

NEW FELLOWS ADDRESS

Chair: *Harriet de Wit*, University of Chicago, Chicago, IL.

WHEN DOES DRUG INVOLVEMENT BEGIN? STUDIES OF VERY EARLY ONSET OF RISK. Robert A. Zucker, Michigan State University, East Lansing, MI.

Although genetically mediated diatheses are present at birth, it is commonplace to view the onset of drug involvement as occurring at some point later on in childhood or adolescence, when first drug use and subsequent moves into problematic drug involvement take place. From a developmental perspective such a view of onset phenomena is restrictive, because it truncates causal process and does not sufficiently decompose the drug taking behavior into its precursive etiologic components. Within the framework of a prospective study of the development of alcoholism and other drug involvement, utilizing a high risk design and a broad array of measures that focus upon both drug specific as well as more general regulatory and psychopathological phenomena, our group has begun to address the issue of early process, and map differences in risk structure that occur in families with varying degrees of risk burden.

The presentation provides an overview of work accomplished to date. The longitudinal data base being tracked involves three population based samples of families, who vary in degree of parental alcoholism visibility and severity among the parents; all have sons (and most have daughters) initially in the 3-5 year age range. Results focus on three areas: (a) the detection of early differences in the presence of cognitive schemas about drugs; (b) the detection of early adaptational and symptomatic differences among the children which suggest different developmental trajectories are already in place; (c) the detection of major differences in parent functioning and symptomatology, which indicate that the familial context of child risk varies widely, and may serve to drive the initial child differences already observed.

Within the purview of a probabilistic developmental framework, a conceptualization of risk burden nested in risk context is proposed to account for the evolution of different patterns of alcohol and other drug involvement. Existing data also support at least a two path model for the unfolding of these processes over time.

SYMPOSIUM

Illicit Drugs and the Public Health.

Chairs: *Warren K. Bickel* and *Richard J. DeGrandpre*, Department of Psychiatry, University of Vermont.

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

HARM-REDUCTION AS A BASIS FOR DRUG CONTROL POLICY. Robert S. Gable, The Claremont Graduate School, Claremont, CA.

The federal budget for control of abusable substances has more than tripled in the past decade to approximately \$10 billion per year. While this reflects a strong and legitimate public concern, it also indicates a need to examine how drug-control dollars are best spent. Profound differences exist among psychoactive substances with respect to their acute lethality and dependence potential. A cost-effective policy would aim at harm reduction by prioritizing such risks, and

then directing treatment and law enforcement efforts against the most harmful substances.

PUBLIC HEALTH ISSUES IN TREATING DRUG ABUSERS WITH COMORBID DISEASES. James L. Sorensen, Julie A. London, Robert L. Okin and Steven Batki, University of California, San Francisco, San Francisco, CA.

Psychologist working in substance abuse treatment programs need to cope with the emerging epidemics of Acquired Immundeficiency Syndrome (AIDS) and tuberculosis. This presentation reviews new research in the public health benefits of treating patients with comorbid diseases in a drug treatment program.

San Francisco General Hospital's Substance Abuse Services has developed specialized services for people with AIDS, tuberculosis, and mental illness. Through preferential admission policies the patient population has shifted so that over 60% of methadone maintenance patients have symptomatic HIV disease, and most others have medical problems. Although medical treatment is vital, it is just as important to address psycho social issues. In several areas research is underway with public health implications.

Case management has been widely adopted as a strategy for treating groups who have not benefitted from customary care. Drug abusers with HIV disease may under-utilize outpatient programs and over-use more expensive emergency and inpatient care. With support from NIDA a study is examining the impact of providing intensive case management to substance abusers with HIV disease when they appear in the emergency service. Pilot study results of a random-assignment study indicate that patients use expensive services, and they are unlikely to link with drug abuse treatment on their own.

Nonadherence to medication regimens has been significant. In the methadone maintenance program the average patient is prescribed six medications. Based on a CDC project aimed at preventing the spread of tuberculosis, an intervention was developed and piloted to increase adherence to AZT among drug abusers with AIDS. This random assignment study has revealed significant improvement in patients' adherence to the thrice-daily medication regimen, as measured by biological, behavioral, and self-report measures. A treatment manual is available. Drug treatment programs are outstanding sites for improving substance abuser's adherence to medications for psychological problems, AIDS, and tuberculosis. Drug abuse treatment of patients with comorbid diseases may be especially cost-effective in a managed care environment.

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REGULATING THE REINFORCING VALUE OF DRUGS. Murray E. Jarvik, University of California Los Angeles, Los Angeles, CA.

Habitual self-administration of a drug is *prima facie* evidence of its reinforcing property. For drugs such as cocaine, heroin, and nicotine, brain reward mechanisms have been identified or postulated to produce reinforcement, and constitutional factors have also been invoked. However, environmental influences may strongly affect reinforcing potency. Government drug policy relies heavily on interdiction and punishment to deter and reduce drug use in the USA but does