

NATIONAL HISPANIC SCIENCE NETWORK ON DRUG ABUSE

Thirteenth Annual International Conference

Shared Challenges and Opportunities for Achieving Health Equity with Ethnically Diverse Populations

October 9-11, 2013 🌀 The Hyatt Regency 🌀 Bethesda, MD

Mission Statement

The National Hispanic Science Network on Drug Abuse is dedicated to improving the health equity of Hispanics by increasing the amount, quality and dissemination of interdisciplinary translational research; and fostering the development and advancement of Hispanic scientists to promote future leaders.

National Steering Committee

Patricia E. Molina, M.D., Ph.D.

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Associate Vice Provost for Community Research
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*Professor & Chair
Department of Public Health Sciences
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Yonette F. Thomas, Ph.D.

*Howard University
University of Miami Miller School of Medicine*

Avelardo Valdez, Ph.D.

*Professor
School of Social Work
University of Southern California*

Alice Cepeda, Ph.D.

*Chair, Early Career Leadership Subcommittee
Assistant Professor
School of Social Work
University of Southern California*



Welcome from the Conference Chairs

On behalf of the Conference Planning Committee and the Steering Committee of the NHSN, we welcome you to the 13th Annual International Conference of the NHSN. This year's conference, "Shared Challenges and Opportunities for Achieving Health Equity with Ethnically Diverse Populations," recognizes the significant challenges in reducing the disparity in health of the nation's ethnic minorities. It also recognizes that we must capitalize on existing opportunities to achieve health equity among racially and ethnically diverse populations.

This year, the Conference Planning Committee identified three special conference themes: Social and Cultural Determinants of Health; Biomedical, Behavioral, and Psychological Consequences of Substance Abuse; and Prevention, Treatment and Systems Services Innovation. These special themes guided the three plenary panels. Each of these panels will feature distinguished scientists and policy makers who have made significant contributions to each of these scientific areas.

The program also includes career development activities for young scientists such as an Early Career Investigator Panel, a Speed Mentoring Luncheon, an exciting career development breakout session and an evening social networking event. Breakout sessions spanning basic science to implementation research are also featured in this year's conference.

The planning committee co-chairs are dependent upon a network of individuals who volunteer their time and energy to the NHSN. This year, for the first time, the planning committee consisted of NHSN members outside of the Steering Committee. A special thanks to the conference planning committee: Drs. Bautista, Chang, Arroyo, Jimenez-Rivera, Blanco, Sarpong, Pating, Etz, Gilpin, Canino, Montoya, Ahluwalia, Frascella, O'Dell, Morales, Marsiglia, Maldonado-Molina, Rosa, Gonzales, Price, Martinez, Mitrani, and Lin. A special thanks as well to all those members who volunteered their time to review abstracts for the breakout sessions and poster session. It is also important to recognize Betsy Giamo and Nicole Cano for all their efforts in guiding the work of the conference committee. Their efforts are much appreciated. Finally, it is with pleasure that we acknowledge our funders: NIDA, NIAAA, LSUHSC, USC, UMiami and RWJF New Connections.

In summary, we are excited about the distinguished panelists and presenters on the program and we encourage attendees to engage them in constructive and incisive conversations. We expect three days of stimulating and interactive scientific discussion, as well as strong networking and wholesome fun – the attributes that characterize our NHSN conferences.



Wednesday 9 October 2013

7:00 AM–8:30 AM REGISTRATION and CONTINENTAL BREAKFAST (Haverford Foyer)

8:30 AM–9:00 AM WELCOMING REMARKS (Haverford)

Patricia E. Molina, M.D., Ph.D., *Chair, NHSN*

Guillermo Prado, Ph.D., *2013 NHSN Scientific Conference Co-Chair*

Yonette Thomas, Ph.D., *2013 NHSN Scientific Conference Co-Chair*

9:00 AM–11:00 AM SOCIAL AND CULTURAL DETERMINANTS OF HEALTH (Abstracts on p.14) (Haverford)

CHAIR **Guillermo Prado, Ph.D.,** *Miller Professor of Public Health Sciences, Director, Division of Prevention Science and Community Health University of Miami Miller School of Medicine (gprado@med.miami.edu)*

Flavio Marsiglia, Ph.D., *Director, Southwest Interdisciplinary Research Center (SIRC), School of Social Work, Arizona State University (marsiglia@asu.edu)*

PRESENTERS **Sandro Galea, M.D., M.P.H., Dr.P.H.,** *Gelman Professor and Chairman Department of Epidemiology, Mailman School of Public Health, Columbia University (sgalea@columbia.edu)*
“Towards a Comprehensive Research Agenda that Includes the Study of Social and Macroeconomic Forces that Influence Substance Use”

Ana V. Diez-Roux, M.D., Ph.D., M.P.H., *Professor and Chair, Epidemiology, Director, Center for Integrative Approaches to Health Disparities, Director, Center for Social Epidemiology and Population Health, Research Professor, Survey Research Center, Institute for Social Research, Director, Robert Wood Johnson Health and Society Scholars Program, Center for Social Epidemiology and Population Health, University of Michigan (adiezrou@umich.edu)*
“Understanding the Social Determinants of Health : Where Have We Been and Where are We Going?”

Teresa Chapa, Ph.D., MPA, *Senior Policy Advisor, Mental Health, US DHHS, Office of Minority Health (teresa.chapa@hhs.gov)*
“Achieving Health Equity: The Urgency for Cultural and Linguistically Appropriate Systems of Integrated health and Behavioral Health Care”

11:00 AM–1:30 PM SPEED MENTORING AND LUNCHEON (Waterford/Lalique)
Prior registration required

1:30 PM–2:30 PM RESEARCH SUPPLEMENTS TO PROMOTE DIVERSITY IN HEALTH-RELATED RESEARCH (Haverford) (Abstract on p.14)

PRESENTER **Pamela Goodlow,** *Public Health Analyst, Office of Special Population, NIDA/NIH (pgoodlow@nida.nih.gov)*

2:30 PM–3:15 PM PLENARY PRESENTATION (Haverford) (Abstract on p.14)

PRESENTER **Nora Volkow, M.D.,** *Director, National Institute of Drug Abuse, National Institutes of Health*
“Opportunities in Addiction Research: Striving for Health Equity with Ethnically Diverse Populations”

3:30 PM–4:00 PM TRANSITION

4:00 PM–6:00 PM BREAKOUT SESSION 1

SESSION ONE Using Animal Models to Understand the Neurobiology of Addiction (Haverford) (Abstracts on p. 14-15)

CHAIR **Nicholas Gilpin, Ph.D.,** *Assistant Professor, Department of Physiology, Louisiana State University Health Sciences Center (ngilpi@lsuhsc.edu)*

Laura O'Dell, Ph.D., *Associate Professor, Department of Psychology, University of Texas at El Paso (lodell@utep.edu)*

PRESENTERS **Veronica Alvarez, Ph.D.,** *National Institute of Alcohol Abuse and Alcoholism, NIH (alvarezva@mail.nih.gov)*
“Strengthening the Accumbal Indirect Pathway Promotes Resilience to Compulsive Cocaine Use”

Laura O'Dell, Ph.D.
“Neurochemical Mechanisms that Modulate Enhanced Vulnerability to Tobacco Use”





Hugo Tejeda, B.S., Graduate Student, University of Maryland School of Medicine
(tejedah@nida.nih.gov)

“Modulation of Limbic and Mesocortical Inputs to the Prefrontal Cortex and Aversion by Prefrontal Cortical Kappa-Opioid Receptors”

Jean Lud Cadet, M.D., Associate Director for Diversity and Outreach, Chief, Molecular Neuropsychiatry Research Branch, Co-Director, Fellowship in Addiction and Aging, NIDA Intramural Research Program National Institute on Drug Abuse/NIH/DHHS (jcadet@intra.nida.nih.gov)

“Role of Epigenetic Modifications in Methamphetamine-Induced Changes in Glutamate Function”

SESSION TWO Technology Transfer for the Implementation of a Clinical Trials Network on Drug Abuse and Mental Health in Mexico (Embassy/Patuxent) (Abstracts on p. 15-16)

CHAIR **Viviana E. Horigian, M.D.** Research Assistant Professor of Public Health Sciences, University of Miami Miller School of Medicine (vhorigian@med.miami.edu)

PRESENTERS **Viviana E. Horigian, M.D.**
“Crossing Borders and Building Bridges: Overview of a Successful International Collaboration to Improve Substance Abuse Treatment Research and Practice in Mexico”

Rosa E. Verdeja, M.Ed. Senior Research Associate, University of Miami Miller School of Medicine (rverdeja@med.miami.edu)

“The Road to Sustainability of Practices in the Implementation of a National Clinical Trials Network: Methodology for Skills and Capacity Building”

Rodrigo Marin Navarrete, Ph.D., Instituto Nacional de Psiquiatría Ramón de la Fuente, Mexico (rmarin@inprf.gob.mx)

“Pilot Study of Motivational Enhancement Treatment to Improve Treatment Engagement and Outcomes for Mexican Patients Seeking Treatment for Substance Abuse: Trial Performance”

Marcela Tiburcio Sainz, Ph.D., Asunción Lara Cantú, Araceli Aguilar Abrego, Instituto Nacional de Psiquiatría Ramón de la Fuente, Mexico (tibsam@imp.edu.mx)

“Evaluation of a New Modality to Provide Treatment for Substance Abuse in Mexico”

DISCUSSANT **José Szapocznik, Ph.D.**, Professor & Chair, Department of Public Health Sciences, University of Miami Miller School of Medicine (JSzapocz@med.miami.edu)

SESSION THREE Role of Cultural Values, Acculturation and Discrimination: New Evidence on Latino Health Behaviors and Health (Cartier/Tiffany) (Abstracts on p. 16-17)

CHAIR **Hortensia Amaro, Ph.D.**, Dean’s Professor of Social Work and Preventive Medicine, Associate Vice Provost for Community Research Initiatives, School of Social Work, University of Southern California (hamaro@usc.edu)

PRESENTERS **Richard C. Cervantes, Ph.D.**, Research Director, Behavioral Assessment Inc. (bassessment@aol.com)
Jodi Berger Cardoso, Ph.D., LCSW, Assistant Professor, University of Houston Graduate College of Social Work (jcardoso@Central.UH.EDU)
“Differences in Cultural Stress and Depression in Clinical and Non-Clinical Samples of Hispanic Adolescents”

Felisa A. Gonzales, Ph.D., M.Phil, Postdoctoral Fellow, The George Washington University (felisag@gwmail.gwu.edu)

“Does Discrimination Predict Latino Adolescents’ Risk Cognitions?”

Lizette Ojeda, Ph.D., Assistant Professor of Educational Psychology, Texas A&M University (lizetteojeda@tamu.edu)

“Day Laborers’ Well-Being: The Role of Familismo, Spirituality, Work, Health, and Discrimination”

Rika Tanaka, M.A., Graduate Student, Department of Clinical Psychology, Arizona State University (rikatanaka1214@gmail.com)

“Intergenerational Gaps in Mexican American Cultural Value Trajectories and Youth Adjustment: Mediation by Parent-Adolescent Conflict”

Victoria D. Ojeda, Ph.D., MPH, Assistant Professor, University of California, San Diego School of Medicine (vojeda@ucsd.edu)

“Correlates of HIV Testing in Vulnerable Populations Utilizing a Student-Run Free Clinic in Tijuana, Mexico”

SESSION FOUR Social, Cognitive, and Contextual Influences on Latino Drinking (Waterford) (Abstracts on p.18-19)

CHAIR **Judith A. Arroyo, Ph.D.**, Minority Health and Health Disparities Coordinator, NIAAA/NIH (jarroyo@mail.nih.gov)



- PRESENTERS** **James Jaccard, Ph.D.**, *Professor, New York University Silver School of Social Work (jj76@nyu.edu)*
 “Discrimination and Underage Drinking in Latino Youth: Cross Generational Effects”
- Cristina Mogro-Wilson, Ph.D., M.S.W.**, *Assistant Professor, School of Social Work, University of Connecticut (cristina.wilson@uconn.edu)*
 “The Influence of Opportunity to Use Alcohol, Attitudes, Social and School Skills on Alcohol Use in Hispanic and Non-Hispanic Youth”
- Jennifer M. Reingle, Ph.D.**, *Assistant Professor, Division of Epidemiology, Human Genetics, and Environmental Sciences, University of Texas Health Science Center at Houston (jennifer.reingle@utsouthwestern.edu)*
 “The Effects of Drinking Place and Companion on Binge Drinking”
- Oscar S. Escobar, M.A.**, *Graduate Student, Department of Counseling and Educational Psychology, Indiana University (osescoba@indiana.edu)*
 “The Moderating Effect of Hispanic Serving Institution on the Relationship Between Alcohol Use Norms and Alcohol Use Among Latino College Students”

SESSION FIVE Finding an Academic Home, but Still Searching for Our Place: Narratives and Recommendations from Assistant Latina Faculty (Lalique) (Abstract on p.19)

CHAIR **Kaliris Y. Salas-Ramirez, Ph.D.** *Assistant Medical Professor of Physiology, Pharmacology and Neuroscience, The Sophie Davis School for Biomedical Education, The City College of New York (ksalasramirez@gmail.com)*

PRESENTERS **Kaliris Y. Salas-Ramirez, Ph.D.**

Yadira Pérez Hazel, Ph.D., *Assistant Professor, Center of Ethnic Studies, Borough of Manhattan Community College (yperez@bmcc.cuny.edu)*

María Pagán-Rivera, Ph.D., LCSW, *Assistant Professor of Social Sciences and Human Services, Borough of Manhattan Community College (mpaganrivera@bmcc.cuny.edu)*

Hilda Pantin, Ph.D., *Professor and Executive Vice Chair, Department of Public Health Sciences Miller School of Medicine University of Miami (hpantin@med.miami.edu)*

Patricia E. Molina, M.D., Ph.D., *Richard Ashman Professor & Head, Department of Physiology, Louisiana State University Health Sciences Center (pmolin@lsuhsc.edu)*

J. Bryan Page, Ph.D., *Professor of Anthropology, University of Miami (bryan.page@miami.edu)*

6:30 PM DINNER DANCE (Cabinet/Judiciary)

Thursday 10 October 2013

7:30 AM–5:00 PM REGISTRATION

8:00 AM–9:30 AM CONTINENTAL BREAKFAST AND POSTER (Haverford Foyer)

8:30 AM–10:30 AM NEW INVESTIGATORS IN DRUG ABUSE RESEARCH (Abstracts on p.19-20) (Haverford)

CHAIR **Alice Cepeda, Ph.D.**, *Chair, Early Career Leadership Subcommittee, Assistant Professor, School of Social Work, University of Southern California (alicecep@usc.edu)*

PRESENTERS **Marisela Agudelo, Ph.D.**, *Post Doctoral Fellow, Herbert Wertheim College of Medicine, Florida International University (magudelo@fiu.edu)*
 “The Functional Role of Cannabinoid Receptors in Alcohol-Induced Modulation of Dendritic Cells from Alcohol Users”

Michaeline Jensen, *Graduate Student, Department of Psychology, Arizona State University (mjensen5@asu.edu)*
 “Family Risk and Adolescent Sexual Risk Taking: Do Deviant Peers, Internalizing, and Substance Use Serve As Mediators?”

Joseph A. Pipkin, *Doctoral Student, Department of Psychology, University of Texas at El Paso (jpipkin264@yahoo.com)*
 “Enhanced Rewarding Effects of Nicotine in Diabetic Rats”

Kathryn M. Nowotny, M.A., *Doctoral Student, Department of Sociology, University of Colorado at Boulder (kathryn.nowotny@colorado.edu)*
 “Racial Disparities in the Utilization of Treatment for Inmates with a Substance Use Dependence”





10:30 AM–11:15 AM PLENARY PRESENTATION (Haverford) (Abstract on p.20)

PRESENTERS **Deborah Guadalupe Duran, Ph.D.**, *Chief, Office of Strategic Planning, Legislation, and Science Policy NIMHD/NIH (durande@mail.nih.gov)*
“Horizontal/Vertical Health Equity: Networks Translating Research Findings to Community Health Practices”

11:45 AM–1:30 PM NATIONAL NETWORK MEMBERSHIP MEETING AND LUNCHEON - SUSTAINABILITY (Haverford)

CHAIR **Yonette Thomas, Ph.D.**, *Howard University, University of Miami Miller School of Medicine (yfthomas@verizon.net)*

Guillermo Prado, Ph.D., *Miller Professor of Public Health Sciences, Director, Division of Prevention Science and Community Health, University of Miami Miller School of Medicine (gprado@med.miami.edu)*

Alice Cepeda, Ph.D., *Chair, Early Career Leadership Subcommittee, Assistant Professor, School of Social Work, University of Southern California (alicecep@usc.edu)*

1:30 PM–3:30 PM BIOMEDICAL CONSEQUENCES OF SUBSTANCE ABUSE (Haverford) (Abstracts on p.20-21)

CO-CHAIRS **Sulie L. Chang, Ph.D.**, *Professor, Director, Institute of NeuroImmune Pharmacology, Seton Hall University (sulie.chang@shu.edu)*

Abraham P. Bautista, Ph.D., *Director, Office of Extramural Activities, Executive Secretary, National Advisory Council, NIAAA/NIH (bautista@mail.nih.gov)*

PRESENTER **Paul Gruenewald, Ph.D.**, *Scientific Director, Senior Research Scientist, Prevention Research Center (paul@prev.org)*
“The Social Ecology of Minority Health Disparities: From Science Base to Community Prevention”

R. Lorraine Collins, Ph.D., *Associate Dean for Research, Professor, Department of Community Health and Health Behavior, School of Public Health and Health Professions, University at Buffalo (lcollins@buffalo.edu)*
“Malt Liquor and Marijuana Use in Young Adults: Using Real-Time Data to Enhance Knowledge”

Marisa M. Silveri, Ph.D., *Assistant Professor of Psychiatry, Harvard Medical School, Director, Neurodevelopmental Laboratory on Addictions and Mental Health, Brain Imaging Center, McLean Hospital (msilveri@mclean.harvard.edu)*
“From Adolescence to Emerging Adulthood: Identifying Risk Factors for Addiction”

3:30 PM–4:00 PM TRANSITION & NETWORKING

4:00 PM–6:00 PM BREAKOUT SESSION 2

SESSION SIX Translating Basic Science for Hispanic Health Disparities (Waterford) (Abstracts on p.21-22)

CHAIRS **Luis L.M. Carcoba, M.D., Ph.D.**, *Postdoctoral Fellow, Psychology, University of Texas at El Paso (imcarcoba@utep.edu)*

Edward Castañeda, Ph.D., *Professor, Department of Psychology, Co-Director, Hispanic Health Disparities Research Center, University of Texas at El Paso (ecastaneda9@utep.edu)*

PRESENTERS **Luis L.M. Carcoba, M.D., Ph.D.**,
“Examination of Cholinergic Activity During Nicotine Exposure and Withdrawal”

Annie M. Whitaker, Ph.D., *Postdoctoral Fellow, Physiology, Louisiana State University Health Sciences Center (awhita@lsuhsc.edu)*
“Blunted HPA Stress Response in Animals that Avoid a Predator Odor-Paired Context”

Sergio Iñiguez, Ph.D., *Assistant Professor, Psychology, California State University (iniguez@csusb.edu)*
“Long-Term Effects of Prozac® Exposure During Adolescence on Cocaine Place Conditioning in Adulthood”

**Bermery Santos-Vera, Graduate Student, Physiology, University of Puerto Rico School of Medicine (bermary.santos@upr.edu)
“Potential Implications of HCN Channels in Cocaine Addiction”**

SESSION SEVEN Emerging Trends in Substance Use Among Diverse Samples of Hispanic Emerging Adults (Cartier/Tiffany) (Abstracts on p.22-23)



CHAIR **Ellen Vaughan, Ph.D.**, *Assistant Professor of Counseling and Educational Psychology, Indiana University (elvaugh@indiana.edu)*

PRESENTERS **Mayra Bamaca-Colbert, Ph.D.**, *Assistant Professor of Family Studies, Pennsylvania State University (mayra.bamaca@psu.edu)*
 “Developmental Patterns of Substance Use from Adolescence to Adulthood Among Latinos and Non-Latino Whites”

Lindsey Varvil-Weld, M.S., *Graduate Student, Biobehavioral Health and the Prevention Research Center, Pennsylvania State University (lvweld@psu.edu)*
 “Disproportionate Levels of Alcohol-Related Consequences Among Hispanic College Students: A Useful Marker of Risk”

Ellen L. Vaughan, Ph.D.
 “Gender Roles and Binge Drinking Among Latino Emerging Adults”

Christine E. Spadola, M.S., *Graduate Student, Robert Stempel School of Public Health and Social Work, Florida International University (cspad001@fiu.edu)*
 “Post-Operative Relationship Between Alcohol Use, Depression, and Anxiety Among Predominantly Hispanic/Latino Young Adult Bariatric Patients”

SESSION EIGHT Advancing Intervention Science with Diverse Latino Populations Through Randomized Control Trials (RCTs) (Susquehanna/Severn) (Abstracts on p.24-25)

CHAIR **Flavio Marsiglia, Ph.D.**, *Director, Southwest Interdisciplinary Research Center (SIRC), School of Social Work, Arizona State University (marsiglia@asu.edu)*

PRESENTERS **Cheryl J. Cherpitel, D.Ph.**, *Senior Scientist, National Alcohol Research Center (ccherpitel@arg.org)*
 “SBIRT: Three-Month Outcomes of a Randomized Controlled Clinical Trial among Mexican-Origin Young Adults”

Virmarie Correa-Fernández, Ph.D., *Instructor of Health Disparities Research, The University of Texas MD Anderson Cancer Center (VCorrea@mdanderson.org)*
 “Simultaneous Treatment of Tobacco Dependence and At-Risk Drinking among Puerto Ricans”

Michaeline Jensen, M.A., *Graduate Student in Psychology, Arizona State University (mjensen5@asu.edu)*
 “Long-Term Effects of a Universal Family Intervention: Mediation through Parent-Adolescent Conflict”

Flavio Marsiglia, Ph.D.
 “Examining the Long-Term Effects Familias: Preparando La Nueva Generación, a Culturally-Specific Mexican American Parenting Intervention”

SESSION NINE Perspectives and Insights on International Scientific Collaborations (Lalique) (Abstract on p.25)

CHAIR **Avelardo Valdez, Ph.D.**, *Professor, School of Social Work, University of Southern California (avelardov@usc.edu)*

PRESENTERS **Jim Anthony, Ph.D.**, *Professor of Epidemiology and Biostatistics, Michigan State University (janthony@msu.edu)*

Vivian Horigian, M.D., *Executive Director, Florida Node Alliance NIDA CTN; Research Assistant Professor of Public Health Sciences, University of Miami Miller School of Medicine (vhorigian@med.miami.edu)*

Thomas Patterson, Ph.D., *Professor of Psychiatry, School of Medicine, University of California San Diego (tpatterson@ucsd.edu)*

SESSION TEN Challenges and Opportunities in NIH Funding (Haverford) (Abstract on p.25)

CHAIRS **Albert Avila, Ph.D.**, *Acting Director, Special Populations Office, NIDA/NIH (aavila@nida.nih.gov)*

LeShawndra Price, Ph.D., *Chief, Research Scientists Development Program, NIMH/NIH (lprice@mail.nih.gov)*

PRESENTERS **Albert Avila, Ph.D.**

LeShawndra Price, Ph.D.

Judith A. Arroyo, Ph.D., *Minority Health and Health Disparities Coordinator, NIAAA/NIH (jarroyo@mail.nih.gov)*





Joseph Frascella, Ph.D., Director, Division of Clinical Neurosciences & Behavioural Research, NIDA/NIH (jfrascel@nida.nih.gov)

Cheryl Boyce, Ph.D., Branch Chief, Behavioral and Brain Development Branch, NIDA/NIH (cboyce@mail.nih.gov)

Ivan Montoya, M.P.H., M.D., Deputy Director, Division of Pharmacotherapies and Medical Consequences of Drug Abuse, NIDA/NIH (imontoya@nih.gov)

Carmen Rosa, M.S., Regulatory Affairs Specialist, NIDA/NIH (crosa@nida.nih.gov)

Yu "Woody" Lin, Ph.D., Program Official, Division of Clinical Neuroscience and Behavioral Research, NIDA/NIH (ylin1@nida.nih.gov)

Program Outline

6:00 PM - 7:00 PM TRANSITION

7:00 PM-10:00 PM EARLY CAREER MIXER - American Tap Room - (<http://www.americantaproom.com/>) 7278 Woodmont Ave, Bethesda

Friday 11 October 2013

8:00 AM-10:00AM CONTINENTAL BREAKFAST AND POSTER (Waterford/Lalique) (Posters numbered 1-50 pp.26-36)

10:15 AM-11:30 AM IMPROVING THE HEALTH OF THE NATION (Haverford) (Abstract on p.25)

CO-CHAIRS **José Szapocznik, Ph.D.**, Professor & Chair, Department of Public Health Sciences, University of Miami Miller School of Medicine (JSzapocz@med.miami.edu)

David Pating, M.D., Chief, Addiction Medicine, Kaiser Permanente (david.pating@kp.org)

PRESENTER **Joe V. Selby, M.D., M.P.H.**, Executive Director, Patient-Centered Outcomes Research Institute, (PCORI) (jvselby@pcori.org)

A. Thomas McLellan, Ph.D., CEO, The Treatment Research Institute (TRI) (TMcLellan@tresearch.org)

11:30 AM-12:00 PM BOX LUNCH PICK-UP (Haverford Foyer)

12:00 PM CONFERENCE ADJOURNS

Speaker Biographies



Guillermo Prado, Ph.D.

