Library Watch substance use policy issues

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Changes in outlet densities affect violence rates.
Gruenewald PJ; Remer L. *Alcoholism: Clinical and Experimental Research* 30(7): 1184-1193, 2006. (24 refs.)
Background: Previous assessments of empirical relationships between alcohol outlets and rates of interpersonal violence have been conducted using cross-sectional spatial data, data collected across small geographic units such as Census Tracts and zip codes. These assessments demonstrate that the availability of alcohol, measured by the number and types of alcohol outlets, is related to violence. These analyses have examined many potential confounds of the outlets-violence connection (i.e., population and place characteristics) and statistically corrected for biases that arise in analyses of spatial data. The current study contributes the first observation of longitudinal relationships between alcohol outlets and violence. Method: The study examined longitudinal data from 581 consistently defined zip code areas represented in the California Index Locations Database, a geographic information system that coordinates population and ecological data with spatial attributes for areas across the state. Six years of data were collected on features of local populations (e.g., household size) and places (e.g., retail markets) thought to be related to 1 measure of violence (i.e., hospital discharges related to violent assaults). Assault rates were related to changes in population and place characteristics using random effects models with controls for spatial autocorrelation (n x t = 3,486 observations). Changes in population and place characteristics of bordering (spatial lagged) areas were also considered. Results: Lower median household income and greater percentages of minorities (African American, Hispanic, and Asian) were related to increased rates of violence. Ten percent increases in numbers of off-premise outlets and bars were related to 1.67 and 2.06% increases in violence rates across local and lagged spatial areas. Every 6 outlets accounted for 1 additional violent assault that resulted in at least 1 overnight stay at hospital. These effects increased with larger male populations, doubling with every 3% increase in percent males. Conclusion: Assault rates were most strongly related to median household incomes and minority populations within zip code areas. Controlling for changes in assault rates related to these measures, greater numbers of licensed alcohol retail establishments, especially bars and off-premise outlets, were related to rates of assault. Failures to regulate the growth in numbers of bars will increase rates of violence, especially in urban areas. Copyright 2006, Research Society on Alcoholism.

Community reentry: Perceptions of people with substance use problems returning home from New York City jails.
van Olphen J; Freudenberg N; Fortin P; Galea S. *Journal of Urban Health* 83(3): 372-381, 2006. (25 refs.)
Each year about 100,000 people return to New York City communities from municipal jails. Although about four-fifths report drug or alcohol problems, few have received any formal drug treatment while in jail. Researchers and practitioners have identified a number of policies related to corrections, income, housing, and drug treatment that may be harmful to the successful reintegration of people leaving jail. In order to explore the challenges to successful community reentry, six focus groups and one in-depth interview were conducted with 37 men and women who bad been released from jail or prison in the last 12 months. Participants were asked to describe their experiences prior to and immediately following release from jail. Findings suggest that many people leaving jail are not prepared for release and, upon release, face a myriad of obstacles to becoming healthy, productive members of their communities. We discuss the implications of these findings for programs and policies that promote community reintegration of individuals returning from correctional facilities. Copyright 2006, Oxford University Press, Inc.

Cost-effectiveness of pharmacotherapies for nicotine dependence in primary care settings: A multinational comparison.
Cornuz J; Gilbert A; Pinget C; McDonald P; Slama K; Salto E et al. *Tobacco Control* 15(3): 152-159, 2006. (47 refs.)
Objective: To estimate the incremental cost-effectiveness of the first-line pharmacotherapies (nicotine gum, patch, spray, inhaler, and bupropion) for smoking cessation across six Western countries -

