Dear Alcohol, Drugs, and Tobacco Section Members:

We have completed yet another successful year as a section. In the spirit of the Thanksgiving holiday we recently celebrated, I want to begin by expressing thanks to some of the people who have made this success possible. As of this year’s Annual Meeting, Sheigla Murphy completed her “fabulous” efforts as our Section Chair; it was a great year for us, with Sheigla playing a large role in that. Also, Bill Pridemore stepped down after serving the section as a truly outstanding Secretary/Treasurer during the last several years. Our financial house is in excellent shape thanks to Bill. I want to express my sincere gratitude to both of them for their hard work and their careful stewardship of the section. I also want to thank Patrick O’Brien for his work coordinating the reception in Denver this past August. Finally, I want to thank Carrie Oser for her tireless work putting together our wonderful newsletters. Carrie has done a fantastic job organizing the newsletters for our section over the years and is now shouldering that burden on top of being our new Secretary/Treasurer. It’s people like Carrie who make this section a truly outstanding one to be a part of.

On that note, please be sure to spread the word about how great this section is to those you know who have scholarly interests in substance use. We may have colleagues in other sections – notably the medical sociology section and the crime, law, & deviance section – who work on research related to substance use but may not be aware of our section. Please let them know and encourage them to join. Also, please encourage students to join our section. We tend to have lower student participation than many other sections. Continued on Page 2
Continued from Page 1

We will aim to hold a special drive for student membership shortly after the submissions for the ASA Annual Meeting are complete. We still have a special fund available to sponsor section memberships for students who are already ASA members. As we discussed at the business meeting in Denver, our membership numbers are down slightly over the past few years. I’m confident that we can increase membership in the coming year to levels commensurate with the past. I’d also like to take this opportunity to encourage members whose faces we may not have seen recently to attend our business meeting – open to all members – as well as the excellent reception we hold each year.

As many of you are likely already aware, the deliberations about possibly merging the National Institute of Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) have recently become more clear with news from the office of the Director of the National Institutes of Health. The long and the short of the recent announcement is that these institutes will remain separate entities but seek to leverage their mutual interests more often. The recent announcement stated it would be “more appropriate for NIH to pursue functional integration, rather than major structural reorganization, to advance substance use, abuse, and addiction-related research.” Thus, it appears that no major changes are in store in the near future.

I’m also pleased to report that we have an extra session at the ASA Annual Meeting this year. I’m particularly pleased about this extra session given that New York is a site popular with scholars of substance use and I anticipate exceptional participation this year. Our chair-elect, Avelardo “Lalo” Valdez, will be organizing our section’s sessions this year. The themes of the sessions will be 1) The Social Ecology of Drug Use, 2) Social Inequalities and Drug Use, & 3) The Alcohol, Drugs, & Tobacco roundtables. I’m sure Lalo looks forward to reviewing the many outstanding contributions we are likely to receive. Please consider your ASA submissions soon though. The online paper submission system will open on Dec 7th and will close on January 9th at 3pm EST. Please be prepared for this deadline, which approaches only a week after the New Year holiday, and is slightly earlier than in years past. I encourage all members to contemplate submitting their current work for consideration.

I look forward to seeing you in New York at the 2013 Annual Meeting.

Sincerely,

Brian Kelly
ADT Section Chair
Following the tenets of general strain theory, this project examines the impact of inadequate dietary nutrition on alcohol and drug use. The study represents a shift from the more deterministic biological approaches in criminology and toward on focus on biological factors that can easily be manipulated through education, training, and dietary supplements. Dietary nutritional elements are essential for proper neural development and functioning. Accordingly, a vast body of prior research has established that a deficiency in calories, the caloric constituents of fat, carbohydrates, and protein, and the micro nutrient factors of vitamins and minerals are associated with a wide range of affective disorders. We, therefore, contend that poor nutrition is a biological, unconditioned strain that might influence behavioral deviance through the intermediate process of negative affect.

