

### **A 'demand side' estimate of the dollar value of the cannabis black market in New Zealand.**

Wilkins C; Bhatta K; Casswell S. *Drug and Alcohol Review* 21(2): 145-151, 2002. (34 refs.)

The dollar value of an illicit drug market is an important statistic in drug policy analysis. It can be used to illustrate the scale of the trade in a drug; evaluate its impact on a local community or nation; provide an indication of the level of criminality related to a drug; and can inform discussions of future drug policy options. This paper calculates the first ever demand side estimates of the New Zealand cannabis black market. The estimates produced are calculated using cannabis consumption data from the Alcohol & Public Health Research Unit's (APHRU) 1998 National Drug Survey. The wholesale value of the market is estimated to be \$81.3-104.6 million a year, and the retail value of the market is estimated to be \$131.3-168.9 million a year. These demand side estimates are much lower than the existing supply side estimates of the market calculated using police seizures of cannabis plants. The retail figure is four times lower than the lowest national supply side estimate (\$636 million) and seven times lower than the highest national supply side estimate (\$1.27 billion). The demand side estimates suggest a much smaller cannabis economy to fuel organized criminal activity in New Zealand than previous estimates implied. Copyright 2002, Australian Medical and Professional Society on Alcohol and Other Drugs.

### **A framework for health promoting emergency departments.**

Bensberg M; Kennedy M. *Health Promotion International* 17(2): 179-188, 2002. (54 refs.)

Since 1986, the World Health Organization (WHO) has been advocating for the health sector to move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services (WHO, 1986). Some Emergency Departments (EDs) have partially achieved this through providing patient health information, screening and early intervention programs, injury prevention and asthma education. While EDs are a suitable setting for health promotion, they are grounded in a medical paradigm where most of the staff are educated to think exclusively of relation care. As such, a significant organizational shift is required for EDs to be more inclusive of health promotion principles. Following a comprehensive literature reviews a theoretical framework was developed for the Health Promoting Emergency

Departments Program (HPEDP). It describes the opportunities for health promotion in EDs through combining the 'strategies for health promotion' with the 'spectrum of health and disease'. This forms a matrix to enable health development, primary prevention and secondary prevention interventions to be planned in EDs. The framework is a tool to support the development of coordinate and comprehensive health promotion programs and to avoid the use of isolated victim-blaming strategies. Beyond EDs, planners in other health care institutions may also find the framework useful -- particularly those settings where staff health promotion training and experience is limited. Copyright 2002, Oxford University Press.

### **A structural equation model of the effect of poverty and unemployment on alcohol abuse.**

Khan S; Murray RP; Barnes GE. *Addictive Behaviors* 27(3): 405-423, 2002. (53 refs.)

The short- and long-term effects of poverty and unemployment on alcohol abuse are investigated using structural equation modelling (SEM) to better understand the observed conflicting relationships among them. We studied 795 community residents who provided complete data in both 1989 and 1991 in the Winnipeg Health and Drinking, Survey (WHDS), with equal representation of males and females. Results indicate that (a) increased poverty causes increased alcohol use and alcohol problems, and (b) recent unemployment decreases alcohol use while longer unemployment increases it. It is concluded that the effect of unemployment on alcohol abuse changes direction with time and, thus, both cross-sectional and longitudinal data are required to assess any meaningful relationship between them. Copyright 2002, Elsevier Science Ltd.

### **Alcohol advertising and youth.**

Saffer H. *Journal of Studies on Alcohol* (Supplement): 173-181, 2002. (49 refs.)

Objective: The question addressed in this review is whether aggregate alcohol advertising increases alcohol consumption among college students. Both the level of alcohol-related problems on college campuses and the level of alcohol advertising are high. Some researchers have concluded that the cultural myths and symbols used in alcohol advertisements have powerful meanings for college students and affect intentions to drink. There is, however, very little empirical evidence that alcohol advertising has any effect on actual alcohol consumption.

