

**INDIVIDUAL ASSESSMENT PROFILE (IAP): STANDARDIZING THE ASSESSMENT OF SUBSTANCE ABUSERS.** Patrick M. Flynn,\* Robert L. Hubbard,\* Douglas L. Fountain,\* Timothy K. Smith\* and Jeffrey A. Hoffman.†  
\*Research Triangle Institute, Research Triangle Park, NC, and †Koba Associates, Inc., Washington, DC.

The Individual Assessment Profile (IAP), a structured interview instrument in the public domain, was designed for use with substance-abusing populations in several large-scale national drug abuse projects. Reliability and validity data are presented, along with descriptions of studies using the IAP for clinical, research, and management information purposes. Copies of the paper and the IAP instrument are available for general distribution, and a computer-assisted version of the instrument and automated reports (e.g., client narrative, the National Institute on Drug Abuse's Client Data System report) are available for demonstration purposes. Suggestions for further research and additional developmental work scheduled to be conducted on the IAP are also presented.

**CHARACTERISTICS OF METHADONE PATIENTS RESPONDING TO TAKE-HOME INCENTIVES.** Michael S. Kidorf and Maxine L. Stitzer. The Johns Hopkins University School of Medicine, Baltimore, MD.

Ninety-five methadone patients participated in a take-home incentive program as part of usual care treatment. Patients earned one take-home for every 2 weeks of drug-negative urines and lost one take-home for each week of drug-positive urines. The present study examined psychiatric, behavioral, and demographic differences between a group of patients who achieved drug-free status and earned take-homes ( $N = 12$ ) and a matched group of patients who continued to use drugs and did not earn take-homes. Results showed that patients who earned take-homes evidenced less baseline cocaine and heroin use, less family history of alcoholism, and more full-time employment than patients who did not earn take-homes. These findings have implications for identifying patients who might succeed on take-home incentive programs.

**EFFECTS OF DRUG PRETREATMENT ON BEHAVIORAL DISRUPTIONS OF DRUG WITHDRAWAL.** Joshua S. Rodefer and Marilyn E. Carroll. University of Minnesota, Minneapolis, MN.

Rhesus monkeys self-administered PCP (0.25 mg/ml) and water. When water was substituted for PCP for 8 days, pellet deliveries decreased under an FR 64 schedule. When buprenorphine (0.2 and 0.8 mg/kg) was injected, there was no change in the PCP withdrawal disruption. When MK 801 (0.005, 0.05 and 0.5 mg/kg) was injected, the PCP withdrawal effect was nearly eliminated. When monkeys had access to ethanol (8% wt/vol) there was no effect on the PCP withdrawal disruption. These results suggest that pretreatment with drugs that are reinforcing but not pharmacologically similar to PCP does not alleviate withdrawal effects.

**A COMPARATIVE ANALYSIS OF COCAINE ABUSE TREATMENT STRATEGIES.** Jeffrey A. Hoffman,\* and Barry D. Caudill,\* Robert L. Hubbard† and Patrick Flynn.†  
\*Koba Institute, Washington, DC, and †Research Triangle Institute, Research Triangle Park, NC.

The relative efficacy of drug counseling and psychotherapeutic approaches to cocaine abuse treatment were compared in a 4-month outpatient treatment project in Washington, DC. The impact of minimal and intensive forms of group therapy, alone and in combination with individual psychotherapy and family therapy, on retention in treatment, and on each client's level of participation in treatment, were compared. Findings show that the more intensive and multifaceted treatments were much more successful in retaining clients in treatment, and in encouraging active levels of participation, than were the more minimal service conditions. Implications for enhancing cocaine abuse treatment efforts are discussed.

**UTILITY OF THE MCMI-II IN ASSESSING COCAINE ABUSE TREATMENT.** Johnie G. Hamilton, Jr.\*, Patrick Flynn†, Jeffrey H. Hoffman‡ and Barry Caudill.‡  
\*Project Sector, Washington, DC, †Research Triangle Institute, Research Triangle Park, NC, and ‡Koba Institute, Washington, DC.

