

Smokeless tobacco use among addiction patients: A brief report.

Lapid MI; Hall-Flavin DK; Cox LS; Lichty EJ; Krahn LE. *Journal of Addictive Diseases* 21(2): 27-33, 2002. (7 refs.)

Introduction: The prevalence and treatment outcome of smokeless tobacco (ST) use among hospitalized addiction patients is unclear. Methods: Using initially a retrospective and then a prospective study design, data were collected about patients who described "other tobacco use." The data examined included demographics, medical disorders, psychiatric conditions, nicotine treatment and outcome. Results: The data from the two samples were consistent. All subjects were Caucasian males, mean age 38.5 years, with daily ST use for at least one year. Most had alcohol dependence. The prevalence rate was 3% retrospectively and 7% prospectively. Interventions included nicotine gum and patches. All subjects abstained from ST use during hospitalization but follow-up data were limited. Conclusion: These observations are consistent with reports of ST use being more common in males in the general population and its association with alcohol dependence. Further research is needed into effective long-term treatment for ST use among addiction or psychiatric patients.

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Test-retest reliability of alcohol measures: Is there a difference between Internet-based assessment and traditional methods?

Miller ET; Neal DJ; Roberts LJ; Baer JS; Cressler SO; Metrik J et al. *Psychology of Addictive Behaviors* 16(1): 56-63, 2002. (29 refs.)

This study compared Web-based assessment techniques with traditional paper-based methods of commonly used measures of alcohol use. Test-retest reliabilities were obtained, and tests of validity were conducted. A total of 255 participants were randomly assigned to 1 of 3 conditions: paper-based (P&P), Web-based (Web), or Web-based with interruption (Web-1). Follow-up assessments 1 week later indicated reliabilities ranging from .59 to .93 within all measures and across all assessment methods. Significantly high test-retest reliability coefficients support the use of these measures for research and clinical applications. Furthermore, no significant differences were found between assessment techniques, suggesting that Web-based methods are a suitable alternative to more traditional methods. This cost-efficient alternative has the advantage

of minimizing data collection and entry errors while increasing survey accessibility.

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Suicide prevalence in chemical dependency programs: Preliminary data from a national sample, and an examination of risk factors.

Kausch O; McCormick RA. *Journal of Substance Abuse Treatment* 22(2): 97-102, 2002. (38 refs.)

Completed suicides over a one year period of time were reported from a nationwide survey of Department of Veteran Affairs medical centers. Of a total of 248 completed suicides, 11 occurred in outpatient substance abuse programs, and an additional 5 occurred among patients receiving combined outpatient substance abuse and psychiatric treatment. There were no inpatient suicides. During this time, there were 7 suicide attempts on inpatient units and 37 suicide attempts in outpatient chemical dependency treatment. The majority of suicides were committed by males who had a primary alcohol addiction (63%). Thirty-eight percent of the sample had a comorbid mood disorder and 38% had a comorbid personality disorder. Risk factors relating to the potential for suicide in chemical dependency programs are discussed.

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A family study of the high-risk children of opioid- and alcohol-dependent parents.

Wilens TE; Biederman J; Bredin E; Haheesy AL; Abrantes A; Neft D; Millstein R; Spencer TJ. *American Journal on Addictions* 11(1): 41-51, 2002. (70 refs.)

In this article, the author sought to use a high-risk study design focused on the children of parents with opioid or alcohol use disorders and children of parents with no substance use disorder (SUD) to evaluate the specificity of the risk conferred by the type of parental SUD. Using structured psychiatric interviews, cognitive assessments, and measures of social, academic, and family functioning, the authors studied 96 families (187 parents and 183 children, mean age of 11.6 years). Sixteen families had parental opioid dependence (22 children, 64% male), 14 families had parental alcohol dependence (22 children; 59% male), and 66 families had no SUD (controls; 139 children; 58% male). Fifty-nine percent of children of opioid-dependent parents had at least one major psychopathological condition, compared to 41% of the alcohol

