Greetings fellow ADT members. I hope 2006 has been an enjoyable and productive year for each of you. I want to express our thanks to Tammy Anderson who led us so well as our chair this past year and to Eloise Dunlap for her service as our Secretary-Treasurer these past few years. I also want to thank all of our committee members, officers, and volunteers for your service this past year. It is an honor for me and your other incoming officers to serve in the footsteps of these leaders and all who have so capably filled these positions in past years.

Our section made important strides in membership recruitment this year when we exceeded the 300 membership plateau level by the close of the annual meetings in Montreal. A total of 304 members were on the section rolls at the end of the fiscal year. I thank each of you for your contributions to membership recruitment. This has meant that for the first time in recent years we could turn our attention immediately to the new programmatic initiatives that we authorized at our annual business meeting.

We now have committees working to develop a website for our section and to develop a proposal for affiliating our section with a peer reviewed journal. The website currently is under development, and I am hopeful that it will be up and running sometime in the first half of 2007. I am very thankful Alice Cepeda has taken on the leadership role to develop the website. The ASA encourages us in this task and is providing basic web development support to us without cost.

We also are in active conversation with the ASA leadership about affiliating our section with a peer reviewed journal. This is a complex process and to date only one section has such an affiliation. The ASA has well developed written guidelines which must be met, and the successful completion of this task requires several steps. We are fortunate that Duane McBride has taken on the leadership role in this endeavor. At our business meeting in Montreal...
we decided that it would be better to affiliate with an existing journal than to start a new jour-
nal. ASA has given us permission to begin this process which involves discussions with a
journal, a written proposal which must be approved by the Publications Committee of ASA,
and a vote by the section when it is appropriate. I believe an ASA ADT affiliated journal
would be of considerable benefit to all of us and to the promotion and tenure process of jun-
ior colleagues in particular, because for the first time we would have an ASA authorized out-
let dedicated to peer-reviewed publications in our field. I hope to have more concrete infor-
mation to share with you in the next newsletter.

I have one request to make. Membership registration for 2007 is now open at ASA,
and I encourage you to renew your membership in both ASA and ADT before the close of
2006. I just did so. There is a very important reason for early renewal. You are an important
member of our section, and the mailing list of ADT is reconstituted in early 2007. I want to
make certain that all of us receive every newsletter and important updates on our new initia-
tives, the call for papers for our 2007 meeting in New York City, and other important an-
nouncements and events of relevance to our section.

With your help we can make this an exciting year for our section.

Best wishes to all,

Dale Chitwood, Ph.D.
Chair, Alcohol, Drugs and Tobacco

Way To Go!
We Reached Our Goal!

Membership recruitment was a success!
We currently have over 300 ADT members!

Current Members:

Reminder!

Please remember to renew your membership in ASA and ADT by the end of 2006!
Neighborhoods are important contexts that shape individual behavioral outcomes. This may be especially evident in outcomes occurring during late adolescence; a time when neighborhood context is particularly influential (Brooks-Gunn et al., 1993). The purpose of this paper is to uncover the direct and moderating roles of neighborhood disadvantage and instability on substance use among youth. That is, we examine if neighborhood variables moderate the protective effects of personal resources (personal control, coping skills) and family resources (family support, family monitoring), and the risk effects of peer networks (deviant peers, access to drugs). What we are interested in is the intersection of social processes and neighborhood conditions. Do neighborhood disadvantage and instability work in similar ways for adolescent alcohol and marijuana use as research has found for more serious delinquent and criminal behaviors? We hypothesize that neighborhood disadvantage and instability will increase adolescent substance use and that neighborhood disadvantage and instability will diminish the effects of positive resources (self, family, and peer) and exacerbate the effects of negative resources. Direct neighborhood effects have been tied to adolescent substance use outcomes (Briggs, 1997; Chuang et al., 2005; Hoffman, 2002), but how neighborhood conditions alter the impact of other individual-level factors is not fully explored. Focusing on the possible additive and interactive effects of neighborhood conditions on youth substance use gets us closer to the possible mechanisms by which neighborhoods shape behavior.

