

Library Watch

substance use
policy issues

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A tale of two jurisdictions. Can Australia and Canada learn from each other's experience with cannabis control?

Kisely S. *Australian and New Zealand Journal of Psychiatry* 39(3): 154-160, 2005. (31 refs.)

Objective: To compare public health and legal policies to reduce the harm associated with cannabis use in Canada and Australia, given similarities between both countries. Method: A review of the epidemiological and health policy literature. Results: Although both countries have adopted harm minimization, a continued heavy reliance on legislative and punitive approaches in both Canada and Australia has failed to arrest the increase in cannabis use, especially among young people. A Senate inquiry in Canada has recommended the liberalization of laws on the possession and use of cannabis, while tightening legislation against operating vehicles or machinery while intoxicated. Conclusions: Existing policies are not evidence-based and lead to adverse outcomes such as criminalization of otherwise law-abiding citizens and diversion of resources from more effective policing or health service initiatives. Copyright 2005, Royal Australian and New Zealand College of Psychiatrists.

Absenteeism and business costs: Does substance abuse matter?

Foster WH; Vaughan RD. *Journal of Substance Abuse Treatment* 28(1): 27-33, 2005. (33 refs.)

We conducted an empirical test of the assertion that absenteeism related to substance abuse and dependence among workers is an important contributor to the cost of doing business among American companies, a cost sufficient to motivate firms to aggressively intervene to eliminate abuse and dependence among their employees. The results of this analysis, based on relevant national data sets, suggest that such abuse-based absenteeism is, at best, an incidental cost to business and is insufficient to justify significant prophylactic or therapeutic investments of scarce human resource dollars to achieve an abuse and dependence free workplace. These findings force both public and private sector policymakers to turn to a "hazardous use"/"critical incident" rationale as the basis of their argument that American business should invest human resource dollars in specific programs and

technologies designed to achieve a drug-free workplace. Copyright 2005, Elsevier Science.

Looking the other way - The impact of reclassifying cannabis on police warnings, arrests and informal action in England and Wales.

Warburton H; May T; Hough M. *British Journal of Criminology* 45(2): 113-128, 2005. (29 refs.)

British drugs legislation has recently been changed to reclassify cannabis from a Class B drug to a Class C one. The reclassification is intended to reflect more accurately the risks posed by cannabis relative to other drugs. The debate about reform of the British laws in regulating cannabis possession has tended to ignore the fact that even before cannabis was reclassified as a Class C drug, police officers often turned a 'blind eye' to cannabis offences, or else gave informal warnings. This paper examines the political background to reclassification. It then examines the factors that guide officers to use their discretion and informally dispose of cannabis offences. It goes on to consider the impact that reclassification may have on informal action. The data are drawn from a detailed study of the policing of cannabis prior to reclassification, conducted by the Institute for Criminal Policy Research. We demonstrate that a multiplicity of police, offender and situational factors, either alone or in combination, influence an officer's decision to take informal action on the street. We outline the potential for reclassification to generate a reduction in the use of informal disposals, which may create a 'net-widening' effect, or an increase in use, which might lead to the offence being selectively decriminalized. The implications for both scenarios are considered. Copyright 2005, Institute for the Study and Treatment of Delinquency.

Making it happen: The case for compromise in the federal cocaine law debate.

Sabet KA. *Social Policy and Administration* 39(2): 181-191, 2005. (34 refs.)