The data for the study come from the 2007-2008 National Health and Nutrition Examination Study, which is a cross-sectional nationally representative sample of the U.S. population with a focus on nutrition and health. The structure of the data constrains the sample for the project to adults between the ages of 20 and 59. Alcohol use is measured as the frequency of alcohol use in the twelve months prior to the survey, and drug use is a dichotomous measure of past month drug use. Dietary nutrient intake is derived from 24-hour dietary recall interviews using the USDA’s Automated Multiple Mass Method. Nutrient intake is then converted into a percentage of the USDA recommended daily intake (DRI). Further, the percentage values are recoded to identify the subjects that are low (less than 75% of DRI) and high (more than 125% of DRI) on each of the nutrients.

Net of traditional sociological variables including gender, age, income, and race, the results show that higher caloric content, primarily due to high fat intake, is associated with a higher rate of alcohol use. More in line with the hypotheses derived from general strain theory, however, deficient carbohydrate intake is associated with higher alcohol use, and the relationship is partially mediated by depression. Micro nutrient dietary content does not impact alcohol use, with the notable exception that higher mineral intake is associated with lower alcohol use. Higher caloric intake is also associated with increased odds of drug use, primarily due to high fat diets, but carbohydrates do not influence the odds of drug use. Micro nutrient intake, on the other hand, clearly reflect the general strain theory process connecting nutrition to drug use. For instance, higher vitamin and mineral dietary content is associated with decreased odds of drug use, and the relationship is partially mediated by depression.

Overall, the data suggest that poor nutrition is a biological factor that influences behavior through the process established by general strain theory. Because nutrition is more easily manipulated than genetics or evolution, we contend that biological approaches in criminology should increasingly focus on nutrition.
Call for Applications

Summer Training and Mentored Research Program for Early Career
HIV Prevention and Drug Use Investigators

July 7 – 17, 2013

At the Fordham University Center for Ethics Education, New York City

Funded by the National Institutes of Health, National Institute on Drug Abuse

The Fordham HIV Prevention Research Ethics Training Institute (RETI) offers ethics training and financial support for a mentored research project that will contribute to evidence-based research ethics practices. The broad aims of the RETI are to: (1) provide fellows with the knowledge and skills to identify, address, and study key ethical issues in HIV prevention research in drug using and other at-risk populations; and (2) create and maintain an ongoing information and collaborative research network fostering grant proposals, research, publications, and pedagogical materials to sustain advancements in national and international HIV research ethics practices and policies involving drug using and other vulnerable groups.

RETI 2-Year Summer Program

RETI fellows are expected to make a 2-year commitment beginning with an intensive 10-day summer program conducted by our interdisciplinary faculty of experts in HIV research ethics and substance abuse. The summer institute offers lectures, discussions, skill-based exercises and mentoring for fellows to: (a) gain knowledge of ethical issues such as recruitment, confidentiality and informed consent in HIV research among drug using and other at-risk populations; (b) acquire skills to empirically examine research ethics challenges; and (c) develop a proposal for a mentored research project. The following summer, fellows will give formal presentations on their mentored research projects and receive intensive guidance in writing for publication, presentation and future funding. Fellows will receive support for travel, lodging, and meals for both summer institutes.

Mentored Research Project (MRP)

During the first summer institute, fellows receive mentoring and faculty and peer feedback on their proposed study. Fellows receive a small grant of up to $18,000 for the MRP upon project approval. Data collection is expected to be completed during year 1 and findings submitted for publication or as pilot data for an NIH grant in year two.

Eligibility

Applicants must have: (a) a doctoral, medical or equivalent degree in social, behavioral, medical, public health or related fields; (b) demonstrated scholarship in HIV prevention research; (c) 6 years or less postdoctoral experience; and (d) meet requirements to apply for NIH funding. Special attention will be given to those applicants whose proposed research ethics plan includes drug using populations.

