

A multiple source methodology for the surveillance of fetal alcohol syndrome: The Fetal Alcohol Syndrome Surveillance Network (FASSNet).

Hymbaugh K; Miller LA; Druschel CM; Podvin DW; Meaney FJ; Boyle CA. *Teratology* 66(Supplement): S41-S49, 2002. (29 refs.)

This article describes efforts to develop a state-based surveillance system for FAS that can yield national prevalence rates and track trends in the occurrence of FAS. This article describes multiple source methodology, the definitions of cases that were used, data collection variables, the record abstraction process in a four state pilot effort known as FASSNet. It includes all the births in Alaska, Arizona, Colorado, and New York. Copyright 2002, Wiley-Liss, Inc.

Supervised injection rooms. Prospects and limitations. (editorial).

Hagan H. *International Journal of Drug Policy* 13(6): 449-451, 2002. (17 refs.)

This editorial considers policies for injecting room programs, as are outlined in an article in the same issue. It is noted that users of injection facilities tend to follow established rules, e.g. mandatory hand-washing, prohibited client-to-client injecting, no shared deals nor pill injecting, and close supervision. The obvious point is that those who object to such rules do not use these programs. The question is whether some rules effectively ban a large segment of the injecting population. The author briefly reviews the impact of supervised injection rooms on different parameters, such as overdose, the transmission of blood borne infection, and reduction in public injecting. The question is raised whether at times the push for injecting facilities is as much related to efforts to define substance use as a public health concern as it is based on the level of public health benefits. Copyright 2002, Project Cork.

The economic cost of outpatient marijuana treatment for adolescents: Findings from a multi-site field experiment.

French MT; Roebuck MC; Dennis ML; Diamond G; Godley SH; Tims F et al. *Addiction* 97(Supplement): 84-97, 2002. (41 refs.)

Aims: Despite recent advances in the economic evaluation of adult substance information and basic research is lacking on the cost of adolescent substance abuse

treatment. The present study conducted an economic cost analysis of several outpatient adolescent treatment approaches. Design The Cannabis Youth Treatment (CYT) study evaluated five structured treatments for cannabis-using adolescents. One of the approaches was implemented by all of the four geographically and institutionally diverse treatment facilities collaborating in CYT; each of the other four approaches was implemented in two of the sites. Using the Drug Abuse Treatment Cost Analysis Program (DATCAP), the economic cost of each site-specific treatment was determined. Findings: The average economic costs of the five types of outpatient treatments ranged from \$837 to \$3334 per episode, and varied by both direct factors (e.g. hours of treatment, treatment retention) and indirect factors (e.g. cost of living, staff level, case-load variation). Conclusions: These adolescent treatment cost estimates are examined in terms of their calculation, variability by condition, variability by site within condition and comparability with previous DATCAP results from outpatient drug-free programs for adults. Future research will integrate treatment outcomes and costs to complete cost-effectiveness and benefit-cost analyses of the five therapies. Copyright 2002, Society for the Study of Addiction to Alcohol and Other Drugs.

Collateral damage in the war on drugs.

Boyd G. *Villanova Law Review* 47(4): 839-850, 2002. (77 legal refs.)

The deleterious effects of the US war on drugs on the African American community are examined. It is claimed that during the 1990s, state courts and the US Supreme Court have made several rulings involving drug cases that have decreased American citizens' rights to free speech, religious freedom, protection from unreasonable searches, and private property. The consequences of disenfranchisement laws for individuals who have committed felonies involving drugs are then considered. After demonstrating that drug use is not higher in the African American community than in its Anglo American counterpart, it is claimed that the American criminal justice system is robbing many African Americans of their freedom, thus instituting a novel form of slavery. The tendency for African American mothers involved in drug cases to have their children removed and the attempts to introduce needle exchange programs in urban areas in order to reduce HIV/AIDS are viewed as manifestations of this

new slave system. It is concluded that the US war on drugs is ultimately a version of American apartheid. Copyright 2002, Villanova University.

