



NEWSLINE

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CPDD President's Column

KATHRYN A. CUNNINGHAM, PH.D.
PRESIDENT

The year of my CPDD presidency is passing rapidly, and the fast paced nature of our lives continually surprises me. There are many behind-the-scenes activities that have gone on in our College during the last few months and this current, rich issue of *Newsline* reflects the breadth of these activities. Within its pages, you will find a compelling *Voice of Experience* interview with Herb Kleber, winner of the 1995 Nathan B. Eddy award. Thanks go to Rebecca Craft for conducting the interview and distilling Dr. Kleber's life into a well-crafted article. Rich Eisenberg and his compatriots on the Electronics

Committee have provided an update on the activities of this important arm of the College. Ellen Geller provided the final list of symposia and workshops for the 2006 CPDD meeting and our President-elect, Tom Kosten, wrote a brief review of the interim meeting of the board of directors.

A key, ongoing activity of our College that occupies the Executive Committee busy is the effort to keep abreast of the rapidly evolving legislative scene. The CPDD is deeply involved in public policy and advocacy. This effort is led by our Public Policy Officer, Dr. Bill Dewey,

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Interim Board of Directors Meeting

The Interim Meeting of the Board of Directors was held in Houston, Texas at the end of January. The meeting opened with a celebration of our new board members including the President-elect, Dr. Steven Higgins, and the four new members—Drs. Stitzer, Nader, Svikis, and Childers. The CPDD faces funding challenges, but with a variety of budget-tightening maneuvers by our treasurer, Dr. Hatsukami, has kept the College budget in balance. Finally, we have made appointments to all the openings in the various CPDD committees and plan for these committees to meet and develop new initiatives at the Annual CPDD meeting. Congratulations to all the new committee members and thank you for your willingness to serve our College.

Overall, CPDD continues to grow in

membership with a substantive increase in both associate and regular members. A committee was asked to review this growth because of a relatively unchanging number of basic science submissions to our annual meeting (see later in this article) and a perception that physician investigators are becoming less common in CPDD. A committee, under Dr. Thomas Crowley, found that the proportion of physicians with NIDA grants was equivalent to the proportion of physicians in the CPDD membership. Within our membership, physicians are relatively over-represented among fellows, where 26% of fellows are physicians, but only 13% of members are physicians. Thus, the problem appears to be that fewer physicians are entering research careers in addiction medicine, which has been lamented for several

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President's Column *continued from page 1*

who works with our Washington representatives at Capitol Associates (Ed Long and Roxanne Burnham) and the Friends of NIDA (FON) to advocate for enhanced awareness of addiction and the need for continued NIH resources for addiction research. A brief overview of their activities is found elsewhere in this issue (See Public Policy Update, pg 3). You can also visit the FON website: www.thefriendsofnida.org. Their intense efforts are now being enhanced and expanded by the Public Education Taskforce (PET), a new College initiative led by Martin Iguchi geared to create an organic, flexible, and responsive consortium to broaden our efforts in public education, advocacy and policy. My sincere thanks to these committed and dedicated individuals.

The collaborative effort of these individuals has led to the session *Blending Science, Public Policy and*

Advocacy that will be presented at the CPDD Meeting in Scottsdale from 9:30am-11:30am on Tuesday June 20, 2006. The session will include a discussion of the role of CPDD and FON in shaping public policy, the status of important bills and other national activity related to the NIH budget, NIH and the Office of National Drug Control Policy (ONDCP) reauthorizations, and the need for attention to public education in science. Importantly, we hope to start the dialogue on how to increase the efficacy of our College in blending science, public policy and advocacy. This session promises to be interactive and lively, and I look forward to seeing you there.

Again, I am at your service. Please feel free to contact me (kcunning@utmb.edu) with your thoughts, suggestions, and hopes for our organization and the future of our science.



**Congratulations
2006 CPDD
Award Winners**

- Eddy Award*
Ivy Carroll
- Cochin Award*
Chris Pierce
- Fischman Award*
Linda Dykstra
- Morrison Award*
Joe Frascella
- Mentorship Award*
Jim Anthony
- Media Award*
Harvey Weiss,
Executive Director, National
Inhalant Prevention
Coalition

Interim Board of Directors Meeting Report – *continued from page 1*

years by NIH and other research organizations. We hope to address one issue of physician engagement with CPDD by determining whether physicians are more likely than PhD scientists to attend the annual meeting, but not join CPDD. If they are attending, we will then develop a strategy to engage these physicians in the life and publications of the CPDD.