2013 NHSN Scientific Conference Co-Chair

Dr. Guillermo ("Willy") Prado obtained his doctoral degree in epidemiology and public health in 2005. He is currently the Leonard M. Miller Professor of Public Health Sciences and the Director of the Division of Prevention Science and Community Health at the University of Miami Miller School of Medicine's Department of Public Health Sciences. Prado's research focuses on the prevention of health behaviors associated with the top leading causes of morbidity and mortality in adolescents, and Hispanic youth in particular. His program of research on Hispanic adolescent health has been continuously funded by the NIH since the first year of his doctoral program. He has been PI, Co-PI, co-investigator, or senior mentor of HIV, substance abuse, and obesity prevention studies totaling approximately \$50 million of NIH funding. One of these studies is an effectiveness/Stage III study of Familias Unidas [United Families in English], one of the few preventive interventions found to be efficacious in preventing/reducing substance use, internalizing and externalizing symptoms and disorders, and HIV risk behaviors among Hispanic youth. Prado is also the Director of the Behavioral and Social Sciences and Community Outreach Core of the NIAID/NIH Miami Center for AIDS

Research. Additionally, he is the Co-Director of Training for the NIDA/NIH Center for Prevention Implementation Methodology for Drug Abuse and Sexual Risk Behavior and Director of Training for the NCI/NIH South Florida Cancer Health Disparities Center. His research has been recognized by numerous organizations, including the Society for Prevention Research, the Society for Research on Adolescence, and the National Hispanic Science Network on Drug Abuse. He was also selected by the Miami Herald as one of the Top 20 Business Leaders and Innovators in South Florida under the age of 40 for his research and community work in the areas of HIV and substance use among Hispanic families. Prado is a member of the NIH study section Community Level Health Promotion, a member of the National Hispanic Science Network's Steering Committee, and was the 2013 Chair of the Society for Prevention Research's 21st Annual Conference.



Yonette Thomas, Ph.D.

2013 NHSN Scientific Conference Co-Chair

Yonette Thomas is a member of the NHSN Steering Committee. She has served as the Associate Vice President for Research Compliance at Howard University. Prior to her joining Howard in July 2009, Dr. Thomas served as the Chief of the Epidemiology Research Branch at the National Institute on Drug Abuse (NIDA), at the National Institutes of Health (NIH). At NIDA she built a research portfolio around the role of the environment in the social determinants of health, and developed and stimulated a portfolio of science broadly focused on social epidemiology, genetic liability and phenotypic heterogeneity, and human development across the lifecourse. She is a Voluntary Associate Professor in the Department of Public Health Sciences at the University of Miami's Miller School of Medicine and Senior Research Fellow with the Center for Minority Health Services Research (CMHSR) within the College of Pharmacy, Nursing, and Allied Health Sciences at Howard University. She is a social epidemiologist, with training in epidemiology, medical sociology and demography. Her primary research and publications have focused on the social epidemiology of drug abuse and HIV/AIDS and spatial epidemiology, including gene-environment interactions and the

use of geospatial modeling. Her recent publications include edited volumes on Geography and Drug Addiction, 2009 and Crime, HIV, and Health: Intersections of Criminal Justice and Public Health Concerns, 2013. She is currently a member of the National Academy of Sciences' Committee on Revisions to the Common Rule for the Protection of Human Subjects in the Behavioral and Social Sciences.



Patricia E. Molina, M.D., Ph.D.

2013 NHSN Chair

Patricia Molina completed her MD training at the Universidad Francisco Marroquin in Guatemala, Central America. Thereafter, she pursued a PhD in Physiology at LSUHSC under the mentorship of Dr. John J. Spitzer, presenting her dissertation on "Ethanol-endotoxin interaction with carbohydrate metabolism". Her postdoctoral experience at Vanderbilt University was supported by a NIGMS Minority Supplement Grant under the mentorship of Dr. Naji N. Abumrad. She progressed through the academic ranks initially as an Assistant Professor of Surgery and Physiology at the State University of New York, Stony Brook and subsequently as Director of Surgical Research at North Shore University Hospital. During that period, she held a Guest Scientist appointment at Brookhaven National Laboratory prior to joining the Department of Physiology at LSUHSC as an Associate Professor. Since becoming a faculty member at LSUHSC, Dr. Molina has obtained tenure and promotion to the rank of Professor, and has been named the Richard Ashman, PhD Professor in Physiology. On September 2008, she was appointed Department Head for Physiology. Dr. Molina's research has been funded continuously since completing her PhD degree. She has mentored several undergraduate, graduate and post-doctoral

trainees. Dr. Molina is a member of the faculty of the School of Graduate Studies, the Graduate Education Committee in Physiology, The Graduate Advisory Council, and is a mentor for the LSUHSC Interdisciplinary Graduate Program. Dr. Molina is an active member of several committees within the LSUHSC and is also actively involved in the Scientific Community outside the institution. Currently, she is the Chair for the National Hispanic Science Network on Drug Abuse and Councilor of the American Physiological Society. Research in her laboratory focuses on the impact of alcohol and drug abuse on the cardiovascular, metabolic and immune consequences of acute traumatic injury and hemorrhagic shock. In addition, work in her laboratory also investigates the interaction of chronic alcohol and cannabinoid use on the behavioral, metabolic, and immune consequences of HIV/AIDS. Currently, work in her laboratory is funded by NIAAA, NIDA, and CDMRP.



Sandro Galea, M.D., M.P.H., Dr.P.H.

Dr Galea is the Anna Cheskis Gelman and Murray Charles Gelman Professor and Chair of the Department of Epidemiology at the Columbia University Mailman School of Public Health. Dr Galea is a physician and an epidemiologist. Dr Galea is interested in the social production of health of urban populations. His work explores innovative cells-to-society approaches to population health questions. His primary focus is on the causes of brain disorders, particularly common mood-anxiety disorders and substance abuse. He has long had a particular interest in the consequences of mass trauma and conflict worldwide, including as a result of the September 11 attacks, Hurricane Katrina, conflicts in sub-Saharan Africa, and the American wars in Iraq and Afghanistan. The National Institutes of Health, Centers for Disease Control and Prevention, and several foundations have funded his research. He has published over 400 scientific journal articles, 50 chapters and commentaries, and 7 books and his research has been featured in The New York Times, NPR, the Wall Street Journal, and many other media outlets. During Dr Galea's tenure as Chair, the Department of Epidemiology has launched several new educational initiatives and substantially increased its focus on six core areas: chronic, infectious, injury, lifecourse, psychiatric/neurological, and social epidemiology. Dr Galea chairs the New York City Department of Health and Mental Hygiene's Community Services Board and sits on its Health Board. He was named one of TIME magazine's epidemiology innovators in 2006. Dr Galea is past-president of the Society for Epidemiologic Research and an elected member of the Institute of Medicine of the National Academies of Science.

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Ana V. Diez-Roux, M.D., Ph.D., M.P.H.



Ana Diez Roux, MD Ph.D., is Professor and Chair of Epidemiology and director of the Center for Social Epidemiology and Population Health at the University of Michigan School of Public Health. She is also a research professor in the Survey Research Center in the Institute for Social Research at the University of Michigan. Dr. Diez Roux has been an international leader in the investigation of the social determinants of health, the application of multilevel analysis in health research, and the study of neighborhood health effects. Her research areas include social epidemiology and health disparities, environmental health effects, urban health, psychosocial factors in health, and cardiovascular disease epidemiology. Recent areas of work include social environment-gene interactions and the use of complex systems approaches in population health. Diez Roux serves on numerous review and advisory committees and was awarded the Wade Hampton Frost Award for her contributions to public health by the American Public Health Association. She was elected to the Institute of Medicine of the National Academy of Sciences in 2009. Dr. Diez Roux received an MD from the University of Buenos Aires, a master's degree in public health and doctorate in health policy from the Johns Hopkins School of Hygiene and Public Health.

Teresa Chapa, Ph.D., M.P.A.



Teresa Chapa, PhD, MPA, is a senior policy advisor on Mental Health at the U.S. Department of Health and Human Services, Office of Minority Health. Dr. Chapa leads behavioral health and integrated care initiatives within the federal Office of Minority Health aimed at eliminating disparities in mental health and substance use among under-represented and underserved racial and ethnic minorities, and limited English-speaking minority populations. As a member of the senior leadership team, Chapa works to ensure that behavioral health is part of the public health agenda. Key projects focus on building a diverse, multidisciplinary, and culturally and linguistically competent behavioral health workforce, leadership development, and the promotion of integrated health care. In her role, she promotes, develops and supports new initiatives, innovative solutions and demonstration projects that can inform policies and practices aimed at eliminating disparities and promoting quality of care. Dr. Chapa previously served as OMH Director for Data and Policy; Chief of Extramural Research for the National Center for Minority Health and Health Disparities at the National Institutes of Health; Special Expert in cultural and linguistic competence and mental health disparities for the Substance Abuse and Mental Health Services Administration; and through a government exchange,

Senior Advisor on mental health disparities with Mental Health America National. Prior to joining HHS, Chapa served as COO to multi-site Latino social services agency in the MN Twin Cities. In 2012, Chapa was nominated one of 10 outstanding leaders by the Leadership Diversity Interdivisional Committee of the American Psychological Association. In 2011 she received the APHA Helen Trias-Rodriguez Social Justice Award; a Special recognition from the OASH for her work in building minority behavioral health within OMH; and a National Award of Excellence in Public Service from the National Hispanic Science Network. Other awards include a Congressional Award of Special Recognition for a community based suicide prevention project and a Secretary's Award for Distinguished Service for her role in developing the US Surgeon General's Report on Mental Health: Culture, Race and Ethnicity. Dr. Chapa began her public health career first as a nurse and mental health practitioner in San Francisco community mental health centers. She later obtained a Bachelor of Arts in psychology from San Francisco State University, a master's degree and doctorate in clinical psychology from the California School of Professional Psychology, Berkeley, and a master's degree in public administration from the Harvard Kennedy School in Cambridge, Mass.



Pamela Goodlow

Pamela Goodlow has served as a public health analyst in NIDA's Special Population Office since 1994. She is the expert coordinator for the Institute's Research Supplements to Promote Diversity in Health-Related Research (Diversity Supplements) program, and is the Institute's contact for the Diversity-promoting Institutions Drug Abuse Research Program (DIDARP). In addition, she chairs NIDA's internal workgroup on ethnic/minority issues, the NIDA Consortium on Diversity Affairs. From 1994 - 2009, Ms. Goodlow coordinated NIDA's Special Populations Research Development Seminar Series. Prior to coming to the Special Populations Office, Ms. Goodlow served as Public Affairs Specialist and in the former Community and Professional Education Branch of Office of Science Policy and Communications (OSPC) at NIDA.



Nora D. Volkow, M.D.

Nora D. Volkow, M.D., became Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health in May 2003. NIDA supports most of the world's research on the health aspects of drug abuse and addiction. Dr. Volkow's work has been instrumental in demonstrating that drug addiction is a disease of the human brain. As a research psychiatrist and scientist, Dr. Volkow pioneered the use of brain imaging to investigate the toxic effects and addictive properties of abusable drugs. Her studies have documented changes in the dopamine system affecting, among others, the functions of frontal brain regions involved with motivation, drive, and pleasure in addiction. She has also made important contributions to the neurobiology of obesity, ADHD, and aging. Dr. Volkow was born in Mexico, attended the Modern American School, and earned her medical degree from the National University of Mexico in Mexico City, where she received the Robins award for best medical student of her generation. Her psychiatric residency was at New York University, where she earned the Laughlin Fellowship Award as one of the 10 Outstanding Psychiatric Residents in the USA. Dr. Volkow spent most of her professional career at the Department of Energy's Brookhaven National Laboratory (BNL) in Upton, New York, where she held several leadership positions

including Director of Nuclear Medicine, Chairman of the Medical Department, and Associate Director for Life Sciences. In addition, Dr. Volkow was a professor in the Department of Psychiatry and Associate Dean of the Medical School at the State University of New York (SUNY)-Stony Brook. Dr. Volkow has published more than 530 peer-reviewed articles and written more than 80 book chapters and non-peer reviewed manuscripts, and has also edited three books on neuroimaging for mental and addictive disorders. During her professional career, Dr. Volkow has been the recipient of multiple awards, including her selection for membership in the Institute of Medicine in the National Academy of Sciences and the International Prize from the French Institute of Health and Medical Research for her pioneering work in brain imaging and addiction science. She was recently named one of Time Magazine's "Top 100 People Who Shape our World" and was included as one of the 20 people to watch by Newsweek magazine in its "Who's Next in 2007" feature. She was also included in Washingtonian Magazine's 2009 and 2011 list of the "100 Most Powerful Women" and named "Innovator of the year" by U.S. News & World Report in 2000.



Deborah Guadalupe Duran, Ph.D.

Deborah Duran is the Chief of the Office of Strategic Planning, Legislation, and Science Policy at the National Institute on Minority Health and Health Disparities (NIMHD). She is responsible for NIH wide minority health and health disparities strategic planning and assessments. Her vision entails NIH becoming the centralized source of minority health and health disparities biomedical data, policies, and scientific advances. Prior she held the position of Deputy Director for the Center to Reduce Cancer Health Disparities, at the National Cancer Institute at the National Institutes of Health. The focus of the office is to identify, address and reduce conditions that facilitate disparities in cancer onset, treatment and outcomes. She promotes biological differences as a contributing factor to disparities, which expands the view that differences are due to more than poverty, low education, and lack of access. She also held the position as Director of Systemic Assessments at the National Institutes of Health in the Office of the Director, Division of Program Coordination, Planning and Strategic Initiatives. Under her tenure, NIH developed the first ever scientific discovery prospective annual targets and reporting of unplanned results. She designed a centralized online reporting system to assist in the collection, analysis and communication of organization performance information, which is used by NIH and HHS currently. Dr. Duran's expertise

lies in organizational strategic planning, system assessments, and performance monitoring and reporting. She has 15 years of program planning, evaluation and policy experience with a Ph.D. in social psychology and a minor in research methodologies and statistics. One of her master's is in computer science. In 2000 and in 2004, she received a U.S Department of Health and Human Services Secretary's Award for Distinguished Service. In 2005, she received the National Institutes of Health Director's Merit Award for the model's results. In 2006, she received National Institutes of Health Director's Award for PART assessments. In 2012, NCI Director's Award for the Advancement of Women's Health.



Paul J. Gruenewald, Ph.D.

Dr. Paul J. Gruenewald is Principal Investigator of the "Environmental Approaches to Prevention" NIAAA Research Center grant, and Scientific Director and Senior Research Scientist at Prevention Research Center (PRC), Pacific Institute for Research and Evaluation (PIRE), Berkeley, CA. His research focuses upon social ecological models of alcohol and drug problems in community settings, quantitative models of alcohol, drug use and related risks, policy evaluation, and methods for community-based research. Dr. Gruenewald received an NIH Merit Award to support geospatial studies of alcohol outlets and violence and an NIAAA advanced research projects contract to design "Ecosystem Models of Alcohol-Related Behaviors." Both projects advanced applications of mathematical and Bayesian spatial statistical models to studies of the ecologies of alcohol and drug problems. Dr. Gruenewald just completed a NIDA funded project modeling growth in methamphetamine abuse in California as an invasive disease process and is currently evaluating the impacts of the lowered New Zealand minimum alcohol purchase age on context specific risks for alcohol problems.



R. Lorraine Collins, Ph.D.

Dr. R. Lorraine Collins is the Associate Dean for Research and Professor of Community Health and Health Behavior in the School of Public Health and Health Professions, at the University at Buffalo (UB), State University of New York. From 1986 through 2008, she was a Senior Research Scientist at the UB's Research Institute on Addictions (RIA) where she now is an Affiliated Research Scientist. She continues to serve as the Co-director of RIA's postdoctoral training program, which is funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) of the National Institutes of Health (NIH). Dr. Collins received her BA in Psychology from McGill University and her MS and Ph.D. degrees in Psychology from Rutgers University. During her career, she has mentored numerous graduate students, post-doctoral fellows, K-awardees, and junior faculty. Dr. Collins has served on several NIH review committees and on the NIH Advisory Councils of the National Institute on Drug Abuse (NIDA) and the Center for Scientific Review. Dr. Collins research interests include cognitive and behavioral approaches to the conceptualization and treatment of addictive behaviors, commonalities among addictive behaviors and psychosocial issues (e.g., gender) related to substance use and misuse. Over the past two decades,

her research has focused on young-adult men and women, ages 18 through 30 years. She has a well-established publication record and a 25-year history of NIH-funded research as a Principal Investigator (PI). Currently, Dr. Collins serves as the PI of a NIDA/NIH grant to develop and test a smartphone app to promote physical activity as a positive alternative to marijuana use. This research is based on findings from her just-completed NIDA-funded R01 grant on a related topic. Another recently completed NIAAA-funded grant examined the separate versus combined use of malt liquor (a cheap high-alcohol beer) and marijuana.



Marisa M. Silveri, Ph.D.

Dr. Marisa M. Silveri is a behavioral neuroscientist who holds appointments as Assistant Professor of Psychiatry at Harvard Medical School and Adjunct Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Silveri is the Director of the Neurodevelopmental Laboratory on Addictions and Mental Health in the Imaging Center at McLean Hospital. Dr. Silveri uses MRI to study teen and emerging adult brain development, with a focus on identifying neurobiological effects of drug and alcohol use, and identifying risk factors for later substance abuse and dependence. She receives funding from the National Institute on Alcohol Abuse and Alcoholism to study the consequences of underage drinking on adolescent brain development and the neurobiological consequences of binge alcohol consumption during emerging adulthood, in college aged populations. Dr. Silveri is the recipient of the Enoch Gordis Research Recognition and the Young Investigator Awards from the Research Society on Alcoholism and has authored over 40 peer-reviewed scientific publications. She has spoken extensively on the topic of adolescent brain development and the effects of alcohol and drug use on brain function within her local communities, nationally on behalf of the non-profit organization, the Community of Concern, and

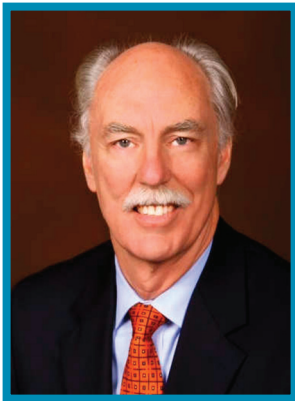
nationally and internationally at professional scientific meetings. Dr. Silveri has also participated in a debate on the lowering of the Minimum Legal Drinking Age with the founder of the Amethyst Initiative, in which she proposed a neuroscientific perspective that argues against lowering the drinking age. Dr. Silveri received a Bachelor of Science degree in Biology and Psychology from Union College in 1995, and a Masters degree in 1998 and a PhD in 2000 in Behavioral Neuroscience from the State University of New York at Binghamton.



Joe V. Selby, M.D., M.P.H.

Joe V. Selby, M.D., M.P.H., is the first Executive Director of the Patient-Centered Outcomes Research Institute (PCORI). A family physician, clinical epidemiologist, and health services researcher, he has dedicated his career to patient care, clinical research and administration. At PCORI, he works to identify and address strategic issues and opportunities for PCORI and to implement and administer the research agenda authorized by the PCORI Board of Governors. Building on the foundational work of the Board, Selby leads the continuing development of PCORI as a research organization, overseeing the implementation of its research agenda, its external communications, and its work to establish effective on-going, two-way engagement channels with each of PCORI's stakeholder groups, beginning with patients. Selby joined PCORI from Kaiser Permanente, Northern California, where he was a researcher for 27 years, serving as Director of the Division of Research for the last 13 years. In this role, he led a department of more than 50 investigators and 500 research staff working on more than 250 ongoing studies. An accomplished researcher, Selby has authored more than 220 peer-reviewed articles, primarily in the area of primary care delivery; diabetes mellitus outcomes and quality

improvement; colorectal cancer screening strategies; population management for chronic conditions; and quality measurement. Selby was elected to membership in the Institute of Medicine in 2009. A native of Fulton, Missouri, Selby received his medical degree from Northwestern University; his training in family medicine from Contra Costa County Family Medicine Program, Martinez, CA, and his master's in public health from the University of California, Berkeley. He served as a commissioned officer in the Public Health Service with the National Health Services Corp from 1976-1983 and received the Commissioned Officer's Award in 1981. Dr. Selby was appointed PCORI executive director on May 16, 2011.



A Thomas McLellan, Ph.D.

A. Thomas McLellan, Ph.D. is the CEO and co-founder of the Treatment Research Institute (TRI) and an experienced substance abuse researcher. From 2009 to 2010, he was Science Advisor and Deputy Director of the White House Office of National Drug Control Policy (ONDCP), a congressionally confirmed Presidential appointment to help shape the nation's public policy approach to illicit drug use. At ONDCP, Dr. McLellan worked on a broad range of drug issues, including formulation and implementation of the President's National Drug Control Strategy and promotion of drug treatment through the broader revamping of the national health care system. Dr. McLellan has more than 35 years of experience in addiction treatment research. Along with his team at TRI, Dr. McLellan works to transform the way research is employed in the treatment of and policy making around substance use and abuse. In his career he has published over 400 articles and chapters on addiction research. From 2000-2009 he was Editor-in-Chief of the Journal of Substance Abuse Treatment, and he has also served on several other editorial boards of scientific journals. Dr. McLellan is the recipient of several distinguished awards including the Life Achievement Awards of the American and British Societies of Addiction Medicine (2001

& 2003); the Robert Wood Johnson Foundation Innovator Award (2005); and awards for Distinguished Contribution to Addiction Medicine from the Swedish (2002) and Italian (2002) Medical Associations. In the 1980s, with his colleagues from the Center for the Studies of Addiction at the University of Pennsylvania, Dr. McLellan introduced the Addiction Severity Index and, later, the Treatment Services Review. Both are among the most widely used assessment instruments in the world.



Abstracts for Oral Presentations

Wednesday 9 October 2013

9:00 AM–11:00 AM

SOCIAL AND CULTURAL DETERMINANTS OF HEALTH

Guillermo Prado and Flavio Marsiglia

Social, economic, cultural, and environmental factors influence the health of communities, families, and individuals. For example, lack of access to health care, marginalization, stigma and discrimination, social connections, and cultural norms are associated with the leading health inequities among our country's racial and ethnic minorities. The need to better understand these conditions in order to advance health equity has been highlighted in major reports by the Institute of Medicine, the Office of the U.S. Surgeon General, and the Centers for Disease Control and Prevention, to name a few. Three leaders from the field of social determinants and health disparities will deliver provocative presentations focusing on state-of-the-art research focusing on social determinants of health. The policy implications of this research will also be discussed.

Towards a Comprehensive Research Agenda that Includes the Study of Social and Macroeconomic Forces that Influence Substance Use - Sandro Galea

The economic patterning of health and disease is well established and has been documented since the onset of systematic collection of vital statistics data. Persons with lower incomes are more likely to die at a younger age and to experience morbidity during their lifetimes. Similarly, there is a robust literature documenting the role of social factors in shaping disease patterning. For example, persons with more social connections are more resilient to health threats; they live healthier and live longer. However, our efforts at health promotion and disease prevention typically do not focus these social and economic conditions, but rather focus on the cognitive and social processes that immediately mediate disease conditions and health states. For example, billions of dollars have been spent in the US on research and interventions that aim to change individuals' drug use risk behavior in order to reduce the consequences of drug use. These approaches ignore the role that social and economic factors play as foundational determinants of population health. In this presentation we shall argue that social and economic factors constrain individual choice sets, limit the potential change individuals can make, and narrow the impact of health promotion efforts that aim to improve individual behavior. We shall agitate for a broader conception of health promotion around substance use research to include the optimization of social and economic conditions as part of its remit.

Understanding the Social Determinants of Health : Where Have We Been and Where are We Going - Ana V. Diez-Roux

This presentation will review key themes in the study of the social determinants of health, identify important insights and challenges raised by each theme, and suggest new directions. The nature of evidence regarding the social determinants of health as well as implications for action will also be discussed.

Achieving Health Equity: The Urgency for Cultural and Linguistically Appropriate Systems of Integrated health and Behavioral Health Care - Teresa Chapa

In a strategic effort to improve the health status of populations most impacted by disparities, the U.S. Department of Health and Human Services Office of Minority Health (OMH) entered into a cooperative agreement with the Hogg Foundation for Mental Health to investigate the role and impact of integrated care in promoting health equity and in eliminating behavioral health disparities. Integrated care is gaining significant momentum as a preferred approach to providing optimal care for behavioral health conditions for Hispanic/Latinos— one that is more accessible and less stigmatizing than referral to specialty behavioral health care settings.

