

## **Alcohol and in-patient utilization: What is the shape of the relationship?**

Armstrong MA. *Addiction* 100(1): 30-32, 2005. (3 refs.)

The costs of alcohol use to society are well known and numerous, including material and personal losses. Costs to social service and health-care systems are important to estimate, but the published literature on this topic is contradictory. Many studies have found associations between alcohol use and utilization or cost of health services. In the case of out-patient utilization, an inverse relationship has consistently been found. However, the magnitude and shape of the relationship to in-patient care has not been consistent. The following question has not been answered conclusively: 'Is there a relationship between alcohol consumption and inpatient medical care utilization and cost and, if so, what is the shape of the relationship?' The problem in comparing research to date evolves from difference numbers of drinking categories, differing definitions of drink size. Copyright 2005, Society for the Study of Addiction to Alcohol and Other Drugs.

## **Can government policies help adolescents avoid risky behavior?**

Bishai DM; Mercer D; Tapales A. *Preventive Medicine* 40(2): 197-202, 2005. (34 refs.)

Background. This study examines the extent to which policies influence participation of adolescents in alcohol and tobacco consumption and in unsafe sex. Methods. Data were obtained from the 1995 Youth Risk Behavior Surveys (YRBS) conducted by 20 different states and cities in the U.S. These data were combined with state data on cigarette taxes, vending machine laws, beer taxes, and family planning clinic availability. A model of teenage risk taking suggested that the three risk behaviors were codetermined by a common latent risk-taking propensity. We used a structural equation model (SEM) accounting for this shared latent propensity to estimate the extent of participation in terms of frequency of smoking, drinking, and the number of sex partners. Results. Estimating simultaneous equations for all three risk behaviors was statistically more efficient than equation-by-equation estimates of each behavior.

Estimates indicated significant deterrent effects of beer taxes, vending machine restrictions, and increased density of family planning clinics on teenage risk behavior. Conclusions. State policies, such as taxes on beer, and restrictions on location of cigarette vending machines, and placement of family planning clinics influence adolescents' behavior. Because there is interrelationship between these behaviors, systems estimators, can offer improved estimates of these effects. Copyright 2005, Elsevier Science.

## **Do school surroundings matter? Alcohol outlet density, perception of adolescent drinking in public, and adolescent alcohol use.**

Kuntsche EN; Kuendig H. *Addictive Behaviors* 30(1): 151-158, 2005. (16 refs.)

The aim of the present study was to investigate the relationship between alcohol outlet density, perception of adolescent drinking in public (both assessed at the school level), and adolescent drinking and drunkenness at individual level. Hierarchical linear regression models were calculated based on data from 1194 ninth graders in Switzerland (mean AGE=15.3, S.D.=0.7) and their schoolmasters (n=61). Apart from the positive main effects, the results reveal a negative interaction of alcohol outlet density and perception of adolescent drinking in public in predicting individual alcohol use among adolescents. In regions with a high density of shops, it appears that the schoolmasters' perception reflects the general drinking norm of the area where the school is located rather than the actual drinking level of adolescents. More research is needed, particularly in Europe and among adolescent populations, to reach a better understanding of school level predictors of adolescent alcohol use. Copyright 2005, Elsevier Science Ltd.

## **Electronic gaming machines: Are they the 'crack-cocaine' of gambling?**

Dowling N; Smith D; Thomas T. *Addiction* 100(1): 33-45, 2005. (65 refs.)

Background: There is a general view that electronic gaming is the most 'addictive' form of gambling, in that it contributes more to causing problem gambling than any other gambling activity. As such, electronic gaming machines have been referred to as the 'crack-

cocaine' of gambling. While this analogy has popular appeal, it is only recently that the scientific community has begun to investigate its validity. In line with the belief that electronic gambling has a higher 'addictive' potential than other forms of gambling, research has also begun to focus on identifying the characteristics of gaming machines that may be associated with problem gambling behaviour. Aims and methods: This paper will review the different types of modern electronic gaming machines, and will use the introduction of gaming machines to Australia to examine the association between electronic gaming and problem gambling, with particular reference to the characteristics of modern electronic gaming machines. Findings and conclusions: Despite overwhelming acceptance that gaming machines are associated with the highest level of problem gambling, the empirical literature provides inconclusive evidence to support the analogy likening electronic gaming to 'crack-cocaine'. Rigorous and systematic evaluation is required to establish definitively the absolute 'addictive' potential of gaming machines and the degree to which machine characteristics influence the development and maintenance of problem gambling behaviour. Copyright 2005, Society for the Study of Addiction to Alcohol and Other Drugs.

### **Internet abuse: Addiction? Disorder? Symptom? Alternative explanations?**

Morahan-Martin J. *Social Science Computer Review* 23(1): 39-48, 2005. (47 refs.)

As Internet use has proliferated worldwide, there has been debate whether some users develop disturbed patterns of Internet use (i.e., Internet abuse). This article highlights relevant literature on Internet abuse and computer-mediated communication effects that supports and disputes major questions about Internet abuse. Is the addiction paradigm appropriate for Internet use? Is behavior that has been labeled Internet abuse symptomatic of other problems such as depression, sexual disorders, or loneliness? What are alternative explanations for this phenomenon? Is there adequate research to support Internet abuse as a distinct disorder? Copyright 2005, Sage Publications Inc.

