



NEWSLINE

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CPDD President's Column

THOMAS R. KOSTEN, M.D.

PRESIDENT

New Year's resolutions and the State of the Union message from our own President Bush perhaps represent the extremes of optimism for the future that would be hard for me to match in this brief note to the membership. Nevertheless, I would like to express my optimism for the future of our shared careers in addictions research and our shared aspirations for the College. Both Steve Higgins and I were overwhelmed by the membership's response to the invitation to serve our College through its committees and task forces. Not only did we again hear "how can I help" from the perennial regular volunteers like our past CPDD Presidents, our current committee members, and our Friends of NIDA founder Bill Dewey, but also from an unprecedented number of new members and trainees. While it is impossible to offer sufficient thanks to all who repeatedly agree to help for merely a "thank you" from whoever is the current CPDD president, please accept my heartfelt gratitude for your untiring commitment to our College. I particularly want to thank Dorothy Hatsukami, who as Treasurer has served us for much more than the usual board and even executive committee tenure. She has done an extraordinary job for all of us, and I personally look forward to thanking her in public at our Annual meeting in Quebec.

I do want to remind you again about the June 2007 annual meeting highlights of presentations from both the Deputy Director of the Office of National Drug Control Policy (ONDCP) - Bertha Madras PhD, a long-standing member of

our College - and the Director of the National Institute on Allergy and Infectious Disease (NIAID) - Anthony Fauci MD. An important focus of the meeting will be to help our membership succeed within the evolving NIH grant structure that fosters research across NIH institutes such as NIDA and NIAID. Because AIDS and other infectious diseases such as hepatitis C are national disease challenges that are increasingly prevalent in substance abusers, research proposals that link drug abuse with AIDS or hepatitis are likely to fit well within the new collaborative grant opportunities.

The new Democratic Congress may change priorities in many areas, but it seems unlikely to immediately change the NIH increase of 5% a year for the next three years. As I explained in my previous article for Newsline, the budget increase focuses on cross-institute research. The implication is that to prepare for this grant environment, we need collaborations with scientists who are funded from other NIH institutes. The most obvious Institute is NIAID because this area is already a substantial portion of the NIDA budget. I hope that this annual meeting provides inspiration to reach out to scientists working with NIAID and the other NIH institutes.

Other congressional actions of interest have been the increase in the number of patients from 30 to 100 on which a buprenorphine provider can now write prescriptions. This change will accelerate the use of buprenorphine as a maintenance agent for office-based practice, since many active providers

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**CSAT Satellite Meeting
Linking Science and Practice for Substance Use Disorder
Treatment and Criminal Justice
Saturday, June 16, 2007, 8:30 a.m.-5:30 p.m
Quebec Hilton, Quebec City**

Presentation Topics

Criminal justice and treatment for substance use disorders: What does the research say?
Models of Care
Working with specific populations and conditions
Organizational- and systems-level implementation issues

Featured Speakers

Faye Taxman, Ph.D., Professor, Wilder School of Government and Public Affairs, Virginia Commonwealth University
Divine Pryor, Ph.D., Director, Nu Leadership Political Group, Medgar Evers College School of Business
Peter F. Luongo, Ph.D., Director, Maryland Alcohol and Drug Abuse Administration
Kathryn P. Jett, Director, Division of Addiction and Recovery Services, California Department of Corrections and Rehabilitation
The Honorable Martha Lynn Sherrod, J.D., District Judge and Chair, Judicial Council, National Bar Association

Brunch with Champions

If you are a pre-doctoral student, post-doctoral trainee, or junior faculty attending the CPDD meeting this year, you are invited to attend CPDD's famous Brunch with Champions. This is a great opportunity for pre-docs, post-docs, and junior faculty to chat informally with senior investigators in the drug abuse research field. Attendance is limited to people who have received their terminal degree within the last 10 years and are at or below the rank of Assistant Professor (or equivalent).

Our champions will include investigators who do pre-clinical, clinical, and epidemiology/PH research in academia, industry and at NIDA. Even if you have attended in previous years, you should consider attending again as we will have a new group of champs participating this year.

