

Library Watch

substance use
policy issues

www.project cork.org

Winter 2005

Alcohol and opiate withdrawal in US jails.

Fiscella K; Pless N; Meldrum S; Fiscella P. *American Journal of Public Health* 94(9): 1522-1524, 2004. (20 refs.)

We sought to estimate the number of arrestees at risk for inadequately treated drug and alcohol withdrawal in US jails. We used Arrestee Drug Abuse Monitoring Program data to estimate prevalence rates of alcohol and opiate dependence. Our results revealed rates of alcohol and opiate dependency among arrestees of approximately 12% and 4%, respectively; only 28% of jail administrators reported that their institutions had ever detoxified arrestees. Inadequately treated drug and alcohol withdrawal in US jails appears widespread. Our data raise important ethical and constitutional questions. Copyright 2004, American Public Health Association Inc.

An addiction agency's collaboration with the drinks industry: Moo Joose as a case study.

Munro G. *Addiction* 99(11): 1370-1374, 2004. (31 refs.)

Aim: This paper analyses a partnership between an addiction agency and the drinks industry in Australia, with special reference to concerns held by public health advocates for such projects. Method: Public health anxieties regarding collaboration between the drugs sector and the drinks industry are identified. A projected partnership between the Alcohol and Drug Foundation Queensland (ADFQ) and the liquor industry in Australia is reviewed. The partnership involves the creation of a new organization, Alcohol Education Australia Ltd. (AEA), which states as its aim the education of consumers in responsible drinking. In order to assess the impact of the partnership an examination is undertaken of the AEA's stated mission and objectives, of relevant policy development by ADFQ and of ADFQ's intervention in support of an alcohol manufacturer which was putting a case to a licensing authority. Findings: The results indicate the partnership advances the interests of the drinks industry rather than public health. The mission and objectives of Alcohol Education Australia Ltd subordinate public health goals to industry aims and the host organization, the ADFQ, has changed its policy and practice to accommodate the drinks

industry. Conclusion: The partnership between the ADFQ and the drinks industry indicates the difficulty faced by addiction organizations in maintaining an uncompromising public health orientation when in partnership with the alcohol industry. Copyright 2004, Society for the Study of Addiction to Alcohol and Other Drugs.

Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users.

Wood E; Kerr T; Small W; Li K; Marsh DC; Montaner JSG et al. *Canadian Medical Association Journal* 171(7): 731-734, 2004. (33 refs.)

Background: North America's first medically supervised safer injecting facility for illicit injection drug users was opened in Vancouver on Sept. 22, 2003. Although similar facilities exist in a number of European cities and in Sydney, Australia, no standardized evaluations of their impact have been presented in the scientific literature. Methods: Using a standardized prospective data collection protocol, we measured injection-related public order problems during the 6 weeks before and the 12 weeks after the opening of the safer injecting facility in Vancouver. We measured changes in the number of drug users injecting in public, publicly discarded syringes and injection-related litter. Results: In stratified linear regression models, the 12-week period after the facility's opening was independently associated with reductions in the number of drug users injecting in public ($p < 0.001$), publicly discarded syringes ($p < 0.001$) and injection-related litter ($p < 0.001$). The predicted mean daily number of drug users injecting in public was 4.3 (95% confidence interval [CI] 3.5-5.4) during the period before the facility's opening and 2.4 (95% CI 1.9-3.0) after the opening; the corresponding predicted mean daily numbers of publicly discarded syringes were 11.5 (95% CI 10.0-13.2) and 5.4 (95% CI 4.7-6.2). Externally compiled statistics from the city of Vancouver on the number of syringes discarded in outdoor safe disposal boxes were consistent with our findings. Interpretation: The opening of the safer injecting facility was independently associated with improvements in several measures of public order, including reduced public injection drug use and public syringe disposal. Copyright 2004, Canadian Med. Association.

Dealing with the parent whose judgment is impaired by alcohol or drugs: Legal and ethical considerations.

