Greetings fellow members of ASA ADT. I hope your summers have been relaxing and productive. We are gearing up for the conference in Montreal. Please note that our section’s day is Friday, the 11th—the first day of the conference. This makes attendance at the SSSP meetings also convenient. Listed in this newsletter is our schedule of panels as well as a few thematic ones from the ASA program committee. Also, information about our off-site reception—where our award winners will be announced—is also listed here.

It has been a great honor to serve you as section chair this past year. Many of you simplified my work and made it very rewarding. Thank you very much!!! I look forward to passing the torch to Dale Chitwood, who we all know will be a great leader.

I’d like to briefly update you about a few matters pertaining to our section. First, we are on target to meet our membership goal of 300 members for the 2007 year. As of mid-June, we had about 280 people enrolled in our section. This is ahead of things compared to last year, however, we still need about 20 more people. Please renew your membership as soon as possible and try to enroll your colleagues or students in our section. It would be fantastic if, one day, we could grow large enough to secure extra sessions.

Second, election results are in! Margaret Kelley is our new Chair-Elect, Geoffrey Hunt is our new secretary/treasurer and Alice Cepeda is a new council member. Congratulations guys! We all wish you the best and look forward to your contributions.

Third, we will announce the winners of the student paper competition and the outstanding junior scholar at our reception. Please plan to attend. Lana Harrison has worked hard this year securing us a beautiful lounge within walking distance to the meetings. We will provide food and a cash bar. Please plan to come relax and celebrate.
Finally, we are in sound financial shape. We have been very fortunate to have had monies donated to us from outside sources, such as the National Institute of Justice and others, to finance awards and section membership for students. We must remember, that these outside finances are not guaranteed and that our yearly allocation is based on our membership. Thus, we each have a stake in securing our financial well-being.

I want to thank all the committee members, officers, and volunteers involved in section business this year. Your work was outstanding!

In closing, I want to shift your attention to more external drug and alcohol related issues happening in our society that are changing the course of the work we do. It is clear that the U.S. discourse about and response to drug, alcohol, and tobacco problems is increasingly biomedical in nature, potentially threatening our contributions and livelihoods as social scientists. In this issue, we reprint Craig Reinarian’s short, but compelling, piece about our country’s growing scientific obsession with genetics-based explanations. We need to continue dialoguing not only about how sociology can remain relevant to ADT debates, but how we might shift research funding, policy and media attention back in our direction. I call on you now to get involved in any way you can.

See you in Montreal!

Tammy L. Anderson, Ph.D.
The New Yorker magazine once published a cartoon in which a genetic scientist, replete with lab coat, clipboard, and genome chart, rushes into a lab and announces to his colleagues, “I’ve found it! I’ve found the gene that makes us think everything is determined by a gene!” We can be grateful for recent advances in genetics, but this cartoon succeeded in getting laughs because these advances are often stretched to the silly extreme of genetic determinism. In the drug and alcohol field, this can lead to a lot of misunderstanding.

Geneticists themselves are usually circumspect in their claims, but the media and the public are often less careful in what they infer from geneticists’ findings. When “the gene for” something is identified, there is an unsettling tendency to think this is determinative, that cause and cure come with it. This is rarely the case. Most often, a gene tells us only about part of the risk and then only in probabilistic terms. The actual onset or presence of a disease is typically contingent on many other variables (including other genes) with which the gene must interact in a certain way to effect cause. Type-2 diabetes, for example, has a genetic component\(^1\), but its prevalence is also influenced by poverty, education, and the density of fast food outlets in a group’s social environment. Even with discrete diseases, the population-attributable risk of a variant gene usually does not account for all or even most of the observed cases. Genes may determine 100% of hair color, but there is nearly always a large “environmental contribution” to any more complex behavioral phenomena.

