

A failed norms social marketing campaign.

Clapp JD; Lange JE; Russell C; Shillington A; Voas RB. *Journal of Studies on Alcohol* 64(3): 409-414, 2003. (18 refs.)

Objective: In this article we test the efficacy of an intensive norms social marketing campaign to reduce heavy drinking among college students living in a residence hall. Method: We employed a pretest-posttest nonequivalent comparison group design. The study was conducted in two (experimental and comparison) comparable residence halls located in a large urban public university. We attempted a census at each hall, and pre- and postintervention data were collected in public areas of each residence hall. Relative sample sizes were approximately 60% in the experimental hall (both waves) and 38% in the comparison hall. Results: The campaign successfully corrected students' misperceptions of drinking norms but had no effects, or counterintuitive effects, on drinking behaviors. Conclusions: Despite the popularity of this approach, universities would be prudent to proceed with care before adopting this approach wholesale. Copyright 2003, Alcohol Research Documentation, Inc. Used with permission.

Adverse selection and generosity of alcohol treatment benefits.

Harris KM; Sturm R. *Inquiry* 39(4): 413-428, 2002. (28 refs.)

Concerns about attracting disproportionate numbers of employees with alcohol problems limit the employers' willingness to offer health plans with generous alcohol treatment benefits. This paper analyzes two potential avenues of adverse selection, namely biased enrollment into plans and biased exit from plans offered by 57 employers between 1991 and 1997. We compare alcohol treatment use rates and costs of new and old enrollees between more generous and less generous plans; we also analyze disenrollment rates and enrollment duration by plan generosity for users and nonusers of alcohol treatment services. To avoid confounding benefit generosity with other plan features, in particular the use of managed care mechanisms, we compare plans that were administered in the same way by a large managed behavioral health care organization. Overall, we find no evidence of adverse selection into more generous

plans. Contrary to the selection hypothesis, treatment costs of new members compared to old members are lower in firms with more generous treatment benefits than in firms with more limited benefits. Also, users of alcohol treatment services do not remain disproportionately enrolled longer in plans with generous benefits. Copyright 2002, Blue Cross and Blue Shield Association.

Assessing substance abuse treatment need: A statewide hospital emergency department study.

Rockett IRH; Putnam SL; Jia HM; Smith GS. *Annals of Emergency Medicine* 41(6): 802-813, 2003. (63 refs.)

Study objective: Health Care providers in hospital emergency departments rarely take substance abuse histories or assess associated treatment need. This study compares documentation of psychoactive drug-related diagnoses for adult ED patients in medical records with treatment need assessed through self-report, toxicologic screening, and Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), criteria. Methods: A statewide, 2-stage, probability sample survey was conducted in 7 Tennessee general hospital EDs from June 1996 to January 1997. Main outcome measures were the prevalence of diagnosed substance abuse problems, positive bioassay results, denied use, and treatment need. Sensitivity and multivariate analyses, were conducted by using varied case definitions of treatment need. Results: Thirty-one percent (95% confidence interval [CI] 27.3% to 34.7%) of screened ED patients (n=1,330) had positive test results for substance use. Their prevalence of denial of use in the 30 days before the survey ranged from 10% for alcohol (95% CI 5.7% to 14.3%) to 100% for phencyclidine. One percent of all ED patients (n=1,502) had a recorded diagnosis of substance abuse. By contrast, as many as 27% (95% CI 23.3% to 31.8%) were assessed as needing substance abuse treatment on the basis of a comprehensive case definition that accounted, for denial; and positive test results. A sensitivity analysis using other case definitions is also presented. For example, 4% (95% CI 2.8% to 5.3%) of patients met the very strict definition of DSM-IV current drug dependence only. Under the comprehensive case definition, TennCare patients (adjusted odds ratio [OR] 1.63; 95% CI 1.30 to 2.05) and Medicare patients (adjusted OR 2.50; 95% CI 1.34 to 4.65) showed excess treatment need relative to the privately insured. Excess need was also exhibited by patients reporting 1 or more prior ED visits in the past year (adjusted OR 1.62; 95% CI 1.13 to 2.31) and by patients taking 2 or

more hours to reach the ED after the onset of injury or illness (adjusted OR 1.54; 95% CI 1.16 to 2.04). Treatment need was inversely associated with age. Irrespective of case definition, less than 10% of ED patients who needed substance abuse treatment were receiving such treatment. Conclusion: EDs can be important venues for detecting persons in need of substance abuse treatment. Copyright 2003, American College of Emergency Physicians. Used with permission.

