



NEWSLINE

A PUBLICATION OF THE COLLEGE ON PROBLEMS OF DRUG DEPENDENCE, INC.
Volume Eleven, Number One • November 2006

CPDD President's Column

THOMAS R. KOSTEN, M.D.
PRESIDENT

As your new President, I want to thank all of you for your support of the College and hope to welcome you to Quebec City, Canada during our annual meeting in June 2007. In addition to the Eddy Lecture and the annual presentation by the NIDA Director – Nora Volkow MD, the meeting will be highlighted by 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.

These collaborative grant opportunities have arisen directly from the Congressional reallocation of funding at NIH. Our scientific peers broadly support this reallocation because it promises an increase in the NIH budget again, after relative declines in the last few years. Nothing has become law yet, but the last bill before Congress adjourned in October had authorized a 5% increase a year for the next three years starting in 2007. A common NIH fund for collaborative research would not tap off the Institutes' budgets, but within 3 years

only this common fund would get the NIH budget increases. Specifically, this proposed common fund would start at 1.5% of the 5% with the remaining 3.5% going to the individual institutes. However, the common fund portion would grow until the whole 5% increase goes to the common fund. Any investigators can apply for this common fund money as long as they join forces with researchers from two or more NIH institutes. Since this legislation authorized \$29.7 billion for FY07, it is a real increase over the most recent House (\$28.258 billion) and Senate (\$28.458 billion) authorizations. It also has broad support from both political parties, all the major "disease" lobbies, and the American Association of Medical Colleges. This reallocation of any budget increases to go only for cross-institute research is likely to become a reality for us as scientists.

To prepare for this grant environment, we need collaborations with scientists who are funded from other NIH Institutes. An obvious Institute for partnership 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 the other NIH institutes and to the scientists working with them. We also plan to work more closely with NIDA at the annual meeting of the Society for Neuroscience in order to extend the membership of CPDD to include more neuroscientists and to broaden the scientific exposure of our membership. We will provide you with more details about this initiative over the next few months and at the annual meeting in June 2007.

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CPDD Board of Directors' Meeting

The 2006 CPDD Board of Directors' (BOD) meeting was held at the Scottsdale Princess Hotel, Scottsdale, AZ, on June 17th and 20th during the annual scientific meeting. The BOD meeting opened with then CPDD President, Dr. Cunningham, thanking Drs. Amass, Ator, Crowley and Loh for their outstanding service to The College. Their terms on the BOD ended at the close of the 2006 annual meeting. A warm thank you was also extended to Dr. Adler for his 20 years of service organizing CPDD's annual meetings.

Time was devoted to a series of agenda items. Among them was recognition of Shire Pharmaceuticals for its generous \$10,000 contribution to CPDD. Obtaining such industry support is very important to the financial well being of CPDD and there was discussion of how to improve CPDD's industry support. Dr.

Cunningham volunteered to examine that issue in more detail. Dr. Kosten reviewed his successful efforts to fill open slots on CPDD committees. That generated discussion on how many enthusiastic and capable volunteers there are among the CPDD membership, and how to expeditiously include as many as possible in the work of The College.

Another topic covered that is always of interest to the membership was a review of future meeting sites for the CPDD annual meeting. Following is the list: **2007** – Quebec, Canada, June 16-21; **2008** – Caribe Hilton, San Juan, PR, June 14-19; **2009** – Reno, NV, June 20-25; **2010** – Scottsdale Princess, Scottsdale, AZ, June 13-17; **2011** – open; **2012** – open; **2013** – Reno, NV, June 16-20.

Our Treasurer, Dr. Hatsukami, once

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CPDD membership includes a subscription to Drug and Alcohol Dependence, ranked among the most cited substance abuse research journals.

CPDD Executive Committee Meeting

The fall 2006 meeting of the CPDD Executive Committee was held at the Phoenix Park Hotel in Washington, D.C., on 9/18/06 and the offices of Capitol Associates on 9/19/06. Present at both were Drs. Adler (Executive Officer), Cunningham (Past-president), Higgins (President-elect), Kosten (President), and Dewey (Public Policy Officer). Toby Adler (CPDD Executive Office) attended the 9/18 meeting and Ed Long and Roxanne Burnham of Capital Associates attended the 9/19 meeting.

