

Transforming the tobacco market: Why the supply of cigarettes should be transferred from for-profit corporations to non-profit enterprises with a public health mandate.

Callard C; Thompson D; Collishaw N. *Tobacco Control* 14(4): 278-283, 2005. (29 refs.)

Current tobacco control strategies seek primarily to decrease the demand for cigarettes through measures that encourage individuals to adopt healthier behaviours. These measures are impeded and undermined by tobacco corporations, whose profit drive compels them to seek to maintain and expand cigarette sales. Tobacco corporations seek to expand cigarette sales because they are for-profit business corporations and are obliged under law to maximise profits, even when this results in harm to others. It is not legally possible for a for-profit corporation to relinquish its responsibility to make profits or for it to temper this obligation with responsibilities to support health. Tobacco could be supplied through other non-profit enterprises. The elimination of profit driven behaviour from the supply of tobacco would enhance the ability of public health authorities to reduce tobacco use. Future tobacco control strategies can seek to transform the tobacco market from one occupied by for-profit corporations to one where tobacco is supplied by institutions that share a health mandate and will help to reduce smoking and smoking related disease and death. Copyright 2005, BMJ Publishing Group.

Spending on substance abuse treatment: How much is enough?

Meara E; Frank RG. *Addiction* 100(9): 1240-1248, 2005. (45 refs.)

Aim: To describe a framework that can be used to determine optimal spending on substance abuse treatment in the United States. Methods: Selective review of the literature on spending for substance abuse treatment combined with an economic analysis of how to determine when spending is optimal, defining optimal spending as that which minimizes the social costs of substance use disorders. Results: In 1997, only \$11.9 billion of the \$294 billion estimated social costs of substance abuse was spent on treatment. The discrepancy between the high indirect costs of

illness relative to the level of spending on treatment of addictive disorders leads many to believe that the United States spends too little on treatment. In this paper, we argue that information on the social costs of substance abuse disorders and the level of spending on treatment is insufficient to determine whether current spending is optimal. We develop a framework that could be used to determine optimal spending on substance abuse treatment in the United States. We develop this framework in four steps. First, we provide background on the unique financial and delivery features of substance abuse treatment. Secondly, we outline the points raised by advocates of expanded substance abuse treatment: substance abuse has high social costs, yet few people receive the many effective treatments available partly because of financial barriers to treatment. Thirdly, we provide a framework that can be used to judge the additional benefits of alternative levels and types of spending on substance abuse treatment. Finally, we discuss the distinction between the potential impact of spending on substance abuse treatment and its actual impact, using productivity as an example of one significant portion of the costs of substance abuse. Conclusion: To determine optimal spending on substance abuse treatment, research should describe who receives treatment, the quality of treatment received, and how treatments relate to outcomes that comprise a large share of the economic burden of substance abuse. Copyright 2005, Society for the Study of Addiction to Alcohol and Other Drugs.

Addictions and social compassion.

Mooney GH. *Drug and Alcohol Review* 24(2): 137-141, 2005. (27 refs.)

Addictions are, to a considerable extent, born of disadvantage and deprivation. That is not the whole story; there are other factors in place, some of which are in individuals as individuals. In terms of the social determinants of ill-health, addiction and poverty are highly correlated. There is also a literature that investigates whether additionally inequality is bad for our health. The hypothesis put forward in this paper is that in a caring society being poor is not good for health but it is not so bad as being poor in an uncaring society. Societies that claim to be based on social

solidarity, as do the Scandinavians, tend to be highly taxed with consequent large public sectors. In Australia, taxation is very low relative to most OECD countries. The idea of tax for redistributive purposes is not seen as politically palatable to the Australian electorate. There is a need to rethink the public health response to addictions. Epidemiology and biostatistics dominate too much. Public health needs to accept the depth and width of the challenge that a concern for and acceptance of the role of social capital offer. The paper discusses this in the context of community autonomy and public compassion and the need for societies to 'own' addictions and addiction policy in public discourse. More compassion will not 'solve' problems of inequalities and addictions. The point is rather that it is a good place to start. Copyright 2005, Australian Medical and Professional Society on Alcohol and Other Drugs.

Evaluation efforts in the era of federal accountability.

Mulvey KP; Atkinson DD. *Evaluation and Program Planning* 28(3): 325-327, 2005. (3 refs.) This special issue of *Evaluation and Program Planning* presents five articles that discuss the evaluation challenges and issues in implementing the Government Performance and Results Act of 1993 (GPRA) within the Targeted Capacity Expansion (TCE) program sponsored by the Center for Substance Abuse Treatment (CSAT). The goals of these evaluation articles are: (1) to demonstrate how CSAT implemented GPRA within the TCE program; and (2) to demonstrate the effectiveness of TCE grantees in achieving CSAT's goals. These goals include to: positively influence behaviors related to evaluation activities, reduce the barriers to implementation, and to strengthen the use of research methods that improve the collection of both baseline and follow-up data. In addition to providing an overview of each article, this introduction provides an overview of the Substance Abuse and Mental Health Services Administrations' (SAMHSA) vision, CSAT's vision, and a brief context of GPRA. Copyright 2005, Elsevier Science.