The Annual Meeting promises a program with an excellent range of symposia, papers and poster sessions, with a substantial increase of over 15% this year in the number of abstracts submitted (915). Most of this growth has been in clinical submissions with over 700 abstracts, while the 200 basic science submissions have remained stable over the last few years. To open our exciting program in Arizona, we will be having a Presidential lecture by Dr. Ann Kelley in addition to the presentations by Dr. Volkow, Director of NIDA. For future meetings, we continue to encourage

translational research symposia and participation by a greater number of basic science researchers.

The public policy work of CPDD continues at a hectic pace with a remarkable success record through Capitol Associates and the Friends of NIDA (FON). The FON, under Dr. William Dewey's outstanding leadership, has involved over 150 organizations and has been conducting three congressional briefings each year (see Public Policy Update, pg 3).

Other facets of CPDD continue to function extremely well. The Committee on Abuse Liability Testing (CALT) under Dr. Steve Negus is organizing a preclinical abuse liability conference and greatly improved electronic access to the DEC website through Google Scholar. For the CPDD-sponsored upcoming conference on abuse liability, CALT has already successfully solicited

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Interim Board of Directors Meeting Report – *continued from page 2*

underwriting funds from several pharmaceutical companies. Our previous CPDD conferences in this area have been highly successful in every way, and we should all applaud Dr. Negus' work in organizing this activity for CPDD.

We have also provided input to two European organizations on animal testing and are developing an outstanding relationship with the World Health Organization (WHO) through its medical director for Quality Assurance and Medication Safety. In March, Dr. Louis Harris represented the CPDD at the WHO on the issue of re-classifying buprenorphine. We at CPDD oppose this re-classification as a threat to office-based treatment of opiate dependence. The result of this action would be reduced access to treatment for opiate dependence, when existing methadone maintenance programs now accommodate only 10% of potential patients.

Finally, the CPDD is beginning to evaluate options for the future of the Executive Office. To help with this evaluation, CPDD has hired a consultant to work with the Executive Officer and the Executive Committee to provide a report on our future organizational needs. As this process evolves, please respond to inquiries with your best thoughts about what will be most helpful for CPDD's future. We will also be conducting the annual meeting survey again under the guidance of Dr. Jim Anthony with some unique methodology and PRIZES! Again, we more than welcome your input on this extensive outreach to the membership and all annual meeting attendees. We need to hear from you, as we approach difficult times and challenges in funding and priorities.

– Contributed by Tom Kosten,
CPDD President-Elect



For information about legislative issues impacting substance abuse research and treatment visit the CPDD Legislative Action Center: www.capwiz.com/cpdd/home

Public Policy Update

The College has maintained a concentrated effort in the public policy area for decades. In recent years the College retained the expertise of Capitol Associates, a Washington DC firm that has provided exceptional advice and guidance. The public policy agenda of CPDD is to act as a conduit for communication among CPDD, NIDA and other branches of the federal government. Some of the areas of concentration in the past year have been directed toward the NIDA especially, but include also the entire NIH budget, the reauthorizing of NIH, the reauthorizing of the Office of Drug Control Policy in the White House, and The Drug Addiction Treatment Expansion Act. Each of these issues has potentially serious consequences on the ability of substance abuse researchers to do their work. The public policy officer with the guidance of our colleagues from Capitol

Associates, Ed Long and Roxanne Burnham, follow the progress of these pieces of legislation as they progress through Congress. Throughout the year there are meetings, as well as continual correspondence and briefings, with congressional staffers and when possible, with the representatives and senators themselves. There is continual interaction with the director and other officials at NIDA as their input is especially useful for CPDD to best accomplish its goals. At the appropriate time, documents are prepared and circulated to the CPDD membership through a mechanism know as CapWiz, allowing each member to quickly and easily contact their representative and senators asking them to support certain bills to improve the climate for substance abuse research. In this way we all have the opportunity to fulfill our

A special forum, Blending Science, Public Policy and Advocacy, will be presented at the CPDD annual scientific meeting on Tuesday June 20 from 9:30 to 11:30 am.

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I have always considered the Eddy Award the top award for a scientist doing research in substance abuse.

Voice of Experience

An Interview with Herbert D. Kleber

1995 CPDD Nathan B. Eddy Award Winner

A (World-Famous) Humble Country Doctor

By Rebecca Craft

Herb Kleber was the 1995 recipient of the Nathan B. Eddy award. He is a true renaissance man in the world of substance abuse scientists: researcher, clinician, mentor, and policy maker. I was thrilled to have the opportunity to interview Dr. Kleber in person at a recent ACNP meeting. Incidentally, the title of this piece came from something Dr. Kleber said during the interview – although it was not self-referent, I believe it captures his essence.