Application Requirements

(1) An online application form, an official transcript from your last completed degree, and a current curriculum vitae.
(2) A 300-word description of your HIV research training and scholarship (i.e. publications, funding, presentations), experience working with drug using or other vulnerable populations, and immediate and long-term research and career goals.
(3) A 150-word statement describing your interest and relevant training or experience in research ethics generally and HIV and/or drug use research ethics specifically.
(4) A 150-word preliminary description of the mentored HIV prevention research ethics study you would like to conduct, including a description of the proposed participant demographics (Current MRP abstracts are available on the RETI website).
(5) 2 letters of recommendation, including 1 from a senior member of your current institution indicating the institution’s endorsement of your 2 year participation in the project.

Deadlines: Applications must be received by March 8, 2013. Applicants will be notified of award decisions by April 12, 2013. For more information, please contact ethicsinst@fordham.edu, or visit the website at http://www.fordham.edu/EthicsInstitute.
Congratulations to Dr. Samuel Friedman!
Recipient of the NIDA 2012 Avant-Garde Award

National Development and Research Institutes congratulates Dr. Samuel Friedman, of the NDRI Institute for AIDS Research, on his receipt of a prestigious NIDA 2012 Avant-Garde Award for HIV/AIDS Research, announced today by the National Institute on Drug Abuse (NIDA). NIDA's annual Avant-Garde award competition is intended to stimulate high-impact research that may lead to groundbreaking opportunities for the prevention and treatment of HIV/AIDS in drug abusers. Dr. Friedman will receive $500,000 per year for five years to support his Avant-Garde research project “Preventing HIV Transmission by the Recently-Infected.”

Half or more of HIV transmission events may occur within the period of high infectivity that can last 11 months or more after a person is initially infected. Unfortunately, current intervention methods have not found effective ways to identify people during this “recent infection” period, which greatly reduces our ability to prevent transmission by them. Dr. Friedman’s research team plans to identify people newly infected with HIV and link them to care while also addressing HIV transmission through novel interventions that include community alerts and education, and efforts to prevent stigmatization in the social networks and venues of those who have been recently infected. These interventions should reduce transmission even by many recently-infected people whom the project is unable to identify. From a public health perspective, the project will use up-to-date testing technologies and innovative network tracing and intervention techniques to shorten infection chains and reduce HIV transmission rates. Dr. Friedman hopes to test this intervention model (once it is finalized) to reduce HIV transmission in three locations where transmission is occurring rapidly: among people who inject drugs and their extended networks in Greece and in Ukraine and among drug-using African American men who have sex with men and their extended networks.

Dr. Friedman has stated: “Unlike many other HIV prevention and treatment methods, this technique will follow the virus to where it is likely to be transmitted. We will start with drug users, but the network and community aspects of the project mean that we will also prevent transmissions among other high-risk persons if the infection chains lead us to them.”

About NDRI

National Development and Research Institutes, Inc. (NDRI) is an independent, non-profit research and training organization established in 1967 to advance scientific knowledge toward innovative solutions for substance use, abuse and recovery and ancillary medical and social concerns, especially among high-risk populations. NDRI’s focus has broadened to reflect the changing nature of public health issues and includes prevention and epidemiology of HIV/AIDS and related infectious diseases, criminality and criminal justice, the integration of primary care and behavioral health, military and veteran’s issues, at-risk youth, and technology and health. Further information can be found on the NDRI website at: www.ndri.org.

About NIDA

The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world’s research on the health aspects of drug abuse and addiction. The Institute carries out a large variety of programs to inform policy and improve practice. Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found on the NIDA home page at www.drugabuse.gov.
A Qualitative Study of Nonmedical Prescription Stimulant Use

2012-2015

Principal Investigator: Sheigla Murphy, PhD
Co-Principal Investigator: Paloma Sales, PhD

Supported by a grant from the National Institute on Drug Abuse (R01 DA 033594)