Assessing the effectiveness of minimum legal drinking age and zero tolerance laws in the United States.

Voas RB; Tippetts AS; Fell JC. *Accident Analysis and Prevention* 35(4): 579-587, 2003. (24 refs.)

The objective of this research was to determine the extent to which the decline in alcohol-related highway deaths among drivers younger than age 21 years can be attributed to raising the minimum legal drinking age (MLDA) and establishing zero tolerance (0.02% blood alcohol concentration (BAC) limit for drivers younger than age 21 years) laws. Data on all drivers younger than age 21 years involved in fatalities in the United States from 1982 to 1997 were used in the study. Quarterly ratios of BAC-positive to BAC-negative drivers in each of the 50 states were analyzed in a pooled cross-sectional time-series analysis. After accounting for differences among the 50 states in various background factors, changes in economic and demographic factors within states over time, and the effects of other related laws, results indicated substantial reductions in alcohol-positive involvement in fatal crashes were associated with the two youth-specific laws. The policy of limiting youth access to alcohol through MLDA laws and reinforcing this action by making it illegal for underage drivers to have any alcohol in their system appears to have been effective in reducing the proportion of fatal crashes involving drinking drivers. Copyright 2003, Elsevier Science Ltd.

Demographic and practice characteristics of psychiatrists who primarily treat patients with substance use disorders.

Montoya ID; Herbeck DM; Svikis DS; Fitek DJ; Marcus SC; Pincus HA. *American Journal on Addictions* 12(3): 181-191, 2003. (18 refs.)

This study examined the sociodemographic and practice characteristics of psychiatrists whose caseloads consist primarily of patients with Substance Use Disorders (SUD). A survey instrument was completed by a random sample of 865 psychiatrists. Study groups were defined as high-SUD providers if

psychiatrists reported having 51% or more patients with SUD (n = 92) and non-SUD providers as those who reported not having any patients with SUD (n = 128). High-SUD providers tended to be younger, more likely to graduate from international medical schools, have larger caseloads, work more hours per week, and have a higher proportion of inpatients and publicly funded patients than non-SUD providers. Results suggest that psychiatrists who primarily treat patients with SUD are in their early careers and treat patients with more clinical, psychosocial, and economic disadvantages. The implications of these findings for psychiatry training programs and policy makers will be discussed. Copyright 2003, American Academy of Psychiatrists in Alcoholism and Addictions.

Drug testing in the trucking industry: The effect on highway safety.

Jacobson M. *Journal of Law & Economics* 46(1): 131-156, 2003. (49 refs.)

This paper uses a set of "natural experiments," created by the passage of a U. S. Department of Transportation drug-testing mandate and 13 state testing laws, to examine the effects of testing truckers for illicit substances on highway safety. Since truckers do not bear the full costs of their driving and employers cannot contract on all aspects of their behavior, drug testing may be one means for companies to either screen or monitor employees and lower expected accident costs. Indeed, I find that testing led to a 9-10 percent reduction in truck accident fatalities. The social benefits of mandated testing appear to outweigh the costs of the program. However, the similarity between the effect of mandating testing and simply clarifying state law suggests that extending the right to perform drug tests may have been as effective at lower cost. Copyright 2003, University of Chicago.

Drug use by parents: A challenge for family reunification practice.

Maluccio AN; Ainsworth F. *Children and Youth Services Review* 25(7): 511-533, 2003. (56 refs.)