With the protean set of behaviors that are lumped under the heading of “addiction,”\(^2\) the environmental variables loom larger still, which makes for greater indeterminacy. Social scientists are trained to beware of all monocausal explanations for good reason: human behaviors are always influenced by many factors on many levels. Single alleles or genes almost never directly determine specific behaviors. And while there are cross-drug similarities in addictive behavior, no one “addiction gene” could account for all the disparate forms of deviance now lumped under the addiction umbrella: alcoholism, workaholism, crack binges, daily benzodiazepine use, compulsive gambling, obsessive shopping, codependency, cigarette smoking, and what is now being called “internet addiction disorder” (suffered by “onlineaholics”).\(^3\) Yes, habits are hard to break, but just because the treatment industry offers similar forms of help for all these problems does not mean they share the same etiology, genetic or otherwise.

Genes generally do not change very much or very fast in a given population, but the social conditions under which populations live do.\(^4\) Such conditions take us further toward understanding the prevalence of “addictive” behaviors in a population than genes do – for example, the spread of crack cocaine in ghettos in the 1980s or of crystal methamphetamine in the de-industrialized small towns of the rust belt at present. Cocaine misuse is far more prevalent in the USA than in the Andes region where the cocaine is produced and where the coca plant has flourished for millenia. Does this mean Americans have a gene that increases the risk

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\(^1\) Type-2 diabetes
\(^2\) Addictions
\(^3\) Internet addiction disorder
\(^4\) Social conditions
of cocaine addiction, or that Peruvians have a gene that protects them from it? It seems likely that such differences have more to do with the frenetic pace and mass consumption culture of the USA vs. the embedded rhythms and rituals of the agrarian culture of the Andes.

The addictive behavior that has been most carefully studied is alcoholism. In their classic cross-cultural study of drunken comportment, MacAndrew and Edgerton found divergent drinking patterns and problems across groups who came from the same genetic stock but who, by accidents of history, developed very different cultural rituals around drinking. There is little doubt that alcoholics have a higher likelihood of having come from alcoholic parents, and twin studies show concordance rates of drug abuse and dependence higher among identical than fraternal twins. But it is also true that alcoholism is found in millions of people whose family trees show zero signs of alcoholism, and alcoholism is not found in millions of people whose family trees are full of alcoholics. So, in scientific terms, this means that even if geneticists someday discover a set of genes that make some people more susceptible to alcoholism, this susceptibility is neither necessary nor sufficient to explain the presence of the condition. There is no reason to doubt that the same is true for other varieties of addictive behavior.

Do humans vary in their physiological responses to alcohol and other drugs? Of course. Does this physiological variation mean that some people are more likely to use excessively and develop problems? Probably. Does this mean there is a “gene for addiction”? It is not yet clear, but drug and alcohol professionals would be well advised not to sit on a hot stove while waiting for it to be discovered. For even if such a gene were finally identified, it seems unlikely that it would by itself provide a causal explanation of addictive behaviors. Come the genomic utopia, we will still be faced with the complex, troubled human beings whose lives and behaviors have been forged in the same old messy melange of interacting variables – biological, yes, but also sociological, cultural, and psychological – such that at some point in their lives they drink or take drugs too much.

References:
Paper Session 1
Scheduled Time: Fri, Aug 11 - 8:30am - 10:10am
Building: Palais des congrès de Montréal
Session Organizer: Dale D. Chitwood (University of Miami)
Presider: Dale D. Chitwood (University of Miami)
1. Ethical and Legal Dilemmas in Ethnographic Field Research: Three Case Studies
2. Latin American Immigrants in Spain: Resiliency and Risk for Substance Use
Flavio Marsiglia (Arizona State University), Stephen S. Kulis (Arizona State University), Maria Angeles Luengo (University of Santiago Compostela, Spain), Tanya A. Nieri (Arizona State University), Paula Villar (University of Santiago Compostela, Spain)
Avelardo Valdez (The University of Houston)
4. Violent Victimization and the Routine Activities/Lifestyle of Active Drug Users
Dixie Jasun Koo (University of Miami), Dale D. Chitwood (University of Miami), Jesus Sanchez (Florida International University)
5. Young Adult Ecstasy Users and Multiple Sexual Partners: Understanding This HIV Risk Practice
Hugh Klein (Kensington Research Institute), Claire E. Sterk (Rollins School of Public Health of Emory University), Kirk W. Elifson (Georgia State University)