Using a regional sample of adolescents and matching the data to census tracts, we use hierarchical linear modeling to examine the relationship between neighborhood disadvantage and neighborhood instability on alcohol and marijuana use while controlling for individual, family and peer characteristics.

We found that for both alcohol and marijuana use measures neighborhood disadvantage has an unexpected negative direct effect; adolescents living in economically disadvantaged neighborhoods have lower rates of alcohol and marijuana use controlling for all other variables in the equation. Also unexpected, residential instability fails to achieve significance for either substance use outcome. Interestingly, we also found moderating neighborhood effects in both outcomes. Both neighborhood effects moderate the effect of deviant peers as a risk factor for an individual’s marijuana use and disadvantage moderates effects of deviant peers as risk factor for alcohol use. This interaction result shows that for adolescents living in neighborhoods with higher than average disadvantage, the influence of deviant peers on substance use is lowered. In other words, deviant peers are a risk factor for all youth’s alcohol and marijuana use, but for those in disadvantaged neighborhoods the risk is lowered. Parallel results are seen for residential instability and marijuana use; the effect of deviant peer behaviors decreases as residential instability increases.

In this paper we separated individual-level and neighborhood-level effects and interactions across levels of substance use to further specify what role social environmental conditions play on drug and alcohol consumption behavior. The results from this study show that while neighborhood context matters, both as a direct and moderating effect, neighborhood disadvantage did not act as the expected risk factor increasing alcohol and marijuana use but rather significantly lowered substance use among adolescents. Such a finding is not fully inconsistent with other research literature that explores behaviors that are in initial stages of development (i.e. experimental use of drugs rather than abuse). In the paper we speculate on why this may be so.

*This is an extended abstract from the original manuscript (email: Snedker@u.washington.edu).*
Throughout the twentieth century, many behaviors previously considered criminal or immoral were instead characterized as medical problems. This process is often referred to as the medicalization of deviance. Drug and alcohol problems have undergone a degree of medicalization. Because of the criminal justice system’s involvement in dealing with substance abusing individuals, however, we have more of a medical-legal-moral hybrid definition of the causes of drug and alcohol problems and society’s responses to them. This paper uses a qualitative research design to study how this medical-legal-moral hybrid definition of substance abuse and addiction gets negotiated in treatment programs. Specifically, how do those in treatment view their alcohol and/or drug problem? Do they use a medical framework for describing their ‘addiction’, a moral framework, or some other type of framework? This research is based on 20 open-ended interviews in an outpatient drug treatment program in Philadelphia. These initial findings are part of a larger project that will examine multiple locations and persons involved in the daily management of drug and alcohol problems.

The medicalization of deviance literature often focuses on macro-level political and social processes that influence how a problem gets defined and treated in medical terms. This literature often overlooks the micro-level processes of negotiating competing definitions within the treatment realm when there are other existing frameworks (i.e., moral, legal, etc.) for defining the problem. Even though a problem has some characteristics of a medical illness (i.e., treatment is paid for by medical insurance and patients in some types of treatment receive medication), it does not necessarily follow that all of those involved in the daily management of the problem, even those in a treatment setting, accept a primarily “medical” framework for the conceptualization of the problem.

Results show that rather than viewing medicalization as a process that has a beginning and an end, we need to further develop a perspective that emphasizes how medicalization is an ongoing process best described by the individual actors who must negotiate within themselves, and with others, the competing frameworks used to define and treat the problem. While almost all of the respondents defined their problem using some medical terms, they had much more difficulty articulating the exact causes of the problem and the appropriate treatment for it. This ambiguity had origins in both the history of the individual and the events that led to his/her treatment experience, as well as from the organization of the treatment program and its foci. Ultimately, this research aims to shed light on the micro-level processes that are involved in the medicalization of drug and alcohol abuse, and, by extension, other deviant behaviors now viewed as possible “illnesses.”