Discussion of the CPDD budget occupied a good part of the 9/18 meeting in light of the NIH budget situation. Among several items discussed was whether to continue with CapWiz, which facilitates letter writing to Congress by the CPDD membership. The sentiment of the committee was not to renew the contract after the current period. The cost effectiveness was questioned. Also discussed were potential caps on costs for the CPDD annual Awards, which will be

considered next by the CPDD Board of Directors (BOD). To reduce costs associated with Executive Committee meetings, the Spring, 2007 meeting will be via telephone conference. The committee felt that action was needed to screen the credentials of prospective exhibitors at the annual scientific meeting. Members will be consulted about prior efforts by CPDD along these same lines. Continuing with the ongoing discussion about CPDD-sponsored conferences as a revenue-generating activity, Dr. Kosten will consult with colleagues with prior experience in such efforts.

The Executive Committee is continuing to attend to long-term strategic planning for efficient transitions between Executive Officers at some time in the future. Dorothea Wilson, an external expert in such matters will be asked to participate in the Interim Meeting of the BOD.

In order to facilitate mentoring and other interaction between new and more expe-

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President's Column *continued from page 1*

Our organization is more than an annual meeting, and the committees of CPDD have been very active over the past few years. The public advocacy through Bill Dewey's leadership of the Friends of NIDA (FON; www.thefriendsofnida.org) has been outstanding. The FON has repeatedly made it clear how major investments in research from ONDCP and NIH have made valuable and practical impacts on the diseases of addiction. For example, pharmacotherapy advances such as buprenorphine have increased access to care for opiate addicts, and behavioral therapies such as inexpensive contingency management have had substantial impact on delivery and efficacy of treatment. Making the connection of these new therapies to the basic science base is not obvious to our elected representatives, and FON along with many members of CPDD have made the connections for these government officials.

With the recent national concerns about medication safety, the critical role of CPDD members and this organization in evaluating medication safety was impressed on government and industry leaders through recent special conferences sponsored by CPDD as well as presentations before Congress. Abuse liability testing in humans got a major intellectual and practical contribution through the conference organized by Chris-Ellen Johanson, Bob Schuster and Ed Sellers. A complementary conference organized by Steve Negus recently provided the same type of contribution to abuse liability testing in animals. Another notable educational and policy contribution was the recent Senate "symposium" organized by Bob Schuster and his Michigan representative—Senator Levin. That symposium not only provided outstanding evidence for the therapeutic success and medical safety of buprenorphine, but also provided a platform for changing a specific law that has limited access to care for opiate addicts. The current law restricts physicians to treating only 30 patients with buprenorphine, and many opiate addicts are being turned away from treatment because these providers cannot exceed this arti-

cial limit. New legislation should increase this limit from 30 to a much more realistic number of 100 patients. These special conferences and presentations 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.

Another component of our organization is its Journal—Drug and Alcohol Dependence. Our Journal continues to be among the top three in the field under the able leadership of Bob Balster and his associate editors. The breadth of articles being published continues to broaden, as more neuroimaging, genetics and molecular biology articles are submitted and published. Supplement issues are occurring regularly with very high quality contributions in timely areas ranging from policy issues such as drug abuse in Hispanic populations to research methodology issues such as new design, analytic and statistical approaches to research questions. We hope that our members continue to consider DAD for their best work in the field.

I am looking forward to the rest of this rapidly passing year as President and am very proud to be given the opportunity to serve you and to provide forums for collaborations across disciplines and continents. The CPDD hopes to collaborate with our related scientific disciplines through the Society for Neuroscience annual meeting and with our European colleagues through a modest joint meeting next year. We envision these initiatives as opportunities for CPDD to grow and mature as the major scientific representative of our field. To facilitate this growth the CPDD needs your continued efforts to collaborate in the best science possible, to present it at our annual and special meetings, and to publish it in our Journal. Please consider sharing this vision for expanding our organization's scientific horizon. ❖

...AIDS and other infectious diseases such as hepatitis C are national disease challenges that are increasingly prevalent in substance abusers...

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

again demonstrated her able stewardship of the CPDD’s finances with a report that The College is solidly in the black. In line with being a capable Treasurer, Dr. Hatsukami also underscored the need for CPDD to increase income and cut costs. That is consistent with the matter discussed above regarding increasing support from industry. There was also discussion on the use of CPDD-sponsored conferences as a revenue generator, in addition to educational and public-service activities. Dr. Steve Negus arranged such a conference on Preclinical Abuse Liability Testing that was held on October 19–20 in Annapolis, MD.