The U.S. Census predicts that the Hispanic/Latino population in the U.S. will more than double, from 53.3 million in 2012 to 128.8 million in 2060—making nearly one in three residents Hispanic/Latino. Moreover, Latinos are overrepresented in the youth population with about 17 percent, compared with 10 percent of non-Latino whites, are under the age of eighteen. In California and Texas, Latinos represent half of all public K–12 students. Yet, half as many Latinos (19 percent) as whites (39 percent) are employed in management, science, engineering, law, education, and health/behavioral health care. This plenary will address the urgent need to build and sustain cultural and linguistic systems of integrated care, including a critical mass of Hispanic/Latino health and behavioral health providers, researchers, and policy leaders to achieve health equity.

1:30 AM–2:30 PM

GRANT REVIEW

Pamela Goodlow

The NIH program "Research Supplements to Promote Diversity in Health-Related Research" (Diversity Supplements) provides research experiences intended to increase the numbers of underrepresented scientists participating in biomedical and behavioral research. This presentation is an overview of the NIH-wide program, including history, eligibility requirements for participation, NIDA-specific policy, and outcomes from the program.

2:30 PM–3:15 PM

PLENARY PRESENTATION

Opportunities in Addiction Research: Striving for Health Equity with Ethnically Diverse Populations - Nora Volkow

Recent scientific advances have increased our understanding of the biological, developmental, and environmental factors and their complex interactions that are involved in drug abuse and addiction. This presentation will highlight: recent findings on the effects of acute and chronic drug exposure on the brain; brain circuit disruption in addiction; factors involved in genetic vulnerability and resilience for drug abuse and some of the devastating health and social consequences that are associated with drug use. Unique challenges faced by ethnically diverse populations and the disproportionate toll drug abuse and addiction continue to take on them will also be addressed along with strategies that are being implemented in an effort to bridge these health equity gaps.

4:00 PM–6:00 PM BREAKOUT SESSION 1

Using Animal Models to Understand the Neurobiology of Addiction: Translating Pre-Clinical Findings to Treating Drug Addiction (Haverford)

Nicholas Gilpin and Laura O'Dell

This symposium will address the use of animal models to explore and understand the neurobiology of addiction. The four talks in this symposium will describe the use of diverse and cutting-edge approaches to delineate the neural pathways that mediate the transition to drug dependence, as well as pathways important for affective regulation that are likely dysregulated during the transition to addiction. These talks will describe results from studies that utilize genetic, cellular, neurochemical, and behavioral approaches to explore addiction vulnerability, as well as the neuroadaptations that define the transition to escalated drug intake. These talks will focus on psychostimulant and nicotine abuse, but these findings are likely to have important implications for addiction to multiple drugs of abuse. The overall objective is to provide attendees with a deeper understanding of how pre-clinical results can help guide the development of pharmacotherapies that target key molecular substrates that modulate drug dependence in humans.



Strengthening the Accumbal Indirect Pathway Promotes Resilience to Compulsive Cocaine Use - Veronica Alvarez

A hallmark of addiction is the loss of control over drug intake, which is seen only in a fraction of those exposed to stimulant drugs like cocaine. The cellular mechanisms underlying vulnerability or resistance to compulsive drug use are still unknown. Here we show that individual variability in the development of highly motivated and perseverative behavior toward cocaine is associated with synaptic plasticity in medium spiny neurons expressing dopamine D2 receptors (D2-MSNs) in the nucleus accumbens of mice. Potentiation of glutamatergic inputs onto indirect pathway D2-MSNs was associated with resilience towards compulsive cocaine seeking. Inhibition of D2-MSNs using a chemogenetic approach enhanced the motivation to obtain cocaine while optogenetic activation of D2-MSNs suppressed cocaine self-administration. These results indicate that recruitment of D2-MSNs in nucleus accumbens functions to restrain cocaine self-administration and serves as a natural protective mechanism in drug-exposed individuals.

Neurochemical Mechanisms that Modulate Enhanced Vulnerability to Tobacco Use - Laura O'Dell

Drug addiction is a chronic brain disorder characterized by compulsive drug-seeking despite adverse consequences. Much experimentation with drugs occurs during adolescence and typically continues into adulthood. The brain undergoes significant changes in structure and function during development and this labile brain may be especially sensitive to drug-induced plasticity and its adverse consequences. Dr. Laura O'Dell will discuss age and sex differences in discovered from animal models and neurochemical systems that modulate nicotine reward and withdrawal. These studies suggest that there are underlying neurochemical systems that modulate drug abuse in vulnerable populations, such as females and adolescents. As an example, our animal studies have demonstrated that during adolescence, the rewarding effects of nicotine are enhanced whereas the aversive effects of withdrawal are reduced. Additionally, nicotine exposure enhances long-term susceptibility to the rewarding effects of nicotine. The clinical implications of these findings will be discussed in the context of developing more effective smoking cessation medications for females and young persons.

Modulation of Limbic and Mesocortical Inputs to the Prefrontal Cortex and Aversion by Prefrontal Cortical Kappa-Opioid Receptors - Hugo Tejada

Kappa-opioid receptors (KORs) are important for motivation and other medial prefrontal cortex (mPFC)-dependent behaviors. Although KORs are present in the mPFC, their role in regulating dopamine (DA) and glutamate transmission in this brain region are not known. We utilized in-vivo microdialysis, in-vivo and ex-vivo electrophysiology, conditional knockout of KOR in mice, and place aversion to determine the role of mPFC KORs in modulating mesocortical and limbic inputs to the mPFC and their role in KOR-mediated aversion. Intra-mPFC administration of the KOR agonist U69,593 decreased local DA overflow, while the KOR antagonist nor-Binaltorphimine (nor-BNI) enhanced mPFC DA in rats. In mice lacking KOR in DA neurons, basal DA release or uptake was unaltered relative to controls, but attenuation of mPFC DA overflow by local U69,593 was not observed, indicating KOR acts directly on mPFC DA terminals to inhibit DA levels. Extracellular glutamate levels were also affected by KORs, as U69,593 reduced glutamate levels driven by the glutamate reuptake blocker, l-trans-pyrrolidine-2,4-dicarboxylate. Whole-cell recordings from mPFC layer V pyramidal neurons revealed that U69,593 decreased the frequency, but not amplitude, of glutamatergic mEPSPs, suggesting KORs act via a presynaptic site of action. Systemic and intra-mPFC U69,593 inhibited BLA-evoked field PSPs, demonstrating that mPFC KORs inhibit BLA afferents. Intra-mPFC nor-BNI blocked place aversion produced by systemically-administered U69,

593. Collectively, these results suggest that mPFC KORs inhibit VTA and BLA inputs via presynaptic inhibition and are necessary for KOR-mediated aversion. This provides a framework whereby mPFC KOR systems can modulate local processing of motivational and affective information.

Role of Epigenetic Modifications in Methamphetamine-Induced Changes in Glutamate Function - Jean Lud Cadet

Psychostimulant addiction has been associated with a variety of neuroadaptations at glutamatergic synapses. However, the epigenetic bases for these changes are poorly understood. Rats were treated chronically with increasing doses of methamphetamine for two weeks. We found that repeated injections of increasing METH doses caused significant decreases in mRNA and protein levels of AMPA receptor (AMPA) subtypes, GluA1 and GluA2, in the dorsal striatum. Chromatin immunoprecipitation assays revealed that METH caused significant decreases in the enrichment of acetylated histone H4 on their promoters. METH also increased the protein expression of histone deacetylases (HDAC2 and SIRT2), REST, and CoREST. Nevertheless, CoREST, but not REST, showed increased enrichment on GluA1 and GluA2 gene sequences. METH also induced interactions of CoREST with HDAC2 and SIRT2. Moreover, chronic METH increased MeCP2 expression and MeCP2 enrichment on the promoters of GluA1 and GluA2. Finally, METH-induced AMPAR repression was prevented by the HDAC inhibitor, valproic acid. Our results provide evidence for an essential role of histone deacetylation and MeCP2-mediated events in METH-induced decreased expression of GluA receptor subtypes in the dorsal striatum.

Technology Transfer for the Implementation of a Clinical Trials Network on Drug Abuse and Mental Health in Mexico - Viviana E Horigian

The National Drug Abuse Treatment Clinical Trials Network (NIDA CTN) was created more than 12 years ago to bridge the gap between research and practice and support the test, validation and dissemination of evidence based treatments through a partnership of researchers and community treatment providers for substance abuse. Adoption and implementation of EBPs for drug abuse in real world treatment settings is a challenge not only in the US. In Mexico the challenge was amplified by the lack of randomized clinical trials on substance abuse treatment and the lack of testing of treatments in real world settings. The challenge of bringing evidence based practices to treatment settings in Mexico gained steam with the creation of 335 new government supported community centers to provide first level of care for drug abuse. The National Institute of Psychiatry Ramon de la Fuente Muniz, supported by the National Council Against Addictions (CONADIC) and funded by the US Department of State, sought to lead the initiative of creating a national clinical trials network modeled after the NIDA CTN that would support the implementation of randomized clinical trials for substance abuse treatment and serve as a dissemination platform, with the ultimate goal of improving substance abuse treatment in the frontline of practice. This breakout session highlights the collaboration between the Florida Node Alliance of the CTN and the National Institute of Psychiatry in Mexico to develop the research infrastructure for the creation of a clinical trials network for addictions and mental health treatment in Mexico. Presenters in this session will describe the process of technology transfer through training and mentorship that enabled the National Institute of Psychiatry to successfully create a national clinical trials network and to launch research initiatives to improve the quality of drug abuse treatment in Mexico through the testing of treatments in real world settings.

Oral Abstracts





Crossing Borders and Building Bridges: Overview of a Successful International Collaboration to Improve Substance Abuse Treatment Research and Practice in Mexico - Viviana E Horigian

Over the past several years, research programs within the National Institutes on Drug Abuse have produced dramatic advances in understanding drug abuse and addiction. However, growing literature demonstrated the failure to properly disseminate, adopt, and implement these evidence-based discoveries. In response to this gap between research and practice, The National Drug Abuse Treatment Clinical Trials Network (CTN) was established by the National Institutes on Drug Abuse in 1999 to improve the quality of addiction treatment using science as a vehicle. This network brings together providers from community treatment centers and scientists from university-based research centers in partnership to cooperatively develop, validate, refine, and deliver new treatment options to patients in Community Treatment Programs. This model was adopted to improve substance abuse practices in Mexico. This presentation will cover the experience of the NIDA CTN in bridging the research practice gap, the opportunistic context in Mexico that favored adoption of the CTN model as a mechanism to bridge the research practice gap, and objectives and plan of action that the collaboration between the National Institutes of Psychiatry in Mexico and the Florida Node Alliance of the CTN developed to enable the transference of technology for implementation of a clinical Trials Network in Mexico

The Road to Sustainability of Practices in the Implementation of a National Clinical Trials Network: Methodology for Skills and Capacity Building - Rosa E. Verdeja

The process of change in implementation science spans from preparation to routine practice. The transference of technology for this project occurred simultaneously at various levels of the organizations involved, and chronologically in phases, from building the terrain through the implementation and completion of a trial. The Florida Node Alliance served as "Knowledge brokers" providing the information gained from over 12 years of research and experience in NIDA CTN to the researchers at the National Institute of Psychiatry in Mexico. The result was the creation of a national network structure in Mexico for substance abuse and mental health that is capable of supporting the implementation of randomized clinical trials in real world settings. This presentation will provide an overview of the methodology used to transfer the technology, including training contents, educational approaches, resource development and capacity building processes that served to build the skills and the infrastructure to carry-out and sustain the newly acquired practices.

Pilot Study of Motivational Enhancement Treatment (IIM) to improve Treatment Engagement and Outcomes for Mexican patients Seeking Treatment for Substance Abuse: Trial Performance - Rodrigo Marin Navarrete

In Mexico, addictive disorders are among the main contributors to the burden of disease, one of the top causes of preventable deaths and disabilities, and associated with socio-economic strains that affect the public good. Scientific research done in collaboration with treatment agencies is important to assure that evidence-based practices are implemented and tailored to the needs of the population. In 2011, a partnership between the Florida Node Alliance at the University of Miami and the National Institute of Psychiatry in Mexico was established to transfer the technology for implementation of clinical trials with the standards of the NIDA-CTN. This included the implementation of a multi-site randomized clinical trial for the Motivational Enhancement Treatment (IIM) in a Mexican population of patients. This protocol is an adaptation of the NIDA-CTN, METS protocol. A sample of patients initiating treatment was randomized to

3 individual sessions of IIM or Treatment as Usual in three sites. Primary outcome measures were self-reported days of substance use and treatment utilization. Measures were taken at baseline, weekly during active-phase of treatment (28-days), post-treatment, 2 and 4-month follow-ups. Between April and November 2012, a total of 136 participants were enrolled, of which 120 participants were eligible and randomized. The overall retention throughout all phases remained consistently above 90%. Currently the study is at the database cleanup and analysis phase. The project has had a positive impact on all collaborators and sites, as a precedent in the establishment of a clinical trials network in Mexico.

Evaluation of a New Modality to Provide Treatment for Substance Abuse in Mexico - Marcela Tiburcio Sainz

As in many other countries, substance abuse in Mexico is increasing and its coexistence with other mental health disorders, such as anxiety and depression, is frequently observed. Despite these facts, treatment alternatives are still scarce and sub-utilized. The use of the internet for health-related purposes, also known as e-Health, is being explored as a means to expand the availability of treatment, there is some evidence about its efficacy and effectiveness in reducing substance abuse, however, the adoption of eHealth strategies into everyday clinical practice remains a challenge. According to these trends, this presentation is aimed at describing: a) the development of a self-help online intervention to reduce substance abuse and depression symptoms [HSAD] (www.paadd.mx) including a usability test, b) the implementation of a pilot controlled trial to compare the performance of the online intervention vs. a manualized intervention vs. TAU. While all three modalities are based on the principles of cognitive behavioral therapy (CBT), HSAD includes a depression component derived from an existing online intervention (www.ayudaparadepresion.org.mx) developed at the National Institute of Psychiatry. HSAD is intended to be delivered online with low monitoring from a counselor. Besides from obtaining data about the pros and cons of a CBT for substance abuse offered online, we expect the results of this study will help to better understand the barriers for the adoption of e-Health strategies in Mexico.

Role of Cultural Values, Acculturation and Discrimination: New Evidence on Latino Health Behaviors and Health Hortensia Amaro

A significant body of research has documented a negative relationship between acculturation and health-related risk factors, behaviors and outcomes among Latinos. Papers in this panel report findings from studies that shed light on the nuanced role of cultural values, acculturation, discrimination and immigration experience in diverse samples of youth and adults. Findings suggest the need to consider factors such as acculturation stress, intergenerational conflict and acculturation and discrimination in the development of prevention and clinical interventions targeting Latinos.

Differences in Cultural Stress and Depression in Clinical and Non-Clinical Samples of Hispanic Adolescents - Richard C. Cervantes

There are few studies that identify how culturally specific stressors impact mental health outcomes in Hispanic youth. The current study examined the association between cultural stress and depression using data from the Hispanic Stress Inventory-Adolescent (HSI-A) study. Findings also examined differences in stress levels among normal and under treatment samples of youth. The sample included 1,254 Hispanic adolescents; 1,037 adolescents from non-clinical settings and 217 adolescents involved in clinical treatment. The HSI-A was used as the core study measure and consists of 72 items (8 subscales) that assess cultural-specific stressors, such as those related to immigration, intergenerational conflict, and acculturation. Depression was measured using the Children's



Depression Inventory-2. One-way analysis of variance was used to test between-group differences on cultural stress and depression; generalized linear models tested the moderating effects of group membership on the cultural stress-depression relationship. The clinical sample had significantly higher scores of HSA cultural stress on all 8 domains of stress ($p < .05$) and mean CDI depression scores ($<.001$). All 8 HSA domains of stress were positively correlated with higher CDI depression ($p < .05$). However, when we included all domains of stress in the GLM modeling, only family economic ($p < .05$), discrimination ($p < .001$), and acculturation stress ($p < .001$) had a unique effect on depression; and the strength of relationship varied by group. Discrimination stress was a marker for depression in the clinical and non-clinical groups. Family economic stress was a stronger marker for depression among adolescents in clinical treatment, while acculturation gap stress was a marker for depression only in the non-clinical group. Research findings suggest that unique cultural stressors should be considered in the development of treatment approaches with Hispanic youth.

Does Discrimination Predict Latino Adolescents' Risk Cognitions? - Felisa A. Gonzales

In previous studies of Latino adolescents, stress due to discrimination, acculturation, and immigration has been found to be associated with multiple risk behaviors, including smoking, drinking, drug use, and violence. Recent research has begun to explore impacts of discrimination on adolescent sexual risk behaviors, although most studies rely on African American samples. The current study explores the relations between discrimination and two cognitive precursors of risk behaviors: intentions to get drunk and willingness to engage in vaginal intercourse with casual partners. 472 Latino youth (264 females, 208 males) who were in 9th or 10th grade and were participating in after-school programs completed a survey using A-CASI technology. The youth answered five questions about frequency of discrimination ($\bar{1}\pm 0.86$), one question about their intentions to get drunk in the next 30 days, and three questions about their willingness to engage in vaginal intercourse with a casual partner ($\bar{1}\pm 0.84$). Hierarchical generalized linear modeling was used to test main and interaction effects when controlling for age, gender, relationship status, previous sexual activity, and cultural orientations in the overall sample. Main effects of discrimination on intentions to get drunk ($\bar{1}^2=0.07$, $p=0.01$) and willingness to engage in vaginal intercourse with a casual partner were observed ($\bar{1}^2=0.05$, $p=0.03$). Insignificant interaction terms indicated no significant differences in intentions or willingness between males and females. These findings suggest two cognitive mechanisms (intentions and willingness) through which discrimination may impact engagement in health risk behaviors. However, future research efforts are needed to test this mediation hypothesis.

Day Laborers' Well-Being: The Role of Familismo, Spirituality, Work, Health, and Discrimination - Lizette Ojeda

Limited research exists on day laborers' mental health. Guided by the social-ecological framework, this study sheds light on culturally relevant factors that may play a role on the well-being of 143 predominantly undocumented Latino male day laborers. We hypothesized familismo would contribute to well-being grounded on the significance of family solidarity for many Latinos and that many day laborers are in the U.S. without their family (Duke et al., 2010). Given the centrality of God for many day laborers (Valenzuela et al., 2006), we predicted spirituality would positively affect well-being. Further, based on the importance of work for day laborers, we expected satisfaction with work would contribute to well-being. In addition, the importance of good health is relevant to day laborers, as the often-laborious work they do requires good health. Thus, we expected men that perceived themselves to be in good health would report greater well-being. Further, since many day laborers experience discrimination, we hypothesized discrimination would decrease well-being. Finally, given the

deleterious impact discrimination can have on mental health, we expected the role of discrimination on well-being would be buffered by high levels of familismo, spirituality, work satisfaction, and perceived health. Significant predictors were: familismo ($\beta = .29$, $p = .000$), spirituality ($\beta = .15$, $p = .032$), work satisfaction ($\beta = .20$, $p = .007$), perceived health ($\beta = .14$, $p = .041$), and discrimination ($\beta = -.27$, $p = .000$), as well as the interactions between perceived health and discrimination ($\beta = .16$, $p = .021$) and spirituality and discrimination ($\beta = -.17$, $p = .045$).

Intergenerational Gaps in Mexican American Cultural Value Trajectories and Youth Adjustment: Mediation by Parent-Adolescent Conflict - Rika Tanaka

Acculturation gap (AG)-distress theories hypothesize that children of immigrants adopt the values of their host culture and abandon those of their culture of origin more rapidly than their parents, leading to higher levels of family conflict and poor child outcomes. Although the AG-distress theory has been tested across many cultures, a review of this literature has found that findings are often inconsistent. Moreover, few studies have longitudinally examined how interactions between parent and child Mexican American Cultural Values (MACVs) may influence subsequent outcomes in Mexican-American (MA) youth. The current study is unique in that it longitudinally will analyze a multi-faceted measure of MACVs to test theories of AG-distress. Growth mixture modeling identified trajectories of MACVs in 749 MA adolescents and their mothers. Preliminary analyses have found 3 and 2 trajectories of MACVs in MA adolescents and their mothers, respectively. ANCOVA analyses suggest that adolescents with steadily declining (S-D) MACVs and mothers with high-stable (H-S) MACVs had more externalizing symptoms, when compared to adolescents with H-S MACVs paired with low-stable (L-S) mothers. S-D adolescents with H-S mothers also reported more parent-child conflict compared to both H-S and L-S adolescents with L-S mothers. Analyses will test the mediating effect of parent-adolescent conflict on the relations between the mother x child MACVs trajectory interactions and youth adjustment and health risk behaviors. Understanding how gaps in MACVs between MA youth and their parents influence subsequent youth well-being can help inform programs designed to help MA youth who are most at-risk.

Correlates of HIV testing in Vulnerable Populations Utilizing a Student-Run Free Clinic in Tijuana, Mexico - Victoria D. Ojeda

HIV prevalence in high-risk groups in Tijuana, Mexico ranges between 3-20%; <50% have ever had an HIV test. This study identified correlates of HIV testing in vulnerable populations attending a free clinic in Tijuana. We hypothesized that patients reporting lifetime HIV testing were less likely to report high levels of stigma, low HIV health literacy, homelessness, and U.S. deportation. We used convenience sampling to enroll 412 patients from a free clinic in Tijuana, Mexico. Participants completed rapid HIV testing and a interviewer-administered survey. We assessed sociodemographics, enabling/impeding factors, including migration/deportation history, and healthcare need factors, as potential correlates of HIV testing. Of 408 participants completing the survey, 78% were male, 60% were deportees, 3.2% ($n=13$) tested HIV-positive, and 54% were ever tested for HIV. Logistic regression analysis showed those ever tested for HIV were more likely to be women (OR, 2.7; 95% CI, 1.5-4.9), speak English (OR, 2.1; 95% CI, 1.2-3.7), have some knowledge of HIV transmission (OR, 3.0; 95% CI, 1.8-5.1), report ever trading sex (OR, 2.2; 95% CI, 1.1-3.3), and have a history of injection drug use (OR, 1.9; 95% CI, 1.1-3.3). Patients deported ≥ 3 times were more likely to have been HIV tested (OR, 1.8; 95% CI, 1.0-3.2). Of hypothesized factors, only deportation was associated with HIV testing. Due to high prevalence and a revolving migrant population with multiple risk factors, universal HIV screening should be implemented in Tijuana, Mexico.



Social, Cognitive, and Contextual Influences on Latino Drinking

Judy Arroyo

The four papers in this symposium will focus on environmental and cognitive influences on alcohol use among Latinos of different national origin group and ages in a variety of contexts. Jaccard examines the role discrimination, as reported by Puerto Rican middle school children and their mothers, has on underage drinking. Mogro-Wilson reports on differences and similarities in risk and protective factors associated with alcohol use among Hispanic and non-Hispanic high school students. Reingle reports that drinking context (bars and living near border), companions, and alcohol-related attitudes are independently related to binge drinking among Mexican American adults. Escobar reports finding that attending a Hispanic Serving Institution moderates the relationship between alcohol use norms and alcohol use among Latino college students. All these findings have potential to inform prevention and treatment interventions.

Discrimination and Underage Drinking in Latino Youth: Cross Generational Effects - James Jaccard

Underage drinking and the onset of alcohol use in middle school Latino youth are understudied. A factor that remains unexplored but may play a key role in elevating decisions to experiment with alcohol among Latino youth is discrimination. Experiences of discrimination can result in mental distress, both for youth who experience discrimination and their mothers, who may experience discriminatory acts independent of their child. The present research explores the effects of exposure to 10 different discriminatory acts in Latino middle school youth and, independently, their mothers. It is theorized that exposure to discrimination impacts mental distress (as reflected in measures of anxiety and depression) in Latino mothers. The anxiety and/or depression that mothers experience as result of their discriminatory experiences, in turn, impacts the anxiety and/or depression experienced by their children (i.e., parental distress impacts child distress), which, in turn, increases the propensity of the adolescent to experiment with alcohol. We refer to these dynamics as cross generational effects of discrimination. Independent of such dynamics, adolescents' own discriminatory experiences impact their anxiety/depression and further contribute to early alcohol uptake. The above model was tested using structural equation modeling in 350 Latino families in the South Bronx in an economically disadvantaged inner city setting. Puerto Rican and Dominican families were randomly selected using area sampling methodology. Results were supportive of the above model and elucidated interesting dynamics of the role of discriminatory experiences on underage drinking. Attempts to identify buffers of these discriminatory effects were not successful

The Influence of Opportunity to Use Alcohol, Attitudes, Social and School Skills on Alcohol Use in Hispanic and non-Hispanic Youth - Cristina Mogro-Wilson

An important goal of Healthy People 2010 was the prevention of youth substance use by providing evidenced-based research-proven programs for diverse racial and ethnic populations. Many prevention programs are not culturally sensitive and focus on avoidance tactics to limit opportunities for youth to use alcohol, increasing a youth's understanding of the risks involved in drinking, and decreasing favorable attitudes towards drinking. A review of the key elements of evidenced-based programs in the SAMHSA's registry indicate that many prevention strategies build skills of youth to have increased social skills, and school success skills to decrease alcohol use. Given the differences in alcohol use, and possible differing intervention strategies between Hispanic and non-Hispanic youth, this study aims to analyze contributing factors to alcohol use for these two groups.