The Millon Clinical Multiaxial Inventory-II (MCMI-II) was administered to crack cocaine smokers to determine psychiatric severity and to cross-validate the MCMI-II syndrome scales with the Composite International Diagnostic Interview (CIDI), Diagnostic Interview Schedule (DIS), Symptom Distress Check List (SDCL) and the socialization scale of the California Psychological Inventory (CPI). Subjects were primarily African-Americans, diagnosed as cocaine-dependent according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R), living in the metropolitan area of Washington, DC. The average age of the subjects were 30 years old, with 70% male and 30% female. Data collection continues with current  $N = 33$ . Subjects entering Project SECTOR (a federally funded outpatient cocaine abuse treatment program) are randomly assigned to one of six treatment modules and are administered various assessment instruments. The MCMI-II is one of these instruments and is administered at program entry and termination. Initial analyses using the MCMI-II reveal narcissistic, histrionic, avoidant, and antisocial personality profiles predominate. Results indicate that Axis-II diagnoses can significantly affect the treatment of cocaine abuse. Implications for outpatient cocaine abuse treatment are discussed.

**DESCRIPTION OF CLIENTS IN FOUR MODALITIES OF DRUG ABUSE TREATMENT.** M. Gail Woods, Robert L. Hubbard, B. Kathleen Jordan and Patrick Flynn. Research Triangle Institute, Research Triangle Park, NC.

Preliminary results concerning characteristics of clients presenting for drug treatment at programs involved in the Drug Abuse Treatment Outcome Study (DATOS) are presented. Data for clients in 50 drug abuse treatment programs in 12-15 cities will be analyzed and summarized. Characteristics and profiles of clients currently in treatment will be compared with those from clients in similar programs 10 and 20 years earlier to show how the characteristics of clients have changed over the past 20 years.

**ALCOHOL/DRUG USE PATTERNS IN FOUR MODALITIES OF DRUG ABUSE TREATMENT.** M. Gail Woods, Patrick M. Flynn and Robert L. Hubbard. Research Triangle Institute, Research Triangle Park, NC.

Preliminary results of patterns of alcohol and drug use of clients presenting for drug treatment at programs involved in the Drug Abuse Treatment Outcome Study (DATOS) are presented. The results will be for clients in 50 drug abuse treatment programs in 12-15 cities. Data from clients currently in treatment will be compared with data from clients in similar programs 10 and 20 years earlier to show how the pattern of use of clients have changed over the past 20 years.

**ALCOHOL AND DRUG ABUSERS ENTERING TREATMENT: HOW DIFFERENT ARE THEY?** Peter Seraganian, Thomas G. Brown and Jacques Tremblay. Concordia University, Montreal, Canada.

While addicted individuals share some attributes, certain demographic, psychological, and cognitive characteristics may distinguish alcoholics from those who abuse other substances. Males and females recruited from a residential, bilingual (French and English), addiction treatment center were categorized into three groups as follows: 1) alcohol abusers, 2) other drug (principally cocaine) abusers, and 3) both alcohol and other drug abusers. Group differences in age, scores on subscales of the Symptoms Checklist 90, and neuropsychological test scores were all in evidence. Overall, the findings reinforce the appropriateness of considering psychological and cognitive status when treatment matching for substance abusers is undertaken.

**IMPACT OF CONTEXTUAL VARIABLES ON ADOLESCENT SUBSTANCE USE.** Jeffrey S. Ashby. Pennsylvania State University, University Park, PA.

The potential relationship between contextual variables and drug and alcohol use suggested by Interactive theory (Huba, Wingard, & Bentler, 1980) was explored by investigating the relationship between 19 contextual variables and 6 items indicating behavioral intention to use drugs or alcohol. The strength of the suggested relationship was established by comparing the strength of the contextual variables to 5 variables for which a relationship to drug and alcohol use had been previously established. The results of a canonical correlation analysis supported a significant relationship between several of the contextual variables and intention to use drugs and alcohol.