**Method:** The methods used in this review include a theoretical framework for evaluating the effects of advertising. This theory suggests that the marginal effect of advertising diminishes at high levels of advertising. Many prior empirical studies measured the effect of advertising at high levels of advertising and found no effect. Those studies that measure advertising at lower, more disaggregated levels have found an effect on consumption. **Results:** The results of this review suggest that advertising does increase consumption. However, advertising cannot be reduced with limited bans, which are likely to result in substitution to other available media. Comprehensive bans on all forms of advertising and promotion can eliminate options for substitution and be potentially more effective in reducing consumption. In addition, there is an increasing body of literature that suggests that alcohol counteradvertising is effective in reducing the alcohol consumption of teenagers and young adults. **Conclusions:** These findings indicate that increased counteradvertising, rather than new advertising bans appears to be the better choice for public policy. It is doubtful that the comprehensive advertising bans required to reduce advertising would ever receive much public support. New limited bans on alcohol advertising might also result in less alcohol counteradvertising. An important topic for future research is to identify the counteradvertising themes that are most effective with youth. Copyright 2002, Alcohol Research Documentation, Inc. Used with permission.

### **Alcohol's contribution to fatal injuries: A report on public perceptions.**

Girasek DC; Gielen AC; Smith GS. *Annals of Emergency Medicine* 39(6): 622-630, 2002. (40 refs.) **Study objective:** We determine whether members of the public understand that alcohol contributes to each of the leading causes of unintentional-injury death in the United States and not just to motor vehicle-related fatalities. **Public opinions:** of selected alcohol control policies were also assessed. **Methods:** We used a national telephone survey of 943 adults, who were selected by random-digit dialing techniques. Respondents' mean estimates of alcohol's involvement in fatal injuries were compared with published data from a meta-analysis of medical examiner data. **Results:** The study population accurately estimated the proportion of fatal fall, drowning, and poisoning victims who were legally drunk when they died. Respondents overestimated the proportion of drivers killed in motor vehicle crashes who were intoxicated and underestimated the proportion of fire/burn victims. Fifty-seven percent of participants endorsed the myth that alcohol intoxication is protective against injury in the event of a motor vehicle crash. Participants were divided over whether increasing the legal drinking age to 21 had resulted in fewer injury

deaths. Seventy-eight percent of participants did not believe that raising alcohol taxes would reduce fatal injuries. A majority (58%) of respondents supported taking blood alcohol levels on all "seriously injured" patients brought to the hospital. **Conclusion:** This report suggests that public awareness of alcohol's contribution to the breadth of the injury problem in the United States is high. Conversely, public understanding of whether prevention strategies have proven to be effective is poor. Emergency medicine practitioners can serve as credible sources of more accurate information for patients and the community at large. Copyright 2002, American College of Emergency Physicians. Used with permission.

### **Booze and beach bans: Turning the tide through community action in New Zealand.**

Conway K. *Health Promotion International* 17(2): 171-177, 2002. (30 refs.)

Many beach and holiday resorts experience major problems with alcohol-related public disorder. Following an escalation in alcohol-related incidents in the New Zealand beach community of Piha, a community-driven response to address issues of community well-being and safety was initiated by concerned residents. A case study evaluation reported on the development of a community, coalition involving community and statutory stakeholders and the successful implementation of local community action strategies. These included a beach alcohol ban, extensive local publicity and a community policing presence over successive summers. An examination of the case study suggests that intersectoral collaboration, and multiple level strategies through policy, promotion and enforcement activities are key factors in enabling communities to successfully reduce alcohol-related harm. Copyright 2002, Oxford University Press.

### **Compulsory substance abuse treatment: An overview of recent findings and issues. (review).**

Wild TC; Roberts AB; Cooper EL. *European Addiction Research* 8(2): 84-93, 2002. (91 refs.)

An overview of research trends and issues in the area of compulsory substance abuse treatment is presented, using a sample of 170 English-language articles obtained from a search of 4 databases (Medline, PubMed, Embase, PsychINFO, supplemented by a manual search). About half (61%) of these articles were non-empirical (i.e. literature reviews, policy proposals, legal and ethical commentaries on compulsory treatment). A subsample of empirical studies published since 1988 (n = 71) was coded to summarize research trends in relation to 3 key issues: (1) how compulsory treatment was studied (country of origin; type of compulsory treatment; treatment population), (2) the evidence base for judging effectiveness of compulsory

treatment (research design; sampling; type, timing and results of outcome measures), and (3) the relationship between compulsory treatment and coercion (measurement strategies). Directions for future research are discussed. Copyright 2002, S. Karger Publishers.