This study utilizes data from the Evaluating Mutual Aid Groups Project an intervention project aimed at lowering substance use and increasing group engagement, conducted in the Bronx, New York. A community agency providing social work services in high schools were the point of contact for recruiting study participants. For the purposes of this study only measures given at baseline (September –October 2011) are utilized. A total of 201 high school students participated. The sample consisted of 201 adolescents, about half were female (53%), half Hispanic (50%), with a mean age of 15.41 years. Standard multiple regression with comparisons of the model was used to examine the impact of risk factors related to alcohol use (opportunity, risk, and attitudes) and protective factors (social and school) on drinking alcohol behaviors in Hispanic and non-Hispanic youth. The total variance explained by the model for non-Hispanic youth was 45.4%, $F(5,92)=15.30$, $p<.001$. Three independent variables contributed significantly to alcohol use for non-Hispanic youth; opportunity to drink ($\beta = .382$, $p=.001$), favorable attitude towards drinking ($\beta=.247$, $p=.010$) and social helping skills ($\beta=.295$, $p=.001$). The total variance explained by the model for Hispanic youth was 25.2%, $F(5,92)=6.193$, $p<.001$. Two independent variables contributed significantly to alcohol use for Hispanic youth; opportunity to drink ($\beta = .406$, $p=.001$), and managing school ($\beta=.194$, $p=.044$). Comparison of the fit of the model for the non-Hispanic and Hispanic youth using the Fisher's Z test revealed that there was a significant difference between the respective R2 values, $Z=1.86$, $p<.05$. To compare the structure or weights of the model, the Hotelling's t-test $t=-2.17$, $p<.05$, indicated that there are structural differences between the multiple regression models. There are many recent appeals arguing for adaptations to prevention programs that fit local needs and are culturally situated and contextualized. This study recognizes the unique needs for high school students of Hispanics and non-Hispanic ethnicities all residing in the same school. Prevention programs could benefit from these findings by focusing on limiting situational opportunities to use alcohol for both Hispanic and non-Hispanic youth. For Non-Hispanic and Hispanic youth there should be less emphasis on how risky drinking can be and instead focus on the moral implications or "wrongness" of drinking, particularly for the non-Hispanic youth.

The Effects of Drinking Place and Companion on Binge Drinking - Jennifer M. Reingle

The prevalence of alcohol dependence is particularly high among Mexican-American Hispanics, as 4.7% of Mexican-Americans meet the criteria for alcohol dependence (Chartier & Caetano, 2010). Research is clear that drinking in a bar increases binge drinking, and this effect can occur independently of social-cognitive antecedents of behavior (Mills et al., 2012; 2013). However, it is not clear whether or not one's drinking companions have an independent effect, or a moderated effect on binge drinking. The purpose of this study is to examine whether drinking place (bars), and companion (friends), have direct and synergistic effects on binge drinking. These data include two samples of Mexican American adults, one group who resides along the US-Mexico border, and a group of Mexican Americans who reside in large cities that are not proximal to the border (HABLAS) who consumed alcohol in the past year ($n=1,351$). Drinking with friends was significantly associated with binge drinking independent of cognition and place (OR = 1.66; 95% CI 1.11-2.49). Drinking at a bar (OR = 2.07; 95% CI 1.05-4.05), alcohol-related attitudes (OR = 15.23; 95% CI 5.60-41.42), living near the US-Mexico border (OR = 2.50; 95% CI 1.54-4.04), and being male (OR = 1.92; 95% CI 1.23-3.02) was also associated with binge drinking. There was no evidence of a multiplicative interaction between place (bar) and companion (friend) as a predictor of binge drinking. These findings suggest that drinking context, companion, and individual drinking-related cognitions are independently related to ones' propensity to binge drink.

The Moderating Effect of Hispanic Serving Institution on the Relationship Between Alcohol Use Norms and Alcohol Use among Latino College Students - Oscar S. Escobar

Latino college students represent a growing proportion of the college population (U.S. Department of Education, 2012). Moreover, Ma and Shive (2000) demonstrated that college age Latinos have the highest rates of heavy drinking within the past month in comparison to other Latino age groups. Studies have found that perceptions of others' drinking norms, are linked to one's personal use (Perkins & Wechsler, 1996) and that college students tend to overestimate the drinking of their peers (Doumas, McKinley, & Book, 2009; Doumas, Workman, Smith, & Navarro, 2011). The current study builds on previous college student drinking literature by examining the influence attending a Hispanic serving institution (HSI) on personal alcohol use and perception of peers' drinking norms among Latino college students. This secondary data analysis utilized data from the American College Health Association's National College Health Assessment. Participants were self-identified Latinos between the ages of 18–25 (N = 4,261). Independent variables were gender, attendance at an HSI, perception of the number of drinks a typical student had during their last time they drank, and an interaction term for HSI by norms. The dependent variable was the number of drinks the participant had the last time he/she drank. The overall model for the linear regression was found to be statistically significant, $F(246.87, p < .000)$, and explained 18.8% of the variance in number of drinks the participant had the last time they drank. Males ($b = .13, p < .000$) reported drinking more the last time they drank. In addition, there was a significant interaction between attending a Hispanic serving institution and perception of the number of drinks the typical student ($b = -.33, p < .000$). The slope for those attending Hispanic serving institutions is less steep than for those attending non-Hispanic serving institutions. This study found that type of institution moderated the relationship between alcohol use norms and alcohol use among Latino college students. The perception of others' drinking was more strongly linked to personal drinking for students in non-Hispanic serving institutions. If students overestimate their peers' drinking, then those attending a Hispanic serving institution may be protected from the level of drinking associated with this misperception. The protective effect of attending a Hispanic serving institution may be related to a more culturally affirming college environment that includes Latina/o faculty and staff, social outlets, and specialized services (Cho, Hudley, Lee, Barry, & Kelly, 2008; Person & Rosenbaum, 2006). Future research investigating the influence Hispanic serving institutions have on alcohol use and drinking norms may wish to focus on mediators such as students' proximity to their family, which have been found to be a consideration in Latino students' decisions on where to attend college (Cerna, Perez, & Saenz, 2006; Goble, 2010).

Finding an Academic Home, but Still Searching for Our Place: Narratives and Recommendations from Assistant Latina Faculty

Kaliris Y. Salas-Ramirez, Yadira Pérez Hazel, and María Pagán-Rivera

This session brings together different experiences of Latina faculty at several CUNY campuses that can translate to other tenure-track faculty members at different institutions. It is an interdisciplinary perspective from a variety of fields, such as Anthropology, Social Work and Neuroscience, which contribute to public health, drug abuse and community research. We highlight similar experiences in the negotiation of our identities as Latinas in our classes, institutions, and research programs. We will discuss how our identities shape our pedagogy, research methodologies and interactions with students and colleagues in and beyond the US. Ultimately, this panel argues for urgency from institutions of higher education in urban, diverse environments to understand and address the Latina

experience, social locations and standpoints. We also provide some recommendations on how these issues can be tackled among administrators and department chairs in addition to highlighting some of the strategies we have adopted to make this transition easier. The ultimate goal is to create the optimal environment conducive to successful academic and research careers that foster productivity among faculty whose goals are to address health disparities among diverse populations. This symposium will be presented in a two part session. The first hour we will discuss the journey of three Latina junior faculty members and their process to becoming part of the professoriate. Their views, concerns and recommendations for better retention of junior faculty. The second hour will be a Q&A session with senior investigators Dr. Patricia Molina (NHSN President), Dr. Hilda Pantín and Dr. J. Bryan Page moderated by Drs. Salas-Ramírez, Pérez Hazel and Pagán-Rivera that will serve to answer some of these daunting questions that we have a junior faculty in our path to success. This symposium is meant to be completely informal and meant to address some of the contemporary issues junior faculty are facing.

Thursday 10 October 2013

8:30 - 10:15 AM

NEW INVESTIGATORS IN DRUG ABUSE RESEARCH

Alice Cepeda

The Early Career Leadership Panel will be a series of presentations from young scientists focused on the problem of Hispanic Drug use. Panelists will present data that will be prepared in collaboration with senior members of the organization. The panel is interactive and the young investigator panelists will also gain knowledge in how to prepare data for a professional presentation. The panel will be followed by a question and answer session where the learners will be able to ask pertinent questions. Each panelist will describe their findings and the implications of their work for Hispanic drug addiction. The learner is expected to leave with a better understanding of the biological or applied areas of drug abuse. The learning objectives for this session include: increase knowledge of biological effects of drug abuse (e.g., the role of stress and/or dopamine systems in animal models of drug addiction); increase knowledge of social and environmental influences on Hispanic drug use (e.g., the role of protective factors such as parental influences, economic status, and peer influences; and increase knowledge of various factors that lead to drug abuse vulnerability (e.g., gender, occupation, migration status, and community factors). The participants will present the material in a manner so that a test could be administered and the participants' knowledge could be assessed with questions that would be answered correctly. Panelists are encouraged to present the theoretical constructs as well as the implications of their work for the learners.



The Functional Role of Cannabinoid Receptors in Alcohol-Induced Modulation of Dendritic Cells From Alcohol Users
Marisela Agudelo

According to NIAAA, approximately 18 million Americans suffer from alcohol use disorders (AUDs). Although it is well known that AUDs may increase susceptibility to infections; the medical complications of AUDs and alcohol effects on the immune system are still not clearly elucidated. AUDs have been shown to be regulated by multiple mechanisms including but not limited to the endocannabinoid system (ECS) and cannabinoid receptors (CBRs). The immunological effects of alcohol and the functional role of CBRs on antigen presenting cells such as monocyte-derived dendritic cells (MDDCs) from alcohol users have not been clearly elucidated; therefore, it is hypothesized that alcohol can exert its effects on MDDCs by altering the expression of CBRs and subsequently resulting in alterations in oxidative stress, surface marker expression, and cytokine production. We used cytokine arrays to measure alcohol-induced cytokine production in MDDCs from alcohol users and in vitro EtOH treatments. Surface markers and co-stimulatory molecules were measured by qRT-PCR and flow cytometry. Alcohol-induced oxidative stress was measured using dichlorofluorescein diacetate assay (DCF-DA). Our results show that MDDCs from alcohol users produce higher levels of CBRs, pro-inflammatory cytokines, co-stimulatory molecules, and reactive oxygen species (ROS). These findings were further confirmed in vitro using MDDCs treated with EtOH. The functional effects of CBRs were tested using, CB2 agonist, JWH-015, antagonist, AM-630, and siRNA gene silencing studies. Our results provide insights into the immunological effects of alcohol and the functional role of CBRs on alcohol-induced modulation of dendritic cells from alcohol users

Family Risk and Adolescent Sexual Risk Taking: Do Deviant Peers, Internalizing, and Substance Use Serve As Mediators? - Michaeline Jensen

Sexual risk taking is prevalent Latino adolescents, and can have serious consequences in the form of contraction of STIs, HIV, and risk of unintended pregnancy. Family contexts characterized by conflict and lack of support are antecedents of adolescent sexual risk taking, but evidence elucidating the mechanisms underlying this association is lacking. The current study sought to test potential pathways to sexual risk taking among a sample of 189 Mexican origin adolescents and their caregivers interviewed in the 7th, 8th, 9th, and 12th grades. Structural equation modeling was utilized to examine pathways from 7th grade family risk to adolescents' number of lifetime sexual partners and condom use reported in the 12th grade. Adolescent internalizing, deviant peer affiliations, and substance use were investigated as potential mediators of this relation for boys and girls. For boys, deviant peer associations significantly mediated the effects of family risk on condom use. For girls, only substance use was related to condom use. Females' number of lifetime partners was directly predicted by family risk, and was significantly impacted by 8th grade internalizing symptoms and 9th grade substance use. For boys, family risk was associated with 8th grade peer delinquency, though the path from peer delinquency to the number of partners reached only marginal significance. This study highlights the importance of tailoring prevention programming for target populations, taking into account the different prevention targets (e.g. deviant peers, internalizing, and early substance use) that are most related to sexual risk taking for boys and girls.

Enhanced Rewarding Effects of Nicotine in Diabetic Rats
Joseph A. Pipkin

Patients with diabetes display greater vulnerability to tobacco use; however, it is unclear if they experience greater rewarding effects of nicotine. To examine this question, we compared the rewarding effects of nicotine in diabetic and healthy

control rats using place conditioning (Experiment 1) and self-administration (SA; Experiment 2) procedures. Diabetes was induced using streptozotocin (STZ), a drug that is toxic to insulin-producing cells in the pancreas and, as a result, produces hyperglycemia. Experiment 1 compared place preference in diabetic and healthy control rats that received various doses of nicotine (0, 0.1, 0.2, 0.4, 0.6 mg/kg, SC) in one of two distinct compartments of our conditioning apparatus. Experiment 2 compared SA behavior in diabetic and healthy control rats that performed operant responses for increasing doses of nicotine (0.03, 0.06, 0.09 mg/kg/0.1 mL infusion) on a fixed ratio-1 schedule of reinforcement. The results from Experiment 1 revealed that diabetic animals display more robust place preference for an environment paired with nicotine in comparison to healthy controls. Consistent with this, Experiment 2 revealed that diabetic animals display a dose-dependent increase in nicotine SA that is higher than controls. In conclusion, the results from both animal models of the rewarding effects of nicotine revealed that diabetic rats display enhanced rewarding effects of nicotine as compared to healthy controls. These results suggest that enhanced rewarding effects of nicotine contribute to greater vulnerability to tobacco use in persons afflicted with diabetes

Racial Disparities in the Utilization of Treatment for Inmates with a Substance Use Dependence - Kathryn M. Nowotny

Research shows that recently released inmates are at high risk for death from overdose and experience many barriers to accessing treatment. However, receiving adequate treatment while incarcerated may alleviate these risks. This study examines the racial disparities in treatment for those inmates who meet the criteria for a substance use dependence disorder (SUDD) in the year prior to their incarceration. The data come from the 2004 Survey of Inmates in State Correctional Facilities. The sample includes 5,371 inmates housed within 286 prisons. The average sample size per prison is 18.8 with a range from 3 to 75. Multilevel modeling is used to account for the hierarchical nature of the data. The dichotomous outcome measure (treatment) is examined using hierarchical generalized linear models with a linked logit function. The variance components model reveals that on average 43 percent of inmates who meet the criteria for SUDD receive treatment while incarcerated. Additionally, the prison context accounts for 14 percent of the variation in treatment. The random intercept model indicates that Hispanic and black inmates have 32 and 19 percent reduced odds of receiving treatment for substance use while incarcerated compared to whites. These associations are significant adjusting for demographic (age, gender, marital status), socioeconomic (education, employment prior to incarceration), incarceration (sentenced to treatment, years incarcerated, type of offense, previous incarceration episodes), and mental health (diagnosis with serious mental illness) characteristics. Discussed are implications for policy and treatment within prisons as well as the importance of the transition of care into community settings.

10:45 AM–11:45 AM

PLENARY PRESENTATION

Horizontal/Vertical Health Equity: Networks Translating Research Findings to Community Health Practices
Deborah Guadalupe Duran

The presentation first addresses the systematic issues, explains health equity/health disparities, and summarizes the benefits of utilizing networks to translate science into practice. The presentation focuses on the challenges to reduce health disparities and to improve health equity. The strategy includes identifying the individual domains of health disparities, conducting research to validate difference and to develop evidence-based interventions, translating the findings into practice at the community health level, and building capacity



to implement and sustain the cycle of generating scientific knowledge into everyday care. Through this model, health disparities can be reduced and health equity for all improved.

1:30 PM–3:30 PM

BIOMEDICAL CONSEQUENCES OF SUBSTANCE ABUSE

Abraham P. Bautista and Sulie L. Chang

In line with the conference theme of “Shared Challenges and Opportunities for Achieving Health Equity with Ethnically Diverse Populations”, this panel will focus on various aspects of substance abuse in minority populations. Dr. Paul Gruenewald, who is in charge of the only national alcohol research center specializing in prevention, will have lecture to cover basic and applied studies on effective mechanisms for the environmental prevention of alcohol abuse and related problems in young adults. This would include micro- and macro-ecological conditions that affect substance use and problems. Following Dr. Gruenewald, psychologist Dr. Lorraine Collins, whose research focuses on drinking restraint, ecological momentary assessment, commonalities among addictive behaviors, and psychosocial issues (e.g., gender, socioeconomic status) related to addiction, will present on current cognitive and behavioral approaches to the prevention and treatment of addictive behaviors among emerging and young adults in minority populations. Lastly, Dr. Marisa Silveri, a specialist in neurobiological and clinical implications of binge drinking in adolescent populations who works with a variety of minorities, will conclude the panel with a presentation on potential risk factors in the adolescence that could lead to the development of alcohol abuse and/or dependence in later life.

The Social Ecology of Minority Health Disparities: From Science Base to Community Prevention - Paul Gruenewald

A theoretical approach to understanding the emergence of alcohol-related health disparities among low income minority populations will be presented. The approach links community level economic processes to over-concentrations of alcohol outlets in low income neighborhoods. Over-concentrations of outlets lead to high-risk drinking among at-risk subgroups. Several social mechanisms by which excess problems related to drinking appear in low income, often minority, neighborhoods are described. These mechanisms explain the emergence of the minority paradox in low income neighborhoods; the tendency of minority groups to exhibit greater levels of problems relative to drinking levels. Empirical identification of these processes is supported, to the degree currently possible, by social ecological analyses of available data. It is argued that strong social ecological frameworks best serve to establish sound theoretical bases for the social determinants of health in community settings. They also provide the bases for the development of effective community-based environmental prevention programs. The talk concludes with a discussion of these programs and their potential contributions to the improvement of minority health in low income neighborhoods.

Malt Liquor and Marijuana Use in Young Adults: Using Real-time Data to Enhance Knowledge - R. Lorraine Collins

Malt Liquor (ML) and marijuana (MJ) each pose significant risks for young adults. ML’s low price, 40 oz. containers, and high alcohol content promote excessive consumption. MJ is illegal in most states. Ethnic minorities (African Americans, Latinos) may use more ML and MJ relative to European Americans. Most research has focused on dependent populations, not on general users who may be at risk for negative consequences. We recruited 104 young-adult men and women (ages 18 to 25 years) who regularly use ML and MJ. Using cellular

phones and interactive voice response (IVR) technology, they provided real-time data on their alcohol and MJ use during a 3-week period. We describe our real-time data-collection method, which includes random prompting and reports about substance use episodes. Benefits include the collection of prospective data in close proximity to substance use, which allows for examination of mood, motives, social context, and other constructs in relation to use in ways that are not possible with retrospective, aggregate data. Using multilevel modeling, we examined important differences between polysubstance use (i.e., alcohol + MJ) episodes versus the use of alcohol/ML or MJ in separate episodes. Our findings have implications for understanding and intervening in young-adults’ substance use.

From Adolescence to Emerging Adulthood: Identifying Risk Factors for Addiction - Marisa M. Silveri

Advances in neuroimaging technology over the past decade have provided an opportunity to have a non-invasive window into the adolescent brain. In particular, studies utilizing magnetic resonance imaging (MRI) technology have helped us to identify important structural and functional milestones in brain development that when examined in the context of cognitive and emotional maturation, ultimately allows for the transition from dependence to independence. The last region of the brain to undergo major remodeling is the frontal lobe, which begins to come on line in later adolescence, contributing to the development of executive functions, which includes organization, planning, impulse control and decision-making. More primitive brain structures such as the amygdala develop earlier in life, which serves to provide a quick response in situations that involve danger. During adolescence, the development of the frontal lobe helps to put the brakes on the amygdala, reducing impulsive behavior and increasing the ability to make more thoughtful decisions. These essential brain changes have important relevance for understanding the vulnerabilities associated with adolescence, which includes consequences of making poor decisions, demonstrating impulsive behavior and taking dangerous risks, and the effects of alcohol and drug use on brain development and function.

4:00 PM–6:00 PM BREAKOUT SESSION 2

Translating Basic Science for Hispanic Health Disparities Luis Carcoba and Edward Castañeda

There are two objectives in this breakout session: 1) to give an opportunity to young scientists to showcase their cutting-edge research, and 2) to demonstrate how basic science is relevant to Hispanic health issues. In the first objective, early career NHSN members will share their latest research to demonstrate the diversity of current issues undergoing investigation, including questions about predisposing factors such as stress and neurochemical systems modulating nicotine and cocaine addiction. In the second objective, these NHSN scientists will complement their presentations with discussions about the relevance of basic neuroscience (e.g., neural systems, neuroendocrinology of stress) to Hispanic health issues.

Oral Abstracts

Examination of Cholinergic Activity during Nicotine Exposure and Withdrawal - Luis Carcoba

Adolescent rats are less sensitive to the behavioral effects of nicotine withdrawal versus adults; however, the mechanisms mediating these differences are unclear. Given the potential involvement of cholinergic systems in these events, the present study compared acetylcholine (ACh) and acetylcholinesterase (AChE) activity in the nucleus accumbens (NAcc) of adolescent and adult rats during nicotine withdrawal. To measure ACh activity rats were prepared with osmotic pumps delivering an equivalent nicotine dose in these age groups; following 13 days of nicotine exposure, rats were implanted with microdialysis probes in the NAcc. Next day, dialysis samples were collected during baseline and following systemic administration of the nicotinic-receptor antagonist mecamylamine. To measure AChE activity following systemic administration of the AChE inhibitor, methanesulfonyl fluoride (MSF) animals were prepared as mentioned above, after 14 days of nicotine exposure, rats were sacrificed, the NAcc removed, and AChE assays were performed. Results revealed that baseline levels of ACh were higher in adolescent versus adult rats. However, during withdrawal both groups displayed similar levels of ACh. There were no age differences in AChE activity following administration of MSF, suggesting that baseline differences in ACh are not related to age differences in ACh metabolism. Taken together, findings suggest that chronic nicotine enhances basal cholinergic transmission in adolescent rats, and this may confer enhanced vulnerability to the rewarding effects of nicotine during adolescence. Also, our data suggest that developmental differences to the behavioral effects of nicotine withdrawal are not directly related to age differences in cholinergic transmission.

Blunted HPA Stress Response in Animals That Avoid a Predator Odor-Paired Context - Annie M. Whitaker

Post traumatic stress disorder (PTSD) often co-exists with substance use disorders including alcohol abuse. Our lab utilizes predator odor exposure, an established model of traumatic stress, allowing rats to be divided into groups based on persistent avoidance an odor-paired chamber, a phenotype similar to humans with PTSD. Preliminary studies in our lab show that Avoider rats consume significantly more alcohol than Non-avoider rats and unstressed controls. Dysregulation in hypothalamo-pituitary axis (HPA) function occurs in both PTSD patients and alcohol-dependent individuals. We hypothesize that HPA dysregulation following exposure to a traumatic stressor contributes to increases in alcohol consumption in Avoider rats. The purpose of this study was to examine HPA activity in Avoider and Non-avoider rats following a traumatic stress. Chronically-catheterized male Wistar rats (300g) were exposed to predator odor (bobcat urine) for 20 minutes. Plasma samples were taken at baseline, 30, 60, 90 and 120 min post-odor for determination of adrenocorticotropin-releasing hormone (ACTH) levels. An additional group of animals underwent a place conditioning procedure to assess avoidance of a chamber paired with predator odor. Anxiety-like behaviors were measured using the elevated plus maze (EPM) and open field test. Fifty percent of the rats exhibited avoidance of the predator odor-paired chamber. Both Non-avoider and Avoider animals exhibited a significant decrease in time spent in the open arm of the EPM and decrease in the amount of time spent in the center of the open field test suggesting heightened anxiety post-odor exposure. Predator odor exposure produced a significant increase in plasma (ACTH) at 90- and 120 minutes post-exposure. Non-avoider rats show an increase in ACTH post-odor exposure compared to unstressed controls (0 ± 0 vs. 188 ± 36 pg/ml). ACTH levels are attenuated in Avoider rats compared to Non-avoider (0 ± 0 vs. 113 ± 11 pg/ml). Interestingly, plasma ACTH levels were predictive of avoidance of the predator odor-paired chamber ($R^2 = 0.506$). Whether this contributes to the excessive drinking in Avoider animals is unknown and the focus of current studies.