Fraser JJ; Mcabee GN; Commission on Medical Liability. *Pediatrics* 114(3): 869-873, 2004. (16 refs.) An estimated 11 to 17.5 million children are being raised by a substance-abusing parent or guardian. The importance of this statistic is undeniable, particularly when a patient is brought to a pediatric office by a parent or guardian exhibiting symptoms of judgment impairment. Although the physician-patient relationship exists between the pediatrician and the minor patient, other obligations (some perceived and some real) should be considered as well. In managing encounters with impaired parents who may become disruptive or dangerous, pediatricians should be aware of their responsibilities before acting. In addition to fulfilling the duty involved with an established physician-patient relationship, the pediatrician should take reasonable care to safeguard patient confidentiality; protect the safety of the patient and other patients, visitors, and employees; and comply with reporting mandates. This clinical report identifies and discusses the legal and ethical concepts related to these circumstances. The report offers implementation suggestions when establishing anticipatory office procedures and training programs for staff on what to do (and not do) in such situations to maximize the patient's wellbeing and safety and minimize the liability of the pediatrician. Copyright 2004, American Academy of Pediatrics.

Effects of lowering the legal BAC to 0.08 on single-vehicle-nighttime fatal traffic crashes in 19 jurisdictions.

Bernat DH; Dunsmuir WTM; Wagenaar AC. *Accident Analysis and Prevention* 36(6): 1089-1097, 2004. (33 refs.) Background: In the past few decades, numerous policies, including those that lower legal blood alcohol concentration limits, have been enacted to reduce alcohol-impaired driving. In the US, 41 states and the District of Columbia have enacted 0.08 per se laws, which specify that if a driver's BAC is at or above 0.08, a violation has occurred even if the driver does not show signs of intoxication. Objective: We examined effects of lowering the blood alcohol concentration limit to 0.08 per se on fatal traffic crashes in 18 states and the District of Columbia, and whether effects of the law varied by state or by baseline rates of fatal traffic crashes. Method: Data on fatal traffic crashes were obtained from the Fatality Analysis Reporting System, including all states that

enacted 0.08 per se prior to 2001 in the contiguous United States. Effects of the 0.08 law were examined in each state separately, and the overall effect across states was examined using a mixed-model Poisson regression on single-vehicle-nighttime fatal traffic crashes. Results: State-specific analyses showed that fatal traffic crashes significantly decreased in three of the 19 states following the introduction of the 0.08 law, prior to adjusting for potential confounders. The mixed-model regression showed a statistically significant 5.2% reduction in single-vehicle-nighttime fatal traffic crashes associated with the 0.08 law across all states, after adjusting for administrative license revocation, the number of Friday and Saturday nights in a month, and trends in all other types of fatal traffic crashes. Findings indicate that the effect of the 0.08 law does not vary significantly by state or baseline rate of fatal traffic crashes in a state, and no significant statistical interaction exists between 0.08 and administrative license revocation policy effects. Copyright 2004, Elsevier Science Ltd.

Enhanced enforcement of laws to prevent alcohol sales to underage persons: New Hampshire, 1999-2004 (Reprinted from *MMWR*, vol 53, pg 452-454, 2004).

Barry R; Edwards E; Pelletier A; Brewer R; Miller J; Naimi T et al. *Journal of the American Medical Association* 292(5): 561-562, 2004. (1 refs.) To reduce alcohol sales to persons aged <21 years in Concord (2000 population: 40,687), New Hampshire, the Concord Police Department (CPD) and New Hampshire Liquor Commission (NHLC) conducted a pilot program of enhanced law enforcement with quarterly compliance checks of alcohol licensees during March 2002–February 2004. This report summarizes the results of that program, which indicated that (1) enhanced enforcement resulted in a 64% reduction in retail alcohol sales to underage youths and (2) was temporally associated with declines in alcohol use and binge drinking among Concord high school students. These findings emphasize the potential effectiveness of enhanced enforcement of minimum drinking age laws to reduce consumption of alcohol by underage youths. During March 2002–February 2004, CPD conducted a campaign of increased enforcement. It three components: (1) quarterly compliance checks of all off-sale alcohol licensees; (2) enhanced administrative penalties for noncompliance, including a mandatory fine levied against the alcohol licensee, temporary suspension of retailers' alcohol licenses beginning with the first offense, and increasing penalties for subsequent

