

### **Aesthetic skin branding: A novel form of body art with adverse clinical sequela.**

Karamanoukian R; Ukatu C; Lee E; Hyman J; Sundine M; Kobayashi M et al. *Journal of Burn Care & Research* 27(1): 108-110, 2006. (10 refs.)

Branding is a form of body art wherein third-degree burns are inflicted on the skin to produce permanent scars. This method of scarification is a common practice among many indigenous cultures and has become exceedingly common in western societies. As with other forms of body art, branding is not a manifestation of a psychiatric disorder but, rather, a method of self-expression. The process can be performed through the use of electrocautery, laser, chemicals, freezing, and hot metal. Complications arising from the procedure include acute infection, transmission of blood-borne pathogens, allergic reactions, and sequelae arising from third-degree burns. In addition, skin branding has been shown to be associated with substance abuse and high-risk behaviors among adolescents. The purpose of this article is to present the following case report and review to familiarize clinicians with this dangerous method of body art. Copyright 2006, Lippincott, Williams & Wilkins.

### **Alcohol use in New York after the terrorist attacks: A study of the effects of psychological trauma on drinking behavior.**

Boscarino JA; Adams RE; Galea S. *Addictive Behaviors* 31(4): 606-621, 2006. (68 refs.)

Research has suggested that exposure to psychological trauma is associated with increased abuse of psychoactive substances, particularly alcohol. To assess this, we analyzed alcohol consumption, binge drinking, and alcohol dependence among a random sample of 1681 New York City adults 1 year and 2 years after the September 11 attacks. In multivariate models controlling for demographic factors, other stressor exposures, social psychological resources, and history of anti-social behavior, we found that greater exposure to the World Trade Center disaster (WTC) was associated with greater alcohol consumption at 1 year and 2 years after this event. In addition, our analyses also indicated that exposure to the WTC was associated with binge drinking at 1 year after but not 2 years after this event. Alcohol dependence,

assessed as present in either year 1 or year 2, also was positively associated with greater WTC exposures. Posttraumatic stress disorder was not associated with alcohol use, once WTC exposure and other covariates were controlled. Our study suggests that exposure to psychological trauma may be associated with increases in problem drinking long after exposure and deserves further investigation. Copyright 2006, Elsevier Science, Ltd.

### **Alcoholics Anonymous and other 12-step programmes for alcohol dependence. (review).**

Ferri M; Amato L; Davoli M. *Cochrane Database of Systematic Reviews* 3(CD005032), 2006. (65 refs.)

Background: Alcoholics Anonymous (AA) is an international organization of recovering alcoholics that offers emotional support through self-help groups and a model of abstinence for people recovering from alcohol dependence, using a 12-step approach. Although it is the most common, AA is not the only 12-step intervention available there are other 12-step approaches (labelled Twelve Step Facilitation (TSF)). Objectives To assess the effectiveness of AA or TSF programmes compared to other psychosocial interventions in reducing alcohol intake, achieving abstinence, maintaining abstinence, improving the quality of life of affected people and their families, and reducing alcohol associated accidents and health problems. Search strategy: We searched the Specialized Register of Trials of the Cochrane Group on Drugs and Alcohol, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE from 1966, EMBASE from 1980, CINAHL from 1982, PsychINFO from 1967. Searches were updated in February 2005. We also inspected lists of references for relevant studies. Selection criteria: Studies involving adults (< 18) of both genders with alcohol dependence attend AA combined with other interventions against other treatments and found few differences in the amount of drinks and percentage of drinking days. Severity of addiction and drinking consequence did not seem to be differentially influenced by TSF versus comparison treatment interventions, and no conclusive differences in treatment drop out rates were reported. Included studies did not allow a conclusive assessment of the effect of TSF in promoting complete abstinence. Authors' conclusions: No experimental studies

unequivocally demonstrated the effectiveness of AA or TSF approaches for reducing alcohol dependence or problems. One large study focused on the prognostic factors associated with interventions that were assumed to be successful rather than on the effectiveness of interventions themselves, so more efficacy studies are needed. Copyright 2006, Wiley-Liss.

