

ABSTRACTS

INVITED ADDRESS

Chair: *Harriet deWit*, University of Chicago, Chicago, IL.

PRIORITIES IN GENDER-FOCUSED RESEARCH: A VIEW FROM THE ADDICTION RESEARCH FOUNDATION. Robin Room. Addiction Research Foundation, Toronto, Ontario, Canada.

The report of an ARF Task Group on gender-focused research on alcohol and drugs is discussed. Undue research focus on males has often been reflected in study conceptualizations, designs and measurements. Gender-focused research has usually studied isolated individuals or the genders as aggregates; attention needs to be directed towards drinking and drugs in gender role interactions and to gender roles in family responses to drinking and drug use. Specific needs for gender-focused research were identified in studies of use and addiction patterns, of treatment modalities and systems, of community prevention programs, and of policy impacts.

PRESIDENTIAL ADDRESS

Chair: *Ron Wood*, NYU Medical School, Tuxedo, NY.

TREATING DRUG ABUSE: THE POWER OF POSITIVE REINFORCEMENT. Maxine L. Stitzer. The Johns-Hopkins School of Medicine, Baltimore, MD.

New treatment approaches for drug abuse have recently been developed that are based on the competition between drug and nondrug reinforcers. Specifically, contingency management incentive programs designed to promote treatment retention and suppress drug use have been developed and tested in both methadone maintenance and drug-free settings. Effective results have been demonstrated, particularly for programs offering positive incentives based on therapeutic behavior change. The potency of positive incentive approaches, demonstrated in clinical research, can be extrapolated from the clinic setting to the larger society beyond.

INVITED ADDRESS

Chair: *George Bigelow*, The Johns Hopkins School of Medicine, Baltimore, MD.

BEYOND TREATMENT: ABSTINENCE PROMOTION AS PUBLIC POLICY. Mark Kleiman. Harvard University, Kennedy School of Government, Cambridge, MA.

Drug-taking easily becomes a bad habit, without regard to whether the drug involved is licit or illicit. Those habits can be difficult to alter, and helping those who wish to change their habits can be a useful service, whether or not it is classified as "treatment" for a "drug dependency disorder."

Yet most persons who have had unwanted drug habits do not currently have them, and the overwhelming majority of ex-problem users received no formal treatment. This suggests that the question "How can we provide drug treatment to those who need it?" should be rephrased as "What can encourage and help desistance from unwanted drug habits?"

Asking the question this way points toward persuasion efforts and the diffusion of relapse-management techniques rather than the expansion of reimbursement for professional services.

SOLVAY-DUPHAR AWARDEE ADDRESS

Chair: *Lewis Seiden*, University of Chicago, Chicago, IL.

AGGRESSION AND AFFECTIVE DISORDERS: COMMON AND SEPARATE MECHANISMS. Klaus A. Miczek. Tufts University, Medford, MA.

Recent discoveries of how various emotional behaviors are altered by selectively acting drugs force the replacement of the classic concept of cortical inhibition over raging limbic impulses. To capture the "emotional" dimension in behavior patterns during social conflict and anxiety in an objective and quantitative manner remains a continuing challenge, particularly at the preclinical level. Affective vocal expressions in important life situations in rodents and primates have emerged as targets for classic and novel drugs that act on newly identified molecular components of neural receptors. Pharmacological manipulations of serotonergic and GABAergic receptor subtypes show promising selectivity in modulating vocal behavior during social conflict as well as during withdrawal from opiates and benzodiazepine anxiolytics.

INVITED ADDRESS

Chair: *Roland R. Griffiths*, The Johns Hopkins School of Medicine, Baltimore, MD.

GENETICS OF HUMAN DRUG ABUSE. Roy W. Pickens. NIDA Addiction Research Center, Baltimore, MD.

Genetic factors are known to influence quantity and frequency of alcohol, tobacco, and other drug use, as well as predisposition to psychoactive substance abuse and dependence. However, both twin and adoption studies suggest the extent of the genetic influence is in the modest-to-moderate range and (at least for alcoholism) varies as a function of sex, diagnostic subtype, age of onset, and presence of psychiatric comorbidity. The presentation will also discuss limitations in current knowledge for understanding the relative contributions of genetic and environmental factors in the etiology of individual cases of alcoholism, as well as the need to develop