

This study focused on depression in 110 Mexican-American youth who entered the Youth Advocacy Program (YAP), a drug prevention program in southeast Austin, between March 1981 and December 1985. Seventy-eight of their mothers were also interviewed at follow-up. Descriptive data about the clients and their mothers are reported. Forty-four percent of the clients and 35% of the mothers interviewed were depressed. The relation of depression and drug use is discussed.

THE DRINKING STYLES QUESTIONNAIRE: ADOLESCENT DRINKING SELF-REPORT. Gregory T. Smith. Wayne State University, Detroit, MI; Mark S. Goldman. University of South Florida, Tampa, FL; and Bruce A. Christiansen. University of Wisconsin, Milwaukee, WI.

Although recent evidence suggests that carefully assessed self-report of alcohol-related behaviors can have reliability and validity, few studies have investigated self-report among adolescents who are typically in the process of initiating drinking behavior. The Drinking Styles Questionnaire, an adolescent self-report instrument that yields two scales: Quantity/Frequency and Problem Drinking, was employed and tested extensively in a 3-year longitudinal study using two large subject cohorts (total $n = 471$). Internal consistency and test-retest correlations averaged .89 for each scale. Scores correlated highly (mean .62) with separate reports of alcohol consumed during the preceding 7 days. Reports suggested dramatic increases in alcohol consumption between the 7th and 10th grades, and highlighted the centrality of peer group drinking settings. Results are consistent with our earlier findings pointing to the expectancy for social enhancement from alcohol as a key predictor of adolescent drinking choices. (Supported by a grant from NIAAA.)

DETERMINANTS OF SMOKING STATUS OF BLACK URBAN ADOLESCENTS. Ana Correa Fick and Sarah Moody-Thomas. University of New Orleans, New Orleans, LA.

The relationship between locus of control orientation and adoption of cigarette smoking among Black adolescents was investigated. Measures of locus of control were obtained using Levenson's multidimensional inventory. Significant effects (ANOVA) on smoking status were found for school setting and Internal classification; there were no significant gender, Powerful Others, Chance or interaction effects. A discriminant equation (discriminant analysis) included Internal score, Powerful Others score, school setting, father's and best friend's smoking status, and number of five closest friends that smoke. Results lend support for the continued development of at-risk profiles to identify those individuals most likely to become smokers.

ALCOHOL EXPECTANCIES AS A FUNCTION OF INTOXICATION LEVEL. Vincent J. Adesso. University of Wisconsin-Milwaukee, Milwaukee, WI; Bruce A. Christiansen. Sinai Samaritan Medical Center, Milwaukee, WI; and Toby A. Ansfield. University of Wisconsin-Milwaukee, Milwaukee, WI.

The present study compared the expectations men hold about alcohol in sober and intoxicated states based on the idea of state-dependent learning. Eighteen light and 18 heavy social drinkers received a sufficient quantity of alcohol to produce a blood alcohol level (BAL) of 0.08 mg%. It is hypothesized that expectancies will differ not only in the intoxicated and sober states, but also as a function of intoxication level and as a function

of light and heavy drinking status. Analyses of these data are currently being conducted.

SITUATIONAL VARIATION IN ALCOHOL EXPECTANCIES. Brian T. Levine and Mark S. Goldman. University of South Florida, Tampa, FL.

A 10-year series of studies has demonstrated the utility of the construct of expectancies for the understanding and prediction of alcohol use and alcoholism. There is reason to believe that expectancies may vary with drinking context, but this relationship has not been systematically investigated. This paper describes the development and preliminary validation of the Expectancy/Context Questionnaire (ECQ). Expectancies as measured by the ECQ were found to be sensitive to contextual variation as well as drinking behavior. These results suggest that the instrument will be useful in assessing the development of expectancies.

DETOXIFICATION FEAR EFFECTS ON METHADONE MAINTENANCE OUTCOME: FIVE-YEAR FOLLOW-UP. Joseph E. Schumacher. University of Alabama, Tuscaloosa, AL; Jesse B. Milby and Beth E. Fishman. University of Alabama, Birmingham, AL.