### **Does drinking really decrease in bad times?**

Ruhm CJ; Black WE. *Journal of Health Economics* 21(4): 659-678, 2002. (46 refs.)

This paper investigates the relationship between macro-economic conditions and drinking using individual-level data from 1987 to 1999 interview years of the "behavioral risk factor surveillance system" (BRFSS). We confirm the procyclical variation in overall drinking identified in previous research using aggregate sales data and show that this largely results from changes in consumption by existing drinkers, rather than movements into or out of drinking. Moreover, the decrease occurring during bad economic times is concentrated among heavy consumers, with light drinking actually rising. We also find no evidence that the decline in overall alcohol use masks a rise for persons becoming unemployed during contractions. These results suggest that any stress-induced increases in drinking during bad economic times are more than offset by declines resulting from changes in economic factors such as lower incomes. Copyright 2002, Elsevier Science Publishers B.V.

### **Effect of news coverage on the prevalence of drunk-driving behavior: Evidence from a longitudinal study.**

Yanovitzky I. *Journal of Studies on Alcohol* 63(3): 342-351, 2002. (43 refs.)

Objective: To examine the proposition that antidrunk driving messages in the news media contributed indirectly to the decline in drunk driving over the past two decades through their impact on related policy making processes. Method: Time series regression techniques are applied to longitudinal data to examine the causal association between drivers' involvement in drunk-driving behavior, the volume of news coverage devoted to the drunk driving issue, and related policy making. Results: Results show a significant contribution of news coverage to drunk-driving-related policy actions, which in turn are associated with a reduction in drunk driving among Young and high-risk drivers. There was no evidence of a direct causal association between news coverage and change in drunk-driving behavior. Conclusions: News coverage of alcohol-related risky behaviors seems to provide a cost-effective way of reducing the prevalence of these practices by attracting institutional attention and prompting related environmental changes. Future interventions may benefit from actively seeking to influence news coverage of risky

behaviors. Copyright 2002, Alcohol Research Documentation, Inc. Used with permission.

### **Global monitoring of average volume of alcohol consumption.**

Rehm J; Eschmann S. *Sozial- und Praventivmedizin* 47(1): 48-58, 2002. (30 refs.)

Objectives: To estimate the prevalence of different categories of average volume of alcohol consumption for World Health Organization (WHO) regions. To check how the monitored indicator of average volume relates to prevalence of alcohol dependence. To discuss conclusions for establishing a global monitoring system. Methods: Prevalence of different categories of average volume of alcohol consumption was estimated by a triangulation of survey results, production, and sales figures. The relation between average volume of consumption and prevalence of alcohol dependence was analysed by regression techniques. Results: Alcohol consumption varies widely by sex, age, and region. It can predict prevalence of dependence with about 74 % of the variation of the latter explained. Conclusions: With current data, global monitoring of alcohol is possible. However, more and better surveys are necessary for the future. They should include patterns of drinking to improve prediction of other health outcomes like coronary heart disease (CHD) and accidents. Copyright 2002, Birkhauser Verlag Basel.

### **Just a click away: Recreational drug Web sites on the Internet - art. no. e96.**

Wax PM. *Pediatrics* 109(6): art no. e96, 2002. (18 refs.)

The explosive growth of the Internet in recent years has provided a revolutionary new means of interpersonal communication and connectivity. Information on recreational drugs—once limited to bookstores, libraries, mass media, and personal contacts—is now readily available to just about anyone with Internet access. Not surprising, Internet access greatly facilitates the free and easy exchange of ideas, opinions, and unedited and nonrefereed information about recreational drugs. This article presents a patient who came to medical attention as the result of recreational drug-taking behavior directly influenced by her Internet browsing. A second case is presented in which the only information available about the medical effects of a new "designer" drug was found on a recreational drug Internet Web site. Several such Web sites are described in detail. Despite the presence of Web sites that convey antidrug messages, the drug sites that espouse "risk reduction" and "safe" and "responsible" drug use are easily accessible and potentially alluring to children and adults. Health care providers who care for adolescents should be particularly aware of the content of these drug sites. Copyright 2002, American Academy of Pediatrics.

