

### **Changes in alcohol consumption following a reduction in the price of spirits: A natural experiment in Switzerland.**

Heeb JL; Gmel G; Zurbrugg C; Kuo M; Rehm J. *Addiction* 98(10): 1433-1446, 2003. (84 refs.)

**Aims:** To discover what changes in alcohol consumption had occurred in subgroups defined by age, sex, volume of drinking and drinking occasions, following a reduction in the price of spirits in Switzerland in July 1999. **Design** Quasi-experimental. Longitudinal general-population survey with baseline 3 months before and follow-up 3 months after price change. **Participants** Probabilistic telephone sample of 1347 individuals with at least monthly consumption on average in the previous 6 months at both interviews. The response rate at baseline was 74.8% and the attrition rate from baseline to follow-up 20.2%. **Measurements** Alcohol consumption was assessed by means of a beverage-specific graduated-frequency measure. High volume of drinking was defined as 40 + g/day for men and 20 + g/day for women. Binge drinking was defined as six + drinks on an occasion for men and four + drinks for women. **Findings** Spirits consumption increased significantly (by 28.6%) in the total sample, and specifically in young males and in individuals who were low-volume drinkers at baseline. Consumption of alcohol overall, or of wine or beer, did not change significantly. No indication of effects of substitution was found. **Conclusions:** Spirits consumption showed price-responsiveness in the early post-intervention period. This finding is of particular interest, as (a) the increase in spirits consumption took place at a time of generally declining consumption of alcohol in Switzerland: and (b) in contrast to the findings of most studies, the intervention, namely price reduction, increased availability. Copyright 2003, Society for the Study of Addiction to Alcohol and Other Drugs.

### **Drug and alcohol treatment among privately insured patients: rate of specialty substance abuse treatment and association with cost-sharing.**

Stein BD; Zhang W. *Drug and Alcohol Dependence* 71(2): 153-159, 2003. (40 refs.)

**Objective:** To examine the rate of formal substance abuse (SA) treatment in a privately insured population, and the association between cost-sharing, residential treatment, and outpatient SA treatment, we analyzed claims data for 332442 adults in 41 health plans with comprehensive SA treatment benefits. **Design:** SA treatment utilization during

1999 and the relationship between patient cost-sharing, gender, and SA diagnosis on SA treatment utilization were examined using a cross-sectional retrospective analysis. **Results:** Only 0.37% (n=1230) of adults had a SA related claim during 1999. Individuals in plans with higher levels of cost-sharing had lower rates of residential SA treatment and specialty SA outpatient treatment compared to individuals in plans with lower cost-sharing, adjusting for age, sex, and SA diagnosis. **Conclusions:** Few individuals had SA related claims, raising questions about rates of undocumented treatment, out-of-network treatment, and unmet need for treatment in the privately insured, and its implications for assessing the quality of SA treatment available in private health plans. At a time when levels of cost-sharing are increasing among privately insured individuals, consideration should be given the potential impact of such changes on the treatment of individuals requiring specialty SA treatment Copyright 2003, Elsevier.

### **Effects of communities, neighborhoods and stores on retail pricing and promotion of beer.**

Harwood EM; Erickson DJ; Fabian LEA; Jones-Webb R; Slater S; Chaloupka FJ. *Journal of Studies on Alcohol* 64(5): 720-726, 2003. (25 refs.)

**Objective:** This study examines how communities, neighborhoods and stores influence retail pricing and promotion of beer. **Method:** In the year 2000, trained field staff conducted observations in 2,024 retail alcohol stores in 160 communities throughout the contiguous United States. Based on a nationally representative sample of schools, we selected communities defined by the school's catchment area, or the vicinity from which the majority of students are drawn. We randomly selected off-sale alcohol retail establishments from a complete list of stores likely to sell tobacco or alcohol in the selected communities. Beer price and promotions are based on observations of Miller and Budweiser beer brands in the stores. Neighborhoods are defined by the store's census block. We used cross-sectional, hierarchical regression models and mixed methods procedures to analyze data. **Results:** Community, neighborhood and store characteristics were related to beer price; however, only community and store characteristics were predictive of beer promotions. **Conclusions:** Overall, the pricing and promotion of beer vary systematically by some characteristics of communities, neighborhoods and stores, but not significantly by the number of young people populating a neighborhood. In addition, pricing and

promotion of Budweiser and Miller beers, in particular, do not appear to target racial minority populations. Because of the significant effect of store characteristics, public health agencies and advocates might focus prevention efforts on collaborations with liquor control agencies to reduce variations in pricing and promotion of beer, which ultimately encourage risky drinking behaviors. Further studies are needed to examine the effects of pricing and promotion on alcohol-related social problems. Copyright 2003, Alcohol Research Documentation, Inc.

