

Buprenorphine treatment for opioid dependence: The relative efficacy of daily, twice and thrice weekly dosing.

Marsch LA; Bickel WK; BadgerGJ; Jacobs EA. *Drug and Alcohol Dependence* 77(2): 195-204, 2005. (42 refs.)

This randomized clinical trial evaluated the relative efficacy of three buprenorphine dosing schedules. Opioid-dependent adults were randomly assigned to receive buprenorphine seven, 3 or 2 days per week for 24 weeks. Daily maintenance doses were 4, 8, 10, or 12 mg of the sublingual buprenorphine solution. Participants who attended the clinic daily received a maintenance dose of buprenorphine daily. Participants who attended the clinic thrice weekly received double their maintenance dose on Monday and Wednesday, followed by a triple dose on Friday. Participants who attended the clinic twice weekly received quadruple their maintenance dose of buprenorphine on Monday and triple their maintenance dose on Friday. Results demonstrated that all dosing regimens were of comparable efficacy in promoting treatment retention, opioid and cocaine abstinence, and reductions in HIV risk behavior (especially as related to drug use) and severity of life problems. Predictor analyses identified sub-populations of opioid-dependent individuals that may have a more positive treatment outcome under each buprenorphine dosing condition. Less-than-daily dosing schedules may provide the opportunity for treatment programs to serve a greater number of opioid-dependent patients and reduce the risk of medication diversion, which may, in turn, have a positive impact on community support of science-based treatment for opioid-dependence. Copyright 2005, Elsevier Science.

Cigarette smoking as an alternative to screened drugs: Why juvenile probationers smoke more.

Peters RJ; Kelder SH; Prokhorov AV; Yacoubian GS; Markham CM; Essien EJ. *Addiction Research & Theory* 13(1): 35-42, 2005. (19 refs.)

While at-risk adolescents smoke at higher rates than other adolescents, nicotine is often omitted from inquiry in studies involving delinquent youth. To address this limitation, the current study used a qualitative approach to investigate the beliefs associated with cigarette smoking trends among 37

adolescent smokers enrolled in an alternative high school, who were ever or currently on probation. More than 80% of males and females believed that juvenile probation led to an increase in cigarette smoking. Most adolescents believed the reason for this increase was that nicotine is not subject to urinalysis detection by the Department of juvenile Probation. Most adolescents in the study stated that nicotine was used as a vehicle for "self-medication/coping." In addition, most adolescents were heavy smokers prior to probation and increased their cigarette smoking twofold while on probation. These findings are important in determining the extent to which probation may be associated with excessive cigarette use among alternative-school probationers. Copyright 2005, Taylor & Francis Ltd.

Controlled drinking and controlled drug use as outcome goals in British treatment services.

Rosenberg H; Melville J. *Addiction Research & Theory* 13(1): 85-92, 2005. (20 refs.)

We mailed a questionnaire to the directors of a nationwide sample of substance abuse service agencies in England, Wales, and Scotland (response rate 70%; 436 of 623 potential respondents) to assess the acceptance and availability of both controlled drinking and controlled drug use, and to examine whether acceptance was associated with clients' severity (abuse versus dependence) and ultimate goal choice (non-abstinence as intermediate versus final outcome goal). Chi-square analyses revealed a statistically significant association of acceptance ratings with client severity/goal choice conditions. Specifically, larger majorities of agency administrators rated controlled drinking and controlled drug use as somewhat or completely acceptable for clients described as abusing versus dependent on their key substance, and non-abstinence was rated as acceptable less often for dependent drinkers and dependent drug users who select non-abstinence as their final outcome goal. Consistent with several decades of research on treatment outcome, natural recovery, and harm reduction, there is widespread and ongoing support for controlled or moderate consumption as an outcome goal by clients presenting to British treatment services with alcohol and drug problems, but such support is

moderated by the clients' severity and ultimate goal choice. Copyright 2005, Taylor & Francis Ltd.

Effects of different nicotine replacement therapies on postcessation psychological responses.