Potential Implications of HCN Channels in Cocaine Addiction - Bermery Santos-Vera

Disruption of the biological activity among neuronal components of the mesocorticolimbic (MCL) system has been implicated in the pathophysiology of drug abuse. Changes in the electrophysiological properties of neurons involved in the reward circuit seem to be of utmost importance in addiction. The hyperpolarization-activated cyclic nucleotide current, I_h , is a prominent mixed cation current present in neurons. The biophysical properties of the I_h and its potential modulatory role in cell excitability depend on the expression profile of the hyperpolarization-activated cyclic nucleotide gated channel (HCN) subunits. We investigated whether cocaine-induced behavioral sensitization, an animal model of drug addiction, elicits region specific changes in the expression of the HCN2 channel's subunit in the MCL system. Tissue samples from the ventral tegmental area, prefrontal cortex, nucleus accumbens, and hippocampus were analyzed using Western blot. Our findings demonstrate that cocaine treatment induced a significant increase in the expression profile of the HCN2 subunit in both its glycosylated and non-glycosylated protein isoforms in all areas tested. The increase in the glycosylated isoform was only observed in the ventral tegmental area. Together, these data suggest that the observed changes in MCL excitability during cocaine addiction might be associated with alterations in the subunit composition of their HCN channels.

Long-Term Effects of Prozac® Exposure During Adolescence on Cocaine Place Conditioning in Adulthood - Sergio D. Iñiguez

Pediatric depression was not well recognized until relatively recently. Now we know that major depressive disorder (MDD) exists in children and adolescents, that it is also a common condition, and that it can have negative consequences that often extend into adulthood. It is estimated that children and adolescents who suffer from MDD are likely to develop conduct and anxiety disorders, and that 20-25% eventually develop substance abuse disorder. Consequently, this has resulted in a disproportionate increase in the prevalence of antidepressants prescribed to populations below 20 years of age. Despite the heightened rates in antidepressant use, little is known about the long-term clinical and neurobiological adaptations resulting from antidepressant treatment during periods prior to adulthood. To address this issue at the preclinical level, we examined whether Prozac (fluoxetine) exposure during adolescence results in long-lasting changes in sensitivity to the rewarding effects of cocaine. Male C57BL/6 mice were exposed to Prozac (20 mg/kg) during adolescence (postnatal days [PD] 35-49) and were later assessed in adulthood (PD 70+) on behavioral responsiveness to cocaine (0, 2.5, 5, 10, or 20 mg/kg) place conditioning (CPP). Here we show that adult mice pre-treated with Prozac during adolescence displayed enhanced preference for environments previously paired with low doses of cocaine (5 or 10 mg/kg), when compared to saline pre-treated controls. Together, our findings suggest that exposure to Prozac during adolescence increases sensitivity to the rewarding properties of cocaine, as measured by CPP, later in life.

Emerging Trends in Substance Use among Diverse Samples of Hispanic Emerging Adults

Ellen Vaughan

Emerging adulthood represents a developmental period of heightened risk for substance use and its consequences. Hispanic emerging adults have been underrepresented in research on substance use and substance use disorders. The aim of this breakout session is to present emerging trends in substance use research in diverse samples of Hispanic emerging adults. Two presentations will utilize nationally representative samples of Hispanics youth



who participated in the National Longitudinal Study of Adolescent Health. While two other presentations focus on subsamples of Hispanic college students and Hispanic bariatric patients. These presentations will take on multiple substance use outcomes including alcohol use, alcohol use consequences, and developmental patterns of substance use.

Developmental Patterns of Substance Use from Adolescence to Adulthood Among Latinos and non-Latino Whites - Mayra Bamaca-Colbert

Limited work has examined developmental transitions of substance use among Latinos. Using four waves In-Home Interview data from the National Longitudinal Study of Adolescent Health, we examined smoking, drinking, and marijuana use of Latinos compared to non-Latino Whites from adolescence to adulthood. Latent Transition Analysis (LTA) was used to model latent substance use patterns and transitions across different classes across times. Four common latent classes across groups emerged (Non-User, Mild-Drinker, Drinker, and All-User). One class was unique to Latinos (Smoker & Moderate Drinker) and two unique to non-Latino Whites (Smoker & Drinker and Smoker & Mild Drinker). For both groups, the prevalence of Non-User dropped substantially, whereas the prevalence of Drinker increased dramatically from adolescence to young adulthood, suggesting that substance use initiation also occurred during adulthood. During the transition from adolescence to young adulthood (Waves 2 to 3), the probability of remaining in Non-User (.35 vs. .23) and Mild Drinker (.43 vs. .21), representing normal, non-problematic classes, was higher for Latinos than Whites. The probabilities of remaining in Drinker (.28 vs. .72) and All-User (.40 vs. .54), the problematic use patterns, were lower for Latinos than Whites. Notably, a different pattern emerged within the transition period of adulthood (Waves 3 and 4). Whites had slightly higher probability staying in Mild Drinker (.54 vs. .46) and Drinker (.68 vs. .59) than Latinos, whereas Latinos had a much higher probability remaining in All-User than Whites (.79 vs. .57). Further analysis will examine transition predictors and adulthood outcomes

Disproportionate Levels of Alcohol-Related Consequences Among Hispanic College Students: A Useful Marker of Risk - Lindsey Varvil-Weld

Research on drinking among Hispanic college students is limited. Previous work on non-Hispanic college students suggests alcohol-related consequences (e.g., regretted sex, getting into fights, etc.) are distinct outcomes worthy of direct research. Researchers have identified a high-risk subgroup of students experiencing a disproportionate number of consequences ("multiple and repeated consequences [MRC] group"), but have not explored whether consequence patterns are similar among Hispanic college students. Hispanic adults tend to experience more consequences as a result of their drinking than non-Hispanic adults, so it is possible that patterns of consequences among Hispanic students are unique. The present study examined patterns of consequences among Hispanic college students. A random sample of 119 first-year drinkers (78.2% female) was recruited from a large, public university in the U.S. Participants completed assessments of drinking and consequences. The number of consequences (multiple) and the number of consequences experienced 3+ times (repeated) in the past year were coded. Individuals in the highest quartile for both multiple (>13) and repeated (>5) consequences comprised the MRC group (n=20). Though only 16.8% of the sample, individuals in the MRC group were responsible for 34.65% of multiple consequences and 56.49% of repeated consequences. Individuals in the MRC group reported a mean of 8.50 (SD=4.61) drinks on their peak drinking occasion and reported being drunk an average of 3.05 (SD=1.70) times in the past month. Results indicate that among Hispanic students, MRC group membership is a useful way to identify high-risk individuals.

Gender Roles and Binge Drinking Among Latino Emerging Adults - Ellen L. Vaughan

Despite emerging adulthood as a developmental period of increased risk for alcohol use, there is a paucity of research that investigates binge drinking among Latino emerging adults. Emerging adults are in a stage of exploration that involves the development of identity in multiple life domains (e.g., relationships). For Latino youth, a concomitant process of cultural adaptation may be integral to identity exploration and related to alcohol use outcomes. Adherence to gender roles is an important aspect of both emerging adulthood and cultural adaptation that might be important in understanding the differences in binge drinking for Latinos and Latinas. Several review articles have suggested that this gender difference is likely driven by traditional cultural influences that discourage drinking among. These authors hypothesize that cultural prohibitions against drinking for women are protective. The current study employed Latent Class Regression to test the relationships between gender roles and binge drinking in a sample of Latino emerging adults. Participants were Latino emerging adults who participated in Wave III of the National Longitudinal Study of Adolescent Health (N = 2,442). A subsample of these participants (n = 663) completed the Bem Sex Role Inventory-Short. Using this sample, latent class regression was conducted using three dimensions of gender roles (Femininity, Social Masculinity, and Personal Masculinity) to predict binge drinking. Results indicated a three-class solution. For two of three classes, gender roles significantly predicted binge drinking. In Class 1, the Protective Personal Masculinity Class, Personal Masculinity was associated with a reduction in the odds of binge drinking. In Class 2, the Non-Significant Class, gender roles were not related to binge drinking. In Class 3, the Mixed Masculinity Class, personal masculinity was associated with a reduction in the odds of binge drinking; while, social masculinity was associated with an increase in the odds of binge drinking. Post-hoc analyses found that females, those born outside the US, and those with greater English language usage were at greater odds of being in Class 1 (vs. Class 2). Males, those born outside the US, and those with greater Spanish language usage were at greater odds of being in Class 3 (vs Class 2). Results indicate that for both men and women, gender roles play an important role in binge drinking for emerging adults. For both men and women born outside of the US, it appears that having a firm sense of one's beliefs and willingness to act on them is protective. This makes sense that if one is confident in her/his beliefs, then one is better able to act in a way that is consistent with those beliefs. Further, this may reflect for women greater adoption of less traditional gender roles. For men, being aggressive and dominant may contribute to more risky drinking. These characteristics might be associated with more stereotypic portrayals of men and men's drinking behavior particularly for those born outside of the US. In the United States, drinking behavior by men, especially young men, is often portrayed as competitive.

Post-Operative Relationship Between Alcohol Use, Depression, and Anxiety Among Predominantly Hispanic/Latino Young Adult Bariatric Patients - Christine E. Spadola

Increased sensitivity to alcohol after bariatric weight loss surgery (WLS) in predominantly non-Hispanic white middle-to-older age adults has been documented. However, there is limited information on post-operative alcohol use patterns to compensate for a distinct decrease in food intake and how these patterns may relate to depression and/or anxiety among Hispanic/Latino patients who underwent WLS as an adolescent or young adult. The aim of this study was to investigate these patterns among young, predominantly Hispanic/Latino WLS patients 1-3 years after surgery. A total of 30 participants (77% female, 80% Hispanic/Latino, mean age 26.7, SD=4.9) who underwent WLS were recruited. Patients were administered the (1) Structured Clinical Interview for DSM Disorders; (2) Addiction Severity Index (3) Alcohol Use Disorders Identification; and (4) Beck Depression and (5) Beck Anxiety Inventories. A total of 13.3% WLS patients reported no alcohol use, 40.7% reported regular use (> 3 times per week) and 28.6% reported levels categorized as abuse. The number of days intoxicated over the past month was significantly correlated with severity of depression ($R=.52, p=0.03$). Regular use of alcohol was significantly correlated with both increased anxiety ($R=.50, p=0.04$) and depression ($R=.56, p=0.04$). Young adult Hispanic/Latino WLS patients report high levels of regular alcohol use and abuse following WLS surgery in the presence of increased depression and anxiety. These patients may be substituting alcohol for food post-surgery, particularly those who are susceptible to anxiety and depression.

Advancing Intervention Science with Diverse Latino Populations Through Randomized Control Trials (RCTs)

Flavio Marsiglia

This session will provide an overview of state of the art intervention research studies conducted in partnership with Latino communities across the U.S. The four presentations will share findings from RCTs testing the efficacy of alcohol, tobacco and other drugs treatment and prevention interventions. The contexts and subpopulations include: 1) An emergency department (ED) at the U.S.-Mexico border treating Mexican-origin young adults, 2) A behavioral intervention treating smoking and at-risk drinking among Puerto Rican smokers who were at-risk drinkers; and 3) Two family-focused prevention programs for Mexican American middle school students. The four presentations will highlight common themes, joint recommendations for future intervention research, and practice and policy implications.

SBIRT: Three-Month Outcomes of a Randomized Controlled Clinical Trial among Mexican-Origin Young Adults - Cheryl J. Cherpitel

A randomized controlled trial of screening, brief intervention and referral to treatment (SBIRT) for drinking and related problems among at-risk and dependent drinkers was conducted in an emergency department (ED) at the U.S.-Mexico border among Mexican-origin young adults, aged 18-30. Patients recruited into the study were randomized to one of three conditions: screened only ($n=78$), assessed ($n=310$), and intervention ($n=310$). At 3-month follow-up the intervention group showed significantly greater decreases in five of the six outcome variables, including number of drinking days per week, average number of drinks per drinking day, maximum number of drinks, RAPS4 score as an indicator of alcohol dependence and number of negative consequences related to drinking. Using analysis of covariance to control for baseline measures, the intervention group was lower on all drinking and problem measures than the assessment group, and significantly so on four of the measures. When the interaction of intervention by injury status (injury vs. non-injury), drinking within six hours prior to the event, causal

attribution of the event to drinking and risk taking disposition were examined, only causal attribution had a significant effect for two of the problem measures – the intervention effect for the RAPS4 and negative consequences were greater for those who believed their injury or illness was related to their drinking. Findings here suggest that brief intervention was effective in this population compared to assessment at three month follow-up, and may be most effective for those linking the reason for their ED visit to their drinking

Simultaneous Treatment of Tobacco Dependence and At-Risk Drinking among Puerto Ricans - Virmarie Correa-Fernández

Tobacco and alcohol use are linked behaviors that individually and synergistically increase the risk for several cancers. This study was a two-group, randomized clinical trial, evaluating the efficacy of a "Motivation And Problem-Solving" (MAPS) behavioral intervention designed to concurrently address smoking and at-risk drinking among Puerto Rican smokers who were at-risk drinkers. MAPS is an empirically-based treatment that combines attributes of motivational interviewing and cognitive behavioral/problem-solving approaches. Participants ($N=202$) were randomly assigned to either: MAPS with an exclusive focus on smoking cessation, or MAPS+ which focused on smoking cessation and the reduction of at-risk drinking behaviors. Participants received culturally sensitive self-help materials, and seven telephone counseling sessions. Fifty-four percent were males, 13% smoked more than 20 cigarettes per day. Mean age was 44 years. Both treatment conditions were equally effective in reducing smoking. Smoking status at week 12 moderated the effect of MAPS + on the number of alcohol risk factors, heavy and binge drinking. Among individuals who quit smoking, MAPS+ reduced the number of alcohol risk factors, the probability of meeting criteria for heavy and binge drinking, and number of binge episodes, but had no effect on individuals who did not quit smoking. This study is the first to apply a hybrid motivational enhancement and problem-solving approach to concomitantly treat smoking and at-risk drinking in a Latino population. The simultaneous treatment of tobacco dependence and at-risk alcohol use yielded promising results for the reduction of these behaviors. Treatment can be disseminated to quitlines and other population-based health care settings.

Long-Term Effects of a Universal Family Intervention: Mediation through Parent-Adolescent Conflict - Michaeline Jensen

This randomized trial of a family-focused prevention program for Mexican American middle schoolers examined internalizing, externalizing, and substance use outcomes in late adolescence, five years after completing the intervention. Parent-adolescent conflict was tested as a mediator of these effects. The role of parent and adolescent acculturation in these pathways was also examined. 498 7th grade adolescents and their primary female caregivers were randomized to receive either a 9-week, multi-component intervention or a brief workshop control group. Assessments were conducted at pre-test, two year follow-up (9th grade), and five year follow-up (when most participants were in the 12th grade). The Bridges program significantly reduced mother-adolescent conflict measured in the 9th grade, with conflict mediating program effects on internalizing and externalizing symptoms, adolescent substance use, and diagnosed internalizing disorder in late adolescence. Mother and child acculturation were both significantly predictive of late adolescence outcomes. Contrary to hypotheses, neither mother nor child acculturation emerged as a significant predictor of parent-adolescent conflict, and intervention effects were not found to vary based on acculturation. These findings provide support for the efficacy of family-focused intervention during early adolescence, both in reducing mental health problems and substance use in the long term, as well as in impacting

parent-adolescent conflict processes that appear to play an important role in the development of later adjustment problems

Examining the Long-Term Effects Familias: Preparando la Nueva Generación, a Culturally-Specific Mexican American Parenting Intervention - Marsiglia, Flavio

The purpose of this study is to test the long-term results of the efficacy trial of a culturally-specific parenting intervention called Familias: Preparando la Nueva Generación (FPNG), which was designed to increase the effects of keepin'it REAL (kiR), an efficacious school-based drug abuse prevention intervention targeting middle school students. Randomized at the school-level, parents and youth in nine schools were assigned into one of three conditions: (1) control condition (C), (2) youth-only condition -receiving only kiR- (Y), and (3) parent + youth condition.-receiving FPNG and kiR- (PY). Using growth curve models on adolescents whose parents also participated in the study (N=462), findings indicate that participation in PY condition lowered substance use for cigarettes in comparison to the YO and C conditions. The substance use change over time for alcohol and marijuana are significant at the linear and quadratic levels, and the PY and Y groups have lower use in comparison to the C group over time. These results are consistent with the Ecodevelopmental Theory and provide further evidence to the theoretical premise that strengthening family functioning can have a positive effect in preventing adolescent substance use. In addition, these results support the assumption that involving parents in prevention efforts has a major effect in strengthen the efficacy of the classroom based intervention. Because FPNG was designed with Latino parents and for Latino parents, FPNG is emerging as a curriculum that can positively impact familial and parent-child influences that characterize Latino youth and families and reduce substance use among Latino adolescents.

Perspectives and Insights on International Scientific Collaborations

Avelardo Valdez, James Anthony, Viviana Horigian, Maria Elena Medina Mora, and Thomas Patterson

This session is comprised of researchers who have successfully been engaged in NIH or other government funded international research projects. The session will begin with each presenter briefly describing their individual projects. Presenters will discuss the various NIH, NSF and federal and non-governmental mechanisms that may be available for international researchers. Investigators will focus on how collaboration with international colleagues were initiated and established. Panelists will identify issues based on their own experiences on what researchers should be cognizant of when contemplating an international project. Once funded, how does one carryout a project with an international staff. Others issues may be discussed such as working with international IRBs, training of staff, safety in the field, data sharing and any other issues that may pertain to this collaborative process. The organizer of this session envisions this to be a highly interactive session.

Challenges and Opportunities in NIH Funding

Albert Avila and LeShawndra Price

Are you a graduate student, postdoc, or a junior faculty member and want to become an NIH funded investigator? If you are not sure what NIH funding opportunities or even which NIH Institute is right for you and would like to learn more about them, then this is the workshop for you! Staff members from the National Institute on Drug Abuse (NIDA), National Institute of Mental Health (NIMH), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), three of the NIH's 27 Institutes and Centers, are hosting this informational workshop as an opportunity for early career investigators to learn about the NIH funding and grant process. Attendance at this workshop will give you insight as to the range of funding opportunities that are suitable for your career stage, and how to apply for

them. This workshop will focus on research supplements, mentored awards (F30, F31, F32, K01, K08, K23, K99), and independent research grants (R01, R21, R03, R34) for the transition to independent funding. Our enthusiastic team will help you determine which funding mechanisms are best for you and address your questions about the NIH grant and review process. There will be presentations from each participating Institute, followed by a question and answer breakout session in small groups with NIH staff.

Friday 11 October 2013

9:30 AM-11:30 AM

IMPROVING THE HEALTH OF THE NATION

José Szapocznik and David Pating

Improving the nation's health is a shared challenge across disease entities. Nowhere is this challenge more acute than in tackling Minority Health Disparities. This plenary panel will present two perspectives from giants in the field on using research to improve the health of the nation: 1) one from the perspective of improving our ailing health care delivery system by producing and promoting high integrity, evidence based information that comes from research guided by patients, caregivers and the broader health care community; and 2) the other will address the opportunities for integrating addiction treatment into public health research and programs for disease prevention and health promotion. These perspectives do not span the full range of opportunities for improving health equity for ethnically diverse populations, but do address the need for research informed by racial and ethnic minority patients and providers to address health disparities in prevention and the delivery of accessible and effective health care.

Joe V. Selby

Joe Selby, Director of the recently established Patient Centered Outcomes Research Institute (PCORI) will discuss how we repair our ailing health care system through research, as well as, research on how best to promote informed health care decision-making by people from ethnically diverse communities. PCORI helps people make informed health care decisions, and improves health care delivery and outcomes through comparative clinical effectiveness research that will give patients and those who care for them the ability to make better-informed health and health care decisions.

A. Thomas McLellan

Thomas McLellan, CEO and co-founder of Treatment Research Institute (TRI) and former Science Advisor and Deputy Director of the White House Office of National Drug Control Policy (ONDCP), will examine gaps in our national research agenda for the treatment of substance abuse and discuss how this basic science research may inform community-based health policy to reduce healthcare disparities. TRI strives to create research-based solutions to multifaceted problems, yet believes that science alone is not enough. To impact broad systemic change, science must be translated into useable outcomes, including meaningful outcomes relevant to racial and ethnic stakeholders.

11:30 AM-12:00 PM BOX LUNCH PICK-UP (Crystal Foyer)

12:00 PM CONFERENCE ADJOURNS

Oral Abstracts

NEUROSCIENCE AND BASIC SCIENCE

1. Role of SR Release of Ca²⁺ in Acute Alcohol Intoxication-Induced Enhancement of Lymphatic Calcium Transient Magnitude

Flavia M. Souza-Smith, Ph.D., Post Doctoral Fellow and **Patricia Molina, M.D., Ph.D.**; Department of Physiology, School of Medicine, Louisiana State University Health Science Center

We previously demonstrated that acute alcohol intoxication (AAI) increases the magnitude of Ca²⁺ transients in pumping lymphatic vessels (LV). We tested whether sarcolemmal Ca²⁺ entry or release from the SR contribute to the AAI-induced increase in Ca²⁺ transient magnitude. AAI was produced by intragastric administration of 30% alcohol to conscious, unrestrained rats through surgically implanted catheters. Isovolumic administration of water (vehicle) served as control. Mesenteric LVs were isolated, cannulated and loaded with Fura-2 AM to measure changes in intracellular Ca²⁺. Measurements were performed at a basal intraluminal pressure of 2 cm H₂O and during pressure steps to 6 and 10 cm H₂O. Nifedipine (ND-10-7 M) was used to block L-type Ca²⁺ channels and caffeine (10 mM) was used to test RyR function and SR Ca²⁺ release and Ca²⁺ pool (Ca²⁺ free APSS). The results show that ND reduced Ca²⁺ transient magnitude of LV from AAI and vehicle groups at all pressures studied, and also reduced contraction frequency (CF) of LV from the vehicle group. Ca²⁺ transient amplitude was greater in LV isolated from AAI than that of controls after RyR activation with caffeine. However the CF is zero in LV isolated from both groups post SR depletion with caffeine. SR Ca²⁺ pool was also greater in LV isolated from AAI than from control animals. These data suggest that AAI increases Ca²⁺ storage in the SR in LV and L-type Ca²⁺ channels also contribute to the AAI-induced increase in lymphatic Ca²⁺ transient magnitude.

2. Social Defeat Stress: A Novel Animal Model of Adolescent Depression - Sergio D. Iñiguez

Exposure to stress is highly correlated with the emergence of mood-related psychopathologies, such as general anxiety- and major depressive disorder. Because the first episode of major depression often emerges in adolescence, we investigated the effects of chronic social defeat stress on responses to emotion-eliciting stimuli in juvenile mice. Specifically, postnatal day (PD) 35 male c57BL/6 mice were exposed to 10-minute episodes of social defeat stress for 10 consecutive days (PD35-44), while control mice were handled daily. Twenty-four hours after the last episode of stress (PD45), separate groups of mice were tested on a battery of emotion-eliciting tests, including the social interaction-, forced swim-, and sucrose preference- test. Defeated adolescent mice exhibited a depression-like phenotype as inferred from increased avoidance behavior in the social interaction test, increased time spent immobile in the forced swim test, and a lower preference for a sucrose solution (a measure of anhedonia), when compared to non-defeated controls. In general, we show that exposure to social defeat stress during adolescence induces a depression-like behavioral phenotype in c57BL/6 mice. Thus, our findings suggest that the social defeat paradigm may be used as a model to examine the emergence of stress-induced mood-related disorders during the adolescent stage of development.

SOCIAL AND BEHAVIORAL SCIENCES

3. Alcohol Consumption and Mental Health Among Seniors from Mexico City

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Alcohol consumption and mental health have a close relationship, especially among seniors, given the number of changes they experiment in their life. Data from "Survey on Drug Consumption among Seniors from Mexico City, 2012" (Estudio sobre consumo de

substancias psicoactivas en adultos mayores de la Ciudad de México 2012) were analyzed. The sample size for this study was 2501 including persons whose age was > 68 years old, from Mexico City. Alcohol consumption and mental health variables were considered. The results show that 12.3% of seniors suffered depression at least once in a lifetime; 0.5% suffered Alzheimer disease; 0.4% schizophrenia; 0.2% bipolar disorder. Statistically significant relationships were founded between: alcohol dependence and schizophrenia (c²= 4.393; p= 0.038), alcohol abuse and schizophrenia (c²= 5.836; p= 0.38), alcohol abuse or alcohol dependence and depression (c²= 8.711; p= 0.013), alcohol craving and depression (c²= 12.344; p= 0.002), alcohol craving and bipolar disorder (c²= 7.265; p= 0.039), alcohol risk consumption in last week and schizophrenia (c²= 5.575; p= 0.016), life time alcohol consumption and depression (c²= 4.275; p= 0.039). The present results showed the close relationship between alcohol abuse and schizophrenia, which is consistent with literature; has been reported that many schizophrenic patients use alcohol and drugs as a way of self-medication. Depression can cause alcohol consumption in some cases but alcohol abuse can cause depression too, that could explain the relationship founded in this study.