To increase flexibility in responding promptly to issues that arise during the course of the year, and to more generically stay up with advances in technology, the Rules Committee recommended that the bylaws be changed to permit the BOD and membership to vote by mail or electronically. Previously the bylaws prevented electronic voting. A motion to that effect was supported unanimously.

Dr. Cunningham updated the BOD on the activities of the Long Range Planning Committee. An important item on which they are working is a CPDD mission statement.

We were honored by the appearances of several esteemed colleagues, including Dr. Nora Volkow, NIDA Director, Dr. Wesley Clark, CSAT Director, and Dr. Willem Scholten from the WHO. Dr. Volkow underscored how the roadmap initiative has benefited NIDA and noted NIH’s plans to continue such cross-institute efforts in the future. Dr. Clark reported on a number of impressive efforts by CSAT to transfer evidence-based treatment practices into community settings. Dr. Scholten outlined his wishes to continue a close working relationship between the college and WHO. CPDD is an official Collaborating Center of the WHO. A motion by Dr. Louis Harris for

another 10 years of CPDD-WHO collaboration was unanimously approved.

Finally, some highlights from CPDD committee reports: Dr. Nancy Ator reported on a new CPDD Conflict of Interest (COI) policy regarding presentations at the annual meeting that will be shared with the membership in the near future. A motion to support the COI policy was supported, with no members voting against and only 1 abstention. Dr. Sharon Walsh summarized the outstanding work of the Program Committee in 2005–06. The BOD thanked Dr. Walsh for her outstanding service as Chair and welcomed Dr. Sari Izenwasser as the Chair-Elect of the Program Committee. Other leadership changes on CPDD committees included Dr. Rumi Price taking the reins from Dr. Carl Hart as Chair of the Minority Representation Committee, Dr. Alison Oliveto taking over from Dr. Don Calsyn as Chair of the Travel Awards Committee, and Dr. Maxine Stitzer taking over from Dr. Charles O’Brien as Chair of the Awards Committee. Drs. Balster and Bishop provided a positive report on the status of DAD and the successful new editorial arrangement that includes the addition of Drs. Kathryn Cunningham, Christy Ellyn Johanson, Eric Strain, Jim Anthony, and Steffani Strathdee as Associate Editors.

– *Contributed by Steve Higgins,
CPDD President-Elect*



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

Executive Committee Meeting Report – continued from page 2

rienced attendees at the annual scientific meeting, the Executive Committee decided that an award ribbon would be attached to the badges of ALL travel awardees (CPDD, CSAT, NIDA, Women & Gender, WHO) plus ALL student registrants.

Much of the 9/19 meeting was devoted to discussions led by Ed Long and Roxanne Burnham of Capital Associates about legislation on NIH budgets, reauthorization, etc., with emphasis on Rep. Barton's bill to reconfigure NIH and another piece of legislation that would require NIDA to gain ONDCP permission when reallocating funds exceeding \$1 million. The current level above

which permission is needed is 5 million. The discussion focused on disadvantages to CPDD of losing the exclusive focus on drug abuse that NIDA provides as a separate NIH institute, and how needing ONDCP permission for re-allocation of the proposed amounts would unnecessarily curtail NIDA's budgetary flexibility and ability to respond to needed changes in research priorities.

The Executive Committee adjourned at about 1:00 PM on 9/19 and its members went to Capitol Hill to meet with legislators and their aides regarding the legislative matters noted above.

– Contributed by Steve Higgins,
CPDD President-Elect



69th Annual Scientific Meeting **DEADLINES** Quebec City, Jun 16–21, 2007

Abstracts	Jan 16
Award Nominations	Feb 1
Hotel Reservation	Apr 10
Earlybird Registration	Apr 10
Late-Breaking	Apr 16

<http://www.cpdd.org>

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/miissions.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. ❖



F. Ivy Carroll, PhD

Winner of the 2006 CPDD

Nathan B. Eddy Award.

Presented at the 68th CPDD

Annual Scientific Meeting,

Scottsdale, AZ

Voice of Experience

An Interview with Joseph V. Brady

1992 CPDD Nathan B. Eddy Award Winner

The Beneficiary of a Fortuitous Environment

By Richard De La Garza, II

Joseph V. Brady is Professor of Behavioral Biology, Director of the Behavioral Biology Research Center, and Professor of Neuroscience, at the Johns Hopkins University School of Medicine, in Baltimore, Maryland.



*The Beneficiary of a
Fortuitous Environment*

Newsline's Richard De La Garza:

You received the Nathan B. Eddy Award in 1992; what did you choose to focus on in your Eddy Award lecture?