Strasser AA; Kaufmann V; Jepson C; Perkins KA; Pickworth WB; Wiley EP et al. *Addictive Behaviors* 30(1): 9-17, 2005. (31 refs.)

Transdermal nicotine patch (TN) and nicotine nasal spray (NS) are both efficacious forms of smoking cessation treatment, but have different pharmacokinetic properties and modes of action. To understand better psychological responses to treatment, we investigated the effects of TN versus NS on positive affect, negative affect, and withdrawal symptoms during treatment. Participants were randomly assigned to receive TN (n=172) or NS (n=163) plus seven sessions of behavioral counseling, and completed self-report questionnaires at pretreatment and during treatment. TN participants, but not NS participants, reported significant increases in positive affect during treatment. Increases in negative affect and withdrawal were observed, independent of treatment. Only changes in negative affect predicted relapse by the end of the treatment phase. These findings indicate that, although TN may enhance positive affect for smokers in treatment compared with NS, only changes in negative affect predict treatment outcome. Copyright 2005, Elsevier Science.

Clinical, psychosocial, and treatment differences in minority patients with bipolar disorder.

Kilbourne AM; Bauer MS; Pincus H; Williford WO; Kirk GF; Beresford T; VA Cooperative Study 430 Team. *Bipolar Disorders* 7(1): 89-97, 2005. (43 refs.)
Objectives: The clinical profile of minorities with bipolar disorder has been largely unexplored. We compared the clinical (e.g. psychiatric and substance use comorbidity), psychosocial, and treatment characteristics between white and minority patients with bipolar disorder (minorities were defined as black or other minority, which included Hispanic, Asian-American, or Native-Americans). Methods: We collected demographic, diagnosis, and treatment information using the Structured Clinical Interview for DSM-IV (SCID) from 330 inpatients with a current major affective episode across 11 Veterans Affairs (VA) Medical Centers enrolled in the VA Cooperative Study (Reducing the Efficacy-Effectiveness Gap in Bipolar Disorder). Results: Twenty-four percent (n = 80) were minority; 9% (n = 30) were women, 4% (n = 20) were greater than or equal to 65 years old; and the majority (87%, n = 286) had bipolar type I. Minorities compared with whites were no more likely to have a

current episode of psychosis (30% versus 37%, respectively; p = 0.28). However, minorities were more likely than whites to have a cocaine use disorder (adjusted odds ratio, OR = 2.2; 95% CI: 1.4-3.5; p < 0.01) or current alcohol abuse disorder (adjusted OR = 1.8; 95% CI: 1.1-3.9; p < 0.05). Further breakdown by race/ethnicity revealed that cocaine use disorder was most prevalent among blacks (n = 14, 29%), compared with all other minorities (n = 2, 6%) or whites (n = 10, 4%; p < 0.001). Other minorities compared with blacks or whites were more likely involuntarily committed during some part of their index hospitalization (adjusted OR = 2.47; 95% CI: 1.1-5.7; p = 0.04). Conclusions: Minorities with bipolar disorder may be a more vulnerable population because of higher rates of substance use disorder and higher rates of involuntary psychiatric commitment. Moreover, the specific profile of vulnerability may differ across minority groups. Copyright 2005, Blackwell Munksgaard

Is ecstasy perceived to be safe? A critical survey.

Gamma A; Jerome L; Liechti ME; Sumnall HR. *Drug and Alcohol Dependence* 77(2): 185-193, 2005. (46 refs.)

Recent publications claim that the recreational drug ecstasy is considered to be safe by many or most ecstasy users, or by young people or the general public. Unfortunately, there are no references that provide any support for this claim. Previous studies of various populations, including drug users and adolescents in several nations, also failed to support claims of the perceived safety of ecstasy. Epidemiological surveys from the USA and UK consistently report high proportions of young people who perceive great risk in using ecstasy. Studies in ecstasy users show that they are aware of a number of short- and long-term risks of ecstasy use, although, in the absence of actual problems, they evaluate the personal significance of these risks as low. This study further investigated the perceived harmfulness of ecstasy, drawing on an online survey of over 900 drug users. Little support for the claim was found. Seventy-three percent of the participants in the online survey viewed ecstasy as carrying at least 'some risk'. The claim of ecstasy's perceived safety is plausibly based on researchers' assumptions that the continued widespread use of the drug indicates that users are unaware of the associated risks, and that informing them about these risks would lead to a reduction in drug use. We argue that these assumptions are inadequate and that drug information and harm reduction strategies should focus on more affective

and personally significant aspects of risk perception. Copyright 2005, Elsevier Science.

