

A survey of clinical practices and readiness to adopt evidence-based practices: Dissemination research in an addiction treatment system.

McGovern MP; Fox TS; Xie H; Drake RE. *Journal of Substance Abuse Treatment* 26(4): 305-312, 2004. (51 refs.)

Addiction research is challenged to disseminate evidence-based practices into routine clinical settings. The successful adoption of innovation must consider issues of fit, such as the characteristics, readiness, and attitudes of clinicians in the community. We constructed a survey to assess clinical practices and readiness to adopt certain evidence-based practices in addiction treatment programs. The instrument was administered to directors (n = 21) and clinicians (n = 89) from 24 public addiction treatment programs in New Hampshire (USA). Clinicians are more motivated to adopt some evidence-based practices (twelve-step facilitation, cognitive behavioral therapy, motivational interviewing, relapse prevention therapy) than others (contingency management, behavioral couples therapy, pharmacotherapies). Translational strategies for treatment development and research dissemination are discussed. Copyright 2004, Elsevier Science.

Alcohol outlet density and violence: A geospatial analysis.

Zhu L; Gorman DM; Horel S. *Alcohol and Alcoholism* 39(4): 369-375, 2004. (29 refs.)

Aims: To examine the relationship between alcohol outlet density and violent crime controlling for neighbourhood sociostructural characteristics and the effects of spatially autocorrelated error. Design: The sample for this ecologic study comprised 188 census tracts from the City of Austin, Texas and 263 tracts from the City of San Antonio, Texas. Data pertaining to neighbourhood social structure, alcohol density and violent crime were collected from archival sources, and analysed using bivariate, multivariate and geospatial analyses. Results: Using ordinary least squares analysis, the neighbourhood sociostructural covariates explained close to 59% of the variability in violent crime rates in Austin and close to 39% in San Antonio. Adding alcohol outlet density in the target and adjacent census tracts improved the explanatory power of both models. Alcohol outlet density in the target census tract remained a significant predictor of violent crime rates in both cities when the effects of autocorrelated error were controlled for. In Austin, the effects of alcohol outlet density in the adjacent census tracts also remained significant. The final

model explains 71% of the variance in violent crime in Austin and 56% in San Antonio. Conclusions: The findings show a clear association between alcohol outlet density and violence, and suggest that the issues of alcohol availability and access are fundamental to the prevention of alcohol-related problems within communities. Copyright 2004, Oxford University Press.

Alcohol use by healthcare professionals.

Kenna GA; Wood MD. *Drug and Alcohol Dependence* 75(1): 107-116, 2004. (48 refs.)

Background: This study investigated alcohol use, misuse and abuse in a sample of dentists, nurses, pharmacists and physicians. Previous studies have lacked cross healthcare group comparisons and have rarely included dentists. Methods: As part of a larger mail survey, 479 healthcare professionals (68.7% response) completed self-report items on patterns of alcohol use, monthly drinking, heavy episodic drinking, alcohol-related dysfunction and social or professional influences. Results: Dentists consumed more alcohol than other groups of healthcare professionals; however, use of alcohol by nurses may have a wider impact. The data also suggest alcohol use by healthcare professionals may be related to age, but not gender or income. Physicians received significantly more offers to drink alcohol from pharmaceutical companies and dentists received significantly more offers to drink alcohol in social situations than other healthcare professionals. Conclusions: When compared to the general population, healthcare professionals appear to drink less, however, these findings also suggest that dentists use significantly more alcohol than most other groups of healthcare professionals. Together these findings address significant knowledge gaps that exist surrounding the prevalence of and pathways promoting alcohol use and misuse by healthcare professionals. Copyright 2004, Elsevier Scientific Publishers Ireland, Ltd.

An empirical analysis of imprisoning drug offenders.

Kuziemko Y; Levitt SD. *Journal of Public Economics* 88(9-10): 2043-2066, 2004. (41 refs.)

The number of prisoners incarcerated on drug-related offenses rose 15-fold between 1980 and 2000. This paper provides the first systematic empirical analysis of the implications of that dramatic shift in public policy. We estimate that cocaine prices are 5-15% higher today as a consequence of increases in drug punishment since 1985, presumably leading to reduced drug consumption.