Family reunification practice has been a cornerstone of child welfare services for the last decade or more. This practice is now challenged by a significant rise in the number of children entering out-of-home care due to abuse and neglect associated with parental drug use. These parents present a special problem for agencies in relation to reunification. Is it possible to ensure a child's safety and future development if reunification is pursued where parental drug use is ongoing? This article does three things. First, it cites the evidence about the incidence of drug use by parents of children in care. Second, it reviews the recent family reunification research and in so doing confirms the importance of family reunification efforts. Third, it proposes a three-stage model

of enhanced reunification practice for use with parents to test the viability of reunification in situations where drug use remains an issue. Copyright 2003, Pergamon Press Ltd.

Effect of lowering the alcohol limit in Denmark.

Bernhoft IM; Behrensdoerff I. *Accident Analysis and Prevention* 35(4): 515-525, 2003. (8 refs.)

On 1 March 1998, the Danish per se limit was lowered from 0.08 to 0.05% blood alcohol concentration (BAC) for motor vehicle drivers. Based on accident data and drivers' drinking habits before and after the amendment, the effect of the new limit has been evaluated. Interviews revealed a significant decrease in the number of drinks that drivers allow themselves to drink within a 2-h period before driving. The proportion of drivers, who would not drink at all or only have one drink, increased from 71% before the amendment to 80% after the amendment. Drivers with changed drinking habits most often stated the lower limit as the main reason for having less alcohol. However, based on accident data from the first year after the amendment, this has not resulted in a marked decrease in the proportion of injury accidents with impaired motor vehicle drivers (BAC greater than or equal to 0.05%) compared to all injury accidents. On the contrary, the proportion of fatal accidents with drink-drivers compared to all fatal accidents has increased in the after-period. The total number of drink-driving sentences were a little larger in 1999 than in 1997 because of the lower limit, but a significant change from higher towards lower alcohol levels can be seen. Copyright 2003, Elsevier Science Ltd.

Policy from a harm reduction perspective.

Lenton S. *Current Opinion in Psychiatry* 16(3): 271-277, 2003. (76 refs.)

Purpose of review: The present review addresses recent literature on the effectiveness of reducing drug-related harm in a number of domains that might be promoted, facilitated, hindered or prohibited by drug policy. Recent findings: Increasingly, there is recognition among health professionals, the judiciary and the public that it is possible to design a system of drug control that has less of an emphasis on criminal law. However, for countries contemplating models of drug law other than strict prohibition, the three main international drug treaties limit the scope of changes to domestic laws. During the past 25 years alcohol policies have shifted from reducing the total population consumption to addressing risky drinking situations and patterns of use in order to reduce alcohol-related problems. With regard to drug use, the

evidence supports needle and syringe provision schemes in the community; prison drug substitution treatment and needle exchange programmes; removal of criminal penalties for minor cannabis offences; and supervised injecting facilities in localized areas with open, public drug scenes and associated amenity problems. Schemes that divert drug offenders from the criminal justice system to treatment are increasingly common, but their effectiveness is yet to be demonstrated. Provision of naloxone hydrochloride to heroin users and their friends and family to aid in management of heroin overdose has promise, but more research is needed before widespread distribution can be advocated. Summary: Clinical and research practitioners should use their influence to call for policy that facilitates interventions that have been shown to be effective in reducing drug-related harm. Copyright 2003, Rapid Science Publishers.

Pregnancy, drug testing, and the fourth amendment: Legal and behavioral implications.

Bornstein BH. *Journal of Family Psychology* 17(2): 220-228, 2003. (31 refs.)

In its efforts to protect the health of unborn children, the government is increasingly attempting to regulate pregnant women's conduct. As with other policies affecting pregnant women's autonomy, these policies have constitutional overtones. In *Ferguson v. City of Charleston* (2001), the Supreme Court struck down a South Carolina hospital's policy of testing pregnant women for cocaine and turning positive results over to law enforcement for prosecution. This article discusses the basis of the decision and its legal and behavioral implications. Although the decision came down on the side of pregnant women's rights, it left unresolved the issue of whether a similar policy could be constructed that would pass constitutional muster. The article concludes with a consideration of the likely effects of, and alternatives to, such a policy. Copyright 2003, American Psychological Association, Inc.