Long-term effects of family functioning and child characteristics on problem drinking in young adulthood.

Engels RCME; Vermulst AA/Dubas JS; Bot SM; Gerris J. *European Addiction Research* 11(1): 32-37, 2005

Several studies have shown that disturbances in the parent-child relationship in childhood are related to patterns of alcohol abuse in adolescence and young adulthood. Recently some researchers, however, argue that whether poor parenting is detrimental depends on specific child characteristics. Hence, instead of examining overall effects of parenting, it might be more appropriate to search for specific child-environment effects that lead to problematic drinking patterns. In this paper, we investigate the interplay between child characteristics (lack of self-control and aggression) and parenting on problematic alcohol use in young adulthood. Data were used from a longitudinal study that followed 301 children and their parents for a period of 10 years. Both parents and their children were interviewed on parenting practices and child characteristics when the child was a young adolescent (mean age of 12 years at time 1) and extensive information on problematic alcohol use was gathered when the participants were young adults (mean age was 22 at time 3). Findings showed strong effects of childhood aggression (men only) and poor family functioning on enhanced levels of problem drinking in young adulthood. Further, the combination of high levels of aggression and low levels of family functioning were related to problem drinking in men, whereas the combination of low parental control and low levels of affection expression were related to problem drinking in women. Copyright 2005, S. Karger

Motivational interviewing: Is it all our clients need?

Heather N. *Addiction Research & Theory* 13(1): 1-18, 2005. (80 refs.)

Motivational Interviewing (MI) and its offshoots such as the Drinker's Check-up and Motivational Enhancement Therapy have become enormously popular in scientific and addiction treatment circles over the past decade. This article first addresses the reasons for this popularity and suggests that it is due to presumed cost-effectiveness, relevance to interventions in non-treatment-seeking populations, and the essential nature of addictions as motivational disorders. The article then goes on to examine evidence for the effectiveness of MI in both non-treatment-seeking and treatment-seeking samples,

taking account of published systematic reviews and, particularly, the findings of Project MATCH. The relevance of possible findings from the UK Alcohol Treatment Trial is also considered. The article also looks at mechanisms of change that may account for the way MI works. It ends with a list of conclusions bearing on the effectiveness of MI, the possible roles in treatment that it can serve, the client groups for whom it may be especially appropriate, and what further research is needed. Copyright 2005, Taylor & Francis Ltd.

Staff perspectives on methadone maintenance therapy (MMT) in a large southwestern jail.

McMillan GP; Lapham SC. *Addiction Research & Theory* 13(1): 53-63, 2005. (12 refs.)

The purpose of the study was to develop and test an instrument to measure knowledge about methadone maintenance treatment, attitudes towards drug addiction, readiness to adopt a methadone maintenance program, and to determine how the staff at a large metropolitan detention center score on these domains. We developed a 45-item "Knowledge, Attitudes, and Readiness to Adopt" survey and administered it to 114 jail staff. The anonymous survey was psychometrically sound. Younger and non-medical staff generally had low knowledge scores on the survey and had negative attitudes towards methadone as a treatment for heroin addiction. Written comments indicated that many staff members have strong and often polarized opinions about drug treatment in a correctional setting. Results of this study suggest several steps towards improving the staff support for methadone maintenance therapy, which includes better education regarding opiate replacement therapy as an effective treatment for heroin addiction. Copyright 2005, Taylor & Francis Ltd.

The half-life of the 'teachable moment' for alcohol misusing patients in the emergency department.

Williams S; Brown A; Patton R; Crawford MJ; Touquet R. *Drug and Alcohol Dependence* 77(2): 205-208, 2005. (23 refs.)

