

Dust in the wind: The growing use of embalming fluid among youth in Hartford, CT.

Singer M; Clair S; Schensul J; Huebner C; Eiserman J; Pino R et al. *Substance Use & Misuse* 40(8): 1035-1050, 2005. (44 refs.)

This study suggests that use of embalming fluid as a mind-altering drug has been under-reported. Based on a social network recruitment strategy, findings from a study in 2000 of 401 outreach worker-recruited polydrug-involved youth (ages 16-24 years) from the inner city of Hartford, CT indicate widespread (over 80% of study participants had used the drug at least once) and regular use of embalming fluid mixed with either marijuana or mint. This paper reports findings on frequency and distribution of use, experience, and consequences of use, access to the drug, and characteristics of embalming fluid users. Given the toxic substances that comprise embalming fluid, and the tendency, affirmed in the present study, of the drug to be associated with violent behavior, there is a need to recognize embalming fluid as a drug of concern among youth. Copyright 2005, Marcel Dekker, Inc.

Alcoholics Anonymous: Cult or cure?

Vaillant GE. *Australian and New Zealand Journal of Psychiatry* 39(6): 431-436, 2005. (36 refs.)

Objective: To discuss the mechanism of action, the efficacy and the safety of Alcoholics Anonymous (AA) in the treatment of alcoholism. Method: The published works on effective treatments for alcoholism is briefly reviewed and a prospective multidisciplinary follow-up of recovery from alcoholism in two community cohorts of adolescent males followed from 1940 until the present day is reviewed. Conclusions: The suggested mechanism of action of AA is that it employs four factors widely shown to be effective in relapse prevention in addictions: external supervision, substitute dependency, new caring relationships and increased spirituality. In addition, AA serendipitously follows the principles of cognitive behaviour therapy in relapse prevention. Alcoholics Anonymous appears equal to or superior to conventional treatments for alcoholism, and the skepticism of some professionals regarding AA as a first rank treatment for alcoholism would appear to be unwarranted. Alcoholics Anonymous is probably without serious side-effects. Copyright 2005, Blackwell Publishing Asia.

"In these bleak days": Parent methamphetamine abuse and child welfare in the rural Midwest.

Haight W; Jacobsen T; Black J; Kingery L; Sheridan K; Mulder C. *Children and Youth Services Review* 27(8): 949-971, 2005. (49 refs.)

This report describes the impact of parent methamphetamine abuse on the development and wellbeing of school-aged children, and considers implications for culturally appropriate child welfare services. Thirty-five adult informants from several, adjacent rural Midwestern counties in the United States were interviewed as part of a larger ethnographic study. These child welfare workers, other community professionals (educators, counselors, law enforcement personnel, and substance abuse treatment providers), and foster caregivers described their experiences with families involved with methamphetamine. Overall, informants described that children are brought by their methamphetamine-abusing parents into a rural drug culture characterized by distinct, antisocial beliefs and practices. Children's experience of this culture includes environmental danger, chaos, neglect, abuse, loss, and isolation. Informants believed that children develop antisocial beliefs and practices such as lying, stealing, drug use, and violence through direct teaching by their parents and, indirectly, through observing parents' own antisocial behavior. Informants described children as displaying psychological, social, and educational disturbances. They also described individual variation in functioning across children that they attributed, in part, to individual (e.g., temperament, intelligence), familial (e.g., extended family), and community (e.g., school) characteristics. Informants noted a need for effective child mental health services in the area, and for ensuring a positive environment for children's future development through education of the children, foster parents and other community members. Copyright 2005, Pergamon Press

Circumstances of witnessed drug overdose in New York City: implications for intervention.

Tracy M; Piper TM; Ompad D; Bucciarelli A; Coffin PO; Vlahov D et al. *Drug and Alcohol Dependence* 79(2): 181-190, 2005. (38 refs.)