Paper Session 2
Scheduled Time: Fri, Aug 11 - 10:30am - 12:10pm
Building: Palais des congrès de Montréal
Session Organizer: Dale D. Chitwood (University of Miami)
Presider: Duane C. McBride (Andrews University)
1. Alcohol and Crime: Beyond Density
William A. Lugo (Eastern Connecticut State University)
2. Neighborhood Contextual Effects and Adolescent Substance Use: Exploring the Moderating Role of Neighborhoods
Karen A. Snedker (University of Washington), Jerald Herting (University of Washington), Emily C. Walton (University of Washington)
3. Public Health Agency Involvement in Psychoactive Drug Policy, Planning, and Prevention
Duane C. McBride (Andrews University), Yvonne Terry-McElrath (University of Michigan), Curt VanderWaal (Andrews University), Jamie Chiriqui (The MayaTech Corporation)
4. The Formation of a Health Disparity: The Case of Cocaine Use During the 1980s and 1990s
Richard A. Miech (Johns Hopkins University)
5. The Prevalence of Substance Abuse Disorders: Capture-Recapture Using Medical Information.
Carol Conell (Kaiser Permanente), Connie Weisner (Alcohol Research Group)

Roundtables
Scheduled Time: Fri, Aug 11 - 2:30pm - 3:30pm
Building: Palais des congrès de Montréal
Session Organizer: Dale D. Chitwood (University of Miami)
Table 1
1. Bridging the Gap: Motivational Strategies to Address Co-Ocurring Substance abuse and intimate Partner Violence
Mary Ann Forgey (Fordham University), Barbara Lynn Kail (Fordham University)
2. Correlates of Health Care Utilization among Substance Abusers: Using Gelberg and Andersen’s Behavioral Model for Vulnerable Populations
La Fleur Flavia Small (Wright State University)
3. The Influence of Personal/Behavioral Susceptibility and Community Norms: Understanding Qualitatively the Risk of Transitioning to Injecting among Mexican American NIUs
Alice Cepeda (University of Houston), Avelardo Valdez (The University of Houston)

Table 2
1. Medical Marijuana: A Crude Botanicals in the World of Pure Pharmaceuticals
Wendy Chapkis (University of Southern Maine)
2. Negotiating the Disease Concept in the Treatment for Drug Problems
Jennifer M. Murphy (Temple University)
3. The Control of Consciousness
Adam D. Jacobs (University of Wisconsin-Madison)
4. Black Death: Race and Heroin-related Overdose in San Francisco
Peter Davidson (University of California, San Francisco)
5. Youth, Risk, and the Educated Consumerism of Club Drugs in Post-Industrial America
Brian Christopher Kelly (Columbia University)

Table 3
1. Prescription Opioid Use, Misuse, and Diversion among Street Heroin/Opiate Users in New York: A Pilot Study
Bruce D. Johnson (Natl Development & Research Inst), W. Rees Davis (National Development & Research Insts)
2. Factors Associated with Skin Cleaning Prior to Injection Among Drug Users
Leah Varga (University of Miami), Dale D. Chitwood (University of Miami), M. Isabel Fernandez (Nova Southeastern University)
3. Gendered Effects of Linguistic Acculturation on Drug Use
Flavio Marsiglia (Arizona State University), Stephen S. Kulis (Arizona State University), Syed Khaleel Hussaini (Arizona State University), Tanya A. Nieri (Arizona State University)
4. In The Business: Substance Use Demands, Negotiations And Dependency on the U.S. /Mexico Border
Alice Cepeda (University of Houston)

5. Prevalence of Hepatitis C among a Cohort of Hispanic Injection Drug Users
Jesus Sanchez (Florida International University), Dale D. Chitwood (University of Miami), Claudia Rojas (University of Miami), Lisa Fitzpatrick (Centers for Disease Control and Prevention)