Five-year follow-up was conducted on randomly selected methadone maintenance patients originally assessed for detoxification fear. Results showed 21 remained in treatment, 11 of which had detoxification fear. Fear measures predicted selected outcome variables via canonical correlation and represented 40% shared variance between the two sets of measures. Univariate correlations show fear measures associated with longer treatment and severe fear associated with fewer treatment episodes, attempts to detoxify and successful detoxification attempts. Results support the notion that detoxification fear is a significant variable which impacts on methadone maintenance outcome. Other variables related to outcome and implications of findings for future research are discussed.

PERSONALITY DISORDER CLASSIFICATION AND SYMPTOMS IN COCAINE AND OPIOID ADDICTS. Robert M. Malow, Jeffrey A. West, Jayne L. Williams and Patricia B. Sutker. VA Medical Center, New Orleans, LA.

The extent to which personality disorders and associated symptom criteria were found among cocaine- and opioid-dependent men undergoing inpatient treatment was examined using structured interview methodology. Cocaine and opioid addicts were also compared on measures of anxiety and depression. Drug groups were distinguished by higher prevalences of antisocial and borderline symptomatology than by features associated with other personality disorders. Cocaine users showed lower rates of borderline and adult antisocial features and reported less subjective distress than opioid addicts, and different constellations of target problem features emerged for the two groups. Inconsistent work behavior, identity disturbance, and affective instability were the most significant variables differentiating cocaine and opioid addicts.

CONCURRENT VALIDITY OF THE MOTIVATIONAL STRUCTURE QUESTIONNAIRE FOR ALCOHOLICS. W. Miles Cox. North Chicago VA Medical Center, North Chicago, IL; Eric Klinger. University of Minnesota, Morris, MN; Joseph P. Blount. St. Mary's College, South Bend, IN; and Daniele K.

Thaler and Beverly J. Thurman. Indianapolis, IN.

The Motivational Structure Questionnaire (MSQ) assesses the characteristic manner in which alcoholics seek to obtain positive incentives and to rid themselves of negative incentives. Previously we found the MSQ to have acceptable reliability and predictive validity. In the present study, we assessed the *concurrent* validity of the MSQ by administering it to 79 inpatient alcoholics, together with the Minnesota Multiphasic Personality Inventory and Alcohol Use Inventory. Results indicate significant and clinically meaningful relationships among alcoholics' motivational patterns and their personality characteristics and patterns of alcohol use.

SPECIFICITY OF FAMILIAL PATTERNS OF SUBSTANCE ABUSE. Mary E. McCaul and Dace S. Sviki. The Johns Hopkins University School of Medicine, Baltimore, MD.

The familial pattern of alcoholism has been well-established (e.g., Cotton, 1979), however, the extent to which other types of drug abuse show similar patterns of inheritance remains uncertain. The present study examined alcohol and drug use patterns of first-degree relatives of probands with different types of self-reported substance abuse problems: 1) alcohol abuse only (no current/lifetime history of other drug problems); 2) drug abuse only (no current/lifetime history of alcohol problems); and 3) both alcohol and other drug abuse. Probands were interviewed on admission to substance-abuse treatment using a semi-structured family history interview, and diagnoses were made using FH-RDC. Data are currently available on 150 probands. Preliminary analyses, however, are based on the first 50 probands enrolled in the study. To date, no significant differences have been found for age, gender, and race in the three proband groups. Rates of drug abuse (excluding alcohol) were significantly higher in first degree relatives of probands with drug abuse only and alcohol and drug abuse, than in probands with alcohol abuse only. There was a trend for rates of alcohol abuse to be higher in the alcohol abuse only proband group. When completed, these findings will provide information on the specificity of familial transmission of substance abuse. If probands and relatives show similar types of substance abuse, this will suggest that familial transmission is specific to type of substance.

MONDAY A.M.