### **Heavy drinking and alcohol policy enforcement in a statewide public college system.**

Knight JR; Harris SK; Sherritt L; Kelley K; Van Hook S; Wechsler H. *Journal of Studies on Alcohol* 64(5): 696-703, 2003. (19 refs.)

Objective: To assess the association between heavy drinking and alcohol policy enforcement following the institution of a new system-wide alcohol policy at Massachusetts public colleges and universities. Method: Students (N = 1,252; 59% women) at 11 study schools completed a questionnaire that assessed drinking behaviors and alcohol-associated problems. College deans and campus security officers completed questionnaires assessing policy implementation and enforcement. We compared heavy drinking rates among the 11 schools and measured the association between schools' heavy episodic drinking rates and enforcement index scores based on deans' and security officers' reports of policy enforcement. Results: Rates of heavy episodic drinking varied widely among the 11 schools (range: 36%-71%). The percentage of students reporting strict/very strict policy enforcement also varied widely (35%-90%). In this small sample of colleges, heavy drinking rates among students living on campus tended to be negatively associated with stricter alcohol policy enforcement reports by security officers (Pearson's  $r = -0.64$ ,  $p < .05$ ) and the association appeared to be linear. Heavy drinking was not associated with enforcement reports by deans (Pearson's  $r = 0.17$ ,  $p = NS$ ). Conclusions: Within this single state system, stricter enforcement by campus security officers of policies that limit underage drinking tends to be associated with lower rates of heavy drinking by students. Copyright 2003, Alcohol Research Documentation, Inc. Used with permission.

### **Internet sales of cigarettes to minors.**

Ribisl KM; Williams RS; Kim AE. *Journal of the American Medical Association* 29(10): 1356-1359, 2003. (21 refs.)

Context: There is growing concern that the Internet might become a source of tobacco products for minors. Although researchers have studied tobacco sales to minors at retail outlets for more than a decade, there are no published

studies of tobacco sales to minors via the Internet. Objective To determine the proportion of Internet cigarette vendors that will sell cigarettes to minors. Design, Setting, and Participants: Cross-sectional study conducted in April-July 2001. Under adult supervision, 4 adolescents aged 11 to 15 years attempted to purchase cigarettes via 55 Internet cigarette vendors located in 12 states. These minors made a total of 83 purchase attempts, paying by credit card (n=47) and by money order (n=36). Main Outcome Measure: Proportion of Internet cigarette vendors that sold cigarettes to minors. Results Minors successfully received cigarettes for 93.6% of credit card purchase attempts and for 88.9% of money order purchase attempts. Age was never verified for any of these deliveries. Internet vendors sent a total of 1650 packs of cigarettes to the underage adolescents in this study. Conclusion: Minors appear to have easy access to cigarettes via the Internet because many Internet vendors have weak or nonexistent age verification procedures. Copyright 2003, AMA.

### **Investigating variation in the costs and benefits of addiction treatment: Econometric analysis of the Chicago Target Cities Project.**

Salome HJ; French MT; Scott C; Foss M; Dennis M. *Evaluation and Program Planning* 26(3): 325-338, 2003. (55 refs.)

Several studies have proposed methods for estimating the economic costs and benefits of addiction treatment. However, little information is available on the client and treatment characteristics that contribute to treatment costs and benefits. This study analyzed a sample of treatment clients from the Chicago Target Cities Project to develop estimation techniques and to determine predictors of treatment cost, benefit, and net benefit. The Chicago Project was a quasi-experimental evaluation study of individuals (N = 2, 862) in various addiction treatment facilities. The economic analysis component was conducted in two stages. First, previously published methods were employed to estimate cost and benefit during the 6-month follow-up. Subsequently, these measures were used to compute average cost, benefit, net benefit, and the benefit-cost ratio. Second, the distributions of cost, benefit, and net benefit were statistically examined, and empirical models were selected for handling non-normal data. These models were subsequently estimated to identify the predictors of cost, benefit, and net benefit. Results indicate that the average (per client) cost of all treatment services from baseline to follow-up was \$1943. The average treatment benefit was \$8268, leading to an average net benefit of \$6325 and a benefit-cost ratio of 4.26. Furthermore, findings from a robust regression suggest that: (1) age, race, age at first drug use, treatment modality, and some treatment

characteristics were significantly related to treatment cost, and (2) education, age at first drug use, some ASI scores, some types of treatment, and resistance to continuing care were related to treatment benefit and net benefit. In conclusion, for the average individual, the net benefit (benefit-cost ratio) of treatment was significantly greater than zero (one). Furthermore, cost and benefit were significantly related to certain client and program characteristics. Future studies may find these empirical models useful when investigating the predictors of the costs and benefits of addiction treatment. Copyright 2003, Pergamon Press.