Incarcerating drug offenders is found to be almost as effective in reducing violent and property crime as locking up other types of offenders. Thus, although we demonstrate that the increase in drug prisoners led to reductions in expected time served for other crimes (especially for less serious offenses), the overall impact of increased drug incarceration has likely been a small (1-3%) reduction in violent and property crime. Back-of-the-envelope estimates suggest that it is unlikely that the dramatic increase in drug imprisonment was cost-effective. Copyright 2004, Elsevier Science.

Cannabis law reform in Canada: Is the "saga of promise, hesitation and retreat" coming to an end?

Fischer B; Ala-Leppilampi K; Single E; Robins A. *Canadian Journal of Criminology and Criminal Justice* 45(3): 265-297, 2003. (93 refs.)

The Canadian federal government has promised legislation that will decriminalize the simple possession of cannabis by the summer of 2003. This paper will first review the socio-historical context as it pertains to the criminalization of cannabis use in Canada. Specifically, it will discuss the numerous (unsuccessful) legal and political attempts at cannabis-control reform in the past 30 years, called "the saga of promise, hesitation and retreat" by Giffen, Endicott, and Lambert (1991: 571). It will then review some distinct forces in the current cannabis law reform debate, namely a series of high-profile court cases, patterns of public opinion, and the recommendations of two federal inquiries, all of which contribute to the momentum for reform. After summarizing the diverse landscape of cannabis-control regimes in other Western countries, this paper will examine more closely the actual options that exist for cannabis decriminalization in Canada and their possible effects and implications. Specifically, making simple cannabis possession a civil offence, as suggested, would provide for both discretionary interpretations and net-widening effects in law enforcement and would, in addition, leave the cannabis supply question unresolved. Copyright 2003, Canadian Criminal Justice Association.

Coerced offender rehabilitation - A defensible practice?

Day A; Tucker K; Howells K. *Psychology, Crime & Law* 10(3 (Special Issue)): 259-269, 2004. (38 refs.)

The use of the criminal justice system to force offenders to receive psychological treatment is one of the most controversial aspects of service provision for offenders. Coerced treatment needs to be distinguished from pressured treatment, both having objective and subjective dimensions. In this paper some arguments for and against coerced offender rehabilitation are discussed. We suggest

that coercing offenders into attending rehabilitation programmes (or placing legal pressure on them to attend) is unlikely by itself to lead to poorer outcomes. Rather, the individual's perception of coercion will be more influential in determining how an offender approaches treatment. Even when offenders perceive they are being coerced, it is likely that pretreatment anti-therapeutic attitudes can change over the course of a programme, such that therapeutic gains (risk reduction) can occur. Coercion and its effects on treatment engagement and rehabilitation outcomes require further empirical research and conceptual analysis. Copyright 2004, Routledge, Taylor & Francis Ltd.

Current trends in illegal drug use and drug related health problems in Switzerland.

De Preux E; Dubois-Arber F; Zobel F. *Swiss Medical Weekly* 134(21-22): 313-321, 2004. (48 refs.)

Background and method: As part of the evaluation of the Confederation's measures to reduce drug related problems, a review of available data on drug use and drug related problems in Switzerland has been conducted. Source of data included: population surveys (adults and teenagers), surveys among drug users, health statistics (drug related and AIDS related deaths, HIV case reporting, drug treatments) police statistics (denunciations for consumption). Results: The aims of reducing the number of dependent hard drug users have been achieved where heroin is concerned. In particular, there seems to have been a decrease in the number of people becoming addicted to this substance. For all other illegal substances, especially cannabis, the trend is towards an increased use, as in many European countries. As regards dependent drug users, especially injecting drug users, progress has been made in the area of harm reduction and treatment coverage. Conclusion: This epidemiological assessment can be used in the discussions currently engaged about the revision of the Law governing narcotics and will be a baseline for future follow up of the situation. Copyright 2004, Swiss Medical Publishers.

Evaluation of the substance abuse and crime prevention act: Treatment clients and program types during the first year of implementation.

Evans E; Longshore D. *Journal of Psychoactive Drugs* Supplement 2: 165-174, 2004. (8 refs.)