Background: To determine whether the length of time between alcohol-related attendance in the emergency department (ED) and follow-up appointment with an alcohol health worker (AHW) alters attendance rate at the AHW clinic. Methods: We examined paper and computerized records made by AHWs over a 4-year period, collecting data on the length of time between identification of alcohol misuse and the appointment with the AHW, and whether the appointment was kept. Results: There is an inverse relationship between the length of time between identification of alcohol misuse and AHW appointment and the subsequent likelihood

of keeping that appointment. Conclusions: To maximise attendance rates at AHW clinics, the delay between the identification and intervention for alcohol misusing patients must be kept to a minimum, preferably giving an appointment on the same day as the attendance in the ED. Copyright 2005, Elsevier Science.

The parents' experience: Coping with drug use in the family.

Butler R; Bauld L. *Drugs: Education, Prevention and Policy* 12(1): 35-45, 2005. (17 refs.)

The families of drug users are often overlooked in the planning and delivery of services. This paper is based on interviews with parents of heroin users and staff from a support agency that worked with families affected by drug use. Findings highlight the devastation parents experienced in learning that their child was using heroin, and the subsequent impact that this had on their lives. Accessing support from a specialist agency provided tangible benefits for parents. These included a reduced sense of isolation, an increased knowledge of drugs and drug-related issues, and greater empathy for their son or daughter. This resulted in an improved support network for the drug user. However, parents faced many obstacles in accessing support, not least a lack of awareness of their needs amongst appropriate agencies. The paper concludes by highlighting the need to develop further tailored interventions to support families affected by drug use, and to improve the knowledge and awareness of the issue among treatment agencies and a range of other relevant organizations. Copyright 2005, Carfax Publishing.

The Significant Other Checklist: Measuring the problems experienced by family members of drug users.

Kirby KC; Dugosh KL; Benishek LA; Harrington VM. *Addictive Behaviors* 30(1): 29-47, 2005. (42 refs.)

Historically, much attention has been given to the multifaceted problems experienced by drug abusers. Recently, greater attention has been given to the family members of drug abusers, but unfortunately, most of this attention has focused on family relationships and has overlooked the problems experienced by family members of drug users (DUs). To date, there is no psychometrically sound, multidimensional assessment tool available to

systematically assess the economic, behavioral, and psychological problems encountered by these family members. This study presents the findings associated with the initial measurement development phase of such an assessment tool. The initial results are promising, suggesting that the Significant Other Checklist (a) has reasonable initial subscale reliability estimates, (b) assesses problem domains that are relevant to family members of DUs, and (c) is able to identify important group similarities and differences among family members of DUs. Copyright 2005, Elsevier Science.

Food sources and intakes of caffeine in the diets of persons in the United States.

Frary CD; Johnson RK; Wang MQ. *Journal of the American Dietetic Association* 105(1): 110-113, 2005. (10 refs.)

This study provides information on the caffeine intakes of a representative sample of the US population using the US Department of Agriculture 1994 to 1996 and 1998 Continuing Survey of Food Intakes by Individuals. The percentage of caffeine consumers of the total sample (N=18,081) and by age and sex groups and for pregnant women were determined. Among caffeine consumers (n=15,716), the following were determined: mean intakes of caffeine (milligrams per day and milligrams per kilogram per day) for all caffeine consumers, as well as for each age and sex group and pregnant women; mean intakes (milligrams per day) of caffeine by food and beverage sources; and the percent contribution of each food and beverage category to total caffeine intake for all caffeine consumers, as well as each age and sex group and pregnant women. Eight-seven percent of the sample consumed food and beverages containing caffeine. On average, caffeine consumers' intakes were 193 mg caffeine per day and 1.2 mg caffeine per kilogram of body weight per day. As age increased, caffeine consumption increased among people aged 2 to 54 years. Men and women aged 35 to 64 years were among the highest consumers of caffeine. Major sources of caffeine were coffee (71%), soft drinks (16%), and tea (12%). Coffee was the major source of caffeine in the diets of adults, whereas soft drinks were the primary source for children and teens. Copyright 2005, American Dietetic Association.