Drug users frequently witness the nonfatal and fatal drug overdoses of their peers, but often fail to

intervene effectively to reduce morbidity and mortality. We assessed the circumstances of witnessed heroin-related overdoses in New York City (NYC) among a predominantly minority population of drug users. Among 1184 heroin, crack, and cocaine users interviewed between November 2001 and February 2004, 672 (56.8%) had witnessed at least one nonfatal or fatal heroin-related overdose. Of those, 444 (67.7%) reported that they or someone else present called for medical help for the overdose victim at the last witnessed overdose. In multivariable models, the respondent never having had an overdose her/himself and the witnessed overdose occurring in a public place were associated with the likelihood of calling for medical help. Fear of police response was the most commonly cited reason for not calling or delaying before calling for help (52.2%). Attempts to revive the overdose victim through physical stimulation (e.g., applying ice, causing pain) were reported by 59.7% of respondents, while first aid measures were attempted in only 11.9% of events. Efforts to equip drug users to manage overdoses effectively, including training in first aid and the provision of naloxone, and the reduction of police involvement at overdose events may have a substantial impact on overdose-related morbidity and mortality. Copyright 2005, Elsevier Science Ltd.

Characteristics of life stressors predictive of substance treatment outcomes.

Tate SR; McQuaid JR; Brown SA. *Journal of Substance Abuse Treatment* 29(2): 107-115, 2005. (41 refs.)

Most research and treatment focusing on the relationship between life stress and substance use have considered stress as a unitary construct despite the fact that stressors vary in terms of temporal characteristics (short-term vs. long-term) and domains (work, health). In contrast to most stressor domains, increasing evidence suggests that health stressors may reduce the risk of initiating substance use after treatment. We separately evaluated the effect of short-term stress events (discrete date of occurrence), long-term stressors (ongoing stressors lasting 2 weeks or longer), and health stressors on posttreatment alcohol and drug use. Veterans (N = 195) were assessed while receiving addiction treatment and quarterly for 1 year. The odds of initiating posttreatment substance use were 2.5 times greater for participants experiencing severe (nonhealth) long-term stressors. In contrast, participants experiencing short-term health events or severe (nonhealth) short-term events were less likely

to initiate posttreatment substance use (odds ratio = .28 and .44, respectively) Copyright 2005, Elsevier Science.

Gender differences in the causal direction between workplace harassment and drinking.

Freels SA; Richman JA; Rospenda KM. *Addictive Behaviors* 30(7): 1454-1458, 2005. (17 refs.)

Data from a longitudinal study of university employees across four waves is used to determine the extent to which workplace harassment predicts drinking or conversely the extent to which drinking predicts workplace harassment, and to address gender differences in these relationships. Mixed effects regression models are used to test the effects of 1) harassment at the previous wave on drinking at the current wave, adjusting for drinking at the previous wave, and 2) drinking at the previous wave on harassment at the current wave, adjusting for harassment at the previous wave. For males, drinking at the previous wave predicts sexual harassment at the current wave, whereas for females, sexual harassment at the previous wave predicts drinking at the current wave. Copyright 2005, Elsevier Science.

Long-term consequences of childhood sexual abuse by gender of victim.

Dube SR; Anda RF; Whitfield CL; Brown DW; Felitti V; Dong MX; Giles WH. *American Journal of Preventive Medicine* 28(5): 430-438, 2005. (55 refs.)

Background: Childhood sexual abuse is a worldwide problem. Although most studies on the long-term consequences of child sexual abuse have focused on women, it is common for both boys and girls. Thus, a comparison of the long-term effects by gender of the victim will provide perspective on the need for future research, prevention activities, and treatment of survivors. Methods: A retrospective cohort study was conducted from 1995 to 1997 among 17,337 adult HMO members in San Diego, California. Participants completed a survey about abuse or household dysfunction during childhood, and multiple other health-related issues. Multivariate logistic regression was used to examine the relationships between severity of child sexual abuse (intercourse vs no intercourse) and long-term health and social problems (substance use and abuse, mental illness, and current problems with marriage and family) by gender of victim. Models controlled for exposure to other forms of adverse childhood experiences that co-occur with child sexual abuse. Among men, the relationship between the gender of the perpetrator to the outcomes was also examined. Results: Contact sexual abuse was reported by 16% of males and 25% of females. Men