The effectiveness of cannabis crop eradication operations in New Zealand.

Wilkins C; Bhatta K; Casswell S. *Drug and Alcohol Review* 21(4): 369-374, 2002. (34 refs.)

At present the only information available on the effectiveness of the cannabis crop eradication programme in New Zealand is the total number of cannabis plants destroyed each year. These figures can only provide a very crude measure of the effectiveness of these operations. A better measure would be the percentage of total cannabis production destroyed-known as the drug seizure rate. This paper calculates the seizure rate of the cannabis crop eradication programme in New Zealand using the amount of cannabis reported consumed in the Alcohol and Public Health Research Unit's (APHRU) National Drug Survey. The seizure rate for the 1998 programme is calculated to be 26-31%. This compares favourably with drug seizure rates reported in other countries. The effectiveness of the cannabis crop eradication programme, and its apparent modest share of the total cannabis control budget, raises some intriguing questions about the role an expanded crop eradication programme could play in a future cannabis control strategy. Copyright 2002, Australian Medical and Professional Society on Alcohol and Other Drugs.

The effects of co-payments on substance abuse treatment expenditures and treatment reoccurrence.

Lo Sasso AT; Lyons JS. *Psychiatric Services* 53(12): 1605-1611, 2002. (22 refs.)

Objective: Employers can influence treatment decisions by adjusting characteristics of the structure of the benefits they offer, such as, co-payments. The authors estimated the relationship between co-payment levels for substance abuse treatment and both the insurers' expenditures for treatment and the reoccurrence of treatment. Methods: Retrospective data from a Midwestern behavioral health insurer were used to identify persons with a diagnosis of a substance use disorder. The claims data were used to construct episodes of treatment. Using the variation in co-payment levels across 211 different employer groups, the authors used multiple regression: models to estimate the effect of co-payment levels on treatment expenditures and the likelihood of a treatment reoccurrence. Results: Co-payment levels had a significant effect on the reoccurrence. Results: Co-payment levels had a significant effect on the reoccurrence of substance abuse treatment. Each 10 percent increase in co-payment was associated with a 1 percent increase in the probability of reoccurrence. Co-payment levels had a significant effect

on current-episode treatment expenditures. Each 10 percent increase in co-payment was associated with an 8.7 percent decrease in total per-episode expenditures. From the plan's perspective, a \$1 increase in co-payment for outpatient substance abuse treatment reduced per-episode spending by \$110; however, roughly \$13 is lost from that saving because of the increased likelihood of treatment reoccurrence. Conclusions: The longer a person is retained in substance abuse treatment, the greater the likelihood of recovery. Co-payments may represent a barrier to retention in treatment. Higher co-payments for substance abuse treatment make treatment reoccurrence more likely. Copyright 2002, American Psychiatric Association. Used with permission.

To pee or not to pee: Reconsidering the need for urinalysis.

Yacobian GS; Urbach BJ. *Journal of Drug Education* 32(4): 261-270, 2002. (16 refs.)

While urinalysis is used regularly as a tool to validate self-reported recent drug use, past research has been inconclusive in evaluating concordance between the two measures. In the current study, urinalysis results for cocaine and opiates are compared to self-reported three-day cocaine and opiate use with data collected through Houston's Arrestee Drug Abuse Monitoring (ADAM) Program between 1990 and 1999. Separate analyses are conducted for each year during the decade. Kappa statistics indicate that the strength of agreement between the two drug use measures is consistent over time. These findings suggest that the need for urinalysis should be reconsidered. Copyright 2002, Baywood Publishing Co., Inc.

Association between state level drinking and driving countermeasures and self reported alcohol impaired driving.

Shults RA; Sleet DA; Elder RW; Ryan GW; Sehgal M. *Injury Prevention* 8(2): 106-110, 2002. (24 refs.)