The brunch will be held on Thursday, June 21st, in the conference hotel (Hilton Quebec). Please note that this is the last day of the conference so plan your travel accordingly. We highly

encourage pre-registration because attendance will be limited. For the last four years, the brunch has filled early and we have had to turn away people who waited too long to register. The registration form can be downloaded from the CPDD web site: <http://www.cpdd.vcu.edu/>. Scroll down and click on "Brunch with Champions" to access the registration form. The form also is included in the call for abstracts/ meeting announcement that was mailed to all members of CPDD.

Send the form with a check for \$5, payable to CPDD (the address is on the form), by May 31st. This non-refundable fee is required to hold your spot at the brunch and there will be no additional charges for the lunch. The registration fee will be \$10 on-site, if space is available.

If you would like further information, please contact me at:

Jennifer.Tidey@brown.edu

*Congratulations
2007 CPDD
Award Winners*

*Eddy Award
Jack Mendelson &
Nancy Mello*

*Cochin Award
Nancy Petry*

*Fischman Award
Dorothy Hatsukami*

*Mentorship Award
Scott Lukas*

President's Column *continued from page 1*

were willing, capable and enthusiastic to provide care to more opiate-dependent patients using buprenorphine. Great credit for this success is due to Bob Schuster, the former NIDA Director who has moved to Chicago to develop a new neurosciences program there. Many other CPDD members contributed to this successful legislation, and others of us have also been active with the managed care and pharmacy benefits organizations, as well as the public sector in providing reimbursement for this invaluable treatment success of NIDA. Our organization should be quite proud of its many members who brought this life-saving treatment to our patients over the past 20 years.

We also have reached out internationally to other large scientific organizations such as the Society for Neuroscience and the European College of Neuropsychopharmacology (ECNP) in order to engage more neuroscientists in the excitement of our field, our organization and our membership. With the Society for Neuroscience, we will work with NIDA as part of NIDA's sponsored program at the annual meeting of the Society for Neuroscience. Drs. Cunningham and Adler deserve great credit for moving this initiative forward with NIDA. At the ECNP annual meeting in the fall of 2007, we will have a CPDD-initiated symposium on neuroimaging featuring both new and established CPDD members and contributors to the neuroimaging field in addictions. This CPDD symposium will complement a series of other symposia on substance abuse at that meeting being organized in collaboration with Drs. David Nutt and Gabriel Fischer, chair of our International Committee. This international meeting will give further visibility to our field and showcase our scientific contributions to neuropsychopharmacology for the broader scientific community. We will provide you with more details about these initiatives at the annual meeting in June 2007.

As I reviewed in my previous article for Newsline, special conferences and

presentations by our members particularly in cooperation with Friends of NIDA are important to CPDD and NIDA, because they reinforce drug abuse issues' importance in the larger arena of biomedical science and public policy. As members of CPDD, we would encourage you to develop proposals for such activities and bring them to the CPDD leadership for the support and experience that we have gained in managing these activities. In particular, a new task force under Jack Henningfield is developing a manual and step-by-step guidebook for organizing successful educational activities through CPDD, and we hope to premiere this new product at the annual meeting. As I indicated in the last update, the abuse liability conference organized by Steve Negus was a tremendous scientific and political success that incidentally also made a financial profit for CPDD. The products of this conference are available to our membership on the WEB and are exceptionally educational for anyone in our field.

Our Journal - Drug and Alcohol Dependence continues to be among the top three in the field under the able leadership of Bob Balster and his associate editors. Supplement issues are occurring regularly and we hope to have some contributions from Dr. Negus's recent conference on abuse liability testing. We hope that our members continue to consider DAD for their best work in the field.

I have been very proud to serve you and to provide forums for collaborations across disciplines and continents. In 2007, the CPDD plans to collaborate with our related scientific disciplines through the Society for Neuroscience annual meeting and with our European colleagues through the ECNP. We envision these initiatives as opportunities for CPDD to grow and mature as the major scientific representative of our field. During this new year, please share my resolution to grow CPDD as a forum for the best science possible, where this science is presented at our annual and special meetings and published in our Journal.

*CPDD is an official
Collaborating Center
of the WHO.*

Voice of Experience

An Interview with Jerome H. Jaffe

1994 Eddy Award Winner

By Rebecca Craft

The following interview was conducted in-person at ACNP in December 2006. I had never met Dr. Jaffe before but of course had read of his contributions to drug abuse treatment over the years. For a basic scientist like me, it was a thrill to meet one of the “movers” in the clinical realm of our field. For those of you who are interested in gaining further perspective on the exciting beginnings of drug abuse treatment in the U.S., I encourage you to read Dr. Jaffe’s beautifully written and informative Eddy Award Lecture, available from the CPDD office.