Strategies for controlling the drug supply: Policy recommendations to deal with illicit crops and alternative development programs.

Vargas R. *Journal of Drug Issues* 35(1): 131-150, 2005. (8 refs.)

Measuring the success of Alternative Development (AD) programs by the number of illicit crop hectares eradicated puts AD in an undesirable competition with aerial fumigation, which can reduce these areas in a

much shorter time. Whereas AD can only obtain results over the long term, the political push to demonstrate immediate successful results has led to an imbalance in United States anti-drug aid, which is strongly weighted towards aerial fumigation. Despite the short-term success of aerial spraying, the key question of the political, social, and economic sustainability of the results obtained through the use of forceful eradication remains open. AD policies have suffered from changes in their focus over time. Today they are fixated on the idea that the sole purpose of illicit crops is to finance terrorist groups. This conception of the policy issue results in the use of force - specifically, aerial fumigations using chemicals - as the foundation for decision making. This single criterion, therefore, affects programs that once recognized the social and economic roots of the problem of illicit crops. This paper seeks to examine and question those aspects of the current strategy and to explore alternative strategies of eradication that take into account who makes decisions in this matter and on whose behalf said alternatives establish oversight for the ongoing advancement in drug policy. Copyright 2005, Journal of Drug Issues, Inc. Used with permission.

Getting the mix right: Family, community and social policy interventions to improve outcomes for young people at risk of substance misuse. (review).

Vimpani G. *Drug and Alcohol Review* 24(2): 111-125, 2005. (146 refs.)

Societal responses to the existence of substance misuse fluctuate between harm minimisation and prohibition. Both approaches are predominantly downstream reactions to substance misuse that focus on the supply of harmful substances and the containment of misuse through treatment, rehabilitation or punishment. Until recently, little attention has been paid to the upstream individual, family, relationship, community or societal antecedents of substance misuse (which often overlap with those for other adverse life outcomes, such as unemployment, antisocial personality disorder and mental health problems) that have operated during earlier life. A growing body of evidence highlights the overlapping biological and experiential antecedents for substance abuse and other poor outcomes as well as the trajectory-changing protective factors that can prevent risks being translated into destiny. Risk minimisation and protection enhancement embedded in family and social systems are the essential building blocks of a set of early intervention strategies that begin antenatally and continue through the developing years of childhood, adolescence and young adult life, that have been shown to be effective in improving

many outcomes in development, health and well-being. Much remains to be done to enable the promise of effective universal and targeted early intervention to be translated into policies, programs and practices that could be life-changing for citizens bogged in the mire of substance misuse and their children. Realistic, timely investment, influenced by the best scientific evidence indicating what works, for whom, under what circumstances, an increased degree of collaboration within and between governments and their agencies to enable "whole of government" responses in partnership with community-based initiatives are essential along with investments in multidisciplinary program evaluation research that will enable evidence-informed policy decisions to be tailored to the needs of individual countries. Copyright 2005, Australian Medical and Professional Society on Alcohol and Other Drugs.

Beer advertising and marketing update: Structure, conduct, and social costs. (review).

Nelson JP. *Review of Industrial Organization* 26(3): 269-306, 2005. (116 refs.)

Beer advertising is a topic that has frequently attracted the attention of industrial organization economists. This update reviews major events, data trends, and research for each of three issues: (1) the importance of advertising and product differentiation for structural change in the brewing industry; (2) the manner and extent to which brewers can strategically alter market shares using advertising; and (3) the social costs of beer advertising and marketing, including advertising bans, targeting of underage youth, and recent changes in the three-tier system of alcohol distribution. Major legal decisions pertaining to commercial speech and other regulations also are discussed. Copyright 2005, Springer.

Drug use, drug possession arrests, and the question of race: Lessons from Seattle.

Beckett K; Nyrop K; Pfingst L; Bowen M. *Social Problems* 52(3): 419-441, 2005. (91 refs.)

Many analysts have argued that the most harmful forms of drug use are disproportionately concentrated in poor communities of color, and that this pattern—combined with law enforcement's tendency to focus on outdoor drug activity—explains racial disparity in drug arrests. Others contend that comparatively high black and Latino drug arrest rates result from racial bias or racist intent on the part of the architects or lieutenants of the drug war. This article offers an alternative explanation of racial disparity in drug arrests in Seattle, Washington. Specifically, we argue that the racialization of imagery surrounding drugs in general and crack cocaine in particular had long-lasting

institutional and cultural effects that continue to shape police perceptions and practices, and that these effects explain much of the disparity that characterizes drug possession in Seattle. Copyright 2005, University of California Press.

Scientific drug information in newspapers: sensationalism and low quality. The example of therapeutic use of cannabinoids.

Montane E; Duran M; Capella D; Figueras A. *European Journal of Clinical Pharmacology* 61(5-6): 475-477, 2005. (7 refs.)