We are conducting a 36-month qual/quan mixed methods study of adult nonmedical prescription stimulant users in the San Francisco Bay Area. We define “nonmedical prescription stimulant use” (NPSU) as the use of prescription stimulants in a manner other than prescribed, including use for cognitive performance enhancement, recreational purposes, or to self-medicate for ADHD-type or other problems. NPSU among college students has been well documented. The college environment may influence NPSU because the acute stimulant effect of the drug is effective for staying up late to cram for exams or late-night partying. To date, research studies ignore an entire population of non-students who use nonmedical prescription stimulants (NPS) as performance enhancers for work or for recreation. There are indications that adults older than 25 also use prescription stimulants. It is estimated that 60 percent of children with ADHD will continue to display symptoms of ADHD into their adulthood. It is also estimated that 4 percent of adults in the U.S. have ADHD. What we do not know is how older adults use prescription stimulants nonmedically to self-medicate, to help them get through the workday, or for recreational purposes. Thus, we will conduct an in-depth investigation of the experiences of NPS users in three age cohorts.

Using an adaptive intersectionality theoretical and methodological framework, we will conduct in-depth qualitative interviews with 150 participants. Fifty will be between 18 - 25 years of age, fifty 26 - 45 year olds who make up the first cohort of recipients of ADHD medications (the oldest of whom would have been 18 in 1994), and fifty who are 46 and older. All participants will have used prescription stimulants nonmedically at least 6 times in the twelve months prior to interview. We will examine the types of prescription stimulants and their use of other prescription drugs and/or street drugs or alcohol to counter or enhance the effects of prescription stimulants. We will explore the intersection of individual factors, including life stage and social location that contribute to decisions to use prescription stimulants nonmedically, motivations to use, knowledge about risks and benefits of prescription stimulant use, any adverse health or social consequences experienced, availability and diversion of prescription stimulants, differences in attitudes and behaviors relating to NPSU and differences among the various age groups concerning all of the above.

The proposed research addresses a gap in our knowledge of NPSU across various life stages. Findings will contribute to our understandings of users’ experiences, including motivations to use, decision-making processes, perceptions of risk, health and social consequences of use, sources of prescription stimulants, and impact of age cohort on all of the above. The proposed research will also pinpoint the most important intersecting factors that contribute to the initiation and continuation of NPSU. Findings from this proposed study will be the first step in the development of large-scale studies to test emergent hypotheses and will aid in the development of effective and age appropriate education, prevention, and treatment interventions for NPSU through the identification of appropriate targets and the most effective pathways for prevention information delivery.
Urban American Indian Youth Substance Use: 
Ecodevelopmental Influences

Funding Period: 2 years  
Principal Investigator: Stephen Kulis, PhD  
Supported by a grant from the National Institutes of Health/National Institute on Minority Health and Health Disparities (P20MD002316-6562).

Arizona State University researchers have received funding through the National Institutes of Health/National Institute on Minority Health and Health Disparities (NIMHD) for a two-year study, “Urban American Indian Youth Substance Use: Ecodevelopmental Influences” (P20MD002316-6562, Stephen Kulüs, P.I.). The study is designed to explore factors that contribute to the disproportional health disparities associated with substance abuse that American Indian (AI) families experience in urban areas.

For urban AI youth, these health disparities are reflected in higher substance use rates, earlier initiation, and more severe consequences of substance use, compared to their non-native counterparts. The rapidly growing population of urban AI families—who now are a majority of all American Indians—is served by few evidence-based prevention approaches that are culturally grounded and reflective of specific socio-environmental forces shaping urban AI communities. Family disruption and adult substance abuse, stresses related to moving to urban settings, and difficulties in establishing and sustaining social and cultural connections frequently are mentioned as contributing to substance use vulnerability for urban AI youth.