**Assessing gay and bisexual men's outcome expectancies for sexual risk under the influence of alcohol and drugs.**

Bimbi DS; Nanin JE; Parsons JT; Vicioso KJ; Missildine W; Frost DM. *Substance Use & Misuse* 41(5): 643-652, 2006. (32 refs.)

Alcohol and substance use plays a complex role in sexual behavior among gay and bisexual men. Data from 779 gay and bisexual men who reported sex with a casual partner in the past 3 months were collected in November 2002 at two large lesbian, gay and bisexual community events in New York City. Participants reporting (in), unprotected anal receptive or insertive sex scored significantly higher in outcome expectancies for sexual risk taking while using drugs or alcohol, as did HIV-positive men and men with a higher rate of lifetime sexually transmitted infections. Sexual compulsivity, romantic obsessions, drug use, unprotected anal receptive sex, and HIV serostatus successfully predicted outcome expectancies for sexual risk while under the influence. Therapists and other health and social service providers working with gay, and bisexual men should explore the connection between sexual risk and being under the influence to uncover psychosocial mechanisms related to this phenomenon. Copyright 2006, Marcel Dekker.

**Blame, shame, and contamination: The impact of mental illness and drug dependence stigma on family members.**

Corrigan PW; Watson AC; Miller FE. *Journal of Family Psychology* 20(2): 239-246, 2006. (35 refs.)

Family members of relatives with mental illness or drug dependence or both report that they are frequently harmed by public stigma. No population-based survey, however, has assessed how members of the general public actually view family members. Hence, the authors examined ways that family role and psychiatric disorder influence family stigma. A national sample (N = 968) was recruited for this study. A vignette design describing a person with a health condition and a family member was used. Family stigma related to mental illnesses, such as schizophrenia, is not highly endorsed. Family stigma related to drug dependence, however, is worse than for

other health conditions, with family members being blamed for both the onset and offset of a relative's disorder and likely to be socially shunned. Copyright 2006, Sage Publications Inc.

**Characteristics of clinicians likely to refer clients to 12-Step programs versus a diversity of post-treatment options.**

Fenster J. *Drug and Alcohol Dependence* 83(3): 238-246, 2006. (30 refs.)

Most clients in substance abuse treatment are referred for continuing care. However, post-treatment services vary widely in their approaches to helping individuals achieve better substance use outcomes. This study examined the attitudes of outpatient treatment staff who refer clients exclusively to 12-Step groups (12-Step subgroup) and staff who refer clients both to 12-Step groups and to other continuing care options (Diversity subgroup) toward seven mutual-aid and professional psychosocial post-treatment options: Twelve-Step Programs (12-Step), Cognitive-Behavioral Therapy (CBT), Moderation Management (MM), Smart Recovery® (SMART), Psychodynamic-oriented Therapy (PSY), Secular Organizations for Sobriety (SOS), and Women for Sobriety (WFS). A large percentage of clinicians lacked knowledge about the effectiveness of all alternatives to 12-Step programs with the exception of CBT. Clinicians in the 12-Step subgroup were more likely than those in the Diversity subgroup to be unfamiliar with alternatives to 12-Step programs and to believe less strongly in the effectiveness of CBT and PSY. A logistic regression found beliefs about CBT effectiveness and clinician preference for the 12-Step model to be related to the likelihood of referring exclusively to 12-Step groups. Findings suggest that clinicians could benefit from information and training on assessing and referring clients to various options for continuing care. Copyright 2006, Elsevier Science.

**Decreased depression in marijuana users.**

Denson TF; Earleywine M. *Addictive Behaviors* 31(4): 738-742, 2006. (11 refs.)

Over 4400 adult internet users completed The Center for Epidemiologic Studies Depression scale and measures of marijuana use. We employed an internet survey in an effort to recruit the most depressed and marijuana-involved participants, including those who might prove unwilling to travel to the laboratory or discuss drug use on the phone or in person. We compared those who consumed marijuana daily, once a week or less, or never in their lives. Despite comparable ranges of scores on all depression

subscales, those who used once per week or less had less depressed mood, more positive affect, and fewer somatic complaints than non-users. Daily users reported less depressed mood and more positive affect than non-users. The three groups did not differ on interpersonal symptoms. Separate analyses for medical vs. recreational users demonstrated that medical users reported more depressed mood and more somatic complaints than recreational users, suggesting that medical conditions clearly contribute to depression scores and should be considered in studies of marijuana and depression. These data suggest that adults apparently do not increase their risk for depression by using marijuana. Copyright 2006, Elsevier Science, Ltd.

