectively with clients, consultants, and members of the research community, and gathering/assessing intelligence on upcoming research opportunities. Specifically he or she will conduct quantitative and qualitative analyses; develop structured interview protocols; contribute to questionnaire content and design; lead stakeholder interviews; and so on. The position will also require monitoring and oversight of financial and administrative aspects of ongoing projects.

Requirements include: A Master’s or Doctoral degree is preferred. Candidates should have experience with the design and execution of social science research and in publishing research results, with a strong career-appropriate record of obtaining funding for research and peer-reviewed scientific and technical publications. Training in an array of social science disciplines will be considered. The candidate must have a substantive educational and work background in an area relevant to the Department. In addition, the ideal candidate will have substantial experience and knowledge of the basic principles of research design and data analyses as well as experience with estimating project and proposal costs. The candidate must have excellent oral and written communication skills and aptitude in leading and working with project teams as well as coordinating on work conducted across the entire Department.

Interested candidates should visit our website (http://norc.org/homepage.htm) or send a cover letter, resume, writing sample, & transcripts to: Human Resources norc-recruiter@norc.net. Electronic submissions preferred.

Research Analyst
Substance Abuse, Mental Health, and Criminal Justice Department
NORC at the University of Chicago

Location: Bethesda, MD
The candidate must be able to work as part of a team supporting the overall goals of a research project. Specific responsibilities will include but not necessarily be limited to assisting in questionnaire design, specialized data collection procedures such as ethnographic, historical, or records synthesis; data editing and management; statistical analysis; report and paper writing. In addition, the incumbent will assist in preparation of deliverables, including monthly or annual progress reports, documentation, questionnaires, and OMB clearance packages, including drafting sections for review by the principal investigator or project director, implementing revisions, and creating charts and tables. He/she will also assist in drafting subsections of technical proposals, compiling data and developing charts/exhibits to highlight key points as well as providing support in other organizational tasks in proposal development, such as materials acquisition or management.

Requirements include: Bachelor's degree or equivalent in social science or related field required; master's or equivalent experience preferred. Candidates must have basic knowledge of the principles, processes, and methods of survey research; basic understanding of quantitative analysis, computing platforms and data processing procedures. Ability to use statistical analysis packages, such as SAS and SPSS, is important. In addition, candidates must have a substantive educational and work background in an area relevant to the Department. Good writing and interpersonal communication skills as well as skills in time management are preferred.

Interested candidates should visit our website (http://norc.org/homepage.htm) or send a cover letter, resume, 5-10 page writing sample, and transcripts to: Human Resources norc-recruiter@norc.net. Electronic submissions preferred.
William Alex Pridemore (Indiana University) recently published (with graduate student Krista Eckhardt) an article entitled “A comparison of victim, offender, and event characteristics of alcohol-and non-alcohol-related homicides” in *Journal of Research in Crime and Delinquency, 45*, 227-255. He also has an article (with graduate student Aleks Snowden) forthcoming in *American Journal of Public Health* entitled “Reduction in suicide mortality following a new national alcohol policy: An interrupted time series analysis of Slovenia.” William was the recipient of the ADT section’s Junior Scholar Award presented at the ASA meetings last August.

We are proud to announce a new Section-in-Formation of the ASA: *Disability in Society*. There are many links between the sociology of disability and the sociology of alcohol, drugs and tobacco. For instance, not only does substance abuse result in various forms of disability (such as alcohol induced brain injury and fetal alcohol syndrome), but there are many overlaps between those who approach substance abuse from an illness or disease perspective, and those who critically study disability in society. One of the unique aspects of the sociology of disability, however, is that it highlights the effects of social movement activity by the disability rights movement, such as increased awareness of various disabling barriers and the impact of changing laws and policies around access and inclusion. We are keen to further explore the insights that may arise from studying experiences of disability from a range of perspectives and urge you to join with us. This new Section-in-Formation is a great place to network, engage with other scholars, discuss recent events, and pursue avenues for grants, teaching, research and service. The Disability section is also pleased to be offering FREE membership to 40 graduate students who are current members of ASA who would like to join the section. We encourage potential members to contact the chairs of the membership committee, Liat Ben Moshe: lben-mosh@maxwell.syr.edu or Mark Sherry: markdsherry@yahoo.com

*Drug Court: Constructing the Moral Identity of Drug Offenders*
Mitchell Mackinem, Ph.D. and Paul Higgins, Ph.D.
Charles C. Thomas Publisher, 2008