Canada, France, Spain, Switzerland, the United States, and the United Kingdom. Design and study population: A Markov-chain cohort model to simulate two cohorts of smokers: (1) a reference cohort given brief cessation counselling by a general practitioner (GP); (2) a treatment cohort given counselling plus pharmacotherapy. Effectiveness expressed as odds ratios for quitting associated with pharmacotherapies. Costs based on the additional physician time required and retail prices of the medications. Interventions: Addition of each first-line pharmacotherapy to GP cessation counselling. Main outcome measures: Cost per life-year saved associated with pharmacotherapies. Results: The cost per life-year saved for counselling only ranged from US$190 in Spain to $773 in the UK for men, and from $288 in Spain to $1168 in the UK for women. The incremental cost per life-year saved for gum ranged from $2230 for men in Spain to $7643 for women in the US; for patch from $1758 for men in Spain to $5131 for women in the UK; for spray from $1935 for men in Spain to $7969 for women in the US; for inhaler from $3480 for men in Switzerland to $8700 for women in France; and for bupropion from $792 for men in Canada to $2922 for women in the US. In sensitivity analysis, changes in discount rate, treatment effectiveness, and natural quit rate had the strongest influences on cost-effectiveness. Conclusions: The cost-effectiveness of the pharmacotherapies varied significantly across the six study countries, however, in each case, the results would be considered favourable as compared to other common preventive pharmacotherapies. Copyright 2006, BMJ Publishing Group.

Development of opioid formulations with limited diversion and abuse potential.

Fudala PJ; Johnson RE. *Drug and Alcohol Dependence* 83(Supplement 1): s40-s47, 2006. (58 refs.)

Non-medical abuse of prescription opioid medications is not a new phenomenon, but such use has been increasing in recent years. Various methods have been used and continue to be developed in an effort to limit diversion and abuse of opioid medications. A number of these methods will be described for opioid analgesic and addiction treatment formulations using relevant historical examples (e.g. propoxyphene, pentazocine, buprenorphine) as well as examples of formulations currently being considered or under development (e.g. oxycodone plus naltrexone, sustained-release buprenorphine). The focus, though not exclusively, will be on those formulations that represent a combination of an opioid agonist with an antagonist. These methods must take into consideration the pharmacokinetic profile of the agonist and antagonist, the expected primary route of abuse of the medication and the medication combination, the dose of medication that is likely to be abused, the availability of alternative drugs of abuse, and the population of potential abusers that is being targeted with the revised formulation. Copyright 2006, Elsevier Science.

Disseminating evidence-based practices in substance abuse treatment: A review with suggestions.

Miller WR; Sorensen JL; Selzer JA; Brigham GS. *Journal of Substance Abuse Treatment* 31(1): 25-39, 2006. (150 refs.)

Although substance abuse professionals are generally open to new and better therapeutic methods, most evidence-based treatments do not easily find their way into practice. Natural diffusion processes for innovations in substance abuse treatments are relatively informal and have yielded a widely acknowledged gap between science and community practice. This review focuses on methods for effectively disseminating new treatment methods into practice. Therapist manuals and one-time workshops are in themselves relatively ineffective in helping practitioners gain proficiency in new clinical approaches. Individual performance feedback and coaching improve the acquisition of clinical skills. Specific incentives for implementation may also be needed to encourage treatment providers, programs, and systems to adopt new approaches. Copyright 2006, Elsevier Science.

Elimination of methadone benefits in the Oregon health plan and its effects on patients.

Fuller BE; Rieckmann TR; McCarty DJ; Ringor-Carty R; Kennard S. *Psychiatric Services* 57(5): 686-691, 2006. (7 refs.)

Objectives: This prospective study assessed the impacts of a policy change to Oregon's Medicaid program (Oregon Health Plan; OHP) that eliminated methadone benefits for 60 percent of active methadone patients. Recipients of OHP Standard (expanded Medicaid benefits, which were discontinued after the policy change) self-selected into two groups: those who paid for methadone after the policy change and those who terminated treatment. OHP Plus beneficiaries (traditional Medicaid) did not lose benefits. Methods: A total of 149 patients participated in the study, and interviews were conducted at baseline (time of policy change) and one, three, and 12 months after the policy change. Patients were assessed with the Addiction Severity Index (ASI), Timeline Follow Back assessment, and chart review. Results: Patients who left treatment because they were unable to pay for

methadone services showed significant elevations in ASI composite scores for drug and legal problems at baseline and at two and three months after the policy change. The patients who attempted to self-pay experienced significantly more employment problems than the other two groups. The OHP Standard recipients who paid for their methadone treatment over the year were more likely to have additional resources to pay for methadone, be employed, and have stable housing. Conclusions: The elimination of methadone treatment benefits in the OHP had substantial negative impacts for patients with the greatest indicators of need. Copyright 2006, American Psychiatric Association.