The Substance Abuse and Crime Prevention Act (SACPA) represents a major shift in criminal justice policy. Eligible offenders can now be sentenced to drug treatment instead of either supervision without treatment or incarceration. UCLA is conducting an independent evaluation of SACPA that will continue over a 5 1/2 year period ending June 30, 2006. Analysis of data collected during the first

year of implementation provides information on the flow of offenders through the SACPA "pipeline" from the initial decision to participate through treatment entry. Also available are characteristics of SACPA clients entering treatment and information on programs treating SACPA clients. Results show that most SACPA-eligible offenders chose to participate in SACPA and that almost two-thirds of those who chose SACPA went on to enter treatment. Also, compared to other treatment clients in California, SACPA treatment clients included fewer women, were older, were more likely to use methamphetamine, and had been using drugs for a longer period of time. Finally, most SACPA clients were referred to outpatient drug-free treatment, regardless of primary drug problem, and very few heroin users in SACPA were referred to methadone. Future reports will cover the possible cost-saving associated with SACPA, outcomes for SACPA clients, and overall lessons learned. Copyright 2004, Haight-Ashbury Publishing.

Illegal alcohol sales to obviously intoxicated patrons at licensed establishments.

Toomey TL; Wagenaar AC; Erickson DJ; Fletcher LA; Patrek W; Lenk KM. *Alcoholism: Clinical and Experimental Research* 28(5): 769-774, 2004. (27 refs.)

Background: Early studies assessing propensity of alcohol sales to underage youth found that, before intervention, likelihood of licensed alcohol establishments selling alcohol to underage youth was 50% or higher across many communities. Community-wide interventions successfully lowered underage alcohol sales rates in several communities. Across studies assessing propensity for alcohol sales to obviously intoxicated patrons, sales rate estimates ranged from 58% to 85% for on-premise establishments (e.g., bars). No previous studies have assessed likelihood of alcohol sales to obviously intoxicated patrons in off-premise establishments (e.g., liquor stores). One goal of this study was to assess propensity for illegal alcohol sales to obviously intoxicated patrons at on- and off-premise establishments. Another goal was to assess whether server and/or establishment characteristics were related to the likelihood of illegal sales. Results may inform future interventions to reduce illegal alcohol sales at licensed alcohol establishments. Methods: Trained actors attempted to purchase alcohol while acting out signs of obvious intoxication at a census of on- and off-premise alcohol establishments (n = 372) in 11 communities. The outcome variable was whether an establishment sold alcohol to a buyer. Independent variables included age and gender of server/clerk, type of establishment, area, exterior maintenance, type of license, and time of purchase attempt. Bivariate and multivariate analyses were

conducted. Results: Seventy-nine percent of the establishments sold alcohol to a buyer (83% and 76% at off- and on-premise establishments, respectively). Servers/clerks who appeared younger than age 31 and off-premise establishments were significantly more likely than older appearing servers and on-premise establishments to sell alcohol to buyers. Conclusions: The likelihood of alcohol sales to obviously intoxicated patrons in licensed alcohol establishments is very high. Interventions to reduce illegal alcohol sales to intoxicated patrons are needed. Copyright 2004, Research Society on Alcoholism.

Fetal alcohol syndrome in the United States corrections system.

Burd L; Selfridge RH; Klug MG; Bakko SA. *Addiction Biology* 9(2): 169-176, 2004. (15 refs.)

Prenatal alcohol exposure can result in fetal alcohol syndrome (FAS), which may increase the risk of confinement in the corrections system. In the United States each state and four major cities' corrections systems were asked to complete a questionnaire on the prevalence of FAS and alcohol-related neurodevelopmental disorder (ARND) in the offender population, the availability of screening and diagnostic services to identify offenders with FAS and staff training needs related to FAS. The total population in the 54 entities was 3 080 904 inmates. Completed questionnaires were obtained from 42 entities (78%). The mean rate of reported substance abuse in offenders was 60.1%. Specialized programs for persons with mental retardation were reported for 44.4% of corrections facilities and 25.9% of community corrections facilities. Programs for pregnant women were reported for 46.3% of corrections facilities and 29.6% of community facilities. One program (1.9%) reported having a screening program for FAS in the corrections system. Only four programs (7.4%) reported having access to diagnostic services for FAS in the corrections facilities. Of the 3 080 904 offenders, only one offender was reported to have a diagnosis of FAS. Reported staff training needs were very large. In conclusion, corrections systems have high unmet needs to screen, identify, and treat offenders with FAS and ARND. Staff training needs are substantial. Copyright 2004, Carfax Publishing.

National Institute on Alcohol Abuse and Alcoholism report on moderate drinking. (editorial).