### **Drug wars down under: The ill-fated struggle for safe injecting facilities in Victoria, Australia.**

Mendes P. *International Journal of Social Welfare* 11(2): 140-149, 2002. (80 refs.)

This article analyses the recent debate over the proposed introduction of safe injecting facilities (SIFs) for heroin users in the State of Victoria. It is argued that this debate strongly reflected the increasing globalisation of national social policy debates. Both supporters and opponents of SIFs drew constant attention to the alleged success or failure of existing SIFs in Europe. In addition, the debate saw the direct intervention of international and global agencies including the International Narcotics Control Board, the American Office of National Drug Policy and the Vatican. Some conclusions are also drawn about the reasons for the failure of the SIF campaign, including the conservatism of the opposition Liberal Party, the influence of the tabloid media and the use of ambiguous terminology. Copyright 2002, Blackwell Publishing Ltd.

### **Progression to established smoking: The influence of tobacco marketing.**

Choi WS; Ahluwalia JS; Harris KJ; Okuyemi K. *American Journal of Preventive Medicine* 22(4): 228-233, 2002. (23 refs.)

Background: Recent studies have shown that tobacco advertising leads to the onset of smoking among adolescents. However, much more still remains to be learned about the impact of tobacco advertising in the later transitions, mainly from experimentation to established smoking. In this study, we focused on the influence of tobacco advertising and promotions on the transition from experimentation to established smoking. Methods: Data were derived from a longitudinal survey of adolescents in California. Adolescents who were classified as experimenters at baseline were included in the analyses (N=965). Receptivity to tobacco advertising and promotions refers to the development of a positive affective response to the communication (e.g., having a favorite tobacco advertisement or being willing to use a promotional item). Results: Approximately 32% of adolescents who were experimenters at baseline in 1993, progressed to established smoking by follow-up in 1996. Progression was higher among Caucasian (37.3%) than Hispanic (21.9%) or African-American (17.6%) adolescents. Adolescents who perceived that most of their peers smoked, had poor relationships with family members, and were exposed to smoking friends and family members were more likely to progress to established smoking at follow-up in 1996. In addition, adolescents who were receptive to advertising

and believed that they could quit anytime were more likely to progress to established smoking than those who did not think they could quit anytime. Adolescents who were willing to use a promotional item and who believed that they could quit anytime had the highest rate of progression to established smoking (52%). Conclusions: This study provides evidence that receptivity to tobacco advertising and promotions is all important factor in progressing from experimentation to established smoking among adolescents. Because perceived ability to quit made adolescents more likely to progress, counter-tobacco marketing campaigns should incorporate messages about addiction and difficulties associated with quitting. Copyright 2002, American College of Preventive Medicine.

### **Regional variation in drug purchase opportunity among youths in the United States, 1996-1997.**

James KE; Wagner FA; Anthony JC. *Journal of Urban Health* 79(1): 104-112, 2002. (14 refs.)

This study was designed to examine geographic variation in illegal drug purchase opportunity among young people living in the United States; there was a subfocus on age, sex, and urban/rural residence. Data from the 1996-1997 National Household Surveys on Drug Abuse were analyzed; the nationally representative sample of community residents included 21,531 participants aged 12-24 years old. Respondents were asked if someone had approached them to sell them an illegal drug during the past 30 days. To protect respondents' confidentiality, there is no fine-grained geographical coding of data in the National Household Surveys on Drug Abuse public use data files, but nine geographical divisional indicators are provided (i.e., West North Central, New England, etc.). Results indicated males were an estimated 1.8 times more likely than females to have had a recent illicit drug purchase opportunity, and urban residents were 1.5 times more likely than rural residents to have had a recent drug purchase opportunity. As for geographic divisions, the Pacific division surpassed all other divisions: Its residents were 1.5 times more likely to have recent drug purchase opportunities than the West North Central division (used here as a reference category). After controlling statistically for age, sex, and urban/rural residence, residence in four divisions was found to be associated with greater likelihood of an illicit drug purchase opportunity. The observed patterns of drug purchase opportunity add new features to our understanding of illicit drug involvement across the United States. Copyright 2002, Oxford University Press, Inc.

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