4. Social Support Networks and Their Relationship to HIV/STI Risk Behaviors Among Latino Migrants

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Social support has been shown to be protective against poor physical and mental health among Latino migrants. However, its role in relation to HIV and STI risk behaviors has not been investigated in this population. The goal of this study is to describe the social support networks of Latino migrants living in New Orleans and determine if social support plays a role in HIV/STI risk behaviors. Participants were recruited using respondent driven sampling (n=144). Risk behaviors and ego-centric sex, drug, and social support network information were collected. In addition to descriptive analyses, latent class analysis was used to reduce the social support network data. Logistic regression was used to assess the relationship between support and high risk behaviors. Participants reported high levels of social support. Over 90% reported having at least one network member who could provide financial, emotional, personal, and informational support. Three distinct latent classes of social support type were found: participants who have all types of support (49%), those with only high emotional support (33%), and those very little social support (18%). Two latent classes emerged for quality of social support: those with high quality support (50%) and low quality support (50%). Neither quality nor type of social support was statistically associated with substance use or high risk sex. Having a high risk network member was however associated with substance use, OR 2.31 (1.00, 5.34). This population of Latino migrants reports high levels of high quality social support although this may not affect their HIV/STI risk behaviors.

5. Stress Trajectories in Older Puerto Ricans: How they Relate to Depressive Symptomatology, Allostatic Load, and Medical Conditions

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There is evidence of the adverse effects of stress on both mental and physical health. There is high variability in the way individuals experience stressors throughout their lifetime. Factors such as social class, race/ethnicity, age and gender can determine stressful experiences, and influence individuals' patterns of vulnerability and resilience. Very few studies have examined how patterns or trajectories of stressful life events (SLE) change across the lifespan, particularly among older adults, and how SLE variability influence mental and physical health. Using a growth mixture model, this study is aimed to identify SLE trajectories and associated socio-demographic, and physical and mental health among older Puerto Rican. 1504 older Puerto Rican aged 45-80 in 2004 (M= 57.2, SD=7.6). Stressful life events were measured using the Life Events Questionnaire at baseline, 6-, 12-, 18, and 24-month follow-up. Growth mixture modeling identified three patterns of SLE trajectories showing two linear decreases over time with low (63 percent) and high (10 percent) intercepts and slopes, respectively, and one moderate linear increase over time with a moderate (27 percent) intercept and slope. Results from linear regression models showed statistically significant differences in depressive symptomatology, medical conditions and allostatic load by SLE class trajectory group. Most participants experience linear decreasing SLE trajectories,

suggesting that stressful life events at mid- and late-life are rather stable. Understanding the mechanism through which stress may affect the health of minority elderly populations is important for reducing health inequalities and for improving quality of life of elderly populations in general.

6. Adapting an Evidence-Based Intervention to Address Alcohol in an HIV Positive Minority Population

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Alcohol can impact HIV disease progression through enhanced susceptibility to infection and viral replication, lack of adherence to ART, and decreased ART effectiveness. Thus, decreasing alcohol use disorders in HIV-infected individuals is imperative to ameliorate the deleterious biomedical consequences of HIV infection as well as to improve adherence and effectiveness of ART. The present study focuses on translation of our science-based knowledge into an effective comprehensive intervention to reduce alcohol use and improve health outcomes in a population of minority HIV-positive individuals who are disproportionately affected by HIV. The target population consists primarily of underserved minorities receiving care at an outpatient HIV clinic in New Orleans, of whom 75% are African American and 50% are uninsured. An existing evidence-based intervention, the Holistic Health Recovery Model, will be adapted using the ADAPT-ITT model to implement a new framework for sustainable integrated care. The ADAPT-ITT model is well-suited for this underserved population because it is designed to address the unique knowledge, needs, and assets of the target group members. Initial focus groups were conducted with the target population and treatment care providers in which treatment issues and needs, key characteristics of the HIV transmission profile of the target population, as well as ways to optimize intervention content, placement, and delivery were discussed. Results obtained offer insight into HIV risk-specific knowledge, substance use history, and HIV and alcohol-related awareness in our unique target population. Conclusions from these findings provide implications for subsequent adaptation of intervention content in this population.

7. Cultural Stress and BMI in Hispanic Adults in Los Angeles

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Hispanic adults have the highest rates of obesity (29.4%) in Los Angeles County. Although the association between psychosocial stress and obesity is well documented, few studies have examined how cultural stressors influence the development of obesity in Hispanics. As part of an on-going NIMHD study, we used the Hispanic Stress Inventory 2 (HIS2) measure to determine how cultural stressors relate to body mass index (BMI) in a sample of 414 Hispanic adults in Los Angeles. The research version of the HIS2 consists of 242 dichotomous questions about acculturation related life events. BMI was constructed using self-reported weight and height. The sample was majority female (54.9) and the mean age was 43.3 (SD = 17.1). Half (50.1%) of the sample was foreign-born. Mean BMI was 27.0 (SD= 4.75) for men and 28.7 (SD = 7.02) for women, suggesting most individuals were overweight or obese. Mean cultural stress scores was 35.5, ranging from 0-187. Pearson R correlation showed a positive relationship between HIS2 total stress and BMI ($r = .13, p = .02$). Greater stress was associated with higher BMIs for U.S. born ($r = .17, p = .01$) but not immigrant Hispanics ($r = .05, p = .45$); despite findings showing immigrants had higher mean stress ($t = -4.41, p < .001$) and BMIs ($t = -2.77, p = .006$) than U.S. born Hispanics. HIS2 regressed on BMI, controlling for age, gender and nativity, was significant ($p < .05$), suggesting greater cultural stress is associated with higher BMIs.

8. Subjective Norms and Adolescent Sexual Activity in Colombia: Issues of Conceptualization and Measurement

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According to the Theory of Reasoned Action (TRA) and Theory of Planned Behavior (TPB), our perceptions of whether important others think we should or should not engage in a behavior are supposed to predict our intentions to engage in such behavior. These perceptions called "Subjective Norms" have been found to be weaker predictors of intentions compared to the other elements of the TRA/TPB. Using data from a cross-sectional study of adolescent sexual activity in Colombia, we aimed to understand how the conceptual and operational definition of norms can partially explain their limited ability to predict intentions. High-school students (N=255, mean age = 15.87, 51% male) from two Colombian cities completed a self-administered questionnaire. Subjective norms were measured by asking participants the extent to which they thought each of five referents (mother, father, boyfriend, best friend and other friends) would approve of them having sex. Five items ($\alpha = .95$) were used to assess participants' intentions to have sexual intercourse before finishing high-school. A two-factor model of subjective norms (parents vs. peers) had significantly better fit than a single-factor model ($\chi^2 = 33(1), p < .001$). Among sexually inexperienced teens, only peer norms were significantly associated with intentions to have sex. Among experienced teens both norms were significantly associated with intentions. Particularly in the case of behaviors for which there is no social consensus regarding their appropriateness, the use of single-factor measures of subjective norms should be avoided. These measures can increase measurement error and decrease the predictive power of normative influences on behavioral intentions.

9. "Chasing the Dragon": Medical Self-Neglect, Substance Use, and Compromised Health of Aging Mexican American Men

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Medical elder self-neglect and substance abuse are a growing public health concern in the U.S. and thus timely given the growth of the aging population.¹ Elderly substance use disorders are predicted to double by 2020 partly due to the baby-boomers who have increased rates of drug use compared to other generations. A growing number of older adults medically diagnosed with chronic conditions such as liver diseases continue engaging in medical self-neglecting behaviors that exacerbate their condition. 3.4 Medical self-neglect is an inability to, or an unwillingness to comply with physician prescribed treatment regimens and act in accordance with medically suggested recommendations. Alcohol, tobacco, opiates and other substances can significantly compromise liver function. To our knowledge, no studies have examined medical self-neglect in aging Mexican-American substance abusing men with liver disease. 227 Mexican-American injection heroin users self-reported medically diagnosed liver disease and current substance use. Descriptive and bivariate analysis compared current-users, former-users, and those in methadone treatment on continued substance use impacting their liver conditions. Of the 227 participants 57% (n=131) self-reported a diagnosed of chronic liver disease (cirrhosis, hepatitis B, hepatitis C). Of those reporting chronic liver disease: 57%(n=125) had hepatitis C of which 68%(n=85) never received treatment; 10%(n=22) reported cirrhosis of which 68%(n=15) never received treatment; 8%(n=18) reported hepatitis B of which 65%(n=11) never received treatment. Additionally, bivariate analysis within group comparisons revealed significant substance use frequency "over the last thirty days" across all groups for alcohol, tobacco, marijuana, cocaine, and crack. There were also significant between-group differences in substances used. Diagnosis of serious medical illness was not a deterrent to continued substance use. Participants diagnosed with chronic, life-threatening conditions continue to abuse substances that adversely impact their health and potentially accelerate death. Aggressive psychoeducational and treatment interventions could improve quality of life and future studies should seek to determine whether interventions could deter medically neglectful behaviors in substance using populations.

10. Understanding Barriers to a Healthy Lifestyle Among Hispanics with Serious Mental Illness: An Ecological Approach

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Compared to non-Hispanic Whites with serious mental illness (SMI), Hispanics with SMI have higher rates of obesity and diabetes, placing them at elevated risk for cardiovascular disease (CVD). Modifiable risk factors (e.g., lack of exercise) contribute to this elevated risk. Health behaviors are impacted by the ecology that surrounds the individual, and how the individual navigates his/her environment. We used an ecological lens to examine how individual, social, and environmental factors shaped the health behaviors of Hispanics with SMI and at risk for CVD in an urban environment. A purposive sample of 24 Hispanic adults with SMI and at least one CVD risk factor (e.g., smoking) recruited from a public outpatient clinic participated in five focus groups. Grounded theory was used to analyze our data. A grounded model of barriers to a healthy lifestyle emerged from our data. The model captures how participants' efforts to live a healthy lifestyle were negatively impacted by a layering of individual, social, and environmental factors. Individual-level barriers included chronic pain, medication side effects, and unhealthy behaviors (e.g., smoking) used to cope with mental illness. Barriers in the social environment were family discord, social isolation, and lack of social support. At the community level, participants talked about not having safe places to exercise and having limited income and options to buy healthy foods. Our findings illustrate how a layering of ecological factors prevents Hispanics with SMI and at risk for CVD from engaging in healthy behaviors. Implications for developing health care interventions will be discussed.

11. Occupational, Physical and Mental Health of Moroccan Women Working in Huelva Agriculture (Andalusia, Spain)

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Health inequalities make even greater the differences of working immigrants. In addition, gender issues justify researching all the related factors. Objectives: To reach a better comprehension regarding working risks and conditions, its prevention, health perception and place of stay of Moroccan women before and after working in Huelva. A descriptive, quantitative research. The data collection was complemented with personal interviews. 42 questionnaires have been collected. The participants were lived in Cartaya, Moguer and El Rocío, with an average age of 37.15 years old. 95% of the participants have a good knowledge regarding their healthcare rights but lacked of knowledge regarding their paid holiday's rights. The weakest relations founds are related to potentially dangerous situations' risk factors. The strongest relations are regarding social care and working rights. The group interviewed show a focus on their job as their main economic source to support their families, so as long as their capable to help them they do not really worry about themselves. A better level of training is linked with better knowledge regarding risk factors and social and working rights. The different dimensions have been measured by a significance statistical analysis with a correlation coefficient. Due to the small sample, it is necessary to be cautious with the conclusions. Women who have previous experience working in Spain, have also better knowledge although the expressed their feeling of been undervalued within colleagues and managers. Prevention and training is crucial to offer this group acceptable working conditions and access to social and healthcare.

12. The Roles of Ethnic Pride and Self-Esteem on School Belonging Among Mexican American Adolescents

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Mexican American students have lower academic attainment compared to other ethnic groups in the U.S. – a serious threat against the future employment and educational prospects of this population. School belonging, encompassing perceptions of closeness to teachers and school as a welcoming environment, has positive implications for academic achievement, especially for Mexican-origin adolescents. However, empirical research on what contributes to school belonging is lacking. The purpose of this study is to examine two individual self-affirmation beliefs – self-esteem and ethnic pride – and their association with school belonging over time. Participants include Mexican-origin children (N = 674) from northern California

and we include interviews from 5th, 7th, and 9th grades. Measures include self-esteem (Self-Description Questionnaire; 25 items; alphas .88-.89), Mexican American ethnic pride (6 items; alphas .75-.88), and school belonging (11 items; alphas .70-.84). Results from a latent auto-regressive cross-lag model (CFI .97, RMSEA .04) show that self-esteem ($b = .14, p < .001$) and ethnic pride ($b = .08, p < 0.01$) had cross-lagged effects on school belonging from 5th to 7th grade, and from 7th to 9th grade. The association between school belonging and ethnic pride was bidirectional so that school belonging also predicted ethnic pride across time ($b = .23, p < .001$). This paper will address how self-esteem and ethnic pride are differentially associated with school belonging over time, and the academic adjustment implications this has for Mexican American adolescents.

13. An Structural Equation Model of Risk and Protective Factors in Alcohol Consumption in Elder Population of México

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Elderly population has become a challenge for the public health system. In México, according with the National Institute of Statistics, Geography and Informatics, the estimates from elderly population will rise up to 36 million in 2050. A challenge in this specific group is to avoid the natural drop in physical and cognitive skills, due to the natural process of elderly and also for diminution in the metabolic reserve, which eventually drives to disability and death. The identification of risk and protective factors is important to prevent elder dependence and disability. Risk factors are associated with increased probability of disability, whereas protective factors serve by minimizing the damage in the elderly. Participants: 2076 elderly participants of the "Study on psychoactive substance use in older adults in Mexico City 2012" Instruments: We evaluate a Structural Equation Model with four latent variables: functional independence (Lawton and Brody Instrumental Activities of Daily Living Questionary), functional capacity (Katz Basic Activities of Daily Living) and protective factors (Social Support, Study level, Family income) and risk factors (frailty, falling risk, age, other diseases). The model compares two groups: Alcohol consumption and No consumption over the last year. Results: Our model demonstrates a good fit (Cmin/DF = 2.98, CFI= 0.938, RMSEA=0.038). Alcohol consumption is related with decrease in independence ($r=-0.48$) and protective factor are positive related with independence ($r=0.15$). The risk and protective factor are different between consumption and no consumption groups, and this could imply alcohol effects over the indicators.

14. Implementation of an Electronic Information System to Enhance Practice at an Opioid Treatment Program

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The Addiction Research and Treatment Corporation is an outpatient medication-assisted treatment program that also provides primary medical care to over 2,800 adults in New York City; of which over ninety percent are black and Hispanic. This economically disenfranchised population experiences significant disparities in access and quality of healthcare. We received NIDA R01 funding to study the implementation of an electronic health information system. Quality, Satisfaction, Productivity, and Financial Performance were evaluated utilizing a pre and post-implementation research design. We subsequently utilized system capabilities to provide detailed outcomes data for HIV viral load, hemoglobin A1C for diabetes mellitus, and hypertension for all patients treated by our staff. For Quality, pre-implementation annual medical assessments and annual, 30-day, and 90-day multidiscipline assessments were timely for 83% and 70%, 72%, and 42% of cases. Post-implementation timeliness was 97% and 96%, 87%, and 70%; all significantly improved. Hepatitis C viral load was performed in 85% of cases pre-implementation and 81% post-implementation; a non-significant decrease. For Satisfaction, there was no change for patients and a non-statistically significant upward trend post-implementation for staff. Productivity declined post-implementation; reaching statistical significance for counselors. Financial Performance did not change significantly. Outcomes for HIV viral load, hemoglobin A1C for diabetes mellitus, and hypertension showed gradual and sustained improvement over time. The outcomes findings demonstrate that with the right tools (specifically an electronic health information system that provides timely and comprehensive information to providers), even the most challenging populations can achieve outcomes results comparable to or surpassing national averages.



15. Changing the Course of Substance Abuse: Factors that Promote Prevention and Early Intervention among Latinos

Gustavo Loera, Ed.D., *Mental Health America of Los Angeles & Sergio Aguilar-Gaxiola, M.D., Ph.D., Center for Reducing Health Disparities, School of Medicine, University of California, Davis*
Latinos, particularly Latino youth face numerous stressors that may increase the risk of mental health and substance abuse problems. For example, Cervantes and colleagues (2007) found that stress among Latino youth was manifested in mental health problems that included anxiety and depression, and eventually led to substance abuse and/or suicide. Data comes from the California Reducing Disparities Project funded by the California Department of Public Health. A community-based participatory research approach was used to engage 553 community members in community forums to gather information on strategies that provide researchers and practitioners with community-defined approaches to better serve Latinos while reducing mental health disparities. The participants reported that limited or no access to mental health services was a significant factor affecting the mental health of the Latino community that also resulted in drug and alcohol abuse. The barriers to accessing mental health services fall into: (1) individual-level barriers, (2) community-level barriers, and (3) societal barriers. The participants also cited solutions/strategies to improve access and quality of care and increase positive outcomes for Latinos. These solutions/strategies include: (1) community and cultural assets, and (2) community-identified strategies for prevention and early intervention. The failure to provide continuation of services to Latino youth can cause substance abuse problems and the exacerbation of mental disorders, and eventually leads to higher costs in healthcare and possibly prison. The focus of this study rests on the fundamental belief that Latino communities possess the knowledge of approaches that work best for them as individuals and as a community.

16. Spanish-Caribbean Parents' Contradictions in Public and Private Conversations about Adolescent Sexual Health Protection

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Parent-adolescent communication is one component of gender and sexual socialization that has been found to influence sexual health risk behaviors among Latino youth. High rates of teen pregnancy and sexually transmitted infections in this population underscore the importance of examining sexual socialization in Latino families. Using data from a PhotoVoice exploratory study with 14 Spanish-Caribbean parents in Springfield, MA (NIH/R03, PI: Torres & Gubrium, 03HD059613), this poster presents their views about their role as sex educators to their children. Salient findings showed that mothers and fathers did not receive appropriate sex education as children, and viewed their limited knowledge as an obstacle to talking to their children. Embedded in this finding were contradictions between the parents' public discourse of sexual health protection and their reports about private conversations with their adolescents. Key to the content (what was said) and the process (when and how) verbal and non-verbal communication with their children was gender differentiation. In the public discourse, parents spoke about machismo as a barrier to gender equity in sexual health in general. However, in reporting their own conversations with daughters and sons, parents described girls as the "gatekeepers" of their bodies and sexual behavior, and held them more accountable than boys for protection against teen pregnancy. Results from this study informed a larger NIH-funded study that will develop and evaluate a culturally tailored, Spanish-language multi-media campaign in the same community to enhance mother-adolescent communication about sexuality.

17. Examining the Long and Short Term Effects of Keepin' it REAL Adapted for Mexico

Flavio Marsiglia, Ph.D., *Professor, Arizona State University; Stephen Kulis, Ph.D., Arizona State University; Bertha Nuño-Gutiérrez, University of Guadalajara; Jaime Booth, Arizona State University; and Stephanie Ayers, Arizona State University*
Despite high rates of substance use in Mexico, only 43% of young adults report receiving a substance use prevention program. In response, a linguistically adapted version of keepin' it REAL, a SAMHSA model program was pilot tested in Guadalajara, Mexico. Two middle schools were randomized into a treatment (N=226) and control (N=206) condition. Students completed a pre-test prior to implementation, a short-term post-test after the last lesson, and a long-term post-test 12 months later. Substance use measures were 30-day amount and frequency of alcohol, cigarette, and marijuana use. Baseline adjusted OLS regression models predicted short-term

outcomes, while growth curve models with missing data imputation examined program effects on trajectories of substance use. OLS regressions showed significant relative reductions in use of alcohol and cigarettes for youth participating in keepin' it REAL compared to youth in the control group. Growth curve models indicated that over time the effects of keepin' it REAL are gendered. Females in the treatment group drank alcohol significantly less frequently over time. Males in the treatment group, however, showed a relative reduction over time in the amount of marijuana used. This pilot study provides support for the global applicability of efficacious substance use prevention programs originally developed in one country, but also the importance of assessing for cultural fit and adapting the programs to achieve maximum efficacy. The results indicate that keepin' it REAL can be an effective tool in teaching drug resistance strategies and reducing substance use among adolescents in a major urban area in Mexico.

18. The SoBro PTOs to IDUs Study: Transition from Prescription-Type Opioids to Injection Heroin Abuse in the South Bronx Area of New York, a Rapid Assessment Mixed-Methods Study

Yolanda C. Martin, Ph.D., *Assistant Professor, Borough of Manhattan Community College, City University of New York*
Prescription-type opioids, such as Oxycontin/oxycodone, Vicodin/hydrocodone, Percocet, or Fentanyl, are valuable tools for medical management of pain. However, there is growing concern for the nonmedical misuse of prescription pain relievers, and their role as a gateway to heroin addiction. According to the Drug Abuse Warning Network (DAWN), Emergency Room utilization records for prescription medication abuse in 2010 increased 115 percent over the previous five years—from a total of 626,472 in 2004 to 1,345,645 in 2010. In 2010, a total of 224,704 emergency hospitalizations were linked to heroin misuse, and data from 2009 shows that 605,000 Americans age 12 or older had abused heroin at least once. Diversion of prescription opioids—redirecting drugs from a lawful to an unlawful channel of use or distribution—has been estimated in over a \$25 billion-a-year business. Only a small number of studies have delved into sources and routes of diversion in urban settings. No studies have been conducted on prescription medication to heroin abuse transition among Latinos and African Americans in the Bronx area of New York City. No final results are to be reported yet. The objectives of this study are: (1) characterizing the sources of diversion of prescription-type opioids (PTO) among Latinos and African Americans in the South East area of the Bronx, New York City; (2) ascertaining the scope of PTO use prior to heroin initiation across demographic groups (factoring in gender, racial or ethnic background, and age) compared to other injection drug users (IDUs); (3) identifying potential health risk factors associated with these substance misuse relationships; and (4) outlining policy implications for prevention and harm reduction strategies. Preliminary findings indicate a growing behavioral trend among Latino and African American Injection Drug Users in the Bronx area of New York City transitioning from prescription-type opioids misuse to heroin abuse.



19. Discrimination and Spanish-Dominant Mothers in the Criminal Justice System

Silvia Mazzula, Ph.D., Assistant Professor, John Jay College of Criminal Justice-City University of New York; **Cristiane Duarte, Ph.D.**, Columbia University, Department of Psychiatry, College of Physicians and Surgeons; & **Christina Hoven, DrPH.**, Columbia University, Department of Psychiatry, College of Physicians and Surgeons

The impact of discrimination among Hispanic women involved in the criminal justice system (CJS) remains unknown. Considering Hispanic populations have the highest increase in arrests and that maternal arrest may have a negative impact on children, this study explored the multiple challenges faced by Hispanic mothers navigating both a new culture and the CJS. Representative sample (N=265) of CJS involved mothers (n=151) and control sample of mothers with no CJS involvement (n=112). Measures: Measures included the Composite International Diagnostic Interview; Family Resource Scale; Family Satisfaction; and a demographic sheet. Analysis: Chi-square tests of associations were conducted as the preliminary analysis to examine differences in discrimination, family satisfaction, and self-esteem. Hispanic mothers were less likely to experience discrimination and more likely to report parent-child conflicts and self-esteem problems compared to non-Hispanic Black mothers. When considering CJS involvement and language, the findings showed Spanish-dominant mothers experienced more parent-child conflicts and self-esteem issues, and also more experiences with discrimination based on language, race and ethnicity, compared to their English-speaking counterparts. Spanish-dominant Hispanic mothers may be at greater risk due to barriers associated with navigating both issues of immigration and the CJS. Given emphasis on strong family ties, and associations between maternal feelings of inadequacy and poor parent-child relationships, it is possible that maternal arrest may have a greater impact on children of less acculturated mothers. The main analysis will reproduce these findings, while also examining the role of socio-demographic variables and maternal history of mental health and substance abuse problems.

20. Health Consequences of Co-Occurring Substance Use for Women with HIV in Cocaine Use Recovery

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The goal of this study was to examine clinical correlates of alcohol, opiate, cannabis, sedative, or other co-occurring substance use disorders in a sample of 124 HIV+ women in recovery from cocaine use disorders. Data was collected from a baseline assessment for a randomized trial comparing a family therapy intervention to a health promotion group intervention. Substance use disorders were assessed with a computer-administered structured diagnostic interview. Psychological distress was measured with the Brief Symptom Inventory. Sleep problems were measured with the Short Sleep Index from the Hamilton Anxiety and Depression Ratings Scales. Pain was assessed with items from the Medical Outcomes Study-HIV scale. HIV health was assessed with blood tests for T-cell count and HIV viral load suppression, as well as a nurse-administered symptom assessment. Women with a co-occurring opiate use disorder were significantly more likely to have psychological distress and sleep problems, but less likely to have severe pain. Even though there was no difference in T-cell count or Viral load, women were significantly more likely to have high HIV symptoms. Women in recovery with HIV who have co-occurring cocaine use and opiate use disorders were more likely to have several indicators of worse mental and physical health in some areas. Interventions may need to be tailored to meet the needs of this subgroup of women. Future research should examine whether these co-occurring conditions are associated with greater odds of relapse, and whether this higher-risk profile exists in other groups.