Illinois Drug Abuse
Program staff - Chicago,
1970

Newsl ine's Rebecca Craft:

What path led you to your career in the drug abuse field? How did you first become interested in it?

Jerome Jaffe:

The beginning of the beginning was serendipitous. I became a psychology major as an undergraduate at Temple University because, having just had my appendix out, I couldn't walk up the stairs to register for pre-med. The Psychology Department happened to be in a building with an elevator, so, I took the path of least resistance. By my senior year, I had become fascinated by experimental psychology research as a way to understand behavior. I planned to attend grad school in this field, but was dissuaded by one of my professors at the time, Hubert Hamilton. I had great respect and admiration for this man, who was a true scholar and an inspiration to me (he seemed to know everything, and could cite references by year and journal). Anyway, Dr. Hamilton advised me to become a psychiatrist, because (he argued) I'd get to do more research than I would as a PhD. As it was too late to take the entrance exam for med school just then, I first completed a master's degree in psychology. This was in 1953-54 - just around the time the psychopharmacology revolution was beginning. Then while I was in medical school at Temple, I got a summer internship to study pharmacology. I worked with Sydney Ellis, and studied reserpine effects in mice. Back then, it was pretty much just reserpine, chlorpromazine and amphetamine that were being studied for their effects on behavior.

During medical school, I liked perusing the shelves in the library. As a fourth year student I found a book entitled, "The Relation of Psychiatry to Pharmacology" by Abraham Wikler (1957). This book summarized - in 900 references - the world's knowledge of psychopharmacology at the time. All the psychiatry being taught at that time was Freudian - there was an id, ego, etc. - and I couldn't help thinking, this isn't science, it's all made up! I once asked for some experimental evidence for one of these concepts in class, and the lecturer looked at me as though I had spoken against God! So I decided that Wikler was the person I had to study with. Wikler was with the Public Health Service (PHS), so I signed up (one could do this in lieu of required military service). I soon found that I had joined the wrong division of PHS. I was given the choice of going to Lexington or the Indian Health Service. I chose Lexington. Once there I finally met Abe Wikler. Although I was a resident taking care of patients, I attended the lectures that Wikler, Harris Isbell, and others gave on Saturdays, so I began to learn from them in these formal lectures and in informal

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- Jerome Jaffe

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Voice of Experience–Interview with Jerome Jaffe *continued from page 4*

discussions. I decided to learn more about psychopharmacology before completing my psychiatry residency. My medical school mentor, Sydney Ellis, suggested I look at Alfred Gilman's department at Albert Einstein College of Medicine. I met some impressive people there besides Al Gilman, and I was offered and accepted a position as a postdoctoral fellow in the Interdisciplinary Training Program in neuroscience.

What I studied at the time was called denervation supersensitivity – after some period of disuse, you would see supersensitivity of a tissue deprived of input – and we wondered, could this be a model for drug tolerance and withdrawal? Working with Seth Sharpless, I began to elaborate on this theme: if you measured appropriately, barbiturate dependence should be able to be seen quickly. The NIMH, under Jonathan Cole, had initiated a psychopharmacology abstract bulletin in the late-1950's – a journal that abstracted everything in the field, and the postdoctoral fellowship which allowed me to do research and to read was the perfect environment in which to feed my curiosity about how drugs affect behavior. The other challenge at the time was teaching. All faculty had to attend lectures. The 'big guns' sat in the back of the lecture hall. I was assigned the opiate and drug addiction lectures. I was probably one of the few people there who had actual experience with drug addicts (from my time at Lexington), and I could draw on that knowledge to enliven my presentations. At this time (1962, '63), I still had no published papers. However, based on my lectures, Al Gilman asked me to write a chapter on drug addiction and one on opiates for the forthcoming edition of the 'Blue Bible' (Goodman and Gilman's *The Pharmacological Basis of Therapeutics*, 3rd edition). There had never been a chapter on drug addiction. I worked on it for almost a year, drafting and re-drafting - a difficult task in the era before computers. Further, it was to be reviewed and edited by Lou Goodman, of whom it was said, "He has read everything and forgotten nothing." Goodman was also a perfectionist regarding grammar and style. Gilman had shown me a draft of a chapter written by a senior professor that had been flayed by Goodman. When I turned in my chapter, I knew I'd gone beyond the allocated word limit, and I dreaded seeing Lou Goodman's blue pencil markings. When the chapter came back, it was marked, "This is a classic." I was relieved and proud that they decided to put it into smaller print rather than cut any words. I continued to revise that chapter for each new edition every 5 years for the next 25 years. But it became progressively more difficult to incorporate all the new research findings in the same number of words. You felt like you were betraying the giants when you cited reviews instead of original papers to save space in the references.