The US has taken an active role in formulating drugs policy for over a century, and thus much debate on how best to control drug use occurs in that country. Though most Americans support keeping drugs illegal, voices for changing the specifics of how prohibition is administered have grown louder and more effective in

the past ten years-witness the recent success on the state and local level for rolling back restrictions on medical cannabis or punitive state mandatory minimum penalties (i.e. Rockefeller drug laws). Expectedly, these successful reforms have happened with the support of voters in those particular states and localities where reforms have been introduced. On the federal level, the accusation of racism has become a familiar cry among anti-prohibitionists, who argue that cocaine laws, in particular, disproportionately affect African-Americans and contribute to racial division. The federal government makes a great distinction in sentencing between powder cocaine, usually snorted, and crack cocaine, which is smoked. A person caught in possession of five grams of crack gets an automatic mandatory minimum sentence of five years in prison. Possessing cocaine in its powder form does not carry a mandatory minimum. Additionally, these laws are the target of much debate because, for trafficking in the drug, it takes 100 times more powder cocaine than crack to trigger the same mandatory minimum penalty (the so-called "100 to 1 quantity ratio"). I will argue that repealing the mandatory minimum sentence for crack is both justified based on the evidence and politically viable. Although the number of people affected by this law every year is minuscule, African-Americans are undoubtedly disproportionately affected by the penalty. Eliminating the provision should not be expected to have a deleterious effect on crime or drug control efforts, and would instead have a positive effect in reinvigorating faith in the criminal justice system and in promoting positive race relations. Very importantly, it is a politically realistic reform for making prohibition work better. Erasing or dramatically changing the more controversial 100 to 1 quantity ratio-though affecting far more people than the mandatory minimum for crack possession-may or may not justify itself based on the evidence. Nonetheless, it is certainly not a politically realistic option for lawmakers. Copyright 2005, Blackwell Publishing, Ltd.

Iatrogenic effects of psychosocial interventions for substance use disorders: Prevalence, predictors, prevention.

Moos RH. *Addiction* 100(5): 595-604, 2005. (96 refs.)
 Aims: To examine the prevalence and personal and intervention-related predictors of potential iatrogenic effects associated with psychosocial interventions for substance use disorders and provide a conceptual framework to guide further research on such effects.
 Method: A review of relevant studies focuses on the prevalence and predictors of potential iatrogenic effects of psychosocial treatment and prevention

programs for substance use disorders. Results: Between 7% and 15% of patients who participate in psychosocial treatment for substance use disorders may be worse off subsequent to treatment than before. In addition, several controlled trials of substance use prevention have shown some apparent iatrogenic effects, including more positive expectations about substance use and a rise in alcohol use and alcohol-related problems. Probable person-related predictors of deterioration associated with treatment include younger age and unmarried status, more serious current diagnoses and substance use problems and more psychiatric and interpersonal problems. Probable intervention-related predictors of deterioration include lack of bonding; lack of monitoring; confrontation, criticism and high emotional arousal; deviancy modeling; and stigma, low or inappropriate expectations and lack of challenge. Conclusion: A significant minority of individuals with substance use problems appear to deteriorate during or shortly after participation in treatment or prevention programs. Safety standards and monitoring procedures are needed to routinely identify potential adverse consequences of intervention programs; research is needed to clarify whether deterioration is due to iatrogenic effects of interventions and to identify new approaches to counteract any such effects. Copyright 2005, Society Study of Addiction, Alcohol and Other Drugs.

Snapshot of the substance abuse treatment workforce in 2002: A synthesis of current literature.

Libretto SV; Weil J; Nemes S; Linder NC; Johansson A. *Journal of Psychoactive Drugs* 36(4): 489-497, 2004. (23 refs.)

Substance abuse among adolescents and adults continues to be a major public health concern. Given the prevalence of substance use, abuse, and dependence in the United States, the treatment needs of the population who abuse substances are great. Adolescents and adults who abuse substances need competent, knowledgeable, and qualified staff to provide services to meet their treatment needs. However, providers of substance abuse treatment services are varied, ranging from those who have minimal formal training to those who have specialized degrees and credentials in the field. In addition, substance abuse professionals represent a variety of fields (social work, psychiatry, psychology, etc) as opposed to a single unifying discipline. Few studies have been conducted examining the background, qualifications, and professional development needs of treatment staff. This article represents an attempt to lay

the groundwork for future research. It summarizes information on staff demographics, level of competency, training, recruitment, and retention. In addition, recommendations are made for the advancement of research. Copyright 2004, Haight-Ashbury Publications.