Table 4
1. Alcohol Use and Participation in Organized Recreational Athletics at a Commuter-Based University
Jan Gryczynski (University of Maryland, Baltimore County), Brian W. Ward (University of Maryland, College Park)

2. Drug Use and Meanings of Risk and Pleasure
Geoffrey Hunt (Institute for Scientific Analysis), Kristin Evans (Institute for Scientific Analysis), Faith Kares (Institute for Scientific Analysis)

3. The Informal Exchange of Cigarettes as a Challenging Community Characteristic: Bumming ‘loosies’ in Baltimore
Katherine Clegg Smith (Johns Hopkins University)

Table 5
1. Delinquency Among College Students—Alcohol Related Violence and Victimization
Miyuki Vamadevan (Washington State University)

2. Separating Marijuana and Cocaine in General Deterrence Research: Is there a Difference?
Katherine Kramer (University of Iowa)

3. The Longitudinal Impact of Adolescent Drug Use on Socioeconomic Outcomes in Young Adulthood
Clifford L. Broman (Michigan State University)

4. The Relationship between Terrorism and Distress and Drinking: Two Years after September 11, 2001
Judith A. Richman (University of Illinois at Chicago), Candice A. Shannon (University of Maryland), Kathleen M. Rospenda (University of Illinois at Chicago)

Guang-zhen Wang (University of Texas - Pan American)

Section on Alcohol, Drugs, & Tobacco

Business Meeting (40 minutes)
Scheduled Time: Fri, Aug 11 - 3:30pm - 4:10pm
Building: Palais des congrès de Montréal
Chair: Tammy L. Anderson (University of Delaware)
Participants:
Dale D. Chitwood (University of Miami)
Eloise Dunlap (National Dev. & Research Insts.)
Bruce D. Johnson (Natl Development & Research Inst)
Carrie B. Oser (University of Kentucky)
Jesus Sanchez (Florida International University)

Regular Session. Context, Prevention, and Treatment in Substance Use/Abuse Research
Scheduled Time: Fri, Aug 11 - 4:30pm - 6:10pm
Building: Palais des congrés de Montréal
Session Organizer: Yonette F. Thomas (NIH/NIDA)
Presider: Yonette F. Thomas (NIH/NIDA)
Discussant: Claire E. Sterk (Rollins School of Public Health of Emory University)

1. Family Processes and Children's Well-Being in Alcoholic Homes: Toward a Sociologically-Informed Research Agenda
Lisa Fisher (University of Cincinnati)

2. Protecting Alabama Students from Alcohol and Drugs: A Multi-Level Modeling Approach
Celia C. Lo (University of Alabama), Anita S. Anderson (University of Alabama)

3. Racial/ethnic Differences in the Timing of First Marriage and Smoking Cessation*
Margaret M. Weden (University of Wisconsin-Madison), Rachael Tolbert Kimbro (University of Wisconsin-Madison)

4. Methamphetamine Use in Club Subcultures
Brian Christopher Kelly (Columbia University), Jeffrey T Parsons (Hunter College, CUNY)

5. Does Gender Moderate Model Program Effects? A Subgroup Analysis by Ethnicity and Acculturation of the Efficacy of keepin’ it REAL
Stephen S. Kulis (Arizona State University), Scott Thomas Yabiku (Arizona State University), Flavio Marsiglia (Arizona State University), Tanya A. Nieri (Arizona State University), Ashley Fenzl Crossman (Arizona State University)

6. Utilization of Rural Substance Abuse Treatment: Methamphetamine vs. Other Stimulant Users
Carrie B. Oser (University of Kentucky), Carl Leukefeld (University of Kentucky), Michele Staton Tindall (University of Kentucky), Brenda Booth (University of Arkansas), Robert Carlson (Wright State University), Russel Falck (Wright State University), Jichuan Wang (Wright State University)