After two years of postdoctoral work, I was permitted to concurrently continue the research and complete my residency in psychiatry. I finished the residency in 1965 and began some clinical trials with the narcotic antagonist cyclazocine, basing the work on ideas of conditioning elaborated by Abe Wikler and Bill Martin. Then I learned of Vincent Dole's work with methadone, and in 1965, I also initiated some clinical work with opioid agonists. We published our first study on cyclazocine in 1966. By this time, I was an assistant professor of pharmacology and instructor in psychiatry.

One problem with methadone was that it had to be given every day. I knew that acetyl-methadol could be given every 3 days – so I went to the Psychiatry Department and asked for space to conduct a study on it. There was a barely used TB hospital on the campus, but when the administrators learned I wanted to treat drug addicts, suddenly there wasn't one square foot of space available! In addition, I was married and had two children, and we could hardly survive on my salary (I was low on both psychiatry's and pharmacology's totem poles because I didn't fit squarely into either department). Fortunately, Danny Freedman asked me to join his department at the University of Chicago, and I accepted.

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– Jerome Jaffe*



Voice of Experience–Interview with Jerome Jaffe *continued from page 6*

Then Danny asked me to consult with the Illinois Drug Abuse Council. At the time, there was virtually no treatment for addiction in Chicago and very little data on which to base a choice on how best to treat it. I recommended setting up and comparing each of the available treatments. The Council agreed to get the money if I would agree to set up and run the program. I had an NIMH Career Development award to pursue the biology of tolerance and physical dependence, but as a physician, I believed that I had a moral obligation to develop treatment if there was an opportunity. I agreed, and the Council obtained more than a million dollars from the state legislature.

We spent most of 1967 planning, recruiting and finding space. Before coming to Chicago, I had spent 6 months working with Vincent Dole, so I was familiar with his work. We planned a methadone program, a hospital-based detoxification unit with and without cyclazocine, and a therapeutic community. While we were still planning I met a talented musician who told me that he had Hodgkins Disease but was abruptly abandoned by the doctors when they learned he was also addicted to heroin. I was annoyed at my medical colleagues, and I started the Illinois Drug Abuse Programs in January of 1968 by admitting this patient as Patient #1 in methadone maintenance. Soon thereafter, he received the medical treatment he needed and the Hodgkins went into remission. In very short order, we had all of the planned modalities up and running. More than that – we had all of them talking to each other and learning from each other! It was quite a contrast to the bitter wars among different treatment approaches in New York and other parts of the country. Within a year, we had several hundred patients in treatment; by two years, almost 2,000. But we still had waiting lists. I knew I couldn't keep up a research laboratory and run the growing program, so I gave up my laboratory and the Career Development Award.

What has been the most fulfilling aspect of your career?

I would say that three things stand out. Meeting people who said they first got a grasp on the field by reading my chapters in Goodman & Gilman is one. Starting the Illinois Drug Abuse Programs and becoming friends with the people whose lives were changed by the programs I helped create is another. And, of course, being selected by the President, in 1971, to be the first head of a drug abuse office in the White House – the first “Drug Czar” – was an experience that was life altering. It was also an unprecedented opportunity to provide a firm foundation for both treatment of addiction and drug addiction research.

What has been the most frustrating aspect of your career?

Anytime you're working with bureaucratic systems in the process of developing treatment, there are many frustrations. Not being able to really give up on research while having a lot of responsibility as a clinician and administrator also meant that I didn't perform outstandingly at any role – that was frustrating, too.

What was your reaction when you learned you were going to receive the Nathan B. Eddy Award?