group and 28% of the control group ($p < 0.01$). The children of opioid- and alcohol-dependent parents were of lower socioeconomic status and had significantly more difficulties in academic, social, and family functioning than did controls. Children of opioid- and alcohol-dependent parents have significantly, higher rates of psychopathology as well as more difficulties in academic, social, and family functioning compared to the children of non-SUD parents. In addition, notable trends emerged for the opioid group to have more psychopathology and functional impairment than the alcohol group. With a growing consensus that certain risk factors for later SUD start in childhood with potentially treatable childhood-onset disorders, new preventive approaches for individuals at risk may be developed targeting childhood precursors of SUD.

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The prevalence and clinical course of sedative-hypnotic abuse and dependence in a large cohort.

Schuckit MA; Smith TL; Kramer J; Danko G; Volpe FR. *American Journal of Drug and Alcohol Abuse* 28(1): 73-90, 2002. (41 refs.)

Relatively little is known about the prevalence and clinical characteristics of dependence on sedative-hypnotics, and almost nothing has been published regarding abuse. This report relates information on Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-III-R) sedative-hypnotic use disorders among subjects from the Collaborative Study on the Genetics of Alcoholism (COGA). A standardized interview was used to generate data on 407 men and women in Group 1 with sedative-hypnotic dependence (4.4% of the COCA sample), 34 in Group 2 with abuse (0.4%), and 3,426 comparison subjects in Group 3 with alcohol dependence in the absence of a sedative-hypnotic use disorder (36.7%). The remaining COGA subjects (48.5%) were not included as they had neither alcohol nor sedative-hypnotic dependence or abuse. Those with sedative-hypnotic abuse or dependence were more likely to be Caucasian individuals with abuse or dependence on marijuana, cocaine, amphetamines, or opioids. Subjects in Groups 1 and 2 were also more likely to have histories of independent major depressive and panic disorders, as well as substance-induced mood disorders. Those with dependence, compared to abuse, were likely to be women, reported staying intoxicated for a day or more, but noted less abuse of opioids or amphetamines, although Group 2 members also had high rates of difficulties with sedative-hypnotics. These results highlight notable rates of sedative-hypnotic dependence in the COGA families, and indicate that while sedative-hypnotic abuse does occur, and while the clinical

course can involve relatively serious problems, it is less common than dependence.

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Age, gender, and ethnicity differences in patterns of cocaine and ethanol use preceding suicide.

Garlow SJ. *American Journal of Psychiatry* 159(4): 615-619, 2002. (11 refs.)

Objective: The goal of this study was to examine the relationship between suicide and substance use among completed suicides in Fulton County, Ga., from 1994 through 1998. Method: Extensive data on completed suicides were obtained from records of the Office of the Medical Examiner. Specific characteristics of the victims who had used cocaine, ethanol, or both before committing suicide were compared across demographic groups. Results: There were important race, sex, and age differences among the victims who had used cocaine and ethanol before committing suicide. Almost all (94.6%) of the suicide victims in whom cocaine was detected were male, 51.4% of the cocaine-positive victims were African American men, and 43.2% were white men. Substance use by teenage victims differed dramatically across ethnic lines. The vast majority (86.7%) of African American teenagers did not use either substance before committing suicide, whereas 50.0% of the white teenage victims had used one or both substances, with 41.7% of the white teenagers having used ethanol. Overall, ethanol use was much more common among white victims of all age groups. Conclusions: Intoxicant use preceding suicide occurred in specific age-, ethnic-, and gender-based patterns.

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Behavioral couples therapy for female substance-abusing patients: Effects on substance use and relationship adjustment.

Winters J; Fals-Stewart W; O'Farrell TJ; Birchler GR; Kelley ML. *Journal of Consulting and Clinical Psychology* 70(2): 344-355, 2002. (55 refs.)