Newsline's Rebecca Craft:

[How did you come to be a researcher in the substance abuse field?](#)

Herb Kleber:

It was certainly not my initial goal but happened as a confluence of events and fate, or, as I sometimes say, I trusted my government. I had been interested in research since my college days and in medical school was doing research in pharmacology. When I started my psychiatric residency in 1961 at Yale, doctors were being drafted out of their residencies. Joining the Public Health Service (PHS) deferred such service until after residency completion. I negotiated with PHS that I could serve my two years as a research psychiatrist at NIMH Intramural. I was surprised, to put it mildly, to be notified a few months before I was to go on active duty that I was being sent instead to the U.S. PHS facility in Lexington, Kentucky, to work with drug addicts. My protest that this was not what we had agreed upon had little effect, and so from 1964-66 I worked at Lexington. It was a unique prison facility – more of a hospital than most prisons, more of a prison than most hospitals. It was one of only two government facilities in the country treating addicts, and the home of the Addiction Research Center that a decade later became the intramural arm of NIDA. It was unique in other ways too: 2/3 of the 1,000 individuals housed there were prisoners serving one to ten years, and 1/3 were volunteers; and it was coed.

It was clear after some time there that the treatment provided wasn't working. Over 90% of the addicts relapsed within a few months of leaving. While at Yale I had worked with a number of students who had gotten into trouble with LSD and similar hallucinogens, and I had published one of the first studies on the risks of these drugs. However, I was also impressed with their apparent potential power to change individuals and thought that might help with the recalcitrant problem of addiction. I wanted to see whether very low doses of LSD, "psycholytic," rather than "psychedelic," could be used to weaken defenses, and thus with therapy, help patients to work through key issues. Unfortunately, because LSD had become a street drug, the manufacturer, Sandoz, pulled the drug halfway through and I never completed the research and never returned to it. At any rate, those two years at Lexington became my entrée into the world of substance abuse research and I have always been grateful for what I learned there – from colleagues such as George Valliant and Bill Martin, and perhaps most of all from the addicts whom I had grown to like and enjoy work-

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Voice of Experience–Interview with Herb Kleber *continued from page 4*

ing with. When I returned to New Haven in 1966 and joined the Yale faculty, I initially had no plans to continue in substance abuse research because of the poor outcome, but once you'd worked at Lexington you were a marked man: sought after to speak at schools, to treat patients referred by doctors or on their own, and to give seminars to colleagues. After a year or so I decided it was fate. I applied to NIMH (NIDA did not yet exist) for a research grant and, after some negotiations, received in 1968 a very large grant of \$500,000/year for five years to set up a "model" multi-modality drug abuse treatment program and evaluate its effectiveness. A similar one was awarded at the same time to Jerry Jaffe in Chicago and these two turned into the model treatment programs for the country. By then I guess you could say I was in it for the duration. Since 1968, except for my stint in the government, I have never had less than \$500,000–1 million/year in research funding.

What's the best piece of advice you've ever received?

I've been really lucky to have many wonderful mentors over the years, and each of them has imparted excellent advice to me. My mentor during my Yale residency (1961–64) was Professor Daniel Friedman (later chair at University of Chicago and then UCLA). He really helped me to hone my research skills... he was demanding but fair, and he used to say, "If you're going to do research, do it. No excuses." When I was at Lexington, I was having trouble getting my research project approved by the (equivalent of the) institutional review board. George Valliant said to me, "If you want to get your research approved, join the committee!" So I did. My project got approved, and I've followed the spirit of that advice ever since. Another useful piece of advice came from Fran Gramlich, my philosophy professor and advisor at Dartmouth who said, "No matter where you land, make the best of it, don't complain, and learn all you can." When I landed in Lexington, I followed his advice, reading all the books and articles I could on substance abuse in the first months, and spending the two years there with enthusiasm.

Another example of timely advice that I was grateful to receive was in 1989, when I was offered a job as the first Deputy Drug Czar by Bill Bennett (the first so-called Drug Czar under the 1988 legislation); I called Danny Friedman and said, "It's not a good time for me. I hate to leave my research and colleagues at Yale." He replied, "When it is a good time, they won't offer you the job or it won't be worth taking! If you want it, do it now." So I took the government post and it turned out to be an incredibly productive and exciting experience. My favorite two pieces of advice I heard there were "In Washington, the motto is, 'We'll double cross that bridge when we come to it'; and 'The administrator's philosophy is, 'occasionally wrong but never in doubt'."

What are the most important contributions you have made to the field of substance abuse research so far?