This study examined the association between a defined set of interventions to reduce driving under the influence of alcohol (DUI), measured at the state level, and individuals' self reported drinking and driving behavior. It was hypothesized that residents from states with weaker DUI countermeasures would be more likely to drive while impaired by alcohol. In 1999, alcohol-related motor vehicle crashes in the United States claimed 15,786 lives and injured more than 300,000 persons. Mothers Against Drunk Driving's (MADD's) Rating the States 2000 survey, which graded states on their DUI countermeasures from 1996-1999, was used as an index of each state's comprehensive DUI prevention activities. The 1997 Behavioral Risk Factor Surveillance System (BRFSS) survey provided information on alcohol impaired driving

from residents of each state. The association between the MADD state grades and alcohol impaired driving was assessed using multiple logistic regression. Of the 64,162 BRFSS respondents who reported drinking any alcohol during the past month, 2.1 percent of women and 5.8 percent of men reported at least one episode of alcohol impaired driving in the past 30 days. Respondents living in states with a MADD grade of "D" were 60 percent more likely to report alcohol impaired driving than those from states with a MADD grade of "A" (odds ratio 1.6, 95 percent confidence interval 1.3-2.1). These findings indicate that stronger state level DUI counter measures are associated with lower rates of self reported alcohol impaired driving. Copyright 2002, BMJ Publishing Group.

Awareness of zero tolerance laws in three states.

Ferguson SA; Williams AF. *Journal of Safety Research* 33(3): 293-299, 2002. (13 refs.)

Problem: A prior study indicated that zero tolerance laws differ in their enforceability and likelihood of enforcement, with California's law being easier to enforce than New York's, and New Mexico's being the hardest of all. The question is, do these differences in enforcement affect teenagers' knowledge and perception of these laws? **Method:** A telephone survey was conducted to investigate awareness of the laws among 17-20 year olds in these three states and perceptions of enforcement. **Results:** Estimated percentages of teenagers who knew of the laws were much higher in New York and California (71% and 65%, respectively) than in New Mexico (34%). Perceptions that police were enforcing the law, that licenses could be suspended, and that penalties were often applied were also lowest in New Mexico. **Impact on industry:** The potential of zero tolerance laws will not be realized without better awareness among young people. Full enforcement of the laws accompanied by publicity about the enforcement is recommended. Changes to the laws and their application may encourage enforcement efforts. Copyright 2002, National Safety Council and Pergamon Press.

Doctors' perceptions of drinking alcohol while on call: Questionnaire survey.

Ahmad T; Wallace J; Peterman J; Desbiens NA. *British Medical Journal* 325(7364): 579-580, 2002. (5 refs.)

A survey was conducted to test the hypothesis that physicians rarely drink alcohol while on call, but that opinion about use would depend on physicians' specialty and age. A questionnaire with 10 questions was designed to probe physicians' perceptions about their own and their colleagues' alcohol use. A list of all physicians in a U.S. county was obtained, a 20 percent random sample was taken from each listed specialty, and 208 questionnaires

were mailed. The response rate was 65 percent (N = 135). Non-respondents were more often women, had graduated from medical school several years earlier, were more likely to practice internal medicine, and were less often surgeons and pediatricians. Most respondents opposed any drinking while on call, but 14 percent thought social drinking was acceptable and one-fourth thought some alcohol use is safe in their specialty. In response to a question of how many drinks someone in their specialty could safely drink while on call, 73 percent said none, 9 percent said one, 4 percent said two, 5 percent said three, and 10 percent said four or more. One-fourth admitted to drinking while on call, and 64 percent and 27 percent reported having encountered colleagues they suspected had used or were impaired by alcohol while on call. Nearly all respondents believed patients care whether their physician uses alcohol, but they were almost evenly divided about an obligation to inform patients if they have used it. It is concluded that the balance between personal freedom and professional obligations to patients merits discussion. Copyright 2002, British Medical Association.

Drug use and initiation in prison: Results from a national prison survey in England and Wales.