7. Drug courts as people-processing institutions
Corey J. Colyer (West Virginia University)

Teaching Workshop. Teaching the Sociology of Alcohol and Drugs
Scheduled Time: Sun, Aug 13 – 8:30am – 10:10am
Building: Palais des congres de Montreal
Session Organizer: Paul M. Roman (University of Georgia)
Panelists:
Health C. Hoffmann (College of Charleston)
Carrie B. Oser (University of Kentucky)
Richard Dembo (University of South Florida)
Alcohol and drug abuse are among the leading reasons for disciplinary action against physicians by state licensing authorities in the United States. Physicians who abuse drugs face increased risks of adverse outcomes such as legal sanctions, career disruption, drug-related disease, and premature death, especially by suicide. Risks to the general population associated with physician drug abuse include malpractice, preventable medical accidents, financial crime, and irregular prescribing practices. Physicians who voluntarily enter “impaired physician programs,” run by state medical societies in cooperation with state licensing boards, are protected from legal sanctions in most states, but little is known about the long-term outcomes of these programs.

Cox proportional hazards models were used to examine longitudinal patterns in physician disciplinary careers, 1990-1999, using data from National Practitioner Data Bank Public Use Data File, 2005 (U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Practitioner Data Banks), a mandatory federal reporting system designed to warehouse all disciplinary actions and malpractice payments associated with physicians in the United States.

Actions taken against a physician’s license (probation, restriction, suspension, revocation, etc.) for reasons of drug or alcohol abuse or narcotics violations were reversed sooner than other actions, after controlling for the physician’s year of graduation, the year in which the action occurred, and the number and severity of prior adverse actions received; about 20% of adverse licensure action episodes that included discipline for drug abuse were eventually followed by license restoration, compared to about 11% of episodes that did not. However, those restorations were also more quickly followed by subsequent disciplinary action; 22% of physicians whose licenses were restored after discipline for drug abuse eventually received another adverse licensure action (for any reason), compared to 12% for other physicians. The only other category of physicians with an elevated risk of repeat disciplinary action were those sanctioned for criminal convictions (other categories examined include misconduct, non-drug-related physical or mental impairment, malpractice or incompetence, and fraud). Furthermore, disciplinary licensure actions for drug abuse were the category most likely (40%) to be followed by a subsequent action for the same reason over the long term (5-10 years).

We know little about the long-term outcomes of physician impairment programs. High “recovery rates,” exceeding 80%, reported for physicians enrolled during the early years of these programs have been attributed to the programs’ non-punitive nature and to the physicians’ strong social incentives for compliance. The present study suggests that the longer-term outcomes of these programs may be worse than anticipated. The increased risk of repeat disciplinary action associated with drug abuse may result in part from intensive surveillance of physicians who complete impaired physician programs, through mechanisms such as mandatory urine screening. However, it is also likely that the chronic nature of addiction leads to continued risk of relapse even among physicians, suggesting the need for long-term surveillance beyond the 4 year period that is typical for current impaired physician programs.
The South Texas Injury Prevention and Research at the University of Texas Health Science Center at San Antonio was recently awarded a Community Action Research Initiative through the Sydney S. Spivack Program in Applied and Social Research Policy. Over the next several months, this project will examine the context surrounding drinking and impaired driving behaviors among Hispanics residing in San Antonio, Texas. Focus groups will be conducted with Hispanic males between the ages of 21 to 34 years of age to: (1) assess drinking and impaired driving attitudes, behaviors, and familiarity with impaired driving laws; (2) seek local community input and raise the degree of awareness about the social, health and legal consequences associated with drinking and impaired driving and (3) gather new data about the risk factors associated with drinking and impaired driving in the Hispanic community.