#### **Detection of maternal alcohol use problems in the pediatric emergency department.**

Flynn HA; Cain SA; O'Mahen HA; Davis MM.  
*Alcoholism: Clinical and Experimental Research* 30(7): 1160-1164, 2006. (29 refs.)

Background: Maternal alcohol use problems may impact the health and well-being of children, but often remain unrecognized. Mothers of young children seldom seek outpatient care for themselves; thus, pediatric settings may present an opportunity for the detection of maternal alcohol use problems. This study examines the feasibility of screening for and prevalence of alcohol use problems in mothers of young children in the context of seeking pediatric emergency care. We also examined the relationship of maternal alcohol use problems with use of pediatric emergency care. Methods: A total of 361 English-speaking mothers of children aged 7 and younger completed screening measures during their child's emergency care visit. TWEAK was used to screen for alcohol use problems. The screening survey also included information on children's health status and health care use, demographics, and the Center for Epidemiological Studies Depression Scale. Results: Of the women approached, 90% agreed to complete the screening measure. On the basis of cutoff score of 2 or more, 7% of women had elevated TWEAK scores. Those women with a TWEAK score > 2 reported greater use of the pediatric emergency department (PED) than women scoring below the cutoff. On the basis of multivariate analyses, significant predictors of recent PED use included the presence of child chronic illness, younger maternal age, and TWEAK score. Conclusions: Screening for alcohol use problems among mothers of young children using the TWEAK appears to be feasible in a busy PED setting. The PED setting is promising for identifying risk drinking

among women who may be less likely to be otherwise detected and for whom alcohol use may be impacting child outcomes. Copyright 2006, Research Society on Alcoholism.

#### **Effects of alcohol on group formation among male social drinkers.**

Kirchner TR; Sayette MA; Cohn JF; Moreland RL; Levine JM. *Journal of Studies on Alcohol* 67(5): 785-793, 2006. (56 refs.)

Objective: Social factors affect alcohol use and misuse, but researchers rarely study the acute effects of alcohol in groups. This study used systematic observation techniques to measure the effects of alcohol on behavioral responses during an initial group interaction. Method: Fifty-four male social drinkers were assembled into three-person groups of mangers, and all members of each group were administered either a 0.82 g/kg dose of alcohol or a placebo to be consumed during a 30-minute period. This social interaction was video recorded, Objective: Social factors affect alcohol use and misuse, ye researchers rarely study the acute effects of alcohol in groups. This study used systematic observation techniques to measure the effects of alcohol on behavioral responses during an initial group interaction. Method: Fifty-four male social drinkers were assembled into three-person groups of mangers, and all members of each group were administered either a 0.82 g/kg dose of alcohol or a placebo to be consumed during a 30-minute period. This social interaction was video recorded, and the duration and sequence of selected smiling and speech behaviors were coded on a 1-second time base. Results: Alcohol consumption increased individual- and group-level coordination of smiling and speech behaviors over time and improved self-reported bonding. Conclusions: These data suggest that alcohol may facilitate social bonding during initial group formation. Copyright 2006, Alcohol Research Documentation, Inc.

#### **Needles in the haystacks: The social context of initiation to heroin injection in rural Ohio.**

Draus PJ; Carlson RG. *Substance Use & Misuse* 41(8): 1111-1124, 2006. (63 refs.)

Little has been reported on injection practices outside of urban areas. This article examines contextual factors associated with initiation to heroin injection in rural Ohio, based on interviews and focus groups involving 25 recent heroin injectors (12 women, 13 men) recruited from three contiguous Ohio counties between June 2002 and February 2004. Curiosity about the drug's effects, the growing pressures of drug

dependence and economic need, and the influence of intimate and group relations were all identified as factors that offset fears commonly associated with injection. This study complements other research on the social ecology of heroin injection and may contribute to improved services for injection drug users in rural areas and small communities. Copyright 2006, Marcel Dekker.