Teen penalties for tobacco possession, use, and purchase: Evidence and issues.

Wakefield M; Giovino G. *Tobacco Control* 12(2): I6-I13, 2003. (72 refs.)

A handful of empirical studies have related changes in youth smoking to popular laws that penalise tobacco possession, use, and purchase (PUP). In this paper, we review the literature and outline reasons why PUP laws may be unlikely to reduce youth smoking significantly at the population level. In theoretical terms, we argue that PUP laws lack important features required for punishment to be effective in changing behaviour. In practical terms, PUP transgressions seem difficult to detect. Conceptually, there is potential for PUP laws to undermine conventional avenues of discipline, such as the parent-child relationship and the school

environment. Strategically, PUP laws may divert policy attention from effective tobacco control strategies, relieve the tobacco industry of responsibility for its marketing practices, and reinforce the tobacco industry's espoused position that smoking is for adults only. To assist further debate and discussion, we identify research issues requiring attention. Copyright 2003, BMJ Publishing Group.

Tobacco industry strategies to undermine the 8th World Conference on Tobacco or Health.

Muggli ME; Hurt RD. *Tobacco Control* 12(2): 195-202, 2003. (27 refs.)

Objective: To demonstrate that Philip Morris and British American Tobacco Company attempted to initiate a wide ranging campaign to undermine the success of the 8th World Conference on Tobacco or Health held in Buenos Aires, Argentina, in 1992. Data sources: Publicly available tobacco industry documents housed in Minneapolis, Minnesota, USA; Guilford, UK; on-line document websites; and telephone interviews with informed parties. Study selection: Those documents determined to be relevant to the companies' campaigns against the 8th World Conference on Tobacco or Health. Data extraction: Revision of chapter VIII of the July 2000 WHO report by a committee of experts, entitled: Tobacco Company Strategies to Undermine Tobacco Control Activities at the World Health Organization: Report of the Committee of Experts on Tobacco Industry Documents. Data synthesis: Internal documents describe proposed media and science orientated campaigns developed by BAT, Philip Morris, and their consultants to divert attention away from the conference. Results and conclusion: This work shows that the tobacco industry has the resources and vested interest to combat perceived threats in its regional operating markets, in this case its Latin American market. It is important for the worldwide public health community to become aware of the numerous ways in which the tobacco industry and its front groups can

work against international tobacco control meetings, even including the manipulation of or working with other public health groups to oppose tobacco control efforts. Future world conference planners and participants should be aware that the tobacco industry is likely to continue to employ such methodology. There is no reason to think that the industry is paying less attention to such conferences in the present or future. Rather, it is likely the industry will adopt and expand strategies that were successful while abandoning those that were not effective. Required disclosure of financial support by all participants at all tobacco scientific conferences is recommended. For the tobacco control community, we also recommend careful coalition building and networking with other public health groups on the ways tobacco is implicated in other public health issues. Copyright 2003, BMJ Publishing Group.

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The relation of retail tobacco availability to initiation and continued smoking.

Pokorny SB; Jason LA; Schoeny ME. *Journal of Clinical Child and Adolescent Psychology* 32(2): 193-204, 2003. (55 refs.)

Used an ecological analysis employing multilevel random-effects regression analyses to model Level 1 (individual and social) and Level 2 (environmental) correlates of smoking initiation and continued smoking among 6th-, 7th-, and 8th-grade students. Data from 5,234 youth in 11 Midwestern communities were examined. Results indicate higher levels of retail tobacco availability (RTA) were associated with increased odds that a youth initiated smoking but not continued smoking. Among the Level 1 factors, youth who were older, male, had an adult tobacco user in the home, and had more peers who use tobacco had increased odds of initiating smoking. In contrast, only the presence of an adult tobacco user in the home and the number of peers who use tobacco were associated with increased odds that a youth continued smoking. Examining individual, social, and environmental factors simultaneously provides a clearer and more accurate model of these complex ecological influences. Copyright 2003, Lawrence Erlbaum Associates, Inc.