offenses; and (3) media coverage of enhanced enforcement activities, such as reporting the number of citations issued for noncompliance. In Concord, before enhanced enforcement activities, 62 (28.2%) of 220 licensees sold alcohol to underage youths during compliance checks. During enhanced enforcement, 39 (10.2%) of 383 licensees sold alcohol to underage youths during compliance checks (relative risk [RR] = 0.4; 95% confidence interval [CI] = 0.3-0.5). During enforcement checks elsewhere in New Hampshire, outside of Concord, 308 (30.5%) of 1,007 licensees sold alcohol to underage youths in compliance checks during October 1999–February 2002. During March 2002–February 2004, a total of 231 (27.7%) of 832 licensees sold alcohol to underage youths (RR = 0.9; 95% CI = 0.8-1.1). Among Concord high school students, statistically significant declines occurred in the proportion of students who reported current alcohol use (from 49.8% in 2001 to 39.9% in 2003; RR = 0.8; 95% CI = 0.7-0.9) and binge drinking (from 32.0% in 2001 to 25.0% in 2003; RR = 0.8; 95% CI = 0.7-0.9). Statewide, no statistically significant decreases occurred in the proportion of New Hampshire high school students who reported current alcohol use in 1995. Public Domain.

Fetal alcohol spectrum disorder (FASD) and the role of family court judges in improving outcomes for children and families.

Malbin DV. *Juvenile and Family Court Journal* 55(2): 53-63, 2004. (21 refs.)

Fetal Alcohol Spectrum Disorder (FASD) is a physical disability that is 95% underdiagnosed and 40 times over-represented in juvenile justice. Prenatal alcohol and other drug exposure causes brain damage that affects behaviors, e.g., poor judgment, impulsivity, difficulty learning from experience, and difficulty understanding consequences, leading to multiple diagnoses such as Attention Deficit Disorder, Conduct Disorder, Oppositional Defiant Disorder and Emotionally Disturbed. FASO is an invisible physical disability; most people with FASO have no observable physical characteristics. The courts are in an important position to increase awareness of this problem by simply asking whether FASO is a factor that needs to be considered. The purpose of this article is to support increased recognition and efficacy of services for people with FASO in the legal system. Sections include: (1) Overview of FASD diagnostic criteria and current terminology; (2) Exploration of FASD as a physical disability with behavioral symptoms; (3) Case example illustrating common patterns of behaviors in children and adults with FASD without identification and improved outcomes following identification and

implementation of appropriate treatment; and (4) Recommendations for family court judges. Copyright 2004, National Council of Juvenile Family Court Judges.

Hedging their bets: Tobacco and gambling industries work against smoke-free policies.

Mandel LL; Glantz SA. *Tobacco Control* 13(3): 268-276, 2004. (72 refs.)

Objective: To describe and understand the relationship between the tobacco and gambling industries in connection to their collaborative efforts to prevent smoke-free casinos and gambling facilities and fight smoke-free policies generally. Methods: Analysis of tobacco industry documents available online (accessed between February and December 2003). Results: The tobacco industry has worked to convince the gambling industry to fight against smoke-free environments. Representatives of the gambling industry with ties to the tobacco industry oppose smoke-free workplaces by claiming that smoke-free environments hurt gambling revenue and by promoting ventilation as a solution to secondhand smoke. With help from the tobacco industry, the gambling industry has become a force at the American Society of Heating Refrigeration and Air Conditioning Engineers opposing smoke-free ventilation standards for the hospitality industry. Conclusion: Tobacco industry strategies to mobilise the gambling industry to oppose smoke-free environments are consistent with past strategies to co-opt the hospitality industry and with strategies to influence policy from behind the scenes. Tobacco control advocates need to be aware of the connections between the tobacco and gambling industries in relation to smoke-free environments and work to expose them to the public and to policy makers. Copyright 2004, BMJ Publishing Group.

Marijuana on the state. (letter).

Mirken B. *Lancet* 364(9437): 842-842, 2004. (3 refs.)

