and antagonist (mecamylamine) greatly facilitates abstinence following smoking cessation treatment. This counterintuitive approach may likewise have potential utility in the analysis and treatment of other drug dependencies. Agonist-antagonist combinations may provide great flexibility in dissociating the tonic level of activation of a receptor system from phasic responsiveness to drug reinforcement. We have also developed methods for replacing the conditioned reinforcing cues which have been shown to be important modulators of craving for cigarettes. These cues are mediated by a variety of receptors, some of which have a pharmacologic specificity similar to that of central nervous system nicotinic receptors. Effective drug dependence treatments may require comprehensive strategies that not only replace and/or block desired drug effects, but also take into account peripheral conditioned reinforcing cues.

SYMPOSIUM

Contemporary Psychological Perspectives on American Drug Policy.

Chairs: *Richard J. DeGrandpre* and *Warren K. Bickel*, University of Vermont, Burlington, VT.

Discussant: *Ethan A. Nadelmann*, Woodrow Wilson School of Public and International Affairs, Princeton University, Princeton, NJ.

PSYCHOLOGICAL SCIENCE SPEAKS TO POLICY: DRUG AVAILABILITY AND COMPETING REINFORCERS. Warren K. Bickel, Richard J. DeGrandpre and Stephen T. Higgins. University of Vermont, Burlington, VT.

Psychological science suggests that drug abuse and dependence—in all its manifestations—may be varied instances of a few fundamental principles. These principles suggest that drug taking for those individuals who are at risk is a function of two factors: drug availability and the availability of competing reinforcers. In this paper, a conceptualization of those at risk will be presented, followed by data from the basic animal laboratory through the outpatient clinic to the epidemiology of drug abuse that suggests that etiology, maintenance, treatment, and relapse to drug dependence can be largely understood by these two factors. These data, then, provide a basis for developing an empirical, integrated approach to drug policy where the environmental determinants of drug taking are explicitly acknowledged and altered.

PHARMACOPHOBIC PSYCHOPHARMACOLOGY. Arthur Leccese. Kenyon College, Gambier, OH.

It will be argued that governmental policies of differential prohibition have prompted a specific pharmacophobia, the irrational fear of pleasure-inducing psychoactive drugs. The diverse literature regarding the effects of racism, sexism, and homophobia upon research and medicine will be used to illuminate the consequences of psychology's failure to combat pharmacophobia. Specific examples from the scientific press will support the assertion that pharmacophobia has, indeed, exerted a negative effect upon psychological research, theorizing, and clinical practice. Particular emphasis will be placed on published literature involving determinations of the efficacy of pharmacological treatments for ADHD, various eating disorders, and, most significantly, "drug abuse." Finally, there will be an examination of the benefits that may accrue from revised drug policies that include a humanistic antiprohibitionism that strives to minimize the use of violence and coercion.

AA AND THE TOOTH FAIRY. Stanton Peele, Morristown, NJ.

Recently, Stephen T. Higgins and colleagues at the University of Vermont reported on a randomized comparative study of a community-oriented behavioral approach and "standard drug and alcohol abuse counseling from a 12-step orientation" for cocaine dependence:

> The standard counseling program relied heavily on group meetings and educational materials about drug dependence to *get participants to accept their addiction as a treatable but incurable disease.* The study reports that 11 out of the 13 cocaine-dependent patients enrolled in the behavioral *outpatient* program completed a full 12 weeks of treatment. Seven of the patients did not use cocaine for eight or more consecutive weeks. . . . *By comparison, none of the 12 patients who got standard drug abuse counseling completed the 12-week program, and none achieved eight weeks of continuous abstinence.*

Rather than explaining AA's success, we need instead to understand why AA does not work. The reason for AA's lack of success is that it simply does not provide the necessary ingredients to successfully combat addiction, which include:

(1) motivation based on personal values,
(2) skills with which to lead a life free of addiction,
(3) a lifestyle that generates sufficient rewards and support to replace addiction,
(4) a commitment to issues larger than one's own addiction, and
(5) a sense of responsibility matched by belief in one's own efficacy.

Why, then, are AA and 12-step programs completely dominant in the public and private treatment landscape? Indeed, today the majority of referrals to AA and private treatment are coerced by the government (through the courts and requirements to receive social welfare resources) and EAPS. A system—even a reimbursed or free system—which claims to offer people life-saving help cannot attract clients with which to sustain itself in the absence of coercion.

Clearly, we need to:

(1) broaden our range of therapeutic approaches,
(2) accept and build on (rather than attacking) people's natural recuperative powers, and
(3) de-emphasize coercive treatment which blinds us to the deficiencies in the system from the client's perspective.

A CANADIAN PERSPECTIVE ON DRUG POLICY. Bruce K. Alexander. Simon Fraser University, Burnaby, BC, Canada.

Harmful addictions and drug-related deviance are problems that bedevil the modern world. As aspects of human behaviour, these problems fall naturally within the domain of psychological investigation and practice. Yet discussions of addiction and drug problems have a flamboyant, emotionalized character that scarcely resembles dispassionate professionalism. From a Canadian perspective, it would appear that addiction and drug problems have been swept up in the great currents of American social rhetoric since the early 19th century temperance movement. It would seem that these rhetori-