

Results have revealed that group studies of methylphenidate effects in ADD children do not yield data that reflect accurately the drug effects on most and in some cases any of the individuals that comprise the group. Further, these individual differences vary across domain of assessment within children—for example, one child's dose-response function is not necessarily the same for aggression on the playground compared to seatwork completed in the classroom. These differences within children across dependent measures and across children within measure highlight the importance of developing reliable and valid indices of individuals' drug responses that can be used both for clinical and research purposes. We have begun to investigate the use of effect sizes, regression analyses, and analyses of variance—all computed for each individual rather than on group data—for describing individual differences in response to medication, and the utility of these various measures will be discussed.

INVITED ADDRESS

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DRUG AND HIV SCREENS: THERAPEUTIC ASSETS, SOCIAL POLICY FAILURES. John G. Grabowski. University of Texas Health Sciences Center, Houston, TX.

The nexus of drug abuse and HIV infection presents major social, legal, and economic problems. Treatment for the former is inadequate and for the latter is nonexistent. Frustration with the inability to quickly control either problem has led to proposals for single purpose, often invasive, and at times truly "exceptional" (contrary to standard practice), interventions. Legislative change of the admissibility and rules of evidence in drug cases, instating the death penalty, involving the military, or for discussion here, implementing drug screening on all employees and students, are examples of current or proposed actions. The data for pursuit of extensive drug (or HIV) screening in educational or employment situations are inadequate. Data from the military or prison settings are not applicable to civilian or law abiding populations. Data indicating numbers of companies currently testing are simply irrelevant to whether or not testing should be ongoing. Further, large scale testing programs to date do not support the need of testing in the workplace. For example, testing of 30,000 civilian federal employees produced 0.7% positives. This presentation will consider existing data, criteria for testing, and justifiable testing circumstances. The consequences of both proper and improper use of testing for medical, behavioral-medical, and social purposes will be reviewed. Further, the potential long-term implications of permitting pan-population testing will be considered.