Using ecodevelopmental theory, this research project addresses gaps in knowledge of how contextual influences operating at the peer, family/parental, school, and neighborhood levels combine to influence substance use among urban AI youth in Arizona. The study aims to (1) document the relative influence of factors at these different levels using a comprehensive model, (2) test how positive and negative family influences interact with those at the peer, school and neighborhood levels, and (3) examine how they may operate differently in subgroups of urban AI youth defined by gender, grade level, and heritage (AI-only or mixed AI and non-AI heritage). The research uses a 2010 state-wide survey of youth substance use with large numbers of urban AI youth (N=3,450) from 8th, 10th and 12th grade classrooms living in a range of urban communities that vary in size and migration histories.

The study is designed to bridge science to practice and policy via partnerships with governmental and community-based health organizations, including urban Indian centers, to provide mechanisms for interpreting and disseminating findings and providing a foundation for translational research. The study will create essential knowledge about how to target and deliver prevention interventions comprehensively by identifying issues that urban AI youth and families face in urban social contexts and the ways they are able to call upon protective factors embedded in their social structures and cultural heritages.

***REMEMINDER***

Renew your ASA ADT Membership for 2013!

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
**Introductory Remarks**

The ADT Business Meeting was attended by 20-25 people. ADT Chair, Sheigla Murphy, opened and ran the meeting before turning over duties to incoming Chair, Brian Kelly.

**Secretary-Treasurer’s report**

Membership: As of July 31, 2012, our membership was at 190. This is -26 from where we were at the same time last year. 38 of our members are students. Five other sections have fewer members than we do. The cutoff for getting a second Section-sponsored panel at ASA is 300, so we are significantly below that number.

Finances: Our finances are strong. We have assets of about $11,500. We have very few expenses (namely, plaques for the Section award winners and the annual Section reception at ASA).

Pridemore’s two-year term as ADT Secretary-Treasurer ends at the adjournment of this meeting.

**Selection of 2012-2013 Committees**

Sheigla asked for volunteers for membership on our various committees. The committees and their memberships are as follows.

- Need elections committee: Dina Perrone (Chair), Patrick O’Brien, Carrie Oser
- Senior scholar: Sheigla Murphy (Chair), Eloise Dunlap, Richard Wilsnack
- Junior scholar: Steve Lankenau (Chair), Ellen Benoit, Katherine Novotny
- Student paper: Alice Cepeda (Chair), Dina Perrone, Patrick O’Brien, Brian Ward

**Next Year’s Session**

Sheigla asked for ideas for next year’s ADT-sponsored session. There seemed to be consensus around the idea, offered by Richard Wilsnack, of “The ecology of substance abuse: The role of context.”

Another idea was to approach the ASA program committee and ask them if we can get permission for a second panel that directly addresses the theme of next year’s meeting, which is inequality. Ideas for this panel included “Inequality in the war on drugs” and “Inequality in drug use outcomes (e.g., by class, race).”
Discussion of membership

At this stage of the meeting, the floor was given to Brian Kelly, our incoming Chair. Brian outlined several items related to the size of our overall and student membership. While he led the discussion, the members in attendance assisted in coming up with some ideas. Some of these items were as follows.

- Our section is disadvantaged in terms of student membership because many of our members are in research institutes without graduate students. Similarly, other members are in medical schools and schools of public health without sociology students.
- Get your graduate students to sign up (we subsidize their fee, so membership is free for them) even if not doing alcohol and drug research.
- Collaborate with another section for a session. This might get others in that section interested in ADT.
- Make deals with your friends: “I’ll join your section if you join mine.”
- We need to highlight what the value of being a member.
  - Networking, reception, panel, special thematic panel (maybe) next year.
- Check out ASA conference program for alcohol and drug papers, and ask them to join section and come to our reception.
- Website: Need to update and add content to show we are active. Important in general, but will also help with attracting membership.

Other items

Need to update our ASA website and/or create our own website. This allows for ongoing communication. We might also consider a Facebook page, which members could “like” and add updates about their work, announcements, etc.

Send information about articles, grants, and other announcements to Carrie Oser (carrie.oser@uky.edu) for our section’s newsletter.

At some point in future we may wish to revisit the issue of seeking an official journal for the ADT Section.

HAPPY HOLIDAYS