Married or cohabiting female drug-abusing patients ($N = 75$) were randomly assigned to either a behavioral couples therapy condition (BCT: $n = 37$), which consisted of group, individual, and behavioral couples therapy sessions, or to an equally intensive individual-based treatment condition (IBT; $n = 38$), which consisted of group and individual counseling. During most of the 1-year follow-up, compared with participants who received IBT, those who received BCT reported (a) fewer days of substance use, (b) longer periods of continuous abstinence, (c) lower levels of alcohol, drug, and family problems, and (d) higher relationship satisfaction. However, differences in relationship satisfaction and number of days of substance

use dissipated over the course of the posttreatment follow-up period and were not significantly different by the end of 1 year.

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Buprenorphine dosing regime in the management of out-patient heroin withdrawal.

Lintzeris N. *Drug and Alcohol Review* 21(1): 39-45, 2002. (28 refs.)

This study aimed to establish a buprenorphine regime suitable for the short-term management of out-patient heroin withdrawal using an open-label, single-group case series. Eighteen dependent injecting heroin users underwent an 8-day withdrawal episode with supervised dosing of sublingual Subutex(R) tablets. Buprenorphine doses were titrated daily over a 5-day period. Fifteen subjects (83%) completed the 5-day regime, and 14 (78%) completed the 8-day withdrawal episode. The mean doses (SD) were 6.1 (1.2) mg on day 1; 9.6 (1.7) mg on day 2; 10.1 (1.9) mg on day 3; 8.9 (2.0) mg on day 4; 4.1 (1.5) mg on day 5; and a total regime dose of 38.9 (5.8) mg. Withdrawal severity was mild, with minimal rebound upon the cessation of dosing. Five subjects reported no heroin use, and five subjects reported using on only one occasion during the 8 days. An out-patient buprenorphine regime is recommended.

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Predictors of internalizing and externalizing problems among children of cocaine and opiate dependent parents.

Stanger C; Kamon J; Dumenci L; Higgins ST; Bickel WK; Grabowski J et al. *Drug and Alcohol Dependence* 66(2): 199-212, 2002. (48 refs.)

We tested associations in structural models among parent individual problems (severity of drug problems, medical problems, psychiatric symptoms), family problems, and children's internalizing and externalizing problems. Results were compared for cocaine versus opiate dependent parents, mothers versus fathers, boys versus girls, and older versus younger children. Cocaine and opiate dependent parents in treatment (N=211) were interviewed about their substance use, psychiatric symptoms, and interpersonal problems and completed a measure of family problems. Parents also rated children's internalizing and externalizing problems. In structural models controlling for the significant correlations between parent and family problems and between children's internalizing and externalizing problems, family problems but not individual parent problems predicted children's internalizing and externalizing symptoms. Models were similar across all groups compared with the exception of

parent gender, with significant relations between parent and family problems for mothers but not for fathers. In addition, older girls were more deviant relative to their same-age and gender peers than the younger girls and boys. These results suggest that the personal problems of drug dependent mothers may influence children's problems indirectly by increasing family problems. For drug dependent fathers, family problems were an independent predictor of children's problems.

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Prospective study of frequent heavy alcohol use and the risk of major depression in the Canadian general population.

Wang JL; Patten SB. *Depression and Anxiety* 15(1): 42-45, 2002. (18 refs.)

The objective of this study was to investigate the effect of persistent alcohol consumption on the risks of major and minor depression. A retrospective cohort study design was used. The data was derived from a large scale longitudinal national health study (Canadian National Population Health Survey). Depression status was evaluated by using the Composite International Diagnostic Interview- Short Form (CIDI-SF) for major depression. Subjects who did not have major depression at baseline were classified into groups according to the persistence of alcohol consumption during the follow-up period. The incidence of major depression in each group was calculated in men and in women separately and were stratified by age. The same procedures were repeated for minor depression. Women who reported having 5+ drinks on one occasion at least once a month were at an elevated risk of major depression. The same pattern was not observed among men in this analysis. However; no difference was found between the groups in terms of the incidence of minor depression. Frequent heavy alcohol use may be a causal factor for major depression among women. Reducing the frequency and quantities of alcohol consumption may offer an opportunity for prevention of major depression among women.