Boys A; Farrell M; Bebbington P; Brugha T; Coid J; Jenkins R et al. *Addiction* 97(12): 1551-1560, 2002. (30 refs.)

Aims: To investigate heroin and cocaine use in a sample of British prisoners, and to explore the characteristics of inmates who use these drugs for the first time while in prison. **Design,** participants A cross-sectional survey of all prisons in England and Wales conducted as part of a major national study of psychiatric morbidity. A total of 3142 prisoners (88.2% of those selected) completed a structured interviewer-administered questionnaire. **Measurements:** Interview measures of personal demographics, social history, psychiatric morbidity and drug use. Personality disorders were diagnosed via the Structured Clinical Interview for DSM-IV (SCID- II) and neurotic symptoms were assessed using the revised Clinical Interview Schedule (CIS-R). **Findings** More than 60% of the heroin users and cannabis users reported that they had used these drugs in prison compared with less than a quarter of the life-time cocaine users. More than a quarter of the heroin users reported that they had initiated use of this drug in prison. The extent of an individual's experience of prison was related more consistently to heroin and/or cocaine use in and out of prison than other personal background, social history or psychiatric variables assessed. **Conclusions:** The findings indicate that prisons are a high-risk environment for heroin and other drug initiation and use. Although related to drug use, psychiatric variables were not generally associated with initiation in prison, which was

dominated by prison exposure. There is a need to explore ways of reducing heroin initiation in prison as part of a broader risk-prevention strategy. Copyright 2002, Society for the Study of Addiction to Alcohol and Other Drugs

Developing best practices of emergency care for the alcohol-impaired patient.

Vaca F. *Annals of Emergency Medicine* 39(6): 685-686, 2002. (2 refs.)

This article reports the recommendations of a national conference held in June 2000 and aimed at developing best practices for emergency medical care of alcohol-impaired patients. The conference was sponsored by the National Highway Traffic Safety Administration, the American College of Emergency Physicians, and the Emergency Nurses Association. Emergency physicians, emergency nurses, and paramedics were identified as playing a central role as partners in reducing impaired driving injuries and fatalities. Screening for alcohol use problems and offering appropriate intervention and referral are not widely performed in emergency medical and trauma services, with the result that a prime opportunity is lost. Many such patients are at the early stages of their alcohol use disorder, when they can benefit most from intervention and treatment, and they often interact with the medical system only through emergency medicine or trauma care. Best practice recommendations are listed for non-hospital professionals, for nurses, and for physicians in caring for patients with alcohol use problems. The article is followed by a commentary by K.H. Todd emphasizing the importance of emergency department screening and brief intervention for problem drinkers and addressing some barriers, notably inadequate

training of physicians in treating alcohol problems and lack of an adequate reimbursement system for emergency department-based assessment, intervention, and treatment for trauma patients with drinking problems. Copyright 2002, American College of Emergency Physicians. Used with permission

Public health and therapeutic aspects of smoking bans in mental health and addiction settings.

el-Guebaly N; Cathcart J; Currie S; Brown D; Gloster S. *Psychiatric Services* 53(12): 1617-1622, 2002. (58 refs.)

Objective: Health care facilities are increasingly implementing policies that ban smoking. A concern has been raised that these policies may have a negative impact on smokers who are mentally ill or substance dependent. The authors conducted a literature review to analyze the relevant empirical evidence. Methods: Major health care databases were searched. Major search terms included smoking, smoking cessation, nicotine, health policy, hospital policy, smoke-free policy, psychiatric disorders, and substance use disorders. The search was limited to empirical studies, which were analyzed on the basis of design, the behavioral indicators monitored, and the results of questionnaires. Results and conclusions: A total of 22 investigations of the impact of total or partial smoking bans suggest that the policies have had no major long-standing untoward effect in terms of behavioral indicators of unrest or compliance. However, the policies appear to have had little or no effect on smoking cessation. Smoking cessation strategies should be an inherent component of policies that ban smoking. Copyright 2002, American Psychiatric Association. Used with permission.