Joe Brady:

I focused mostly on the behavioral pharmacology of drugs of abuse; their reinforcing and discriminative functions starting with the conditioned suppression paper I published in *Science* in 1956, the relationship with drug self administration and how that came out of my interactions with trainees like Charles (Bob) Schuster and Travis Thompson, and how the people who have come since then have carried on the tradition in a much more thorough and creative way than I could possibly manage.

Describe your early involvement in CPDD, as Chairman.

The first meetings I went to were at the National Academy of Science. It was still not a membership organization, and I lobbied to change that with Chuck O'Brien and Jerry Jaffe who were in favor of that idea as were Loretta Finnegan and Mary Jeanne Kreek. The other thing that occurred during my tenure was the publication of a monograph on drug testing that Scott Lukas and I wrote. I remember sitting with Jerry Jaffe and Harold Kalant trying to work out something that would be acceptable to this whole committee about my way of looking at substance abuse problems and arguing about why I thought the word 'addiction' was an absolutely useless term because it had too much surplus meaning. If you looked at the different aspects of the problem, it seemed to me that the critical events in the process were clearly divisible into two distinct categories, those that occurred before actual drug taking – roughly defining the 'abuse' category – and those that occurred after and as a consequence of drug taking – defining the 'dependence' category.

Summarize yourself in the form of a title of a DAD paper.

"The Beneficiary of a Fortuitous Environment".

How did you come to be a substance abuse researcher?

My career path to research in substance abuse originated in the academic Experimental Analysis of Behavior/Behavioral Pharmacology Laboratories at the University of Chicago and has been pursued over the past 60 years in similar institutional, academic and clinical settings at the Walter Reed Research Institute, the University of Maryland, and the Johns Hopkins University School of Medicine.

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Voice of Experience–Interview with Joe Brady *continued from page 6*

Were you interested in psychology and behavior during your early years in college?

Oh, no. When I entered Fordham College in 1940 everybody took philosophy, logic, epistemology, and for the first couple of years there was no specialization. Even through college I had no objectives in that direction at all. I knew that I would have to go into the military, so I joined the ROTC. By 1942–43, the ROTC was activated, so while I was still living in the dormitory I was actually in the Army, in uniform. Fordham compressed the course work so that I graduated by 1943 and was then sent off to officers' training school. I was commissioned at Ft. Benning as a 2nd Lt. and served as an infantry platoon leader in Berlin by the end of the war. Then, orders came from European Headquarters in Frankfurt reassigning me to the 317th Station Hospital in Wiesbaden, Germany, which had just been designated as the Neuropsychiatric Center of the European Command, and that's what changed my life.

The 317th Station Hospital had been a Luftwaffe hospital, and it obviously had some psychiatric focus because one of the things we found there were huge wards with tubs. Remember, this was the 'forties, and the treatments available at that time were the tubs, insulin, electroconvulsive shock, and psychoanalysis. Everybody who was admitted to that hospital on the psychiatric ward, along with his bathrobe and slippers, got a set of electrodes. This was a very effective way to keep the closed ward calm.

About a year later, the Army sent me to the University of Chicago to get some training to bring me up to date. The Department of Psychology had a new chairman, James Grier Miller, who brought in a brand new faculty. Miller had a brand new bright idea, which was to review the whole of psychology in 9 months, with each one of these great new faculty members and their specialty having a two-week period during which they would give seminars, assign readings, and give exams. As students, we were supposed to pass through each part of the field, and at the end of 9 months take comprehensive examinations for the PhD, and have selected a specialty area, which was rather unusual. I was planning to get a degree in clinical psychology.

Another requirement of the program was to pick an experiment from the literature and replicate it. I picked an experiment that Estes and Skinner had published in 1942 on conditioned anxiety, and I went over to see Howard Hunt, who had just come to the University of Chicago as an associate professor from Stanford and wanted to start a laboratory. So we built some rat boxes and things of that sort, and got some rats pressing a lever for sugar water, and we superimposed upon this intermittent schedule of reinforcement 3 minutes of a clicking noise followed by a shock to the feet. When I tried this, nothing much happened; I didn't get any change in behavior, so I increased the shock level. The bottom line is, not only did I not reproduce the Skinner and Estes paper, but I got real suppression. When I turned on my clicker, not only did the rats stop pressing the lever, they had piloerection, crapped and crouched in the box, took the shock, and then went right back to work again. I said, Wow! That's real conditioned anxiety.