State tobacco control spending and youth smoking.

Tauras JA; Chaloupka FJ; Farrelly MC; Giovino GA; Wakefield M; Johnston LD. *American Journal of Public Health* 95(2): 338-344, 2005. (29 refs.)

Objective. We examined the relationship between state-level tobacco control expenditures and youth smoking prevalence and cigarette consumption. **Methods.** We estimated a 2-part model of cigarette demand using data from the 1991 through 2000 nationally representative surveys of 8th-, 10th-, and 12th-grade students as part of the Monitoring the Future project. **Results.** We found that real per capita expenditures on tobacco control had a negative and significant impact on youth smoking prevalence and on the average number of cigarettes smoked by smokers. **Conclusions.** Had states represented by the Monitoring the Future sample and the District of Columbia spent the minimum amount of money recommended by the Centers for Disease Control and Prevention, the prevalence of smoking among youths would have been between 3.3% and 13.5% lower than the rate we observed over this period. Copyright 2005, American Public Health Association.

Playing hide-and-seek with the tobacco industry. (review).

LeGresley EM; Muggli ME; Hurt RD. *Nicotine & Tobacco Research* 7(1): 27-40, 2005. (35 refs.)

Despite many peer-reviewed works that draw on tobacco industry documents that have now been made public, questions remain about how complete a picture has emerged. We present a conceptual framework that identifies and evaluates tobacco industry efforts to conceal information. Widespread document destruction like that in recent litigation in Australia is just one of more than a dozen tobacco industry efforts to prevent access, or at least timely access, to documents. Industry efforts range from small, locally employed initiatives to company-wide tactics. Some efforts, such as using "oral only" procedures, scrambling telephone lines, or involving lawyers in scientific projects, are preemptive. Others seek to deal with already existing documents by invoking bogus claims of legal privilege, stipulating "read then destroy" for memos, and rewriting problematic memos. That evidence of concealment has, in fact, been found in tobacco company archives attests to the

futility of attempting to control the flow of millions of pieces of paper among tens of thousands of employees. However, researchers have yet to reveal the full story: We know of the industry's failures in concealing information, but not its successes. The industry's objective is not destruction of information per se, but prevention of public disclosure of that information. Exposing the tobacco industry's many approaches to concealment provides greater insight into companies' intentions and potential means for stripping away that concealment. Copyright 2005, Taylor & Francis Ltd.

Welfare reform and substance abuse. (review).

Metsch LR; Pollack HA. *Milbank Quarterly* 83(1): 65-+, 2005. (113 refs.)

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) changed the nature, purpose, and financing of public aid. Researchers, administrators, and policymakers expressed special concern about the act's impact on low-income mothers with substance use disorders. Before PRWORA's passage, however, little was known about the true prevalence of these disorders among welfare recipients or about the likely effectiveness of substance abuse treatment interventions for welfare recipients. Subsequent research documented that substance abuse disorders are less widespread among welfare recipients than was originally thought and are less common than other serious barriers to self-sufficiency. This research also showed significant administrative barriers to the screening, assessment, and referral of drug-dependent welfare recipients. This article summarizes current research findings and examines implications for welfare reform reauthorization. Copyright 2005, Milbank Memorial Fund.

Private insurance and the utilization of chemical dependency treatment.

Schmidt LA; Weisner CM. *Journal of Substance Abuse Treatment* 28(1): 67-76, 2005. (50 refs.)