In that first NIH application (1968), I proposed a true multi-modality program in which patients were placed into what best fit their needs via our Central Screening Unit, rather than a one-size-fits-all program as happens too often now. We had a drug-free residential therapeutic community, a methadone maintenance program, a narcotic antagonist program, and an outreach program staffed by recovering addicts. We kept adding new strategies whenever we hit a roadblock in some patients, and this constant refinement and creativity kept the model viable. I'm proud to have helped pioneer the development of this treatment approach, and wish that funding mechanisms and treatment philosophies would make it more prevalent today. When I left Yale in 1989, we had 8 different programs and over 1000 patients at any one time.

During the 1970's my focus was primarily on the opioids. Contributions included: studies showing methadone maintenance could be safe for at least five years; early studies on the opioid antagonist naltrexone; and, most of all, working on better ways to



"If you want to get your research approved, join the committee!"

– George Valliant

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Voice of Experience—Interview with Herb Kleber *continued from page 5*

detox patients. We developed clonidine for opiate withdrawal, the first non-opiate drug approved for this indication. It is still used today (Gold, Redmond and I obtained a patent for this discovery as well as a number of awards). Ironically, my most recent paper, in JAMA, was also on withdrawal, namely ultra-rapid detox under anesthesia, which has become commercially popular. I have been concerned about its safety since a number of deaths have occurred with it internationally (as well as persistence of symptoms in some patients for up to two weeks.) In our study we demonstrated that there are better ways of detoxing; the anesthesia-assisted method was no better and was less safe than rapid buprenorphine detoxification.

In the early 1980's, our Yale group was the first to initiate a series of scientific studies to develop medications for treating cocaine addiction. Unfortunately, two decades and over 40 medications later, there is still no generally effective medication for cocaine abuse. However, in collaboration with Dr. Thomas Kosten at Yale, we are working with a promising cocaine vaccine.

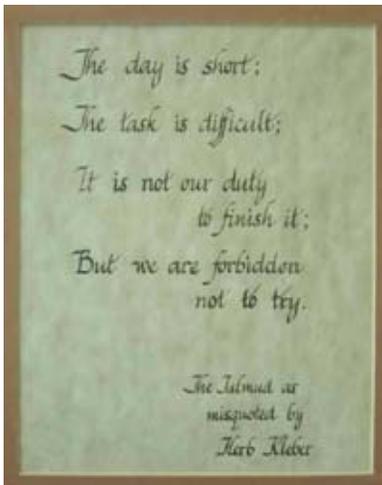
Our lab at Columbia was the first to experimentally demonstrate marijuana withdrawal in humans, the existence of which had been controversial. It will now be included in the DSM-V. I think of marijuana withdrawal as physiological withdrawal expressed psychologically: irritability, decreased appetite and energy – similar to nicotine withdrawal, except for the reversed appetite effects.

A few years ago we opened the first Buprenorphine Induction Program to improve methods to induct and maintain opioid-dependent patients on buprenorphine. To date we have inducted almost 300 patients on this exciting new medication. In addition we have devised and tested a new training method to enable physicians to obtain the necessary federal waiver using a 4-hour, on-line module for the didactic material from the American Psychiatric Association, and 4-hour clinical training using both our staff and patients from the program.

Last but certainly not least, I am proud of my 10-year collaboration with my late wife, Marian Fischman, until she died in 2001. Those were wonderful years together, both personally and professionally. In her early years at the University of Chicago in the mid 1970's, Marian was the first to be given permission to administer cocaine to humans for research. During her years at Chicago and then Johns Hopkins, Marian developed a human lab that studied the effects of drugs on the brain and possible treatment medications. Together we founded the Substance Abuse Division at Columbia in 1992. Her work flourished at Columbia and ultimately expanded into six human labs, focusing on cocaine, alcohol, marijuana, opioids, nicotine, and pain. We now have 27 faculty members in our Division and more grants and projects than any other Division in the Department of Psychiatry. Our years together were exciting, creative, and tremendously productive.

What aspect of your career has been the most fulfilling, thus far?

Developing young faculty, first at Yale and now at Columbia, has been a vital part of my career for over three decades. In addition, I've been fortunate to have had a wide variety of career experiences—from academic research to clinical treatment to public policy making—and I've enjoyed them all and found them all fulfilling. As for the last, serving under the drug czar, Bill Bennett, from 1989–91 really helped me to understand the reality of policy making (*i.e.*, how to get government to work and why it so often doesn't). I know what it takes for bills to become law and at times can help to make it happen. For example, the legislation that made office-based buprenorphine treatment possible, the DATA Act of 2000, was originally attached to the bankruptcy bill, which was not the sure thing it first appeared to be; ultimately to get through Congress it was attached to the Child Health Act. I learned that it's best to work with key staffers rather



*The Talmud,
as misquoted by Herb.*

Voice of Experience–Interview with Herb Kleber *continued from page 6*

than congressmen themselves—there’s a lot of stability among staffers and less need for them to “posture”, so they can get things done.