### **Pricing policy and some other predictors of smoking behaviours: An analysis of French retrospective data.**

Peretti-Watel P. *International Journal of Drug Policy* 16(1): 19-26, 2005. (32 refs.)

In France as in other developed countries, cigarette smoking has been acknowledged as the most preventable cause of death and disability. Tobacco

control has become a priority for the French government, which decided a 20% rise of the cigarette price at the end of 2003 and plans further rise in 2004. This study adopted a life-course perspective with retrospective data extracted from a national telephone survey for assessing the impact of pricing policy and some other predictors on smoking behaviours in France during the period 1965-1999. Our findings suggest that during a period marked by cultural trends favouring more frequent and earlier initiation of cigarette smoking, pricing policy has been a poor deterrent to youth smoking. Such findings highlight the necessity to implement simultaneously other preventive strategies, including restrictions on tobacco advertising, youth access and smoking in public places, as well as mass media campaigns and school-based educational interventions. Copyright 2005, Elsevier Science.

### **Primary medical care and reductions in addiction severity: A prospective cohort study.**

Saitz R; Horton NJ; Larson MJ; Winter M. *Addiction* 100(1): 70-78, 2005. (31 refs.)

Aims: To assess whether receipt of primary medical care can lead to improved outcomes for adults with addictions. Design: We studied a prospective cohort of adults enrolled in a randomized trial to improve linkage with primary medical care. Methods: Subjects at a residential detoxification unit with alcohol, heroin or cocaine as a substance of choice, and no primary medical care were enrolled. Receipt of primary medical care was assessed over 2 years. Outcomes included (1) alcohol severity, (2) drug severity and (3) any substance use. Findings: For the 391 subjects, receipt of primary care (2 visits) was associated with a lower odds of drug use or alcohol intoxication (adjusted odds ratio (AOR) 0.45, 95% confidence interval (CI) 0.29-0.69, 2 d.f. 2P = 0.002). For 248 subjects with alcohol as a substance of choice, alcohol severity was lower in those who received primary care [predicted mean Addiction Severity Index (ASI) alcohol scores for those reporting 2, 1 and 0 visits, respectively, 0.30, 0.26 and 0.34, P = 0.04]. For 300 subjects with heroin or cocaine as a substance of choice, drug severity was lower in those who received primary care (predicted mean ASI drug scores for those reporting 2, 1 and 0 visits, respectively, 0.13, 0.15 and 0.16, P = 0.01). Conclusions: Receipt of primary medical care is associated with improved addiction severity. These results support efforts to link patients with addictions to primary medical care services. Copyright 2005, Society for the Study of Addiction to Alcohol and Other Drugs.

### **The AMA proposal to mandate nicotine reduction in cigarettes: A simulation of the population health impacts.**

Tengs TO; Ahmad S; Savage JM; Moore R; Gage E. *Preventive Medicine* 40(2): 170-180, 2005. (71 refs.)

Background. The American Medical Association (AMA) has advocated gradually reducing the nicotine content of cigarettes to decrease smoking prevalence. Some experts have voiced concerns that smokers may "compensate" by smoking more cigarettes or inhaling more deeply. Further, a black market may emerge, perpetuating cigarette availability. Thus, it is unclear whether a federal mandate would result in a net increase or decrease in population health. The purpose of this research is to estimate the long-term health gains or losses that are likely to accrue to the US population if the nicotine content of cigarettes is gradually reduced to trace levels over a 6-year period.

Methods. To estimate health impacts, we created the Tobacco Policy Model, a computer simulation model. The model simulates the US population as they age and change their smoking behavior over time. Secondary data for model parameters were obtained from publicly available sources. Population health impacts were measured as the change in cumulative quality-adjusted life-years (QALYs) in the US population over 50 years.

Results. Following a mandate to reduce nicotine, smoking prevalence is likely to decline from 23% to 5% of the population. Accordingly, a cumulative gain of 157 million QALYs is expected over 50 years.

Conclusions. Despite any mortality increases due to compensatory smoking or the emergence of a black market, implementation of the AMA proposal would likely prevent the addiction of scores of new smokers and result in important gains to the nation's health. This research should prove useful to Congress as they contemplate giving the FDA the authority to regulate tobacco. Copyright 2004, Institute For Cancer Prevention.

### **The association between multiple drug misuse and crime.**

Bennett T; Holloway K. *International Journal of Offender Therapy and Comparative Criminology* 49(1): 63-81, 2005. (23 refs.)

Research that has investigated the association between specific drug types and crime has tended to focus on the specific drug type in isolation from other drugs. The main problem with this is that it cannot be assumed that the association between specific drug use and crime will be the same regardless of the additional drugs consumed. The research aimed to investigate whether there was a correlation between number and type of drugs used and involvement in

crime. The analysis of multiple drug use is based on data collected as part of the New English and Welsh Arrestee Drug Abuse Monitoring program in the United Kingdom. The results showed that both the number of drug types consumed and the particular drug type combinations used explained offending rate. The research concluded that the investigation of links between multiple drug use and crime might help inform antidrug strategies and treatment services. Copyright 2005, Sage Publications Inc.

