

structured treatment contexts. Little is known about self-initiated smoking cessation behavior among cardiac patients. We undertook this study in preparation for a longitudinal analysis of patients attempting to maintain smoking abstinence without treatment assistance following MI. In this ongoing study we evaluate baseline differences between treatment seekers and treatment refusers on smoking history, disease severity, and psychological variables.

Subject were 48 patients hospitalized for treatment of acute myocardial infarction (AMI). At a predischARGE interview, patients were asked specific questions regarding their desire to quit "on your own" vs. "with treatment assistance." Information on demographic, smoking history, and disease severity variables were collected while patients were in the hospital. Peak blood levels of the enzyme creatine kinase (CK) were used as the primary objective biological index of infarction severity. Left ventricular ejection fraction was used as another index of MI severity. Perceived ratings of MI severity and percent to which smoking contributed to their MIs were made on 9-point scales. All patients attended an assessment session seven days postdischarge, during which time additional psychological measures were administered, including the Smoking Confidence Questionnaire, the Beck Depression Inventory, a measure of perceived social support, the General Health Questionnaire, and the POMS.

The screening procedure has resulted in 22 treatment-seeking patients and 26 treatment "rejectors" to date. Preliminary analyses show gender and education differences. Patients who desire to quit on their own tend to be male, and have more years of education than patients who seek treatment. Those seeking treatment report more years of smoking, shorter periods of abstinence, and higher scores on the Fagerstrom nicotine dependence measure. Finally, treatment seekers experience more severe MIs, as indicated on both subjective and objective measures. Treatment seekers rate smoking as more contributory to their heart illness compared to treatment refusers. To examine the predictive utility of these baseline variables, three- and six-month follow-up assessment of smoking behavior is in progress, and will be presented at the meeting.

Clinic-based cessation programs appear to serve a small but important population of smokers, including those most at risk for tobacco-related morbidity and mortality. In a group of patients with cardiac disease we found interesting baseline differences between those individuals seeking treatment and those preferring to quit without formal treatment assistance. These observations will be discussed within the context of potential predictors of treatment responsiveness in special populations.

PSYCHOSOCIAL ISSUES IN TREATING DRUG ABUSERS WITH AIDS. James L. Sorensen, Julie A. London and Tamara Wall. University of California, San Francisco, CA.

Psychologists working in substance abuse treatment programs need to cope with the emerging epidemic of acquired immunodeficiency syndrome (AIDS). This presentation reviews new research in psychosocial aspects of treating patients with AIDS in a drug treatment program.

San Francisco General Hospital's Substance Abuse Services has developed specialized services for people with AIDS. Through preferential admission policies the patient population has shifted so that over 60% of methadone maintenance patients have symptomatic HIV infection. Although medical treatment is vital, it is also important to address psychosocial

issues. Research is underway in three areas: bereavement among patients, adherence to medications, and case management.

Drug abusers with AIDS experience the death of friends and relatives, and bereavement complicates the treatment process. A prevalence assessment revealed that over 90% of patients in the maintenance program knew three or more people who had died in the past 12 months.

Nonadherence to medication regimens has been significant. In the maintenance program the average patient is prescribed six medications. An intervention was developed and piloted to increase adherence to AZT among drug abusers with AIDS. This random assignment study is revealing significant improvement in patients' adherence to the thrice-daily medication regimen, as measured by biological, behavioral, and self-report measures.

Drug abusers with HIV disease may underutilize outpatient programs and overuse more expensive emergency and inpatient care. A pilot study is examining the impact of providing intensive case management to these patients when they are hospitalized. Preliminary results of a random-assignment study indicate benefits in linking patients with social services.

SYMPOSIUM

The Impact of Discoveries in Psychopharmacology on Clinical Psychology Practice.

Chair: *Carolyn M. Mazure*, Yale-New Haven Hospital, New Haven, CT.

Discussant: *Charles R. Schuster*, NIDA Addiction Research Center, Baltimore, MD.

PHARMACOLOGICAL INTERVENTIONS FOR SUBSTANCE ABUSE: IMPLICATIONS FOR PSYCHOLOGISTS. Stephanie S. O'Malley. Yale University School of Medicine, New Haven, CT.

New and promising pharmacological treatments recently have been identified as potentially important adjuncts to the treatment of substance abuse. As new medications are developed, psychologists will have an important role in delineating the conditions under which the effects of these medications can be maximized. These include techniques to increase adherence to medication regimens, the development of cognitive behavioral strategies to augment reductions in craving induced by pharmacotherapies, and teaching coping skills and lifestyle modifications in order to promote long-term maintenance of change. The current status of pharmacological interventions for opiate dependence, cocaine abuse, and alcoholism will be reviewed. Pharmacological interventions designed to aid in rehabilitation rather than detoxification will be discussed in terms of the rationale for the medication, including 1) the reversal or amelioration of protracted abstinence, 2) reduction of desire to use substances, 3) blockade of the reinforcing properties of the substance, and 4) the use of nonaddicting psychotropic drugs for comorbid psychiatric disorders that may contribute to the substance abuse problem. In addition to providing an overview of medications for opioids and cocaine, examples from pharmacological studies of alcoholism will be used to illustrate how psychological interventions play a key role in determining the ultimate response to treatment. Recent research on the use of naltrexone in the treatment of alcohol dependence clearly suggests that the type of psychotherapy provided can differentially interact with medication to influence abstinence rates and rates of relapse to heavy drinking. Abstinence rates, for example, appear to be augmented by the