Gunzerath L; Faden V; Zakhari S; Warren K. *Alcoholism: Clinical and Experimental Research* 28(6): 829-847, 2004. (223 refs.)

In support of the 2005 update of the U.S. Department of Agriculture/U.S. Department of Health and Human Services Dietary Guidelines, the National Institute on Alcohol Abuse and Alcoholism was asked to assess the

strength of the evidence related to health risks and potential benefits of moderate alcohol consumption, with particular focus on the areas of cardiovascular disease, breast cancer, obesity, birth defects, breastfeeding, and aging. The findings were reviewed by external researchers with extensive research backgrounds on the consequences and benefits of alcohol consumption. This report now serves as the National Institutes of Health's formal position paper on the health risks and potential benefits of moderate alcohol use. Copyright 2004, Research Society on Alcoholism. Used with permission.

Precaution, compensation, and threats of sanction: The case of alcohol servers.

Liang L; Sloan FA; Stout EA. *International Review of Law and Economics* 24(1): 49-70, 2004. (31 refs.)

This study used data from a national sample of bar owners or managers and employees at these establishments to look at the following issues. To what extent does the imposition of liability affect employees' incentive to take care? Do various liability rules affect employees' serving practices? And does how the employees were paid make a difference? Employees received higher pay when they engaged in serving practices that may lead to driving under the influence of alcohol (DUI), but pay did not increase when they engaged in behavior that may decrease DUI. Employees were less likely to engage in irresponsible behaviors when the perceived threat of a lawsuit by the owner/manager was relatively high. However, tort liability only affected some forms of precautionary behaviors. Based on our analysis, administrative and criminal law overall appears to be ineffective deterrents. The deterrent effects of lawsuits may also diminish when alcohol servers are mostly paid through tips. Copyright 2004, Elsevier Science Inc.

Private health insurance coverage for substance abuse and mental health services, 1995 to 1998.

Wu LT; Schlenger WE. *Psychiatric Services* 55(2): 180-182, 2004. (10 refs.)

Four years of data from the National Household Survey on Drug Abuse were combined to examine the characteristics of underinsurance in a sample of privately insured Americans aged 18 to 64. Among these adults, 38 percent (45 million) reported not having behavioral health coverage or not knowing their coverage. Young adults aged 18 to 25, Hispanics, Asians, adults in the lowest income level, and less educated adults were more likely to be underinsured. Untreated addictive and psychiatric

problems are costly to society. Underinsurance among socially disadvantaged subgroups deserves greater attention from researchers and policy makers. Copyright 2004, American Psychiatric Association.

The challenge of fetal alcohol syndrome in the criminal legal system.

Fast DK; Conry J. *Addiction Biology* 9(2): 161-166, 2004. (21 refs.)

People with fetal alcohol spectrum disorder (FASD) present challenges to those who work in the criminal legal system. Prenatal exposure to alcohol can cause physical, neurological, and psychological impairments. It is vital to understand the individual offender in order to address the underlying reasons for criminal behavior. Individuals with FASD often come from dysfunctional backgrounds, and may have mental illnesses and substance use disorders. A comprehensive medical-legal report, prepared by a professional experienced with FASD, can help judges and lawyers understand how complex the interactions are among brain damage, genetics, and the environment. The person with FASD can be misunderstood in court, victimized in jails, and mismanaged in the transition back to the community, unless those working with the individual are aware of FASD and its implications. Copyright 2004, Carfax Publishing.

The financial implications of coverage of smoking cessation treatment by managed care organizations.

Warner KE; Mendez D; Smith DG. *Inquiry* 41(1): 57-69, 2004. (51 refs.)

This paper presents results from a simulation of the financial impact and cost effectiveness of smoking cessation in a hypothetical managed care organization (MCO), using data from three large managed care organizations and from existing literature. With base-case assumptions and a market cost of capital, at five years, coverage of cessation services costs an MCO \$.61 per member per month (PMPM). In a steady-state situation, net cost is \$.41 PMPM. Both values include altered medical expenditures and MCO revenue patterns attributable to coverage-induced cessation. Quitters gain an average of 7.1 years of life, with a direct coverage cost of \$3,417 for each life-year saved. Coverage of cost-effective programs by MCOs should be strongly encouraged. Copyright 2004, Blue Cross/Blue Shield Association.