It was mostly anxiety-producing, because I didn't have a body of “scientific” research to talk about like many of my predecessors! It was certainly gratifying though. But I don't have regrets at not being a laboratory researcher. I'm not sure I really had the talent to be an outstanding laboratory researcher. I once had a talent for looking at the addiction problem broadly, but I may not have had the focus to move the field forward in a particular area. I have always had great admiration for researchers, and I still love reading about their new findings.

“... it's awesome watching the symphony of all these facets coming together – it's more than fascination and awe – there's a beauty to it”
– Jerome Jaffe



*Bill signing:
Drug Abuse Office and
Treatment Act of 1971*

Voice of Experience—Interview with Jerome Jaffe *continued from page 6***What advice or encouragement can you offer to aspiring younger scientists/clinicians in the drug abuse field?**

I've managed to move in somewhat unexpected directions myself. I don't think you can give generic advice to as diverse a field as drug abuse – it really depends on what aspect you want to pursue. When you see people with a spark, you can help them with various specifics, but it is best to help them with resources and just get out of their way; conversely, it can be quite difficult to help someone who seems short on talent.

What techniques or ideas in the substance abuse research field are currently the most interesting to you?

Genetic mechanisms underlying drug addiction are really quite remarkable – and also the nature of how drugs change the brain – the things that are being done now are fascinating. We didn't even know there were receptors for the drugs I was working with when I started. Each research approach has become more and more sophisticated; it's awesome watching the symphony of all these facets coming together – it's more than fascination and awe – there's a beauty to it. And you can still say hello to almost all these people, these great scientists. You still see them at meetings! I've watched this field develop for nearly 50 years, including the cellular/molecular advances. Somewhat surprisingly, tools for clinicians haven't increased dramatically, though there have been a few noteworthy additions. The scientific talent that has moved into this field is also remarkable – hundreds of very, very smart people who are trying to understand this phenomenon of drug addiction – if you have any kind of optimism at all, you can't help but think this will make a difference.

If you could sit down and speak to any scientist, living or not, who would it be and what would you want to talk about?

First, I wouldn't want to take up the time of someone whose work I'm not sure I could fully comprehend – only if you can grasp enough of someone's field can you have an intelligent conversation. However, if Abe Wikler were still alive, I'd love to chat with him about current happenings in the field. I would like to talk to other historically important people in the drug abuse field, even someone like Harry Anslinger (the notorious "Father of the Drug War", commissioner of the Federal Bureau of Narcotics, 1930-62), to find out what made him tick. For another example, William Hearst, whose writers helped create the notion of the "dope fiend" in his newspapers – was that just for the money?

What do you like to do when you're not working?

I like to dig holes and plant things and watch them grow – it's sort of a challenge. I also love to read books and listen to music. And believe it or not I still really enjoy reading journals to see what new ideas are emerging.



*"What has changed for the better is our treatment of people as patients instead of as criminals."
– Jerome Jaffe*

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New Requirements for Travel To & From Canada

Proof of citizenship is required when entering Canada. To determine which documents you require, please contact the Canadian Embassy or Canadian Consulate in your country. Please visit the following website for more information:

<http://www.cic.gc.ca/english/offices/missions.html>. Visitors should ask about visa requirements before departing, as these documents are not available at the border.

New Requirements for Travelers to Enter or Re-enter the US

The Intelligence Reform and Terrorism Prevention Act of 2004 requires that by January 8, 2007, travelers from Canada, the Caribbean, Bermuda, Mexico, Central and South America have a

passport or other secure, accepted document to enter or re-enter the United States when traveling by air or sea.

This is a change from prior travel requirements and will affect all United States citizens entering the United States from countries within the Western Hemisphere who do not currently possess valid passports. This new requirement will also affect certain foreign nationals who currently are not required to present a passport to travel to the United States. Most Canadian citizens, citizens of the British Overseas Territory of Bermuda, and to a lesser degree, Mexican citizens will be affected by the implementation of this requirement.

Benefits of Membership in 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.
- Membership Listserv, for rapid communication of items of interest to the entire membership and posting of job opportunities.

Membership categories include Student or In-Training, Associate and Full Member categories. The cost of annual membership is \$120 (\$40 for Student and In-Training Members). Additional information about the College, membership criteria and student benefits can be obtained at the CPDD website:

<http://www.cpdd.org>