**INTROVERSION-EXTRAVERSION AND SITUATIONAL PREFERENCE FOR STIMULANTS AND DEPRESSANTS.** Richard T. Lewis and William C. Goggin. University of Southern Mississippi, Hattiesburg, MS.

This study tested Eysenck's hypothesis that introverts have a greater preference for depressant drugs than do extraverts, and that extraverts have a greater preference for stimulant drugs than do introverts. Environmental stimulation was expected to influence desire to use stimulant drugs and depressant drugs; therefore, desire to use stimulants and depressants was assessed in several types of situations. Eysenck's hypothesis regarding introversion-extraversion, and stimulant and depressant use, was not supported in this research. Other results indicate that people may use stimulants to avoid unpleasantly low levels of arousal, and that they may use depressants to avoid unpleasantly high levels of arousal.

**SITUATIONAL INFLUENCES ON CUES USED TO JUDGE INTOXICATION.** Janice G. Williams and W. Jeffrey Burroughs. Clemson University, Clemson, SC.

This study investigated subjects' perceptions of cues used to judge intoxication across different drinking settings. Forty college students were presented with 12 one-paragraph scenarios, 4 for each of three types of drinking expectancy: relaxation, social disinhibition, and physical impairment. Pilot testing confirmed that the scenarios accurately represented these different expectancies. Subjects rated the importance of 18 cues to intoxication for judging intoxication in each of the 12 scenarios. Results indicated that 15 of the 18 cues were perceived to be differentially important in the 3 types of situations. These results suggest that subjects may apply cues to intoxication differently in different situations, accounting for variability in accuracy of blood alcohol level estimation.

**ROLE OF INTOXICATED PRACTICE IN BEHAVIORAL ALCOHOL TOLERANCE IN HUMANS.** Robert H. Bennett, Don R. Cherek, John D. Roache and Ralph Spiga. University of Texas Medical School, Houston, TX.

Male social drinkers performed two behavioral tasks for a series of trials for 4 consecutive days. All subjects consumed a beverage before and following task performance trials. Half of the subjects received alcohol before performance trials and placebo following the trials. The remaining subjects received the beverages in reverse order. On the fifth day (test day) the alcohol beverage was administered to all subjects prior to the trials. Results indicated that performance of the behavioral tasks under the influence of alcohol over the 4 days (intoxicated practice) contributed to tolerance development.

**DRUG INVOLVEMENT AMONG ALCOHOLIC MEN: RELATIONSHIPS TO PSYCHOPATHOLOGY AND ADAPTATION.** Fernando Gonzalez, Robert A. Zucker and Hiram E. Fitzgerald. Michigan State University, East Lansing, MI.

This study examines the psychological and demographic differences between (other) drug-using and non-drug-using alcoholics in a systematically drawn, population-based nonclinical sample of males from initially intact families. Respondents varied in extent of their drug use and were categorized into one of five groups ranging from drug-abusing/dependent alcoholics to controls. Higher levels of drug involvement were associated with higher rates of antisocial behavior, depression, and alcohol-related problems, and were inversely related to level of mental health, adaptive functioning, socioeconomic status, education, and income.

**ACTIVATING AND DISINHIBITING EFFECTS OF ALCOHOL AT LOW DOSAGES.** Pamela L. Valley and John D. Salamone. University of Connecticut, Storrs, CT.

Although ethanol is generally considered to be a sedative-hypnotic drug, low doses have been reported to have "activating" or "disinhibiting" effects. A checklist (Behavioral Effects of Alcohol, BEA) was developed to assess the disinhibiting and activating effects of ethanol. The BEA was administered to 127 college students who also were tested on Zuckerman's