The most satisfying accomplishments of my almost three years in the federal government were helping to get the budget for treatment and prevention doubled; making methadone maintenance and other drug addiction treatments respectable, after years of demonization; getting community partnership programs started nationally; and improving data sources for drug abuse policy. For example, we required the National Household Survey to be conducted yearly rather than every three years, expanded the Monitoring the Future High School Survey to include 8th and 10th graders rather than just seniors; and expanded DAWN (emergency room data) to include a broader, more representative sample of hospitals nationwide. Other aspects of my work in government that were rewarding were helping to negotiate the move of NIDA, NIAAA and NIMH to NIH and aiding the fledgling Medications Development Division of NIDA to get off the ground. It was a time of great hope to be involved in policy-making; Bill Bennett knew how to get things done, and it was exciting to be part of that. My major regret was not being able to get the federal drug budget to be divided 50–50 between supply and demand reduction efforts rather than 65–35.

I have tried to give back what I have learned in these various career facets by helping other groups: I now serve on 12 “pro bono” boards and advisory councils including among others the CPDD Board, NIDA’s National Advisory Council, the Boards of Phoenix House, Partnership for a Drug Free America, The University of Pennsylvania Treatment Research Institute, and the American Psychiatric Association Council on Addiction.

[Do you think we’re headed in the right direction for finding the best treatments for addiction?](#)

We’re getting better at it but we’re not there yet. The Medications Development Division at NIDA has gotten much more sophisticated in their endeavors but could significantly benefit if the pharmaceutical industry was more helpful in sharing compounds. In turn, that is more likely if Congress would come up with some of the incentives that a number of reports have recommended. We’ve been trying for over two decades to develop a generally effective medication for cocaine, so far unsuccessfully. It’s possible that we’ve already developed an adequate treatment but don’t know it yet—because we haven’t yet appropriately distinguished among the different *types* of stimulant addicts or the different phases of treatment. We can’t treat cocaine addicts all the same. We need to be better at defining sub-groups, as well as developing stage-specific treatments. For example, right now the experimental cocaine vaccine only lasts a few months, so it won’t prevent relapse but it may help achieve initial prolonged abstinence. Treatments must be better tailored to individuals and to stages of recovery.

I also believe that we shouldn’t avoid or abandon treatment possibilities just because they’re politically difficult. We should not be deterred just because a substance has become a street drug; instead we should do the research and find out if there is any therapeutic potential and a possible beneficial risk/benefit ratio if used appropriately in a medical context. While they may be dangerous when used as street drugs, they may, for example, have a use in working with the terminally ill. We need to steer that difficult course between the siren song of legalization, which would be a disaster, and the ease of going along with popular beliefs that may sacrifice our scientific integrity.

[What is your favorite drug?](#)

My first love was heroin and I’m still fascinated by the endogenous opioid system, the people who become opioid addicts, and the availability of very effective medications



The most satisfying accomplishments of my almost three years in the federal government were helping to get the budget for treatment and prevention doubled...

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Voice of Experience–Interview with Herb Kleber *continued from page 7*

such as buprenorphine, methadone, and now depot naltrexone, to treat them. However, I believe the growth area for the next decade is going to be research on the endocannabinoid system. The increased potency of marijuana is leading to a significant number of new individuals needing treatment for marijuana abuse/dependence to add to the already large numbers in need of such assistance. This is occurring at the same time as knowledge about the endogenous cannabinoid ligands and receptors and their role in a variety of systems is increasing exponentially. Thus, medication development for marijuana dependence will be a hot area and one I am excited about continuing to explore. We've been doing such work for over five years now. I am also very interested in finally finding effective medications for cocaine after looking for over two decades. As noted earlier, I expect we'll need a different agent for achieving abstinence than for maintaining it and preventing relapse.

What was your reaction when you learned you were going to receive the Eddy Award? Has this award had any impact on your career? What did you use the award money for?

I have always considered the Eddy Award the top award for a scientist doing research in substance abuse, so I was surprised and honored to receive it, especially at such a young age. I have a wall full of awards and the Eddy medal and the Institute of Medicine election are the two I'm most proud of. I hope it might also demonstrate to other scientists that a few years in public service is not antithetical to continuing good research.

As far as the award money is concerned, when I left Washington after 2 ½ years, I had substantial debt so the money went to help pay that off.

Grants are hard to get, manuscripts are hard to publish, experiments don't always work out... what advice or encouragement can you offer to aspiring younger scientists?