Objective: We aimed to analyse the quality of newspaper articles concerning the therapeutic use of cannabis published in Spanish newspapers. Methods: A preliminary questionnaire of the Index of Scientific Quality was used [scores ranged from 0 (no misleading) to 14 (misinformation in each item)]. Results: Of the 29 newspaper articles analysed, 16 (55.2%) were scored as 4 or lower, and 6 (20.7%) scored 7 or higher. Up to 23 newspaper articles (79%) did not manage the knowledge related to cannabinoids; 20 (69%) gave a sensationalist message; 11 (37.9%) were able to wrongly influence clinical decision taking; and 8 (27.6%) misled medical concepts. Conclusion: The leading medical journals could play an especially relevant role while preparing their press releases if they specify study limitations and context. Copyright 2005, Springer.

Strong increase in total delta-THC in cannabis preparations sold in Dutch coffee shops.

Pijlman FTA; Rigter SM; Hoek J; Goldschmidt HMJ; Niesink RJM. *Addiction Biology* 10(2): 171-180, 2005. (35 refs.)

The total concentration of THC has been monitored in cannabis preparations sold in Dutch coffee shops since 1999. This annual monitoring was issued by the Ministry of Health after reports of increased potency. The level of the main psychoactive compound, Delta(9)-tetrahydrocannabinol (THC), is measured in marijuana and hashish. A comparison is made between imported and Dutch preparations, and between seasons. Samples of cannabis preparations from randomly selected coffee shops were analyzed using gas chromatography (GC-FID) for THC, CBD and CBN. In 2004, the average THC level of Dutch home-grown marijuana (Nederwiet) (20.4% THC) was significantly higher than that of imported marijuana (7.0% THC). Hashish derived from Dutch marijuana (Nederhasj) contained 39.3% THC in 2004, compared with 18.2% THC in imported hashish. The average THC percentage of Dutch marijuana, Dutch hashish and imported hashish was significantly higher than in

previous years. It nearly doubled over 5 years. During this period, the THC percentage in imported marijuana remained unchanged. A higher price had to be paid for cannabis with higher levels of THC. Whether the increase in THC levels causes increased health risks for users can only be concluded when more data are available on adjusted patterns of use, abuse liability, bioavailability and levels of THC in the brain. Copyright 2005, Taylor & Francis Ltd.

Tobacco education in US schools of pharmacy.

Hudmon KS; Bardel K; Kroon LA; Fenlon CM; Corelli RL. *Nicotine & Tobacco Research* 7(2): 225-232, 2005. (27 refs.)

This study is the first to characterize tobacco-related content in pharmacy school curricula in the United States. A national survey mailed to 83 U.S. schools of pharmacy assessed the extent to which tobacco is addressed in required coursework, educational methods of instruction, perceived importance of addressing tobacco in the doctor of pharmacy degree program, perceived adequacy of current levels of tobacco education in curricula, and perceived barriers to enhancing the tobacco-related content. A total of 82 surveys (98.8% response) revealed a median of 170 min of tobacco education throughout the doctor of pharmacy program. The most heavily emphasized topics are aids for cessation, assisting patients with quitting, nicotine pharmacology and principles of addiction, and drug interactions with smoking, yet more than 40% of respondents believed that each of these topics was covered inadequately. Key barriers to enhancing tobacco training are lack of curriculum time and lack of clinical clerkship sites focusing on tobacco interventions. Pharmacy faculty members perceive tobacco cessation training to be important, yet a mismatch exists between the perceived importance and the perceived adequacy of current levels of training in pharmacy school curricula. The results of this study will serve as a baseline measure against which future,

parallel assessments will be compared as faculty at schools of pharmacy across the United States work together toward enhancing the tobacco cessation training of student pharmacists. Copyright 2005, Taylor & Francis.

Tobacco taxation and public health: Ethical problems, policy responses.

Wilson N; Thomson G. *Social Science & Medicine* 61(3): 649-659, 2005. (98 refs.)

This article aims to describe the major ethical issues surrounding tobacco taxation, and to identify policy responses to minimise any ethical dilemmas. It uses the standard ethical framework for biomedicine (covering beneficence, non-maleficence, respect for autonomy and justice), in conjunction with relevant data on tobacco taxation from various developed countries. Tobacco taxation contributes substantial benefits at the population level by protecting health (i.e., by deterring the uptake of smoking by youth, by promoting quitting, and by reducing harm from exposure to second-hand smoke (SHS)). However, tobacco taxes can contribute to financial hardship among low-socioeconomic status populations where smoking persists. Such taxes can contribute to autonomy, by reducing SHS exposure to non-smokers, and by allowing freedom from nicotine-dependency for those who quit smoking or do not start regular smoking as a result of high tobacco prices. Furthermore, increases in tobacco taxation may reduce health inequalities and so contribute to justice. Nevertheless, the additional tax burden imposed on smokers who wish to continue to smoke, or are unable to quit, can be considered unjust. The autonomy of such smokers may be partly impaired. Although tobacco tax can be regarded as ethically justifiable because of its substantial overall benefit to society, there is substantial scope for policy changes to further reduce any harms and injustices for those populations who continue to smoke. Copyright 2005, Elsevier Ltd.