21. Prevalence of alcohol, cigarette and illicit drug use on Mexican elderly population

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In Mexico City live 500 thousand people over 65 years, usually the principal surveys about drug use applied in Mexico included a sample until 65 years old, and actually, there are no studies in Mexico screening for the use of psychoactive substances in elderly (+69). The aim of the present study was to measure the prevalence of alcohol, cigarette and illegal drug use among beneficiaries of the alimony program sponsored in Mexico City. This study was conducted in Mexico City through a biethnic, region-stratified random sample of the 2501 users registries of the alimony program, a total of 2098 people from 69 to 106 years old agreed to participate and were interviewed in their homes. Significant demographic factors were associated with substance abuse. The prevalence of alcohol consumption in the last 12 months was 32.3%, 44.2% for male and 24.9% for female. Remarkably, 45.4% of older people reported to have smoked tobacco once in the lifetime, furthermore, from this, 70.8% were men versus 29.7% of women. However, only 9.5% had smoked in the last 12 months, 15.4% for male and 5.9% for female. Of the population who smokes 9% is nicotine dependent. Conversely, 3.5% had used any illicit drug once in the lifetime, 4.9% in man and 2.7% in woman. The most frequent illicit drug was marihuana 2.1% and medical drugs out of prescription were 1.1%. The results of our study offer information on possible areas of intervention, which should be the focus of attention by policymakers.

22. Use of Psychotropic Medication: Beliefs and Attitudes among Patients

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Psychotropic drugs (antidepressants, tranquilizers and sedatives) consumption in Spain has increased in last years, which mean an important economic cost, besides to a lack of skills or motivation to find a different solution for emotional, behavioral or relational problems. We are concerned about the beliefs, reasons and benefits to take psychotropic drugs. Since a qualitative perspective, we developed an in-deep analyze of twenty clinical stories, individual speech of patients and our field notes. The information was grouped in categories relevant for the study. 68.7 % of patients was using some substance to reduce their discomfort. 56.25 % was being treated with hypnotics, antidepressants or anti-anxiety drugs. 18.75 % was turning to natural substances (lime blossom tea, valerian). 12.5 % had a suicide attempt for massive consumption of psychotropic drugs. 25 % looked for solutions in reading (mainly self-help books). Psychotropic drugs were the formal first attempt to feel better in 50 %. Psychotropic medicine use represented a way of escape behavior or a way to keep the daily round. Most common belief associated to begin psychotherapy was to improve personal skills and the need to be proactive against conflictive situations. Psychotropic medicine is a good solution for the belief: "If the symptom has gone, then the problem has disappeared." Psychotropic medicine is a fast and comfortable way to keep the daily round: people feel better, but they don't need important changes.

23. Working Towards Scientific Equity for the Prevention of Mental, Emotional, and Behavioral Disorders in Minority Youth

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U.S. minority groups are disproportionately affected by many preventable health problems, and are less likely to receive high quality health interventions. Understanding these health inequities is fundamental to improving public health, as is understanding "for which subgroups" existing preventive interventions are effective. Unfortunately, few studies have examined in-depth whether preventive interventions work differentially for minority subgroups, or about different mechanisms by which these interventions work. We examine the issue of "scientific equity", or equality in the amount of scientific knowledge that is produced to address the potential causes and solutions to health inequities. Interventions to prevent mental,

emotional and behavioral problems in adolescents are used as illustrative examples. Findings from various prevention intervention studies regarding differential intervention effects by subgroup are examined. Despite National Institutes of Health policies requiring the inclusion of underrepresented minority groups in research studies, the sample sizes of diverse subgroups in these studies are often too low to conduct meaningful analyses to answer these key research questions, indicating a pressing need for scientific equity. We describe strategies for promoting scientific equity including conducting more implementation research, utilizing adaptive intervention research designs, and promoting collaborative data synthesis work. The latter method brings together individual-level data from multiple intervention studies for synthesis analysis, increasing the number of participants from diverse subgroups and enhancing statistical power. Promoting scientific equity through these strategies has the potential to improve the efficacy and reach of preventive interventions, through more specific and better-targeted interventions that can ultimately help address health inequities.

24. Reducing Health Disparities through Cultural Adaptation Research: A Case Example with Latino Immigrants in the US

Jose Ruben Parra-Cardona, Ph.D., Associate Professor, Michigan State University; **Ana Rocio Escobar-Chew, MA**, Michigan State University; **Michael Whitehead, MS**, Michigan State University; **Melanie Domenech-Rodriguez, Ph.D.**, Utah State University; **Cris Sullivan, Ph.D.**, Michigan State University; **Deborah Bybee, Ph.D.**, Michigan State University; **Marion S. Forgtach, Ph.D.**, ISII; & **Guillermo Bernal, Ph.D.**, University of Puerto Rico

Cultural adaptation research constitutes a key alternative to reduce health disparities experienced by Latino populations in the US and abroad. The purpose of this poster presentation is threefold. First, justify the importance of cultural adaptation research. Second, present preliminary satisfaction findings of a cultural adaptation study with Latino immigrants. Finally, discuss implications for advancing cultural adaptation research. The current investigation consists of a randomized controlled trial funded by the National Institute of Mental Health. The RCT designs consists of three conditions: (a) a culturally adapted version of an evidence-based parenting intervention, focused on achieving linguistic and cultural relevance (CAPAS-original), (c) the CAPAS-original intervention plus culturally specific themes highly relevant to immigrant populations (CAPAS-enhanced), and (c) a wait-list control condition. Preliminary qualitative and quantitative satisfaction data from 80 immigrant families (131 individual parents) will be presented. Advanced quantitative analyses (e.g., HLM) will be conducted once the RCT phase of the study is completed. In addition to high rates of engagement and retention, participants reported high levels of satisfaction with both culturally adapted interventions. Reports indicate: (a) high satisfaction with the core components of the original efficacious intervention, and (b) participants' recommendations to address in more depth key cultural experiences that have an important impact on their lives. Cultural adaptation research has great potential for reducing health disparities. Preliminary satisfaction data indicate that it is highly relevant to achieve adherence to the core components of efficacious interventions, as well as high cultural relevance, in order to achieve feasibility of implementation.

25. Defining and Characterizing Trajectories of Maternal Smoking during Pregnancy

Daniel Rodriguez, Ph.D., Assistant Professor, Laura Stroud, Ph.D., Department of Psychiatry and Human Behavior, Alpert Medical School, Brown University; & **Ramond Niaura, Ph.D.**, Schroeder Institute for Tobacco Research and Policy Studies, American Legacy Foundation

Despite societal sanctions against smoking during pregnancy, 9-30% of pregnant women smoke in the United States, with rates highest among the low income, younger, and less-educated. Maternal smoking during pregnancy (MSDP) is associated with low birthweight and sudden infant death syndrome. To better understand what factors influence MSDP, we sought to define and characterize its various trajectories. Participants were 156 mothers from a diverse, low income sample (Age=25, SD=5; 46% Caucasian). We used timeline Followback interviews to estimate the average number of cigarettes smoked/day in trimesters 1 through 3, and general growth mixture modeling to identify and characterize the MSDP trajectories. To validate the trajectories, we used post-birth maternal saliva cotinine as a distal outcome indicator. We identified four MSDP trajectories: Non-Smokers/Quitters (NSQ; n=83), Consistent Heavier Smokers (CHS; n=48), Moderate Reducers (MR; n=17), and Late Reducers (LR; n=8). Compared to CHS, MR were more likely to be Hispanic (OR=16.33),

whereas LR were younger (OR=.43) but had higher perceived stress (OR=1.34). Compared to NSQ, LR used more marijuana (OR=2.49) and had higher perceived stress (OR=1.30). CHS, by contrast were five times more likely (OR=5.11) to be low income (<\$20,000), and eight times more likely to be asthmatic (OR=7.85) than NSQ. They were also less likely to be Hispanic (OR=.05) and to perceive themselves as higher social status (OR=.92). This is among the first studies to assess MSDP trajectories, and one of the first to use comprehensive TLFB data verified by maternal cotinine. Future studies should replicate these results with larger samples.

26. Effects of Early Life and Adult Neighborhood Socioeconomic Status on Adulthood Depressive Symptoms and Resilience

Patricia Rodriguez-Espinosa, B.S., Graduate Student, University of New Mexico; **Felipe González Castro, Ph.D.**, M.S.W., University of Texas at El Paso & **Steven P. Verney, Ph.D.**, University of New Mexico

Latinos experience inequities in mental health when compared to the general U.S. population. Neighborhood characteristics are intimately tied to mental health and may aid in identifying mechanisms that lead to disorders. While Latinos are overrepresented in neighborhoods with low socioeconomic status (SES), we know little about the consequences for this population. Interviews of immigrant and U.S.-born Latinos, and Non-Hispanic Whites (n=272) from the Corazón Life Journey Studies were analyzed for the effects of neighborhood SES, as assessed for childhood and current adulthood, on two health-related outcomes, depression and resilience. Our model examined self-reported elementary school and current adulthood neighborhood SES level as predictors of adult depression and resilience. Structural equation model fit indices indicated good fit (RMSEA=0.01 and CFI=0.99). Findings suggest that the relationship between neighborhood SES and mental health is complex. Elementary neighborhood SES level was not a significant predictor of adult neighborhood SES level. Higher levels of childhood neighborhood SES predicted lower depression (-0.14) and lower resilience (-0.17). By contrast, higher adult neighborhood SES levels predicted higher depression (0.26) and higher resilience (0.15). We followed-up with multigroup analyses comparing immigrant and U.S born Latinos as well as Latinos and non-Hispanic Whites. Findings highlight the complexity of the associations between SES and mental health across the lifetime. Future research should assess SES and its changes across time in more comprehensive ways. Longitudinal analyses that employ multiple SES indicators are needed. In addition, policies that address neighborhood segregation could inform the design of interventions to improve Latino mental health.

27. Correlates of HIV Testing in Vulnerable Populations Utilizing a Student-Run Free Clinic in Tijuana, Mexico

Sarah Rojas, MAS, Graduate Student, University of California, San Diego School of Medicine; **Victoria D. Ojeda, Ph.D.**, MPH, Assistant Professor, University of California, San Diego School of Medicine; **Adriana Vargas-Ojeda, M.D., Ph.D.**, Autonomous University of Baja California; & **Jose Luis Burgos M.D., MPH**, University of California, San Diego School of Medicine and Autonomous University of Baja California

HIV prevalence in high-risk groups in Tijuana, Mexico ranges between 3-20%; <50% have ever had an HIV test. This study identified correlates of HIV testing in vulnerable populations attending a free clinic in Tijuana. We hypothesized that patients reporting lifetime HIV testing were less likely to report high levels of stigma, low HIV health literacy, homelessness, and U.S. deportation. We used convenience sampling to enroll 412 patients from a free clinic in Tijuana, Mexico. Participants completed rapid HIV testing and a interviewer-administered survey. We assessed sociodemographics, enabling/impeding factors, including migration/deportation history, and healthcare need factors, as potential correlates of HIV testing. Of 408 participants completing the survey, 78% were male, 60% were deportees, 3.2% (n=13) tested HIV-positive, and 54% were ever tested for HIV. Logistic regression analysis showed those ever tested for HIV were more likely to be women (OR, 2.7; 95% CI, 1.5-4.9), speak English (OR, 2.1; 95% CI, 1.2-3.7), have some knowledge of HIV transmission (OR, 3.0; 95% CI, 1.8-5.1), report ever trading sex (OR, 2.2; 95% CI, 1.1-3.3), and have a history of injection drug use (OR, 1.9; 95% CI, 1.1-3.3). Patients deported ≥ 3 times were more likely to have been HIV tested (OR, 1.8; 95% CI, 1.0-3.2). Of hypothesized factors, only deportation was associated with HIV testing. Due to high prevalence and a revolving migrant population with multiple risk factors, universal HIV screening should be implemented in Tijuana, Mexico.

28. Racial and Ethnic Differences among Stimulant Abusing Inpatients in Residential Treatment: A Baseline Analysis of STRIDE

Katherine Sanchez, Ph.D., LCSW, Assistant Professor, University of Texas at Arlington; **Karen G. Chartier**, University of Texas School of Public Health; **Tracy L. Greer, Ph.D.**, University of Texas Southwestern Medical Center; **Robrina Walker, Ph.D.**, University of Texas Southwestern Medical Center; **Thomas Carmody, Ph.D.**, University of Texas Southwestern Medical Center; **Chad D. Rethorst, Ph.D.**, University of Texas Southwestern Medical Center; **Kolette Ring**, University of Texas Southwestern Medical Center; & **Madhukar H. Trivedi, M.D.**, University of Texas Southwestern Medical Center

The purpose of this analysis is to compare racial and ethnic differences at baseline among individuals receiving treatment for stimulant abuse or dependence in a residential treatment setting, with a focus on understanding comorbid medical conditions, mental health disorders, health status and overall quality of life. Subjects were participants in the Stimulant Reduction Intervention using Dosed Exercise of the National Institute on Drug Abuse Clinical Trials Network (STRIDE; CTN-0037) trial. Recruited individuals were stimulant abusers (and not opioid dependent). Recruitment and randomization occurred during residential treatment. Eligible participants were randomized to dosed-exercise or health education. Full details of the protocol, eligibility criteria and study assessments are published. Race and ethnic groups varied on demographic and substance use characteristics at baseline. Black participants were significantly older than Whites or Hispanics, and were more likely to be male. Hispanic participants were more likely to be female, and have less education. Black participants reported significantly more alcohol use than other groups, were more likely to use cocaine, and reported more co-morbid medical conditions. Blacks also reported the least number of psychiatric disorders, depressive symptoms and risk for suicidality compared to Hispanics and Whites. Findings from this study suggest the overall importance of integrating physical health and mental health services in substance abuse treatment. This study also suggests that treatment needs vary by ethnic group. Studies that examine race and ethnicity, drug abuse, and comorbid health and mental health conditions serve to identify high-risk groups and provide important information about treatment needs.

29. Post-Operative Prevalence of Marijuana Use and Food Dependence Among Hispanic/Latino Young Adult Bariatric Surgery Patients

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There is limited information on marijuana use after bariatric weight loss surgery (WLS). Specifically, there is a gap in knowledge regarding post-operative marijuana use patterns to compensate for a decrease in food intake among Hispanic/Latino patients who underwent WLS as an adolescent. The objective of this study was to explore the association between marijuana use patterns and food addiction and dependence behaviors among predominantly Hispanic patients 1-2 years after WLS. Participants who were < 20 years old when they underwent WLS were recruited. Patients were administered a structured assessment that included the Yale Food Addiction Scale and Addiction Severity Index. Data were analyzed using Fisher's Exact Tests and Pearson Correlations. Eighty percent of the sample (N=30) were Hispanic (77% female, mean age 26.7 years, SD=4.9). A total of 23.3% of the sample reported current marijuana use (CMU), 20% reported regular marijuana use (RMU), and 71.4% of those with reported marijuana use pre-WLS reported increased use (IMU) post-WLS. A loss of controlled food intake was significantly associated with CMU ($p=0.048$), RMU ($p=0.01$), and IMU ($p=0.01$). CMU was significantly associated with food withdrawal symptoms ($p=0.03$). RMU and IMU were significantly correlated with large amounts of time spent to obtain food ($R=0.38$, $p=0.04$; $R=0.54$, $p=0.002$, respectively) and giving up important activities to obtain food ($R=0.37$, $p=0.04$; $R=0.47$, $p<0.01$, respectively). Young adult Hispanic WLS patients may be at increased risk for marijuana use following surgery,

particularly those patients who used marijuana before surgery. These patients should be closely monitored for several years post-WLS.

30. Acculturation, Parent Stress, and Discipline in Latino Families

Martha I. Zapata Roblyer, M.A., Graduate Student, Oklahoma State University, & **Richard Cervantes, Ph.D.**, Behavioral Assessment, Inc. Acculturation and acculturative stress have figured prominently in research studies involving Latino populations. Acculturation and acculturative stress in the parenting domain, however, have received less attention, and thus relatively little is known about Latino parenting and parenting stressors in the context of acculturation. Research also has shown that parenting practices, such as appropriate discipline, are crucial for youth development. Our goal was to examine acculturation stressors related to disciplinary beliefs and practices among Latino parents. Qualitative analyses using NVivo software were conducted on data collected during the process of revising items in the Hispanic Stress Inventory (Cervantes, Goldbach, & Padilla, 2012). Original data came from 16 focus groups held in communities across the United States with 93 Latino participants 18 years and older from Mexico, Central America, and the Caribbean. A deductive iterative approach was used during primary and secondary-cycle coding. During the primary cycle, open coding was used to identify descriptive codes related to disciplining children in the context of acculturation. During the secondary cycle, axial coding was used to generate analytic codes, synthesize, and make sense of participants' experiences disciplining their children. The codes identified during the secondary cycle were 1) parenting beliefs (goals, and rules), 2) parenting practices, and 3) parental conflict about discipline. Our results suggest that acculturation has important implications for parenting and parent stress, and thus parenting-related stressors and concomitant stress should be included in studies of Latino mental health and Latino youth development.

31. Injury Outcomes Research in US Latino Adolescents: A Systematic Review

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Injury is the leading cause of death for U.S. Latino adolescents. Rapid U.S. Latino population growth in the last decade brings concern for widening injury disparities in Latino youth. Through a systematic review, the goal of this study was to assess the depth and breadth of knowledge in injury outcomes research on U.S. Latino adolescents. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were used. Comprehensive search terms focused on unintentional (motor vehicle crash, unintentional poisoning) and intentional (homicide, suicide) injury, Latino, and adolescents/young adults. Search strategy was derived from PICO formulation. Databases (MEDLINE, PsycINFO, Global Health, EMBASE, Cochrane Library, Web of Science) with injury research (1946 – 2012) were searched to identify relevant literature. The initial search identified 918 articles. Of these, 191 were removed as duplicates. 727 articles were primarily screened, of which 433 were excluded. 294 articles were full-text screened. 266 articles were ineligible: 6 had incorrect age group, 161 were not Latino-specific, and 99 did not explicitly show injury outcome results. Within the 28 matched articles, 21 had findings on suicide, 7 on homicide, 7 on motor vehicle crashes, and 1 on poisoning. A mere 28 matching results is a bleak finding and demonstrates the paucity of U.S. Latino adolescents-specific injury outcomes research. In the context of a rapidly growing U.S. Latino population and widening injury disparities, our findings have important implications for prevention activities and programs, and should serve as a call for more robust injury disparities outcome research.

32. Clinical, Cultural, and Familial Predictors of Retention in a Prevention Program for Hispanic Adolescents

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Various studies have shown the efficacious use of family-centered interventions in preventing adolescent behavior problems including substance abuse and risky sexual behaviors. Nevertheless, engagement and retention are severe problems impacting these types of treatments, particularly with minority populations. The purpose of this study is to examine predictors of retention in a treatment for adolescents with psychiatric symptoms of depression, ADHD, and conduct problems. Specifically, this treatment is a family-

based preventative treatment for adolescents. Additionally, we will examine whether the patterns of retention observed with treatment are consistent with the control condition. Previous studies examining predictors of retention have found that various demographic factors including parent's education, household income, and adolescent's verbal abilities, are able to predict treatment retention. Additional studies examining the symptom severity of the participants themselves have also found a negative relationship between the problem severity and retention. Moreover, there has been a wealth of work examining the relationship between therapeutic alliance and treatment adherence as it related to retention. For the current study, 200 Hispanic adolescents (ages 11-14) with a current mental disorder (i.e, depression, ADHD, conduct disorder) were randomized into the study treatment or treatment as usual (an individualized therapy). The study treatment consists of a combination of family therapy, individual therapy, and educational module sessions. This study examines several clinical, familial, and cultural variables to examine their influence. Child factors unique to this study will include psychiatric profiles and treatment alliance; family level factors to be examined include parenting, attachment, family environment, and familism; and cultural factors include acculturation and stress.

33. Substance Use and Social Influences on Health Care Utilization among Young Men Who Have Sex with Men in New York City

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Examining health care utilization among populations disproportionately affected by the HIV/AIDS epidemic is critical to identify barriers to access, disparities in care, and uncover factors contributing to the inappropriate use of services. Racial and ethnic minority YMSM represent a highly vulnerable population for HIV. Therefore, this study examined the influence of substance use and several social factors on health care utilization among a racially/ethnically diverse sample of YMSM living in New York City. Data for this analysis comes from the baseline assessment of an ongoing prospective cohort study among YMSM (n = 592) ages 18-19. Logistic regression models were constructed to examine the associations between substance use, social factors, and two health care utilization outcomes: 1) having a clinic or doctor for medical care, and 2) currently being in counseling, therapy, and/or mental health treatment. Most of the sample was racial/ethnic minority YMSM (70.78%). Not being enrolled in school, having a history of arrest, and perceiving a lower socioeconomic status was associated with not having a clinic and/or doctor for medical care. Racial/ethnic minority YMSM and those with lower levels of self-rated health were more likely of receiving some form of mental health services. After controlling for having insurance and other significant social factors, using hard drugs (i.e. crack, cocaine) in the last 30 days was associated with a higher likelihood of receiving mental health services. Addressing substance use and different social determinants of health appear to be critical to optimize health care utilization among YMSM. A more comprehensive and in-depth examination of health care utilization among YMSM of color is necessary to develop targeted public health interventions in this population and improve disparities in care.

34. Prevalence and Correlates of Hepatitis C Virus (HCV) among Non-Injecting Sex Partners of Injection Drug Users in Cd. Juárez, Mexico

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Prevalence of Hepatitis C Virus (HCV) among injection drug users (IDUs) in Cd. Juárez is >90% while 1-2.5% in Mexico's general population. Prevalence and risks among their sex partners has not been documented. A cross-sectional pilot study among 48 non-injecting sex partners of HCV reactive IDUs (NISPIs) living in Cd. Juárez assessed the association between sexual and drug using risk behaviors and HCV status. Bivariate analyses to assess correlates for HCV consisted of Fisher's Exact Tests and t-tests (significant at p<0.05). Almost 60% of NISPIs were female with a male IDU sex partner. Four participants (8.3%) reported engaging in sex work, 41.7% had ever been in jail, 47.9% had tattoo(s), and 20.8% had piercing(s). HCV prevalence was 18.8%. Approximately half reported using alcohol and 14.6% used other drugs while 23.3% used either during sex. Although HCV prevalence for drug users was higher,

significance difference by HCV status was not detected. Similarly, prevalence was higher for those who ever had an STI (14.6%) and had anal sex (8.3%) but not for those having unprotected sex (72.9%) however without statistical significance. Those with multiple sex partners had marginally higher prevalence compared to those with only their IDU sex partner (50%vs14.3%;p=0.071) and higher mean number of sex partners (3.2vs0.62;p=0.090). HCV prevalence among NISPIs was at least seven times higher the general population. Based on preliminary findings for risk behaviors, they are an at-risk population. Larger studies powered to detect differences and to control for known risk factors are warranted.

35. Alcohol Use among Weight Loss Surgery Patients: Current Knowledge and Future Directions

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Bariatric surgery, or weight loss surgery (WLS), is the most effective, long-term treatment for morbid obesity and is on the rise. Emerging research indicates that bariatric patients may be vulnerable to developing post-surgical alcohol use disorders (AUDs). Bariatric surgery centers and governing boards in the US commonly advise patients to refrain from alcohol use for 6 months post-surgery, and those at high risk for AUDs are advised to permanently avoid alcohol use. Alcohol use disorders (AUD's) are overrepresented among young adults and minorities, putatively placing them at heightened risk for post-bariatric AUD's. A literature review was conducted to examine all published research about alcohol use among persons who had bariatric surgery, with a particular focus on young adults and minorities. A literature search was executed using Medline, Psych Info, Web of Science, and Social Sciences Citation Index databases. Articles were included in the review if they were published in English, were from a peer-reviewed journal, and addressed alcohol use in post-bariatric populations. There was no restriction on publication date. Only six published studies were found that investigated alcohol use in post-bariatric human populations; of these, only two were longitudinal and assessed alcohol use both pre- and post- surgery. Post-surgical alcohol use disorders were associated with (a) younger age, (b) the Roux-en-Y- gastric (RYGB) procedure, and (c) male sex. No studies focused on young adult patients despite the higher risk of problematic alcohol use among this age group. Only one study was found to have a racially/ethnically diverse sample. No studies examined patients who were specifically advised to refrain from alcohol consumption post-surgery. Post-surgical AUDs present an emerging public health concern, with young adult and ethnic/minority patients most at risk. To date, scant empirical research has investigated factors that may contribute to AUD risk in this population. In order to address this gap in the literature, a mixedmethods, longitudinal study is proposed. We will qualitatively and quantitatively assess pre- and post- surgical alcohol consumption and drinking context among young adult, ethnically/racially diverse bariatric patients.