Ted Kennedy asked me during my Senate confirmation hearing how I could remain so optimistic after so many years of treating addicts. My response was some lines from the Talmud: "The day is short, the task is difficult, it is impossible to complete, we are forbidden not to try." The line I left *out* (after "the task is difficult") was "the workers are lazy"! That saying hung on my office wall in Washington and now in my Columbia office (with the caption underneath, "The Talmud as misquoted by Herb Kleber," courtesy of my Yale colleagues). For me this saying recapitulates our *raison d'être* as scientists and treatment professionals: no matter how hard it is, we have an obligation to try to help people who are having problems with substance abuse and addiction. And research at all levels, directed at developing evidence-based treatments, is a fruitful way to provide that help.

Let me also add that mentoring is central to our ethic at Columbia. I have worked with many wonderful students, post-docs and young faculty throughout the years, and I have deeply enjoyed (and do enjoy) helping them. I tend not to worry about money as much as job satisfaction, and I encourage those in our group to seek work that interests them, and then figure out how to make the money work. If you love research, you'll be able to figure out the rest. You have to enjoy life: You must take your work seriously but you can't take yourself too seriously. Over the door in my office is a very big mask from Puerto Rico; Marian and I got it at one of the CPDD meetings in San Juan. I sometimes tell visitors that he (the mask) guards the office and if anyone gives me a hard time, he'll come down off the wall and castrate them! But seriously, I consider myself blessed that I still wake up every morning and look forward to what I'm going to do.



You must take your work seriously, but you can't take yourself too seriously.

Voice of Experience—Herb Kleber *continued from page 8*

My final thoughts on mentoring are best summarized by Mark Twain: “It is noble to do good, it is nobler yet to teach others to do good, and less work!”

[What do you do when you're not working?](#)

My wife, Anne Lawver, and I love to travel. In the last two years, for example, we've been to Machu Picchu, the Galapagos Islands, Prague, Budapest, St. Petersburg, London, and the Netherlands. We both enjoy long walks, museums, fine foods, and collecting artifacts during our travels.



*My wife, Anne, and
I love to travel.*

A Report from the Electronic Communications Committee

The Electronic Communications Committee has major activities in several areas. We are responsible for providing the electronic foundation for the College's operation through two sophisticated databases. One is used for basic member functions, while the other supports all of the annual meeting activities. Secondly, the Committee provides for electronic communication among members for special purposes through its various list services. Thirdly, the Committee has developed and maintains the College's website—CPDD's window to the world. Finally, the Committee is responsible for all of the electronic underpinnings of the annual meeting.

[Presentation process for the 05 meeting](#)

The presentation process for the oral/symposium sessions was simplified, ran well, and was well received. Instead of the presubmission/preloading process that we had used for the first several years of electronic presentation, presenters loaded their individual PowerPoint talks just prior to the start of each session. Both a Macintosh and a Windows platform computer were available at each podium. There were only a few minor incidents where presenters demanded to use their personal computers. We are hopeful that once the process becomes routine, that such incidents will disappear. It is the Committee's plan to continue this procedure for the 2006 meeting.

[The abstract submission process](#)

Jonathan Kamien and I met with the Executive Office staff in Philadelphia last August. During this meeting, we had a presentation from ScholarOne, a company with significant experience in providing services for abstract submission. We were able to share with the representative our abstract submission process and the abstract database used by the Executive Office to provide the core support for the annual meeting. It was determined that an arrangement could be made to have the output from the ScholarOne computer program dovetail properly with our own programs. This would enable us to use the best features of our own database and reduce the cost to just the price of the abstract submission portion of what ScholarOne normally provides. Based on a lengthy discussion at that meeting, and subsequent action by the Executive Board, it was decided to give the professional online process a three-year trial. As of this writing, before the submission deadline, there have been no major issues. We are hopeful that we can achieve a seamless transfer of data to our database after the completion of the abstract submission period.

[Modernization of our website—new links and maintenance of old material](#)

The Committee has undertaken a thorough technical renovation of the site. Its new look was rolled out in April and has had a positive reception. Margy Deitz (formerly an employee at Temple

Thank You!
2006 CPDD
Distinguished
Service
Awardees

Richard Eisenberg

Jonathan Kamien

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Electronic Communications Committee Report *continued from page 9*

University’s Center for Substance Abuse Research) and a design group are responsible for moving our site to a grander level. This, of course, remains a work in progress. We continue to add new features as warranted. The site is currently maintained by Connie Pollack in the CPDD Office.