*This is an extended abstract from the original manuscript (email: jmurphy@temple.edu).
Introduction: The purpose of this paper is to use Gelberg and Andersen’s 2001 Behavioral Model for Vulnerable Populations to investigate health services utilization patterns among a sample of 926 community dwelling substance abusers. Respondents who were substance abusers and who had one or more characterized vulnerabilities (HIV/AIDS, homeless, been violently victimized, or have a history of mental health problems) were selected from a large-scale community study for inclusion in this study of correlates of entry into substance abuse treatment.

Background: A number of national and local studies have assessed the factors that prompt some substance abusers to enter drug treatment programs while others remain untreated. Many substance abusers do not receive needed treatment for their addiction, thereby creating a treatment gap in society 1 3 4. Recent estimates of substance abusers in the United States classified approximately 7.7 million persons as needing substance abuse treatment for an illicit drug problem 4. Researchers acknowledge substance abusers as a vulnerable population. However, many substance abusers have more than one vulnerable health designation. The 2001 Behavioral Model for Vulnerable Populations was developed by Lillian Gelberg and Ronald Andersen to distinguish between traditional and vulnerable predisposing, enabling, and need variables. The premise of this model is that obtaining preventive services and monitoring health problems may have low priority when people experience a multitude of vulnerabilities or daily problems 2. This research attempts to evaluate the effect of multiple vulnerable characteristics among substance abusers and possible effects on health seeking behavior.

Methods: Measures selected for analysis were guided by the model and were delineated into traditional and vulnerable predisposing, enabling, and need variables. The sample was limited to those were at least 18 years of age, and classified as injecting or chronic drug users. A two stage hierarchical logistic regression is used to model significant covariates of substance abuse treatment.

Results: In the first logistic regression model, race, income, and a regular source of care remained independently associated with the receipt of substance use treatment in the past 12 months. Increased odds of receiving substance abuse treatment are associated with not being Black and having an income of $5,000 or greater. Both Non-Hispanic whites (OR=2.19, CI: 1.37-3.50) and Hispanics (OR=2.47, CI: 1.55-3.93) were more than twice as likely to report the receipt of substance abuse treatment when compared to blacks. Respondents with incomes greater than $5,000 were 1.7 times more likely than those who had an income less than $5,000 to report the receipt of substance abuse treatment (CI:1.17-2.50). Respondents with a regular source of care were more than twice as likely to report receiving substance use treatment as those without a regular source of care (OR=2.17, CI:1.38-3.42). Of the newly introduced vulnerable enabling and predisposing covariates in the second model, injection drug use and the receipt of public benefits remained independently associated with the receipt of substance abuse treatment within the past 12 months. Injection drug users were more than twice as likely as chronic drug users to report the receipt of substance abuse treatment (OR=2.19, CI: 1.46-3.27). Those who reported receiving public benefits were nearly twice as likely to receive substance abuse treatment (OR=1.98, CI: 135-2.92).

Conclusion: Two primary findings emerge from this study: (1) both traditional and vulnerable characteristics proved to be significant.
correlates of the use of substance abuse treatment, (2) the presence of significant vulnerable characteristics increased the likelihood of receipt of substance use treatment. The use of the Gelberg and Andersen Behavioral Model for Vulnerable Populations to describe traditional predictors that facilitate the receipt of substance use treatment provides a good demographic picture of who receives treatment that is consistent with national findings. However, the addition of vulnerable covariates to the model allows for the recognition of differing patterns of substance use treatment utilization and the various social policies that contribute to this utilization. Further research using this model with this population is needed.