This study examines how different types of health coverage influence the likelihood of entering treatment for an alcohol problem, and the extent that people in treatment are able to use their insurance to help cover the costs of care. Survey data are analyzed from a sample of problem drinkers drawn from the general population and chemical dependency treatment programs in the same community. We find that, in comparison to being on Medicaid and being uninsured, having private coverage does not significantly alter the odds of treatment entry. Being in a private managed care plan, as compared to traditional indemnity coverage, also does not appear to impact the chances

of treatment entry. However, having private coverage, as compared to being on Medicare, doubles the odds of treatment entry. For problem drinkers who obtain treatment, those with private coverage are as or more likely than other insured groups to report that insurance helped to pay treatment expenses. Even so, 10% of those privately insured report having paid for all of their treatment costs out of pocket. We conclude that, while prior studies have rarely found that having insurance significantly impacts alcohol treatment entry, the type of coverage one possesses may matter in some cases. Our results concerning Medicare coverage may point to potential problems with making treatment affordable to some problem drinkers outside the private insurance system. Copyright 2005, Elsevier Science.

The adolescent addiction treatment workforce: Status, challenges, and strategies to address their particular needs.

Schubert K; Pond ANS; Kraft MK; Aguirre-Molina M. *Journal of Psychoactive Drugs* 36(4): 483-488, 2004. (5 refs.)

Treating youth with substance use problems presents unique challenges, distinct from those of adults, that add to the complexity of recruiting and retaining a qualified adolescent treatment workforce. Youth who need treatment are often involved in an array of systems (i.e., health, legal, and social) and use substances for a variety of reasons, requiring providers to have a unique set of treatment practices and proficiencies. The intent of this article is to highlight the current understanding of the issues facing the alcohol and other drug treatment workforce and to provide an overview of strategies people are or could be using to build and maintain a workforce that can effectively deliver care for adolescents. Copyright 2004, Haight-Ashbury Publications.

Estimating drug treatment needs among state prison inmates.

Belenko S; Peugh J. *Drug and Alcohol Dependence* 77(3): 269-281, 2005. (84 refs.)

Growing prison populations in the U.S. are largely due to drug-related crime and drug abuse. Yet, relatively few inmates receive treatment, existing interventions tend to be short-term or non-clinical, and better methods are needed to match drug-involved inmates to level of care. Using data from the 1997 Survey of Inmates in State Correctional Facilities, a nationally representative sample of 14,285 inmates from 275 state prisons, we present a framework for estimating their levels of treatment need. The framework is drawn

partly from the American Society of Addiction Medicine Patient Placement Criteria and other client matching protocols, incorporating drug use severity, drug-related behavioral consequences, and other social and health problems. The results indicate high levels of drug involvement, but considerable variation in severity/recency of use and health and social consequences. We estimate that one-third of male and half of female inmates need residential treatment, but that half of male and one-third of female inmates may need no treatment or short-term interventions. Treatment capacity in state prisons is quite inadequate relative to need, and improvements in assessment, treatment matching, and inmate incentives are needed to conserve scarce treatment resources and facilitate inmate access to different levels of care. Copyright 2005, Elsevier Science Ireland, Ltd

Certification and program regulations for inpatient services to youth with addiction: A state-level analysis.

Pollio DE; McClendon J; Reid DL. *Journal of Psychoactive Drugs* 36(4): 499-509, 2004. (17 refs.)

Recent evidence has indicated that the prevalence of addiction in youth is far higher than previously expected. High demand for services to this population require attention to programs providing interventions, in particular to the regulations and structures that assure youth receive quality services. Thus, the current research examines state-level certification and program requirements for inpatient youth facilities. Current data (from August 2002 through July 2003) on state-level regulations was collected from a variety of sources. Wherever possible, confirmation was sought from multiple sources. Multiple authors interpreted information. Youth with addictions are currently being treated across a wide variety of governmental agencies. Level of detail and clarity of information varied widely, as did distinctness of youth requirements from adult ones. Adequate regulatory attention was evident in a minority of states, while a handful of states did little or nothing to distinguish youth from adult services. While it is undoubtedly the case that providers within each state offer outstanding services, there is often little or no available protection for these youth through governmental regulations. Attention is needed in almost all states to providing additional regulations and program requirements that assure youth consistency in service quality. Recommendations are made for standards of certification requirements. Copyright 2004, Haight-Ashbury Publications.