### **Is restricting tobacco sales the answer to adolescent smoking?**

Staff M; Bennett CM; Angel P. *Preventive Medicine* 37(5): 529-533, 2003. (15 refs.)

**Background.** Enforcement of legislation restricting retail access to tobacco is increasingly relied on to reduce adolescent smoking rates. In 1996, health authorities in the Northern Sydney Health Area began monitoring tobacco retailer compliance (PROOF program) with staged purchase attempts by adolescents below the legal age (18 years). **Methods.** Repeat cross-sectional surveys before (1995) and after (2000) the introduction of PROOF monitored changes in adolescent smoking behaviour. Students aged 12 to 17 years from 11 Northern Sydney metropolitan public secondary schools were surveyed for self-reported smoking and tobacco purchasing behavior in 1995 (n = 5,206) and 2000 (n = 4,120). **Results.** Between 1996 and 2000, 545 retailer compliance checks found 34% unlawfully sold cigarettes to minors and 28% of these repeated the offence. Nine prosecutions resulted. **Modelling** revealed a significant association between the intervention and never having smoked (adjusted OR = 1.16, 95% CI = 1.01-1.33) although there was no significant association with being a current smoker. The odds of being a smoker were Greater for students from coeducational schools, with this effect being modified by gender. **Conclusions.** There was no reduction in adolescent smoking with active enforcement of tobacco access laws despite an apparent increase in students who reported never to have smoked. Copyright 2003, American Health Foundation.

### **Is the prevalence of youth smoking affected by efforts to increase retailer compliance with a minors' access law?**

Cummings KM; Hyland A; Perla J; Giovino GA. *Nicotine & Tobacco Research* 5(4): 465-471, 2003. (25 refs.)

This study correlated measures of youth smoking behavior with community-level indicators of retailer compliance with a minors' tobacco access law. The study was carried

out between 1992 and 1996 in 12 communities in Erie County, New York. Retailer compliance was assessed by having adolescents attempt to purchase tobacco products in licensed tobacco-selling outlets in fall 1994 and fall 1995 after implementation of an aggressive enforcement program. Communities were grouped in two ways: (a) those that did or did not increase retailer compliance rates by 200% or more between 1994 and 1995 and (b) those that did or did not achieve an 80% retailer compliance rate in 1995. School-based surveys conducted in 1992 and 1996 assessed the tobacco use behaviors of ninth-grade public school students. Between 1994 and 1995, retailer compliance increased in all 12 communities by an average of 155%. In 1995, six of the 12 communities achieved retailer compliance rates in excess of 80%. Indicators of youth smoking behavior did not vary significantly between communities that increased their retailer compliance rates by more or less than 200%. The prevalence of past 30-day smoking remained stable between 1992 and 1996 in the six communities that achieved a retailer compliance rate of at least 80% and increased slightly in the remaining communities. The prevalence of frequent smoking decreased between 1992 and 1996 in the communities that achieved a retailer compliance rate of at least 80% and increased slightly in the six communities that failed to achieve this rate. Achieving a high rate of retailer compliance with a minors' access law appears to have caused youths to rely more on noncommercial sources of cigarettes and may have had a small effect on adolescent smoking prevalence, especially frequent smoking. Copyright 2003, Carfax Publishing.

### **School policy: What helps to reduce teenage smoking?**

Hamilton G; Cross D; Lower T; Resnicow K; Williams P. *Nicotine & Tobacco Research* 5(4): 507-513, 2003. (36 refs.)