We will continue to offer an online abstract search facility that can be used to produce individualized programs. We are proud of being able to provide a searchable database of the annual meeting's abstracts and program and to produce the output as PDF files. This is a significant enhancement that has received very positive initial feedback this year. As in years past, the abstracts and program have been available on the web well in advance of our annual meeting.

It is important to emphasize that the web site continues to serve both the Board

and the membership. It is our collective responsibility to provide the Electronics Committee with material for our site. The committee welcomes participation by the board committees in contributing material for distribution via the web.

Abstract preparation for publication

For the past Annual Meeting, the Committee and the Executive Office staff produced the Abstract Book in house. The database from which the book is derived was adapted for direct access on our web site. The Abstract Book will be available to meeting attendees and our membership in electronic form.

Respectfully submitted,



Richard Eisenberg
Chair, Electronics Committee ❖

Public Policy Update – *continued from page 3*

responsibility to educate our elected officials on appropriate actions to be taken.

CPDD has taken the leadership role in the formation of The Friends of NIDA, a coalition of scholarly societies and other organizations and individuals, to promote the eradication of substance abuse in society through the research agenda of NIDA. The goal of this coalition, which includes about 150 different organizations and as many as two million members, are exactly the same goals as CPDD. The Friends of NIDA joins CPDD and other organizations with a large number of individual citizens, all of whom are constituents of some representative and

two senators, into a coalition to urge congress and other officials to support substance abuse research efforts.

Specific public policy activities of CPDD in the past year include letters to congress, thanking them for favorable actions in the past, advocating increased budget for NIDA and all of NIH, briefings on Capitol Hill on issues such as methamphetamine, AIDS, prescription drug abuse and others. In each of these briefings, which have been very well attended by congressional staff, there is a presentation by Dr. Volkow, the NIDA Director, a researcher and a patient who has suffered from substance abuse disease. The response from these briefings has been excellent.

*– Contributed by Bill Dewey,
CPDD Public Policy Officer*

For more information about the Friends of NIDA, visit their website at www.thefriendsofnida.org

Symposia, Workshops and Forums

at the CPDD 68th Annual Scientific Meeting

Scottsdale, AZ, June 17–22, 2006

For more information
about the CPDD 68th
Annual Scientific Meeting,
visit www.cpdd.org

Full Symposia:

Method to the Madness: Methodology and Analysis of Clinical Trials of Stimulant Abuse Pharmacotherapy, John Grabowski, Ph.D., Chair and Marc Mooney, Ph.D., Co-Chair, 6/18, 1–3 pm.

Developments in Methamphetamine Abuse Targets and Pharmacotherapies. Linda P. Dwoskin, Ph.D., Chair and Nathan M. Appel, Ph.D., Co-Chair, 6/18, 3:30–5:30 pm.

Addressing Ethnic Disparities in Drug Abuse Treatment. Kathleen Carroll, M.D., Chair and Carmen L. Rosa, Ph.D., Co-Chair, 6/19, 1–3 pm.

Medications Development for the Treatment of Cannabis Dependence, Frank Vocci, Ph.D., Chair and Ivan D. Montoya, M.D., Co-Chair, 6/19, 1–3 pm.

Parsing the Functions of Dopamine: Selective Receptor Alterations, James H. Woods, Ph.D., Chair and Jon Katz, Ph.D., Co-Chair, 6/19, 3:30–5:30 pm.

New Approaches for Addressing the Clinical Challenges of Treating Opioid Dependent Pregnant Women, Karol Kaltenbach, Ph.D., Chair and Hendree Jones, Ph.D., Co-Chair, 6/21, 1–3 pm.

Methamphetamine and HIV: A New and Dangerous Epidemic, Jag Khalsa, Ph.D., Chair and Madhavan PN Nair, Ph.D., Co-Chair, 6/21, 3:30–5:30 pm.

New Approaches to Development of Agonist Therapies for Cocaine Dependence, Steve Negus, Ph.D., Chair and Leonard Howell, Ph.D., Co-Chair, 6/21, 3:30–5:30 pm.

Improving the Diagnosis of Drug Use Disorders: Preparing for DSM-V. Wilson M. Compton, M.D., M.P.E., Chair and Linda B. Cottler, Ph.D., Co-Chair, 6/22, 8–10 am.

The Frontiers of Inhalant Abuse: Recent Advances in the Neurobiological Basis of Volatile Substance Abuse, Scott Bowen, Ph.D., Chair and Silvia Cruz, Ph.D., Co-Chair, 6/22, 10:30 am–12:30 pm.

Mini Symposia:

Epidemiology of Prescription Stimulant Abuse: Who Does It and Why? Sean Esteban McCabe, Ph.D., Chair and Carol J. Boyd, Co-Chair, 6/19, 3:30–4:30 pm.