### **The effect of a reduction in heroin supply in Australia upon drug distribution and acquisitive crime.**

Degenhardt L; Conroy E; Gilmour S; Collins L. *British Journal of Criminology* 45(1): 2-24, 2005. (54 refs.)

In early 2001, Australia experienced a sudden, significant reduction in the availability of heroin, following a number of years of unprecedented availability of high-grade heroin. This study examines changes in the scale, method, structure and visibility of heroin and other drug distribution in New South Wales (NSW), and in the incidence of possession and use of heroin and other drugs associated with this reduction in heroin availability. Police incident data on possession/use of illicit drugs and on incidents of acquisitive crime were analysed using time-series analysis. Key informants (n=71) from NSW law enforcement and health agencies and heroin users (n=53) were interviewed regarding changes in the drug market following the reduced availability of heroin. NSW police reports were accessed for information on police investigations into drug crime and related activities. Drug distribution in NSW appeared to change around the time of the heroin shortage. High-level distribution of heroin, cocaine and methamphetamine may have remained somewhat discretely managed by different organized crime groups but greater collaboration occurred between these groups. Among mid-level distributors, there appeared to be a shift in emphasis from heroin to other drug distribution. Low-level dealers may have made a short-term shift from heroin to cocaine distribution. Low-level drug dealing also appeared to shift towards mobile and less overt methods of dealing. The number of street-level dealers reduced and in the longer-term, visibility of the drug markets decreased. There were significant decreases in police incidents of heroin possession/use reported by police, which were more marked among males and younger persons. At the same time, increases were observed in incidents for cocaine possession/use. There was a sustained decrease in theft offences but a temporary increase in

robbery offences during the peak period of reduced availability. This appeared to represent a shift in the criminal behaviour of users remaining in the market and was associated with changes in drug-use patterns. Although the motivation behind the offending behaviour remained the same over time, cocaine use was associated with more violent crime. The method and structure of illicit drug distribution changed along with reduced heroin supply and carried implications for the policing of drug markets. Australia does not have a large cocaine market and the findings may have differed in countries where cocaine is in more ready supply. Copyright 2005, Oxford University Press.

**Towards a regulated market for illicit drugs:  
Effects of the harm reduction model of controlled  
drug availability.**

Burrows D. *International Journal of Drug Policy*  
16(1): 8-9, 2005

This is a response to an article by Haden on tools that can be used to regulate illegal drugs. Drawing upon arguments posited in "Harm Reduction Model of Controlled Drug Availability" which spelled out some of the problems with drug prohibition, the following are noted as goals of policy: be realistic; take account of the different patterns and types of harms caused by specific drugs; be shown to be effective or be changed; separate arguments about the consequences of drug use from arguments about morals; be developed in the light of the costs of control as well as the benefits; ensure that the harms caused by the control regimes themselves do not outweigh the harms prevented by them; and recognise the existence of multiple goals, but ensure that contradictory goals are minimised." The author proceeds to suggest the following principles of controlled availability: (i) the use and possession of currently illicit drugs should be made legal, in an environment of controlled availability; (ii) the regulated manufacture, supply and sale of selected drugs should be allowed; (iii) the drugs selected for controlled availability should include cannabis, heroin, amphetamine, ecstasy and anabolic steroids; (iv) the selected drugs should be made available either: (a)

over the counter from licensed premises in specified (generally low) dosages of known purity, clearly labelled with ingredients shown; or (b) by prescription; (v) the age limit for the regulated supply of currently illicit drugs should be the same as it is for alcohol; (vi) advertising and marketing should be the minimum necessary (e.g., for brand identification) to ensure that non-users are not attracted into drug use by marketing; (vii) prices of regulated drugs should be set so that least harmful forms of the drug (usually lower dosages) are substantially less costly than more harmful forms of the drug; (viii) users must demonstrate adequate knowledge about the effects of the drug they intend to purchase, and about safe use. Copyright 2005, Elsevier Science.

***The Opium Economy in Afghanistan: An  
International Problem.***

International Narcotics Office on Drugs and Crime.  
Vienna Austria: , 2005

Afghanistan currently produces nearly 90% of all poppy used to produce heroin world wide. This report from the United Nations Office on Drugs and Crime is organized into three sections. Section I considers the dimensions of the problem in terms of production and trafficking, the relation to trade and income generated by poppy production, and drug use problems within Afghanistan. Section 2 considers the origins of the problem of the opium economy, its historical roots, the relationship to poverty and agriculture within the country, and its relationship to financial markets within Afghanistan. The third section considers the impact of poppy production on the region: the nature of drug trafficking, the growing problems of regional drug use, the relationship to HIV/AIDS. The conclusion considers steps needed to address the problem: including alternative crops for poppy farmers, jobs, education, financial structures to replace poppy as a basis for credit, and also law enforcement initiatives.

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