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The Fast Alcohol Screening Test.

Hodgson R; Alwyn T; John B; Thom B; Smith A. *Alcohol and Alcoholism* 37(1): 61-66, 2002. (30 refs.)

Using the Alcohol Use Disorders Identification Test (AUDIT) as the gold standard, the Fast Alcohol Screening Test (FAST) was developed for use in busy medical settings. AUDIT questionnaires were completed by 666 patients in two London accident & emergency (A&E) departments. Using a principal components analysis, as well as sensitivity and specificity indices, a two-stage screening test was developed, using four of the AUDIT

items. The first stage involved one item that identified >50% of patients as either hazardous or non-hazardous drinkers. The second stage made use of the other three items to categorize the rest. The performance of this four-item questionnaire was then tested across a range of settings. Opportunistic samples of 100 patients completed AUDIT questionnaires in each of the following National Health Service settings: A&E department, fracture clinic, primary health centre and a dental hospital. It was concluded that the four-item FAST questionnaire had good sensitivity and specificity, across a range of settings, when the AUDIT score was used as the gold standard. The FAST questionnaire is quick to administer, since >50% of patients are categorized using just one question.

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Treatment of heroin dependence with buprenorphine in primary care.

Fiellin DA; Pantalon MV; Pakes JP; O'Connor PG; Chawarski M; Schottenfeld RS. *American Journal of Drug and Alcohol Abuse* 28(2): 231-241, 2002. (27 refs.)

Buprenorphine is an effective treatment for heroin dependence. The feasibility and potential efficacy of buprenorphine with brief counseling in primary care is unknown. We enrolled 14 heroin dependent patients in a 13-week clinical trial using thrice weekly buprenorphine along with brief counseling in the primary care center of an urban medical center. Primary outcomes included urine toxicology and treatment retention. Opioid-positive urine toxicology tests reduced over the 13-week period from 95 to 25% ($p < 0.05$). Eleven patients (79%) had greater than or equal to one week of opioid-free urine toxicologies. Nine patients (64%) had greater than or equal to three weeks of opioid-free urine toxicologies. Eleven patients (79%) were retained through the maintenance phase. We

conclude that buprenorphine maintenance is feasible in a primary care setting.

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Prevalence of DSM-IV alcohol diagnoses and symptoms in adolescent community and clinical samples.

Chung T; Martin CS; Armstrong TD; Labouvie EW. *Journal of the American Academy of Child and Adolescent Psychiatry* 41(5): 546-554, 2002. (38 refs.)

Objective: Summary prevalence data are critical to determining the utility of DSM-IV criteria for alcohol use disorders among adolescents. This study examined cross-study consistency in the relative prevalence of DSM-IV alcohol symptoms, the ratio of alcohol abuse to dependence diagnoses, the prevalence of the physiological dependence subtype, and the proportion of subthreshold cases of dependence. Method: DSM-IV alcohol diagnosis and symptom prevalence data were obtained from five community and four clinical adolescent samples. Results: There was a moderate level of cross-study agreement on the relative prevalence of alcohol symptoms (mean Spearman rho = 0.47). The most common symptoms were dependence criteria: tolerance and drinking more or longer than intended. A relatively high degree of variability in the ratio of abuse to dependence diagnoses and the proportion with physiological dependence was observed. All samples included a significant proportion of subthreshold cases of dependence: up to 12% in community and up to 34% in clinical samples. Conclusions: Alcohol dependence symptoms of tolerance and drinking more or longer than intended have relatively high prevalence among adolescents. These high prevalence symptoms affect the ratio of abuse to dependence diagnoses in some studies, the prevalence of the physiological dependence subtype, and the proportion of subthreshold cases of dependence.

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