According to the National Highway Traffic and Safety Administration (2002), Hispanics are substantially overrepresented in alcohol-related motor vehicle crashes, injuries and fatalities compared to other racial and ethnic groups. In a recent survey of San Antonio drivers, Hispanics were slightly more likely to report driving after drinking compared to Blacks or Non-Hispanic Whites (32%, 29% and 26% respectively) (Pacific Institute for Research and Evaluation 2003). Local pilot data report that Hispanic males are not well informed about Texas impaired driving laws including the Blood Alcohol Concentration (B.A.C.) legal limit (71%), are more likely to report a higher frequency of drinking (29%) and are more likely to estimate a higher number of drinks they can consume before considering themselves drunk (55%) (Price, Salazar, Fornos and Munoz 2003). Local arrest data also demonstrate that the rate of arrest for impaired driving is disproportionately high for Hispanics and in particular for Hispanic males between the ages of 21 to 34 (Price et al. 2003).

Information gleaned from these focus groups will in itself lead to the development of effective prevention messages that will augment other local, state and federal strategies aimed at reducing the incidence of alcohol-related motor vehicle driving fatalities in this population. Given the population growth of Hispanics in this area, early identification and prevention of especially potent markers of risk is critical. Further, preventing alcohol-related impaired driving is an identified priority in Healthy People 2010, a series of national health objectives and initiatives to reduce racial and ethnic disparities in health including reducing deaths and injuries caused by alcohol-related motor vehicle crashes (1998 baseline: 5.9 deaths and 113 injuries per 100,000) to 4 deaths and 65 injuries per 100,000 by the year 2010 (U.S. Department of Health and Human Services 2000). Given the continued growth of this largely youthful population, prevention of alcohol-related motor vehicle fatalities and injuries in the Hispanic community is critical.
Bill Sanders published *Drug Clubs and Young People: Sociological and Public Health Perspectives* (2006, Ashgate Press). Contributors include: Steve Lankenau (USC), Karen Joe Laidler (U of Hong Kong), Geoffrey Hunt (ISA), Dina Perrone (Rutgers/NDRI), Brian Kelly (Purdue), Adam Green (U of Toronto), Helem Wu (U of Texas), Fiona Measham (U of Lancaster, UK), Karenza Moore (U of Lancaster, UK), & Daniel Silverstone (U of Portsmouth, UK).


**University of Miami.** The Department of Sociology is seeking applications for two tenure-track positions, one in Criminology and one in Race/Ethnic Relations, at the rank of Assistant Professor to begin August 15, 2007. The ideal candidates for each position will also be able to make contributions to overlapping programmatic areas, which include Medical Sociology in addition to the two areas named in the open positions. The successful candidates will be expected to sustain an active research and publication agenda, teach in our undergraduate and graduate programs, and show promise for obtaining external funding for their research. The ability to teach statistics/methods at the graduate level is desirable but not required. Applicants must have a Ph.D. in Sociology or a closely related field at the time of appointment. Applicants should submit a letter of application, a curriculum vita, and the names and addresses of three references who can evaluate scholarly achievement and potential. Applicants for the criminology position should send materials to the attention of Roger Dunham and applicants for the race/ethnic relations position should send materials to the attention of George Wilson at the Department of Sociology, University of Miami, P.O. Box 248162, Coral Gables, FL 33124-2208. Review of applications will begin October 1, 2006 and continue until the positions are filled. Women and minorities are especially encouraged to apply. The University of Miami is an equal opportunity/affirmative action employer.

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**Thank You**

Special thanks to the National Institute of Justice (NIJ) for a $500 donation to the ADT section.
ADT Section Update!

Chair Elect: Margaret Kelley

Secretar-y-Treasurer: Geoffrey Hunt

Council Member: Alice Cepeda

ADT Election Results are in! Congratulations

ADT Section Party in Montreal!

We will gather for our annual reception on Friday evening, August 11, at 7pm at the Le Pharaon Lounge located within walking distance of the ASA meetings. Le Pharaon is an Egyptian themed Bar and Restaurant located next to the petit Moulinsart at 139 Saint-Paul O. http://www.go-montreal.com/lepharaonlounge/index.htm (Phone: 514-843-4779). Be sure to join your colleagues for free food and a relaxing evening where we will congratulate our ADT Section honorees and they will receive their awards. Colleagues in Montreal have been invaluable in the selection of this site and all section members are encouraged to join us for a great evening.