This study examined the degree to which different policy-based whole-school smoking actions were associated with cigarette smoking among 4,697 ninth-grade students in 31 schools in Perth, Australia. Smoking is banned in schools in Western Australia. Cross-sectional self-report surveys measured student smoking prevalence and intensity and its correlates. Simultaneously, school policies and practices related to cigarette smoking were assessed by interviews with principals from each of the 31 schools. The relationship between school policies and practices and cigarette smoking were evaluated using logistic regression. After controlling for socioeconomic status, family smoking, and gender, no differences in "ever smoking" and "regular smoking" rates were seen among schools that reported having a school health policy, a school drug policy, or school health committee. Both ever smoking (p<.001) and regular smoking (p<.001) rates among

students were lower at schools that provided education or counseling as well as discipline measures for students caught smoking at school, compared with schools that used discipline-only approaches. Although school health policies, drug policies, and health committees appeared to be associated with some psychosocial correlates of smoking, the associations of an education/counseling approach with these correlates was more consistent. This suggests actions taken to deal with students who violate smoking policy restrictions may be more important in reducing cigarette smoking than the presence of health or drug policies or health committees. Using education/counseling and discipline strategies rather than discipline only may help to reduce teenage smoking. Copyright 2003, Carfax Publishing.

### **Standards for drug abuse treatment providers.**

Stitzer ML; Owen PL; Hall SM; Rawson RA; Petry NM. *Drug and Alcohol Dependence* 71(2): 213-215, 2003. (1 refs.)

The College on Problems of Drug Dependence (CPDD) is the largest organization in the United States whose primary mission is the advancement of scientific knowledge about drug abuse disorders. The College membership is comprised of a multi-disciplinary group of scientists including many with expertise in treatment research and evaluation. This policy statement is one in a series of educational documents that are available on the CPDD website (cpdd.org). It discusses the current status of standards for drug abuse treatment delivery and provides recommendations that may help to shape future policy in this area. Specifically, it is recommended that evaluation standards should be focused on objective patient outcomes using assessment domains including treatment retention and urinalysis evidence of drug abstinence that have been effectively used for many years in treatment outcome research. Copyright 2003, Elsevier Scientific Publishers.

### **The case for a 0.05% criminal law blood alcohol concentration limit for driving.**

Chamberlain E; Solomon R. *Injury Prevention* 8(Supplement 3): iii1-iii17, 2002. (129 refs.)

Canada established a 0.08% blood alcohol concentration (BAC) limit for drivers in criminal code in 1969. Efforts to reduce the limit to 0.05%, based on more recent scientific evidence and international practice, have met with opposition. This article analyzes research and practice relative to BAC limits in Canada and other countries. Four sections include: (1) a review of research on the adverse effects of small amounts of alcohol on driving skills; (2) a

review of relative risks of fatal crashes among drivers at various BAC levels; (3) an examination of the impact of lowering BAC and other administrative limits in Canada and other countries; and (4) an assessment of arguments raised against introduction of a criminal law establishing a 0.05% BAC limit in Canada. It is concluded that Canada remains far behind other comparable democratic countries in reducing alcohol-related injuries and deaths even though per capita rates of alcohol consumption are lower in Canada than in most of these countries. For example, although Germans consume 70% more alcohol than Canadians, Canada has a rate of driver impairment in fatal accidents about three times higher than that of Germany. Drunk driving laws in Germany and other countries are deterring drinking and driving far better than those in Canada. Copyright 2002, BMJ Publishing Group

### **Should the European Union lift the ban on snus?**

#### **Evidence from the Swedish experience.**

Fagerstrom KO; Schildt E-B. *Addiction* 98(9): 1191-1197, 2003. (30 refs.)

The very low smoking prevalence in Sweden has received considerable attention. Sweden was the only country in Europe to reach the World Health Organizations' goal of less than 20%, daily smoking prevalence among adults by year 2000. Only 17% of Swedish men smoke. Some have argued that this has been achieved because Swedes use another form of tobacco instead. Sweden has a high level of use of a moist snuff product called 'snus'. Nineteen per cent of adult men and 1%, of women are daily users and the trend is increasing. Epidemiological studies have failed to find evidence that snus causes cancers, including oral cancer. Its adverse effects on the cardiovascular system are debated, but are certainly less than those of smoking. Recent studies among former smokers indicate that many men have quit smoking using snus. Forty-seven per cent of current snus users are former smokers and 28% of ex-smoking used snus at their last attempt to stop smoking. The association between high snus consumption and low smoking prevalence has been debated and challenged. It has been argued that snus may be a gateway to cigarette smoking. Recent data has found that among those starting tobacco use in the form of snus, 20% later go on to smoking while the same risk for those not starting with snus is 43%. On balance, there is reason to believe that having snus available to the Swedish population has been of benefit to public health. Repealing the ban on snus in the rest of the European Union might also have some positive effect, depending on the marketing. Copyright 2003, Soc. for the Study of Addiction Alcohol & Other Drugs.