In an earlier commentary, (July 24, p 315), Dean Wingerchuk states that "medical exceptions [to the US federal ban on marijuana use] are not on the horizon". In fact, a medical exception does exist and has existed for decades. In 1978, in response to a successful lawsuit filed by a glaucoma patient, the federal government opened a Compassionate Investigational New Drug programme for medical marijuana. Under this programme, the US Government supplied marijuana to a limited number of patients with debilitating illnesses, once they had succeeded in jumping through the necessary bureaucratic hoops. This programme was closed to new enrolment by the administration of President George Bush in 1991, in the wake of a surge of new applications from AIDS

patients. However, the programme remains in place and continues to supply medical marijuana to seven patients. One of these patients—who has received more than 20 years' worth of marijuana—credits both his survival and his ability to lead a relatively normal life to the programme. 2004, Lancet Ltd.

Substance abuse treatment needs and access in the USA: Interstate variations. (review).

McAuliffe WE; Dunn R. *Addiction* 99(8): 999-1014, 2004. (123 refs.)

Aims: This study investigated interstate substance abuse treatment needs and access in the USA. **Design:** After assessing the validity of recently developed survey and indicator measures, the study analysed the geographic distribution and nature of state substance abuse treatment needs. Substance abuse treatment utilization index scores were regressed on the need measurements to identify differences among state populations in treatment access. **Findings** The interstate substance abuse treatment need measures had evidence of reliability and construct validity. Treatment needs clustered in stable, distinct geographic patterns. The most severe problems, primarily reflecting alcoholism, were in the west. Drug and alcohol substance use disorders and related problems were not significantly correlated at this level of aggregation. There was evidence of regionalization of the drug-of-choice mix in treatment admissions. Only 21% of the variations in state treatment utilization rates stemmed from the prevalence of substance use disorders and related problems. The biggest treatment gaps were in the south and southwest, regions with large minority populations. **Conclusions:** Development of interstate survey and indicator measures of treatment needs has created new opportunities to broaden our understanding of substance abuse epidemiology and treatment access in the USA. The nature and severity of drug and alcohol problems vary from state to state, but the interstate disparities in treatment services remain even after variations in treatment need have been discounted.

Further research is needed to understand the causes of these differences in treatment access. Copyright 2004, Society for the Study of Addiction to Alcohol and Other Drugs.

Toll of methamphetamine on the trauma system.

Tominaga GT; Garcia G; Dzierba A; Wong J. *Archives of Surgery* 139(8): 844-847, 2004. (20 refs.) **Hypothesis:** Methamphetamine use affects length of hospital stay in the minimally injured patient. **Design:** Case series. **Setting:** The only tertiary trauma center serving Hawaii. **Patients:** Trauma patients examined during a 12-month period with an Injury Severity Score of 1 to 5 and an age of 18 to 55 years undergoing urine toxicology screen for suspected suicide attempt or altered sensorium. **Main Outcome Measures:** Presence or absence of amphetamine or methamphetamine on urine toxicology screen, intention of injury, hospital admission rate, length of stay, and hospital charges. **Results:** During the study period, 1650 trauma patients were examined, with 544 meeting study criteria. Urine toxicology screens were performed in 212 patients, with 57 Positive and 155 negative for amphetamine or methamphetamine. There was no difference in sex (77% vs 73% male; $P = .53$), Injury Severity Score (3.2 for both groups), or total number of computed tomographic scans performed (mean \pm SEM, 3.0 \pm 0.3 vs 4.0 \pm 0.3; $P = .07$). Patients in the positive group were more likely to have intentional self-inflicted injury or intentional assaults than patients in the negative group (37% vs 22%; $P = .04$). The positive group was older than the negative group (33.6 \pm 1.3 vs 29.9 \pm 0.8 years; $P = .02$), had a significantly longer hospital stay (2.7 \pm 0.4 vs 1.7 \pm 0.1 days; $P = .003$), had significantly higher hospital charges (\$15617 \pm \$1866 vs \$11600 \pm \$648; $P = .01$), and was more likely admitted to the hospital (91% vs 70%; $P = .001$) despite the low Injury Severity Score. **Conclusion:** Methamphetamine use results in trauma center resource utilization out of proportion to injury severity. Copyright 2004, American Medical Association.