SYMPOSIUM

Extended Use of Nicotine Gum for Smoking Cessation

Chair: *Cynthia S. Rand*, The Johns Hopkins School of Medicine, Baltimore, MD

Discussant: *Ellen Gritz*, University of California at Los Angeles, Los Angeles, CA

INTRODUCTION. *Cynthia S. Rand*. The Johns Hopkins School of Medicine, Baltimore, MD.

The Lung Health Study (LHS) is a five-year NHLBI-sponsored clinical trial that is designed to determine if smoking cessation and the use of an inhaled bronchodilator (ipratropium bromide) can slow the rate of decline in lung function (FEV_1) in smokers who have early chronic obstructive pulmonary disease (emphysema and chronic bronchitis) when compared to a no treatment control group. The ten clinical centers in this trial have been recruiting participants for two years and will end recruitment in January 1989. Four thousand participants will be assigned to the smoking cessation treatment group. Participants in the LHS are generally

heavy smokers, averaging better than a pack and a half a day. Since nicotine gum seems to favorably improve cessation rates, nicotine gum therapy was selected to be used as an important adjunct to the comprehensive, behavioral, group-based smoking cessation program that these 4000 participants will complete. Nicotine gum use is strongly encouraged for participants, and an emphasis is placed in the intervention program on participants using sufficient gum for at least three months after cessation. As of September 1988, over 1000 LHS participants had been seen for their one-year follow-up visit. By August 1989 over 2000 LHS members will have been seen for their one-year follow-up. Among these one-year quitters a significant number of participants are still using the free nicotine gum provided by the study, despite active encouragement and instruction in gum tapering. There has been much discussion in the smoking cessation field about the risk of nicotine gum "addiction," the possible enhanced smoking cessation efficacy of extended nicotine gum use, value of extended nicotine gum use in moderating postcessation weight gain, and the predictors of extended gum use. This symposium will present information on the frequency, consequences and characteristics of extended nicotine gum use (that is, over 8 months use) in a large population of subjects completing an intensive smoking cessation program.

FREQUENCY OF EXTENDED USE OF NICOTINE GUM IN THE LUNG HEALTH STUDY. Wendy Bjornson-Benson. Oregon Health Sciences University, Portland, OR.

The Lung Health Study is the first national clinical trial to use nicotine gum as a primary smoking cessation therapy. Multiple studies testing the efficacy of nicotine gum have demonstrated its effectiveness in helping people stop smoking, especially those more heavily addicted to nicotine. Little is known, however, about the extended use of nicotine gum beyond the recommended six months, although recent reports indicate that extended use can further improve cessation rates by helping to prevent relapse. The Lung Health Study offers a unique opportunity to analyze extended use of nicotine gum for a large population of smokers motivated to quit smoking who are encouraged to use nicotine gum as a part of a behavioral smoking cessation intervention program. Participants in the Lung Health Study are generally heavy smokers (mean = 31.4 cigarettes per day), in the age range 35-59 years (mean = 48.4 years at baseline); 62.7% are men and all have mild to moderate lung function impairment ($FEV_1 = >55\%$ $<90\%$ pred., $FEV_1/FVC = \leq 0.7$). Forty-seven percent had high scores on a baseline nicotine dependency scale (Fagerstrom Tolerance Questionnaire). Nicotine gum was offered at no charge at the beginning of a comprehensive twelve-week stop smoking program with standard prescribing instructions including instructions for tapering by 6 months. Preliminary data from one-year follow-ups has found that despite instructions, 26% of one-year sustained quitters (that is, no smoking since quit day) continued to use an average of at least 6 pieces per day, with 12% of these participants using 8 or more pieces per day. Additionally, 50% of those nonsmokers who reported slips since Quit Day continued to use nicotine gum at the first annual follow-up, with 26% of these participants using 8 or more pieces per day. Use of nicotine gum by this group may be directly related to preventing relapse or fear of relapse. In general, rates of extended use of nicotine gum in the Lung Health Study exceed the investigators' expectations. From this experience, it appears that when smokers motivated for health reasons to quit are strongly encouraged to use nicotine gum as a part of a smoking cessation program and are given the gum at no cost, a significant number of ex-smokers will continue to use