At the end of 9 months, I had completed my comprehensive exams and had 4 rats trained so that I could measure their conditioned anxiety levels by the changes in the rate at which they did their ongoing lever-pressing business. It occurred to me that was really a very good model of psychiatric disorders expressed as a change in a person's rate of performance. The reason someone comes for treatment is because their baseline's been disrupted. They'll say, "I'm not doing what I used to do anymore." This looked like where I'd come from. I'd come from a place where we'd plugged everybody into the light circuits. I said maybe electroconvulsive shock (ECS) could reverse the conditioned anxiety in these rats. So we produced full-blown tonic-clonic convulsions, and the animals got up, shook their heads, and walked away. You could not tell an animal that had just had a convulsion from one that didn't. After 7 days of treatment I ran these 4 rats in my box, turned on the clicker, and the 2 animals that had not



"If the man wants a blue suit, turn on a blue light!"

– Joe Brady

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Voice of Experience—Interview with Joe Brady *continued from page 7*

had the ‘benefit’ of my ‘treatment’ showed complete retention of their condition – pilo-erection, defecation – while the other 2 animals who received 3 ECS per day for 7 days, worked right through the clicker. We had literally ‘cured’ these animals with the electroconvulsive shock. But I was changed in terms of what I was going to do for the rest of my life – it was perfectly clear.

Your early work has reminded me of recent efforts to investigate the use of transcranial magnetic stimulation (TMS) to decrease cigarette smoking and reduce craving for food. Any thoughts that TMS may help humans with drug addiction?

That published data does look promising. Clearly, TMS can ‘shake-up’ those unwanted ‘connections’, among others, for at least some period of time, but the history of our long-term success in this regard with the ‘magic bullet’ approach has not been all that encouraging. But then, on the other hand, we need all the help we can get!

After completion of your doctorate, what was the next career move for you?

I was stationed at Walter Reed Army Hospital, in Washington, DC. Within a year of my arrival, Dave Rioch was hired by what was then called the Army Medical Research Institute, which was on the grounds at Walter Reed but was separate from the hospital. The military found that they lost more man-hours per annum during that 1940–45 war from behavioral or psychiatric problems than from all other medical problems put together, but they had no research in that area at all.

This was in 1951, shortly after the NIMH was established, before anyone else had thought of interdisciplinary neuropsychiatric research. The idea of bringing together all these different disciplines at one place was Dave Rioch’s, and Walter Reed was the first interdisciplinary neuropsychiatric research institute. Then Seymour Kety and Joel Elkes, who had been at St. Elizabeth’s Hospital, and were Rioch’s friends, put the idea into place at the NIH. Then NIH started to increase giving out grants for such research – a somewhat novel idea at the time.

I became the first ‘chief’ of the department of experimental psychology in the neuropsychiatry division. Galambos was chief of neurophysiology; John Mason was chief of neuroendocrinology; Dave Hamburg came as chief of psychiatry, and Walla Nauta came from Europe and was the chief of neuroanatomy. Quite an impressive array of colleagues for a newly minted Ph.D.! So that’s one of the reasons why I have always thought of myself as the beneficiary of a fortuitous environment. Can you imagine falling into something like that? Right out of graduate school, and all of a sudden I’m in the league with a Dave Hamburg, a Wally Nauta, a John Mason, a Bob Galamos, and a Dave Rioch – and I’m running my own store, deciding what to do and who to collaborate with!

This must have been a very exciting time for research.

Just about this time, the substantive part of the research program in behavioral pharmacology started. The first thing that happened was the appearance of the psychotropic drugs. The major tranquilizers – chlorpromazine, reserpine – appeared on the scene in the early ‘50s. Murray Sidman and I decided that since everyone was raving about reserpine, for example, we would give reserpine to all the animals in the lab. But we didn’t know anything about dosing at the time. The interesting thing is that most histories of science in this area subscribe to a ‘creationist’ view, as I argued recently in recounting the history of behavioral pharmacology when ASPET gave me the Dews Award for lifetime contributions to research. They all emphasize the ‘great men’ who produced the advances in the field. I told them that I was going to present a revisionist history of behavioral pharmacology; that the great men approach is not the way to look at the evolution of the field.