reported female perpetration nearly 40% of the time, and women reported female perpetration of sexual abuse 6% of the time. This sexual abuse significantly increased the risk of the outcomes. The magnitude of the increase was similar for men and women. For example, compared to reporting no sexual abuse, a history of suicide attempt was more than twice as likely among both men and women who experienced this ($p < 0.05$). Compared with those who did not report child sexual abuse, exposed men and women exposed were at a 40% increased risk of marrying an alcoholic, and a 40% to 50% increased risk of reporting current problems with their marriage ($p < 0.05$). Conclusions: In this cohort of adult HMO members, experiencing child sexual abuse was common among both men and women. The long-term impact on multiple health and social problems was similar for both men and women. These findings strongly indicate that boys and girls are vulnerable to this form of childhood maltreatment; the similarity in the likelihood for multiple behavioral, mental, and social outcomes among men and women suggests the need to identify and treat these adults. Copyright 2005, Elsevier Science.

Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: A pilot intervention study.

Seal KH; Thawley R; Gee L; Bamberger J; Kral AH; Ciccarone D et al. *Journal of Urban Health* 82(2): 303-311, 2005. (30 refs.)

Fatal heroin overdose has become a leading cause of death among injection drug users (IDUs). Several recent feasibility studies have concluded that naloxone distribution programs for heroin injectors should be implemented to decrease heroin overdose deaths, but there have been no prospective trials of such programs in North America. This pilot study was undertaken to investigate the safety and feasibility of training injection drug using partners to perform cardiopulmonary resuscitation (CPR) and administer naloxone in the event of heroin overdose. During May and June 2001, 24 IDUs (12 pairs of injection partners) were recruited from street settings in San Francisco. Participants took part in 8-hour training in heroin overdose prevention, CPR, and the use of naloxone. Following the intervention, participants were prospectively followed for 6 months to determine the number and outcomes of witnessed heroin overdoses, outcomes of participant interventions, and changes in participants' knowledge of overdose and drug use behavior. Study participants witnessed 20

heroin overdose events during 6 months follow-up. They performed CPR in 16 (80%) events,, administered naloxone in 15 (75%) and did one or the other in 19 (95%). All overdose victims survived. Knowledge about heroin overdose management increased, whereas heroin use decreased. IDUs can be trained to respond to heroin overdose emergencies by performing CPR and administering naloxone. Future research is needed to evaluate the effectiveness of this peer intervention to prevent fatal heroin overdose. Copyright 2005, Oxford University Press.

On the importance of distinguishing shame from guilt: Relations to problematic alcohol and drug use.

Dearing RL; Stuewig J; Tangney JP. *Addictive Behaviors* 30(7): 1392-1404, 2005. (40 refs.)

Previous research has demonstrated that shame-proneness (the tendency to feel bad about the self) relates to a variety of life problems, whereas guilt-proneness (the tendency to feel bad about a specific behavior) is more likely to be adaptive. The current analyses sought to clarify the relations of shame proneness and guilt-proneness to substance use problems in three samples with differing levels of alcohol and drug problem severity: college undergraduates (Study 1 N=235, Study 2 N=249) and jail inmates (Study 3 N= 332). Across samples, shame-proneness was generally positively correlated with substance use problems, whereas guilt-proneness was inversely related (or unrelated) to substance use problems. Results suggest that shame and guilt should be considered separately in the prevention and treatment of substance misuse. Copyright 2005, Elsevier Science.

Twelve-month outcomes for heroin dependence treatments: Does route of administration matter?

Darke S; Ross J; Teesson M. *Drug and Alcohol Review* 24(2): 165-171, 2005. (31 refs.)