References

Employment Opportunities

**TENURE TRACK POSITION OPEN SEARCH**

**University of Wyoming.** The Department of Criminal Justice invites applications for a full-time tenure-track assistant professor position starting Fall Semester, 2007. Candidates must have a Ph.D. in Criminal Justice or a Ph.D. in a closely related field. (Exceptional A.B.D. candidates may be considered for hire at the instructor level pending timely completion of the Ph.D.). All qualified candidates are encouraged to apply, although a Ph.D. in Criminal Justice with primary teaching and research interests in criminal justice institutions, law enforcement, or research methods is preferred. We are seeking a faculty member who is committed to quality undergraduate teaching in both on-campus and off-campus (using distance technology) programs; developing and maintaining a high-quality research and publishing agenda; performing student advising and professional service to the university, community, and academic profession. Salary and teaching load are competitive. To apply, please forward a letter of interest, curriculum vitae, other supporting materials (samples of published works/conference papers; statement of research potential; statement of teaching philosophy; evidence of teaching effectiveness), and the names, addresses, and telephone numbers of three references to: Adrienne Freng, 1000 E. University Avenue, Department 3197, Laramie, WY 82071. Review of completed applications will begin October 16, 2006. The University of Wyoming is an AA/EEO employer and is considered a RU/H: Research University (high research activity) by the Carnegie Classifications.
University of Kentucky

The Department of Sociology invites applications for a tenure track Assistant Professor in the Sociology of Health and/or Medicine to begin August 15, 2007. The position is the first of five anticipated ‘cluster’ hires over the next 3 years between the Departments of Sociology and Psychology concerned with the theme: “Children at Risk.” For the first hire, we are seeking an individual with a strong research program in the sociology of health or medical sociology related to any of various risks which children may endure (e.g., unequal access to health care or nutrition, domestic violence, school violence, etc.). Candidates should have completed a Ph.D. in Sociology by the time of appointment. Upon offer of employment, successful applicants for certain positions must undergo a national background check as required by University of Kentucky Human Resources. Interested candidates should send a current Curriculum Vitae, a statement addressing research and teaching interests and accomplishments to: Personnel Committee, c/o Ms. Agnes Palmgreen, Department of Sociology, 1500 Patterson Office Tower, University of Kentucky, Lexington, KY 40506-0027. Applicants should arrange for at least three letters of recommendation to be sent to the same address. Review of applications will begin on October 15, 2006 and continue until the position is filled. The University of Kentucky is an Affirmative Action/Equal Opportunity University and values diversity. Women and minorities are especially encouraged to apply.

University of Kentucky

The Department of Sociology invites applications for a tenure track Assistant Professor position in Criminology/Deviance to begin August 15, 2007. The position is one of five anticipated ‘cluster’ hires this year between the Departments of Sociology and Psychology concerned with the theme: “Children at Risk.” We are seeking an individual with a strong research program, domestic and/or international, related to some aspect of children and/or adolescents broadly defined as “at risk”. Candidates should have completed a Ph.D in Sociology by the time of appointment. Information about the Department of Sociology is available at http://www.uky.edu/AS/Sociology/. Interested applicants should submit a current Curriculum Vita, a statement addressing research and teaching interests and accomplishments to: Personnel Committee, c/o Ms. Agnes Palmgreen, Department of Sociology, 1500 Patterson Office Tower, University of Kentucky, Lexington, KY 40506-0027. Applicants should arrange for at least three letters of recommendation to be sent to the same address. Review of applications will begin on November 10, 2006 and continue until the position is filled. The University of Kentucky is an Affirmative Action/Equal Opportunity University and values diversity. Women and minorities are especially encouraged to apply.
For information on publishing alcohol or drug related articles, please consider “Publishing Addiction Science: A Guide for the Perplexed” edited by Thomas F. Babor. Offering advice on publishing addiction articles, this handbook includes chapters on “How to Choose a Journal” and other chapters about citations, authorship listing, preparing manuscripts for publication, and responding to referees’ reports. Furthermore, global information about “addiction specialty journals” is also provided. This handbook can be purchased through SAMHSA’s National Clearinghouse on the following website: [http://ncadistore.samhsa.gov/catalog/SC_Itemlist.aspx](http://ncadistore.samhsa.gov/catalog/SC_Itemlist.aspx). Refer to inventory number: BKD510. According to this website, the handbook also offers “practical, scientific, moral, and philosophical ideas about the study of addiction.” The handbook is listed for $29.75.