Addressing Prescription Opioid Abuse, Charles Grudzinskas, Ph.D., Chair and Robert Colucci, Pharm. D., Co-Chair, 6/22, 2–3 pm.

Excited to Get Together: Glutamate-Associated Scaffolding Proteins in Stimulant-Induced Plasticity, Karen K. Szumlinski, Ph.D., Chair, 6/22, 3:15–4:15 pm.

Workshops:

NIDA Workshop on International Research and Collaboration, Steven Gust, Ph.D., Chair, 6/18, 8–10 pm.

Mathematical Modeling in Biological and Epidemiological Studies of Drug Addiction. Georgiy Bobashev, Ph.D., Chair and Boris Gutkin, Ph.D., Co-Chair, 6/18, 8–10 pm.

What's New at NIDA and NIH: Electronic Submission of Applications and More. Mark R. Green, Ph.D., Chair and Teri Levitin, Ph.D., Co-Chair, 6/18, 8–10 pm.

Contingency Management Working Group, Stacy Sigmon, Ph.D., Chair, 6/18, 8–10 pm.

HIV/AIDS Research in the NIDA Clinical Trials Network: Emerging Results, James L. Sorensen, Ph.D., Chair, 6/18, 8–10 pm.

Society for Adolescent Substance Abuse Treatment Effectiveness (SASATE) 5th Annual Meeting, Paula Riggs, M.D., Chair and Laetitia Thompson, Ph.D., Co-Chair, 6/19, 8–10 pm.

Substance Abuse and Dependence in the US: Current Findings, Deborah Hasin, Ph.D., Chair and Bridget Grant, Ph.D., Co-Chair, 6/19, 8–10 pm.

Global Addiction Research: Issues on Addiction and HIV/AIDS, Joseph E. Schumacher, Ph.D., Chair and Gabriele Fischer, Ph.D., Co-Chair, 6/19, 8–10 pm.

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Symposia, Workshops & Forums

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For more information about the annual meeting visit www.cpdd.org

Using Microarrays in Research, David Shurtleff, Ph.D., Chair, 6/19, 8–10 pm.

HTS and PubChem: Nuts and Bolts, Christine Clovis, Ph.D., Chair, 6/19, 8–10 pm.

Understanding the Phenomenon of Opioid Prescription Drug Abuse and its Regulatory Challenges, Deborah Leiderman, M.D., Chair and Catherine Dormitzer, Co-Chair, 6/19, 8–10 pm.

Longitudinal Analyses of Drug Use and Treatment Utilization: Issues, Methods, Examples, Mary-Lynn Brecht, Chair and Yih-Ing Hser, Co-Chair, 6/20, 8–10 pm.

NIDA Medications Workshop: New Opportunities for Chemists and Pharmacologists, C. Nora Chiang, Ph.D., Chair, 6/20, 8–10 pm.

How Can We Better Nurture the Substance Abuse Counseling Workforce? Anne Helene Skinstad, Ph.D., Chair and Ken Winters, Ph.D., Co-Chair, 6/20, 8–10 pm.

Job Interviews: Tips, Tricks, and Traps, Mark Swieter, Ph.D., Chair and Teri Levitin, Ph.D., Co-Chair, 6/20, 8–10 pm.

Forums:

NIDA Roadmap Forum I: The NIH Roadmap and Neuroscience Blueprint, Timothy P. Condon, Ph.D., Chair, 6/19, 8–10 am.

NIDA Roadmap Forum II: NIH Roadmap: Opportunities for Interdisciplinary Training and Behavioral Research, Timothy P. Condon, Ph.D., Chair, 6/20, 8–9:30 am.

Public Policy Forum: Blending Science, Public Policy and Advocacy, William L. Dewey, Ph.D., Chair, 6/20, 9:30–11:30 am.

Animals in Research Forum, Nancy Mello, Ph.D., Chair, 6/21, 8–10 am.

Benefits of Membership to CPDD

- A subscription to *Drug and Alcohol Dependence*, which has among the highest ratings for impact among substance abuse journals (not included in student membership).
- Reduced registration fees to attend the Annual Scientific Meeting.
- Eligibility to sponsor abstract submissions for presentations at the Annual Meeting (not for Student Members)
- Eligibility to submit abstract for Late-breaking News session.
- Impact on public policy, including educating our representatives and other governmental officials on the need to support addiction research, ensuring the science base for new policies as well as programs dealing with human and animal research issues.
- Mentorship activities for trainees and early-career scientists.
- Opportunities to serve on CPDD committees.
- Access to Members Only section of CPDD website, containing directory information, easy email to other members and committee reports.
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