A sample of 442 heroin users (394 injecting heroin users and 48 non-injecting heroin users) recruited for the Australian Treatment Outcome Study were reinterviewed at 12 months after entrance to treatment for heroin dependence. Route of administration was stable over the follow-up period with 4% of non-injecting users having made a transition to heroin injecting, and 0.3% of injecting users having made a transition to non-injecting. Given the description of non-injecting users presented in the literature, it might be expected that they would exhibit better treatment retention and 12-month outcomes than interjecting users. At 12 months, however, there were no

differences between the groups --in heroin use, heroin dependence symptoms, polydrug use, criminality, current self-reported physical health or psychopathology. The only group differences at 12 months were that non-injecting users were more likely to be employed and had fewer injection-related problems. It is concluded that, among those presenting for treatment, route of administration is not an indicator of likely outcome. Copyright 2005, Australian Medical and Professional Society on Alcohol and Other Drugs.

Gender differences in the causal direction between workplace harassment and drinking.

Freels SA; Richman JA; Rospenda KM. *Addictive Behaviors* 30(7): 1454-1458, 2005. (17 refs.) Data from a longitudinal study of university employees across four waves is used to determine the extent to which workplace harassment predicts drinking or conversely the extent to which drinking predicts workplace harassment, and to address gender differences in these relationships. Mixed effects regression models are used to test the effects of 1) harassment at the previous wave on drinking at the current wave, adjusting for drinking at the previous wave, and 2) drinking at the previous wave on harassment at the current wave, adjusting for harassment at the previous wave. For males, drinking at the previous wave predicts sexual harassment at the current wave, whereas for females, sexual harassment at the previous wave predicts drinking at the current wave. Copyright 2005, Elsevier Science.

Sources of prescription drugs for illicit use.

McCabe SE; Boyd CJ. *Addictive Behaviors* 30(7): 1342-1350, 2005. (15 refs.) Objectives: This exploratory study investigated the sources of four classes of abusable prescription medications (sleeping, sedative/ anxiety, stimulant, and pain medications) that were used illicitly by undergraduate students in the past year. The relationship between these sources and other substance use was examined. Methods: In the spring of 2003, a random sample of 9,161 undergraduate students attending a large public Midwestern research university is selected to self-administer a Web-based survey. Results: The respondents identified 18 sources of prescription drugs that were classified into three broad categories: peer, family, and other sources. The

majority of respondents who were illicit users obtained their prescription drugs from peer sources. Undergraduate students who obtained prescription medication from peer sources reported significantly higher rates of alcohol and other drug use than students who did not use prescription drugs illicitly or students who obtained prescription medication from family sources. C Conclusions: The findings of the present study offer strong evidence that undergraduate students obtain abusable prescription drugs from their peers. Greater prevention efforts are needed to reduce the illicit use and diversion of prescription medication. Copyright 2005, Elsevier Science.

Reductions in criminal convictions after addiction treatment: 5-year follow-up.

Gossop M; Trakada K; Stewart D; Witton J. *Drug and Alcohol Dependence* 79(3): 295-302, 2005. (56 refs.) Changes in criminal convictions were investigated among 1075 clients admitted to 54 drug misuse treatment services across England as part of the National Treatment Outcome Research Study (NTORS). Convictions data during the year prior to treatment, and at 1 year, 2 years, and 5 years after treatment intake were collected from the Home Office Offenders' Index, a national database of all convictions in adult and youth courts. Clinical data were collected by face-to-face interviews at intake to treatment, and at follow-up 1 year, 2 years, and 4–5 years after admission to treatment. During the year prior to treatment, 34% of the sample had been convicted of at least one offence. Conviction rates at all follow-up points were significantly lower than at intake. During the year prior to the 5-year follow-up, 18% of the sample had been convicted of at least one offence. Statistically significant reductions in the mean number of convicted offences were also found between treatment intake and 5-year follow-up. Reductions in convictions were found for acquisitive, drug selling, and violent crimes. Reductions in crime were associated with reductions in regular heroin use, age, and with stable housing. The results replicate previously reported findings of crime reductions among the NTORS cohort as indicated by self-reported measures of offending behaviour. The observed reductions in crime among drug misusers after treatment represent substantial changes in behaviour and have considerable personal, social and clinical significance. Reduced criminality also provides substantial economic benefits to society. Copyright 2005, Elsevier Science 2005, Elsevier Science