This book offers a richly detailed field research investigation of how drug court professionals work to help drug offenders become drug free and law abiding. The book explores the less public and revealing world of drug court professionals as they judge and manage drug offenders. Drug courts are the latest approach in America and in other countries for handling problem drug users. More than 1,200 drug courts exist throughout the United States and its territories. These courts developed out of the shifting emphasis on punishment and treatment of problem drug users. Based on more than five years of field research in three drug courts in a southeastern state in the U.S., in two of which the senior author was the drug court administrator, *Drug Court* explores how a team of drug court professionals transform drug offenders into drug court clients. Judges, administrators, drug counselors, lawyers, and others compose the drug court team. These drug court professionals face the challenge of deciding whether drug offenders are primarily criminals who have little, if any, desire to kick their habit or whether they are drug abusers who will work to abstain from using drugs. Some of the questions answered in this book include: Are the drug offenders appropriate clients for drug courts? Are the drug court clients participating adequately within the drug court program? Have the drug court clients performed successfully in the program to graduate? Through their evaluation, interpretation, monitoring, sanctioning, and more, drug court professionals judge the moral worth of drug offenders as they treat and manage the offenders through drug court. *Drug Court* will be of interest to a diverse audience including the areas of criminal justice, law/legal studies, drug treatment/counseling, and sociology.
A Symbolic Interaction Approach to Cigarette Smoking: Smoking Frequency and Plans to Quit Smoking*

Donald C. Reitzes¹, Claire E. Sterk², and Kirk W. Elifson¹

In this research, we used symbolic interaction theory to better understand frequency of cigarette smoking and the intention to quit smoking. Our study of 357 Atlanta area adult smokers provide a diverse, community-based sample of married and single men and women, aged 18 to 70 years old with a range of income, education, and occupational experiences. Multiple regression was used to analyze the data in order to explore the influence of a set of symbolic interaction-inspired variables, social support tied to more friends that smoke, the perceived consequences of smoking, self conceptions, and smoker identity meanings, on smoking frequency and intentions to quit smoking.

We found some support for our main expectation. Smokers who have more friends that smoke tend to smoke more frequently and individuals who perceive more positive consequences from their smoking are more likely to report a higher frequency of smoking. We also found a negative relationship between self-esteem and frequency of smoking that was approaching statistical significance. The desire to view oneself in a more positive manner may actively discourage smoking more cigarettes.

The smoker identity is a new variable and refers to negative self meanings associated with engaging in a stigmatized activity. As expected, we found that it was independent of friends who smoke and positive consequences of smoking. The smoker identity also was not related to either esteem or efficacy. This finding supports Goffman’s (1963) argument that individuals are able to manage their stigmatized identities through a variety of strategies that enable them to preserve and protect their overall self conceptions. An unanticipated finding was that the smoker identity is not related to smoking frequency. Negative images of self as a smoker may help non-smokers resist initiating the smoking habit, but do not appear to discourage the frequency of smoking done by established smokers.

The smoking identity was related to quitting smoking. We expect that quitting would be a consistent consequence of a negative self-image as smoker; and indeed, the smoking identity was more strongly related to plans to quit than even smoking frequency. Among the other symbolic interaction-inspired variables, more friends who smoke and the attribution of positive consequences to smoking were negatively related to plans to quit smoking. However, self-esteem was positively associated with plans to quit smoking. One interpretation of this finding is that a desire to maintain and enhance one’s sense of self-worth may motivate and encourage giving up an unhealthy and potentially socially-discouraged and stigmatizing behavior. In fact, meanings matter more in relation to smoking cessation plans than to smoking prevalence.

In sum, we found that the frequency of smoking and plans to quit smoking cigarettes are different processes, some symbolic interaction-inspired variables were related to each; and the set of cognitive and affective meanings were more strongly related to plans to quit smoking than on smoking frequency. Future research would benefit by both comparing smokers to non-smokers, in part to investigate whether self concept and identity processes may distinguish smokers from non-smokers. In addition, longitudinal studies beginning in adolescence would be helpful in discerning the social and identity processes that contribute to the onset of smoking and the establishment of the social and identity supports that maintain smoking.

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*This research was partially supported by a grant from the Institute on Drug Abuse (RO1 DA015707). Direct correspondence to Donald C. Reitzes, Department of Sociology, Georgia State University, P.O. Box 5020, Atlanta, GA 30302-5020.
Dr. Bruce Johnson died suddenly on Saturday February 21, 2009 in Massachusetts while he and his wife were visiting their daughter. A memorial service was held at Broadway Presbyterian Church Saturday, February 28th, 2009. In lieu of flowers, the family kindly asks for donations to be sent to:

Broadway Community, Inc.
601 West 114th Street
New York, NY 10025
In Memory of Bruce D. Johnson.

Bruce was elected President of Broadway Community, Inc. (the Church's non-profit he helped found 17 years ago) last Saturday. Broadway Community, Inc. provides healthy meals and counseling to needy individuals. Bruce was an outstanding researcher, a nurturing mentor, and a fine human being who will be sorely missed by all. Our thoughts and prayers go out to his wife and daughter.