36. Exploring the Relationship Between Cross-Generation Sex Work, Substance Abuse and HIV Among FSWs from Two Mexican – U.S. Border Cities

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Little is known about the social and historical context of FSWs' lives such as their family background or personal history. Research has found that exposure to certain events during childhood are associated to negative outcomes during adulthood. However, research examining to what extent having a parent involved in sex work might increase risk for 1) forced or minor entry to sex work; 2) substance abuse and 3) HIV risk has not been conducted. Understanding the cross-generational nature of sex work is important in a region where sex work is common and >90% of FSW have children. To explore the roles of familial factors in the nature and timing of entry to sex work, substance abuse and HIV risk analyses of in-depth interviews (n=30) with FSWs with a sex worker parent and survey data among FSWs (n=600) in the border cities of Tijuana and Ciudad Juarez will be conducted. Qualitative results regarding the roles of familial factors in entry to sex work, substance abuse and HIV-risk will be presented in combination with quantitative findings regarding the associations of having had a parent involved in sex work based on multiple regression analyses. Resulting data will inform the development of programs and policies to reduce the risks for minor or forced entry to sex work, substance abuse and HIV risk among this vulnerable yet unstudied population, both along the U.S-Mexico border and in other global regions for future generations.

37. Trajectory of Alcohol Consumption in Students from Mexico City and Jalisco

Diana Fregoso, *Graduate Student, Jorge Villatoro, Marycarmen Bustos, Natania Oliva, Clara Fleiz, Ph. D., Instituto Nacional de Psiquiatría*

Alcohol is the most consumed substance in Mexico, lifetime prevalence in general population is 71.3% (ENA, 2011). In adolescents, the low perceived risk and high social tolerance for consumption with the presence of binge drinking events is a cause for concern. Data comes from two surveys conducted in 2012 on consumption of Alcohol, Tobacco and Other Drugs applied to middle and high school students in the State of Jalisco (n = 21,710) and Mexico City (n = 26,503). The study design was random stratified clustered. In Jalisco, lifetime alcohol prevalence was 58.1%, men consumption is higher (59.3%) compared to women (56.9%). Alcohol use decreased from 65.1% in 2009 to 58.1% in 2012, however, the prevalence of alcohol abuse remained stable (22.5%). In Mexico City, 68.2% of students consumed alcohol at least once in their lifetime (67.7% men, 68.7% women) with a significant decrease from 71.4% in 2009 to 68.2% in 2012. The prevalence of alcohol abuse has also remained stable (16.9%). Alcohol consumption among students remains high, though consumption prevalences are lower than the ones found in 2009. Prevention in adolescents of the country is minimal so it is necessary to implement it in a more effective way and continue working on regulations that may help control the sale of alcohol to minors, and aiming to reduce its use and abuse.

38. Assessment of a Transtheoretical Model of Change Intervention in Adolescent Users of Inhalants and Marijuana

Eiji Fukushima, *Centro de Atención Primaria a las Adicciones en México*

In México, drug use has shown an increase of its prevalence rate between presenting an increase in individuals between 12 to 65 years and a high risk of drug use is noted among the youth. In recent years, the Health Department has created Specialized Medical Units (UNEME) which includes Primary Addiction Care Centers (CAPA) in which general population is taken care via Early Detection and brief Intervention for Problem Drinkers based upon a Cognitive – Behavioral Model. These models were developed and assessed and their objective is to identify a problem of use in early stages thus avoiding the need of a specialized treatment. Nevertheless, this kind of interventions attends all subjects the same; namely, without first identifying the stage of change the subject is in. Therefore, the goal of the current research was to assess 29 adolescent youth users of inhalants and/or marijuana from a perspective of the Transtheoretical

Model of Change. In which significant changes were found in the pattern of use (frequency and amount).

39. Illegal Drug Use in Mexican Male Population: From Use to Dependence

Clara Fleiz, Ph.D., *Jorge Villatoro, Ph.D., Maria Elena Medina-Mora, Ph.D., Marycarmen Bustos, Bh. D., Midiam Moreno, Bh. D., Diana Fregoso, Bh. D., Instituto Nacional de Psiquiatría*

Global trends show that substance use affects mostly male population on working age. The objective of this study is to identify demographic and social variables related to illegal drug consumption and dependency in male population. The National Addiction Household Survey 2011 study design was multi-staged random sampling. Population between 12 and 65 years old were interviewed in their households. Sample size was 16, 249 interviews. Lifetime prevalence of any illegal drug was 12.5%. Variables significantly related with drug consumption were: having between 18 and 34 years of age and 35 years or more, possible emotional distress, drug use in friends, tobacco use in the last year, and have migrated to the U.S, low risk perception of drug consumption, having high school studies and perceiving the place of residence as unsafe. Factors that persist among dependent users are: drug use in friends, alcohol dependence and perceiving the place of residence as unsafe. Findings from this study contribute to a fuller comprehension of factors that influence or contribute in developing drug consumption or abuse in male population. Although different, it's important to take action on the consumption of legal drugs such as alcohol, the influence of peers and create safer environments for the community.

40. Factors Associated With Suicide Attempt Among Drug Users

Maria de Lourdes Gutiérrez López, *Psych., Graduate Student, Jorge A. Villatoro-Velázquez, M.C., Midiam Moreno López, Psych., Tania Gabriela González Ortega, Psych., National Institute of Psychiatry (Mex)*

One of the most disturbing aspects of suicide deaths is the fact that these have raised among adolescents and youngsters. Suicide is one of the five causes of mortality between people aged 15 through 19 around the world. In many countries, including Mexico, it is the first or second cause of death among men and women in this group of age. The Pan American Health Organization (PAHO) provided data obtained from the surveys carried out with youths, which shows that up to 50% of these youngsters reported having felt so depressed that they wondered if it was worth it to live. The increase in the frequency of suicides is associated with diverse factors that vary according to age. Depression and the increment of alcohol and drug use affects youths (Puentes et al., 2004). Considering the importance of this phenomenon, the present research work's main purpose is to meet the factors associated with suicidal attempt among students who use drugs. Data is obtained from the Mexico City's Survey of drug, alcohol and tobacco use in middle and high school students 2012. The final sample included 26,503 students, with a conglomerated and stratified (middle and high school) sample design. 18.2% of the students reported having used drugs in the past year, from which 8.2% of male students and 25.1% of girls have reported harming themselves. Taking into account the type of drug that students use, the highest prevalence falls hardest on tranquilizers (24.7%), followed by amphetamines (22.2%) and inhalants appear in the third place (21.1%). Regarding tobacco (16.1%) and alcohol (16.4%) there are no differences. Considering other factors associated to this problem area, it is observed that 34.6% of the students who have used drugs and report suicide attempt show depressive symptomatology, 24.2% have suffered sexual abuse, 18.6% have committed antisocial acts, and 13.5% have unprotected intercourse. Some of the conducts that research indicates that are related to suicide attempt are shown. These results show us that drug use among youngsters must be attended in order to prevent and diminish suicide attempt, given that this behavior after depressive symptomatology, is the most related to suicide attempt and sexual abuse.

41. Evolution of Tobacco Consumption in Students from Two States of Mexico

Marycarmen Bustos Gamiño, *Graduate Student; Natania Oliva Robles, Diana Fregoso Ito, Clara Fleiz Bautista, Ph.D., & Jorge Villatoro Velazquez, Ph.D., Instituto Nacional de Psiquiatría Ramon de la Fuente Muñiz*

Tobacco consumption is a problem that starts at an early age and adolescents have a high risk of involving in this behavior. An important point of this problematic is that an early start increases the odds of experimenting with other drugs. Data used comes from two representative probabilistic surveys in students from 7th to 12th

grade of public and private schools, carried out in the fourth quarter of 2012. Consumption of legal and illegal drugs and associated factors were assessed. Samples were: Jalisco (n=21,710) and Mexico City (n=26,503). The instrument was groupally applied and it was totally anonymous. According to confidence intervals of the analyzed prevalences, significant decreases were observed in tobacco consumption on the period 2009-2012 in both surveys. In Jalisco, lifetime consumption decreased from 34.9% to 27.3%. The prevalence of current smokers declined from 8.6% to 7.0% and daily use dropped from 8.7% to 6.4%. The perceived risk of smoking increased from 58.6% to 64.0%. Meanwhile in Mexico City, lifetime consumption decreased from 44.3% to 41.0%. The prevalence of current smokers declined from 15.9% to 14.9% and daily use fell from 13.7% to 12.7%. The perceived risk of smoking increased from 54.5% to 58.8%. In Mexico, tobacco consumption has decreased in both young and adult population. Public and health policies for preventing tobacco use and controlling it have a positive effect on reducing consumption. It is important to continue with prevention efforts among students, aimed at increasing the perception of risk and reducing consumption levels of the population.

42. En una pipa Te cabe toda tu vida: Accessing Crack Users in Mexico City

Alberto Jimenez, M.S., Investigator, Instituto Nacional de Psiquiatría Ramon de la Fuente Muñiz; Mario Dominguez, Guillermina Natera, Avelardo Valdez, Alice Cepeda, Eduardo Zafra, Jobsan Ramirez
Crack use is increasing in Mexico DF. Researchers at the Instituto Nacional de Psiquiatría and the University of Southern California are conducting a qualitative study in three high-risk districts in DF that examines the emergence, adoption, transmission and maintenance of crack use practices among current crack using adults. This presentation describes the methods and challenges to identify, contact, and interview active crack users to successfully conduct this research. The presentation describes how the research team used a variation of adaptive sampling methodology, in combination with elements of field-intensive outreach, Rapid Assessment for Response and Evaluation, and respondent-driven sampling. The field team completed five months of ethnographic observations and interviewed 150 adults. Crack users in DF are a hidden population, often operating in closed networks and dangerous communities that are inaccessible to outsiders. There are many challenges to conducting research in high-risk neighborhoods such as recruitment of participants and safety of field workers. Incorporating field workers with previous experience with these high risk populations or indigenous to these communities is essential. Highlighted is the importance of key informants from local neighborhoods who are critical to helping field workers gain access to high risk communities and important gathering places such as parks, alleys, altars, and fumaderos, which are the scenarios for symbolic and practical interchanges among consumers. Field workers learned to use culturally-specific terms and communication styles to interact and communicate with locals and they needed to be able to maintain trust and rapport with participants by demonstrating their knowledge of street language.

43. Comorbidity in Hospital Units in Integration Centers Youth

Laura León León, M.D., Integration Youth Centers A.C. Mexico; Otto Berdiel, M.A., Integration Youth Centers A.C. Mexico; Rocío Romero, Psic., Integration Youth Centers A.C. Mexico; Gayle Valdez, M.D., Integration Youth Centers A.C. Mexico; Francisco José Montero Bancalero, M.A., Science Magazine and Addiction, University of Osuna España, Carmen Fernández, M.D., Integration Youth Centers A.C. Mexico

Although some studies have been conducted on the prevalence of comorbidity between drug use and psychiatric disorders, little is known about strategies or programs that have been implemented to treat this condition. Many of those who are affected by this comorbidity tend to increase the severity of the problem for the individual, the family and society. Psychoactive substance abuse complicates almost all aspects of caring for a person suffering from a psychiatric disorder. The interactive effects of substance abuse, psychiatric disorder, frequent hospitalizations and other medical consequences, make treatment more difficult. This paper presents encouraging the development of a comprehensive diagnosis and timely intervention providing systematic allow both in terms of recovery of function and quality of life. Systematic review of 200 clinical records of 11 hospital unites from January to June 2012. 75% have a personality disorder. 48% coexistence of psychiatric comorbidity on Axis I. Understanding the psychiatric diagnosis prior to intervention and rehabilitation treatment for psychoactive substances allow us to adapt and modify the treatment according to the strengths and

potential limitations that may have the patient, establish guidelines for pharmacological intervention and therapeutic dose enough (to benefit fully dual diagnosis); build a personalized psychotherapy and achieve Psychosocial Rehabilitation through psychoeducational activities, psychotherapy, sports and culture.

44. Alcohol Consumption and Other Drugs Associated Related with Antisocial Behaviors in Mexico City

Miguel Ángel López Brambila, M.D., Octavio Enrique Aguilar Bustos, MSc., Andrea Gallegos Cari, MSc. María Angélica Beltrán Silva, M.D. M.P.H., Norberto Hernández Llanes, MSc. Institute for attention and prevention of addictions in Mexico City(IAPA), Jorge Ameth Villatoro Velázquez Ph.D. National Institute of Psychiatry Ramon de la Fuente Muñiz (INPRF) Rafael Edgardo Camacho Solís, M.D., Miguel Angel Mendoza Meléndez, B.Sc. M.D. M.P.H. Institute for attention and prevention of addictions in Mexico City(IAPA).

The information comes from a probabilistic-representative survey conducted in México Cityof, held in homes by a face to face interview to 5271 people between 12 and 65 years of age. The survey assessed alcohol consumption, tobacco and other drugs and associated factors. Current alcohol use was 53.9%, 1.9% used drugs in the last year. 3.7% had antisocial behaviors in the past year such year such fights, taking money or valuables and attack someone with objects.

5.0% of current drinkers and 2.1% of non-drinkers presented antisocial behavior. Additionally 28.2% of drug users in the last year and 3.2% of nonusers reported antisocial behavior. On the other hand 5.4% have had trouble with the police due to alcohol consumption and 3.8% have been arrested due to drug use. These results show that antisocial behaviors in population are oftenly presented in consumers of psychoactive substances, mainly drugs indicating an association between these issues. However problems with the authorities are more frequent due to alcohol consumption. Other studies have reported the association of drug use with cocaine primarily criminal acts. Worldwide, it is estimated that one third of people in prison have been jailed for related drugs use crimes. Do not forget that addiction is a health problem that has social implications in this case potentially criminal conduct problems and there are also personal situations, and environmental factors that lead to substance use.

45. Sociodemographic Features Dual Pathology, Integration Centers Youth AC

Rocío Romero Reséndez M.A., Integration Youth Centers A.C. Mexico; Jose Luis Cervantes M.A., Integration Youth Centers A.C. Mexico; Gayle Valdez, M.D., Integration Youth Centers A.C. Mexico; Otto Berdiel, M.A., Integration Youth Centers A.C. Mexico; Laura León M.D., Integration Youth Centers A.C. Mexico; Carmen Fernández, M.A., Integration Youth Centers A.C. Mexico; Francisco José Montero Bancalero, M.A., Science Magazine and Addiction, University of Osuna España

The use of psychoactive substances is strongly associated with psychiatric morbidity in children, adolescents and adults. When any psychiatric disorder coexists with substance disorder use were talking about dual diagnosis. Different studies have shown that dysfunctional family dynamics related to substance use, develop behavioral problems and personality disorder in adulthood. It's important to hisblight that, patients with psychiatric disorders have less social support, less interpersonal functioning, and poor response to a treatment of psychiatric and somatic disorders; substance use cause great personal, social and family deterioration as well as expenses in the health system. The objective of this work is to gain a better understanding of the sociodemographic characteristics and the relationship between these variables allows us to further studies in this field. Analysis of information recorded in 200 medical records of 11 hospitalization units in the semester of 2012. Significant results: 84% male, mean age 26.35, 57% single, 37% highschool, 51% unemployed, 34 highschol. Axis IV 94% primary support group, 44% labor and 39% social environment. With the obtained information will be designed intervention and treatment programs based on real information, stabilization and control in less time, lower relapse rate, better prognosis and Reintegration in areas including: family, work and social, in patients seen in Units Hospitalization of C.I.J.



46. Main Impact Drug in Dual Diagnosis, Residential Program C.I.J.

Francisco José Montero Bancalero, M.A., *Science Magazine and Addiction, University of Osuna España*; **Gayle Valdez Gonzales, M.D.**, *Rocío Romero Reséndez, M.A.*, *Jesus Orueta, M.D.*, *Oscar Lázaro, M.D.*, *Laura León León, M.D.*, *Carmen Fernández Cáceres, M.D.*, *Centros de Integración Juvenil A.C.*

The simultaneous presence of psychoactive substance use disorders and other mental disorders are frequent in becoming a risk factor for the treatment of patients that suffer from these diseases producing a greater impact on their quality of life and their families. The research aimed to clarify the central aspects of mental disorders in people with addictions have made it clear that the simultaneous presence of both problems, cognitive deficits occur, interpersonal problems, biological and emotional damage. This paper discusses the prevalence of main impact drug on dual diagnosis, analyzing both the etiology and the effect on the personal, family and social level and also seeks to differentiate the variables among drug users who come to therapy based psychiatric disease, and those who acquire the disease during consumption. Review information recorded in interviews, admission diagnoses and clinical trials of 200 medical records in the first six months of 2012. The results were: 81% and 20% are single-user poliusuarios these the most significant are: 21% alcohol 20% cocaine, cannabis and 16%. The data are intended to structure a rehabilitation program that is more personalized and allow us to improve the overall health of the patient by tangible strategies, appropriate and applicable (in the drug treatment of greater impact, as in the disorder psychiatric) in residential program patients CIJ.

47. Development and Trends of Drug Use in Mexico City

Jorge Villatoro Velazquez, M.Sc., *Natania Oliva Robles, Bch.*, *Midiam Moreno Lopez, Bch.*, *Clara Fleiz Bautista, Ph.D.*, *Diana Fregoso Ito, Bch.*, *María Elena Medina Mora, Ph.D.*, *Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, México*

Drug use has been increasing in our country, particularly the consumption of marijuana and inhalants. Currently, marijuana has maintained steady growth in the country and in some regions inhalants. In this context, the aim of this poster is to present an updated overview of drug use in Mexico City and show its trends. Data used comes from a study carried out in the fourth quarter of 2012, on the consumption of legal and illegal drugs and associated factors in students from 7th to 12th grade. Sample size was 26 503, which provided representative data for students on each of the 16 areas in which the city is divided. Public and private schools were included. The instrument contained internationally comparable indicators that have been previously used on similar studies in the country. Considering the confidence intervals of the analyzed prevalences, a growth of 3% was observed in the lifetime prevalence of any drug during the last three years. It went from 21.5% to 24.4%. Marijuana had the highest growth. Also, crack and cocaine showed significant increases. Inhalants and medical drugs out of prescription didn't show any increase. Drug use continues its growth in the country, particularly marijuana and there is also an increase in cocaine and crack. This growth has affected both men and women. In this context, it is relevant to maintain preventive actions and start them at younger ages, and also include parents in order to have healthier generations.

48. Ethnic Identity and Acculturation in Transnational Populations Returning Back to Mexico: Implications for the Proliferation of Gangs and Violence

Fernando I. Soriano, Ph.D., *Department of Human Development, California State University San Marcos*

This poster paper presents findings from preliminary in-depth interviews of transnational young adults who now find themselves reluctantly back in Mexico after living in the U.S. for over 10 years. The interviews point to the important role of discrimination, acculturation and ethnic identity in personal adjustment, mental well-being or mental health. Study findings suggest a link between these cultural factors and interpersonal conflict, which has implications for participation in violence, gangs and substance use and abuse. The poster paper will point to the need to address the needs of transnational youth on both sides of the U.S. Mexico border through prevention and intervention programs.



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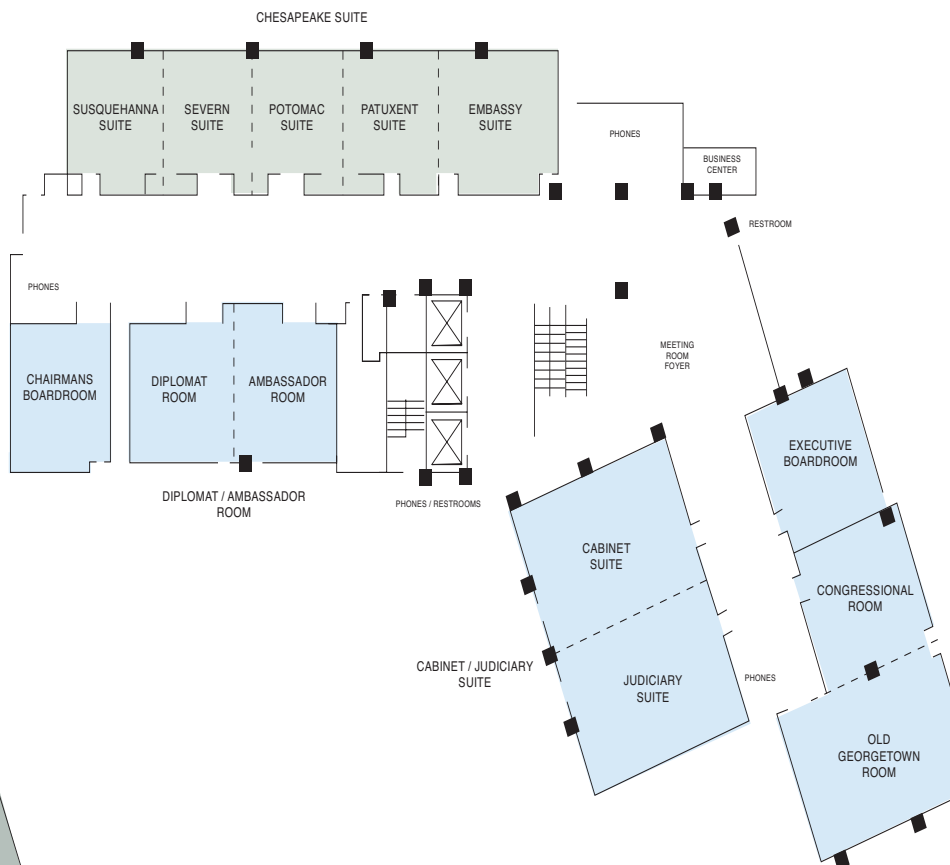
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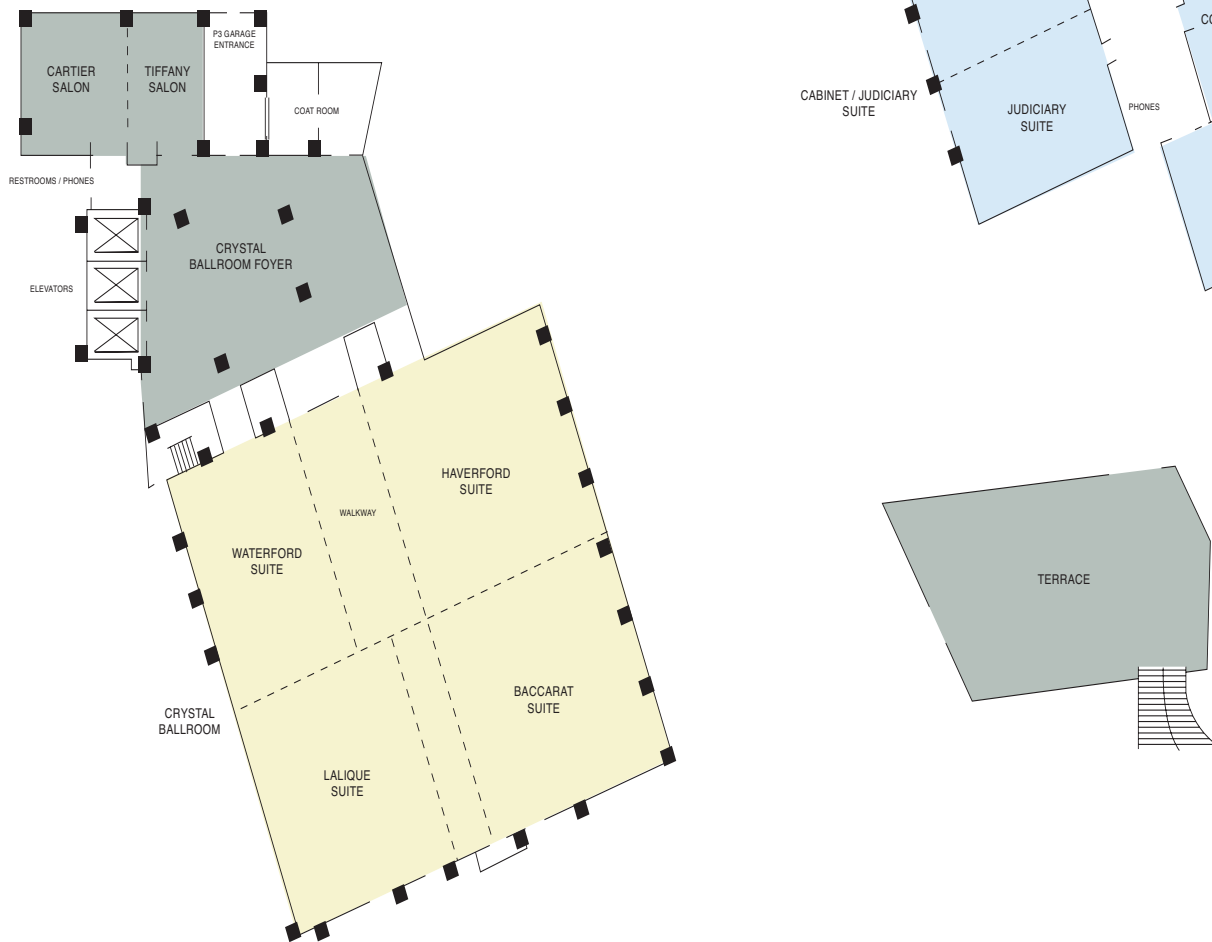
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