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*Right out of graduate school
and all of a sudden...
I’m running my own store,
deciding what to do
and who to collaborate with!*

Voice of Experience—Interview with Joe Brady *continued from page 8*

This emergent field should be viewed as the product of an interaction between methodological developments and conceptual changes, and you can start with tranquilizers. Up until that time, the kinds of effects that you produced with drugs like reserpine and chlorpromazine had been regarded as unwanted side effects that were enough to keep a drug off the market. Reserpine for example, turned up at the CIBA labs in New Jersey, where they were looking for a cardiovascular drug and they discovered that when they dosed the rhesus monkeys, generally pretty hostile and aggressive animals, they could safely put their fingers in the monkey's mouth. The monkey was awake but had lost all his aggression. From that point on, we went to work screening for those tranquilizing effects of drugs and thus witnessed one of the major conceptual changes in the behavioral pharmacology field.

You have had a number of very successful trainees who have made important contributions to Behavioral Pharmacology and drug addiction research.

Having the laboratory at the University of Maryland gave me my first chance to bring in other people on the academic track. I got an inquiry from Len Cook, who had an assistant at Smith-Kline & French in Philadelphia, who wanted to get a graduate degree. That was Bob Schuster, who was my first pre-doctoral student. He came down to College Park and brought a tremendous amount of pharmacological sophistication into the lab. Then, my mentor in Chicago had trained Travis Thompson, who wanted to take a post-doctoral fellowship, so I took Thompson on. When Schuster and Thompson fell in together in the lab, of course, that was a lifetime relationship. They wrote the first behavioral pharmacology textbook, and so forth. It was Schuster fooling around with trying to teach a monkey to use an infusion of a drug as a discriminative stimulus for pressing a lever – that was essentially the preamble to drug discrimination, but we didn't know it at the time. We were just fooling around to see whether the animal could discriminate that something inside him changed so he should do something outside.

What Schuster and Thompson discovered was that for some reason the animal was pressing the lever to get the infusion. And I said, wait a minute, this may have some interest. Why don't we try a drug? And this is the idea of the interaction between methodological developments and conceptual change. What did that do when animals started self-administering drugs? The prevailing view of alcoholism and drug abuse at that time was that these were events that were largely the result of people being driven into this terrible lifestyle. Now all of a sudden we had monkeys pressing levers to get a drug. It's a perfect example of a methodological development producing a conceptual change: it was clearly the consequences, not the antecedents, maintaining drug self-administration performance.

Shuster and Thompson's time in the lab signaled the start of your research on drugs of abuse and addictions. What happened afterward?

We took the work to Johns Hopkins when Jack Finley and I moved there, and it became the major driver in the laboratory there. As soon as I got to Hopkins I started bringing in more post-docs. George Bigelow and Roland Griffiths came from Travis Thompson's lab at the University of Minnesota, where he had gone to teach. Scott Lukas came from Naim Kazan's lab at the University of Maryland School of Pharmacy, Jack Henningfield came to us from Minnesota as well and Nancy Ator came as a post-doc from Jim Barrett's lab at the University of Maryland in College Park. Richard Foltin and Marian Fischman came from Chicago, Tom Kelly from Minnesota and Maxine Stitzer from Michigan, among many others who have contributed importantly to the Hopkins behavioral pharmacology over the past several decades.



*...“great men”?
...They just happen to be
in the right place at the
right time.*

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Voice of Experience—Joe Brady *continued from page 9*

You have had multiple and simultaneous careers, including the behavior of organisms in outer space, psychopharmacology, drug abuse, research ethics. In the Department of Psychiatry at Johns Hopkins, you established and headed a major division, trained and mentored students, and even served at one time as Acting Chair of the department, and you are still active in clinical research, with recent publications on mobile methadone treatment and interim methadone maintenance. How have you managed to follow so many career paths concurrently?

You just keep making responses. You can't wait for things to happen to you. When an opportunity arises you've got to seize that opportunity. There's one thing I should be honest about, however. I've never really felt that I did any of all these things as well as I might have done them if all these other things I was doing weren't going on at the same time. In other words, you do the best you can. You know that things are not going to be perfect. And you keep waiting for life to get easier, but it never does.

It's interesting to hear how the field developed.

This is a pretty reasonable account. But what about the 'great men'? Well the great men are agents. They just happened to be in the right place at the right time. Now there are good agents and bad agents, but to hang the development of a field on great individuals is misplaced in my view. I think much of it, as an environmentalist, comes as a result of fortuitous events that occur in your life. And my lifetime is no better example of that than anybody I know.

This interview contains excerpts that have been published previously (Conversation with Joseph V. Brady. Addiction. 2005 Dec; 100(12):1805-1812). Used with permission.

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>