**Participation in treatment and Alcoholics Anonymous: A 16-year follow-up of initially untreated individuals.**

Moos RH; Moos BS. *Journal of Clinical Psychology* 62(6): 735-750, 2006. (51 refs.)

This study focused on the duration of participation in professional treatment and Alcoholics Anonymous (AA) for previously untreated individuals with alcohol use disorders. These individuals were surveyed at baseline and 1 year, 3 years, 8 years, and 16 years later. Compared with individuals who remained untreated, individuals who obtained 27 weeks or more of treatment in the first year after seeking help had better 16-year alcohol-related outcomes. Similarly, individuals who participated in AA for 27 weeks or more had better 16-year outcomes. Subsequent AA involvement was also associated with better 16-year outcomes, but this was not true of subsequent treatment. Some of the association between treatment and long-term alcohol-related outcomes appears to be due to participation in AA. Copyright 2006, John Wiley & Sons.

**Methadone maintenance in prison: Evaluation of a pilot program in Puerto Rico.**

Heimer R; Catania H; Newman RG; Zambrano J; Brunet A; Ortiz AM. *Drug and Alcohol Dependence* 83(2): 122-129, 2006. (33 refs.)

Objectives: To describe and evaluate a pilot methadone maintenance program for heroin-dependent inmates of Las Malvinas men's prison in San Juan, Puerto Rico. Methods: Data from self-report of inmates' drug use before and during incarceration, attitudes about drug treatment in general and methadone maintenance in particular, and expectations about behaviors upon release from prison and from testing inmates' urine were analyzed comparing program patients (n=20) and inmates selected at random from the prison population (n=40). Qualitative data obtained by interviewing program staff, the correctional officers and superintendent, and commonwealth officials responsible for establishing and operating the program were analyzed to identify attitudes about methadone and program effectiveness.

Results: Heroin use among prisoners not in treatment was common; 58% reported any use while incarcerated and 38% reported use in past 30 days. All patients in the treatment program had used heroin in prison in the 30 days prior to enrolling in treatment. While in treatment, the percentage of patients not using heroin was reduced, according to both self-report and urine testing, to one in 18 (94% reduction) and one in 20 (95% reduction), respectively. Participation in treatment was associated with an increased acceptance of methadone maintenance. Prison personnel and commonwealth officials were supportive of the program. Conclusions: The program appears to be a success, and prison officials have begun an expansion from the current ceiling of 24 inmates to treat 300 or more inmates. Copyright 2006, Elsevier Science.

**Predictors of outcome for patients with substance-use disorders five years after treatment dropout.**

McKellar JD; Harris AH; Moos RH. *Journal of Studies on Alcohol* 67(5): 685-693, 2006. (50 refs.)

Objective: Few studies focus on the outcome of patients after they drop out of substance-use disorder (SUD) treatment, and there appear to be no prior studies of the long-term outcomes of these patients. The aim of this study is to determine how well such patients do after dropping out of treatment and to identify predictors of differential outcomes. Method: Patients in 15 residential SUD treatment programs were assessed at treatment entry and at 5-year follow-up on their frequency and severity of substance use, expectancies and beliefs about substance use, and social resources and stressors. Patients who dropped out and stayed out of treatment (n = 193) were compared with those who completed treatment (n = 3,204). Predictors of 5-year SUD problems among dropouts were identified. Results: In general, dropouts and treatment completers did not differ significantly on their levels of SUD problems at 5 years. At baseline, patients who dropped out reported more involvement in 12-step organizations and greater cognitive impairment and more closely identified with the label "drug addict" than "alcoholic." Lower severity of SUD, lower self-efficacy, fewer positive substance-use expectancies, and less stress from social networks predicted fewer SUD problems at 5 years among dropouts. Conclusions: In addition to focusing on substance use, providers should address the adequacy of patients' social support and counter positive substance-use expectancies at the earliest stages of treatment before patients drop out. Copyright 2006, Alcohol Research Documentation, Inc.