Estimates of harm associated with changes in Swedish alcohol policy: Results from past and present estimates.
Andreasson S; Holder HD; Norstrom T; Osterberg E; Rossow I. *Addiction* 101(8): 1096-1105, 2006. (21 refs.)
Objective: (i) To compare actual developments of alcohol-related harm in Sweden with estimates derived prior to major policy changes in 1995 and (ii) to estimate the effects on consumption and alcohol-related harm of reducing alcohol prices in Sweden. Design Alcohol effect parameters expressing the strength of the relationship between overall alcohol consumption and different alcohol-related harms were obtained from ARIMA (Auto Regressive Integrated Moving Average) time-series analyses. Measurements Measures of Swedish alcohol-related mortality (liver cirrhosis, alcoholic psychosis, alcoholism and alcohol poisoning), accident mortality, suicide, homicide, assaults and sickness absence from 1950 to 1995. Findings: Previous estimates of alcohol-related harm based on changes in alcohol consumption for the period 1994 - 2002 for Sweden were, in some cases (e. g. violent assaults and accidents), relatively close to the actual harm levels, whereas in other cases (e. g. homicides, alcohol-related mortality and suicide) they diverged from observed harm levels. A tax cut by 40% on spirits and by 15% on wine is estimated to increase total per capita alcohol consumption by 0.35 litre. This increase is estimated to cause 289 additional deaths, 1627 additional assaults and 1.6 million additional sickness absence days. Conclusions: The estimates of future changes in harm based upon even relatively modest increases in alcohol consumption produce considerable negative effects, with large economic consequences for the Swedish economy. The additional alcohol-related deaths, for instance, amount to more than half the number of yearly traffic fatalities in Sweden. Copyright 2006, Society for the Study of Addiction to Alcohol and Other Drugs.

Five grams of coke: Racism, moralism and White public opinion on sanctions for first time possession.
Lee RD; Rasinski KA. *International Journal of Drug Policy* 17(3): 183-191, 2006. (36 refs.)
A path-analytic model was used with a national probability sample of White Americans to examine the effects of moralism, attributions of blame, beliefs about racial group use of cocaine, beliefs about racism, and beliefs about the effectiveness of law enforcement on judgments about appropriate sanction for being caught for the first time with 5 g of cocaine. As predicted severity of sanction was directly related to judgments about the morality of addicts and attributing blame for addiction to addicts. Though the predicted direct relationship between racism and severity of sanction was not found, a strong indirect relationship was found as racism operated through morality, blame, and beliefs about racial group use of cocaine. Though counter-intuitive, sentence severity was not predicted by judgments about the effectiveness of law enforcement policy. Finally, these results were significant while controlling for conservative ideology, which was found to be positively related to racism, the attribution of blame for addiction to the addict, and the belief that addiction reflects the moral character of the addict. This study produced empirical support for a relationship between a moralistic doctrine and control attitudes. This is congruent with assumptions in reviewed literature on theoretical underpinnings of substance abuse policies in the United States. Also, consistent with the literature was the finding that racist sentiments influence perceptions of morality as they relate to addiction and policies established to address drug use. Furthermore, this study provides empirical evidence that racism and moralism can influence support for policies regardless of their perceived effectiveness. Copyright 2006, Elsevier Science.

Propensity of alcohol establishments to sell to obviously intoxicated patrons.
Lenk KM; Toomey TL; Erickson DJ. *Alcoholism: Clinical and Experimental Research* 30(7): 1194-1199, 2006. (8 refs.)
Background: Although it is illegal to sell alcohol to an individual who appears obviously intoxicated, several recent studies show that the propensity of these types of sales is high. Our study further assesses the propensity of alcohol establishments to sell alcohol to obviously intoxicated patrons. In addition to providing more recent data (2001) on pseudo-intoxicated purchase attempts at Midwestern on-premise establishments, our study examines the association

between establishment policies/practices and the likelihood of sales to intoxicated patrons. Method: We hired professional actors to feign intoxication while attempting to purchase alcohol (pseudo-intoxicated patrons) at 231 bars and restaurants, and we conducted a phone survey of owners/managers of each establishment. Our dependent variable was purchase attempt outcome (alcohol sold vs not sold). Our independent variables included policies/practices of establishments and characteristics of buyers/servers, establishments, and neighborhoods. Results: Pseudo-intoxicated patrons were able to purchase alcohol in 65% of their attempts. Multivariate analyses showed the following: (1) compared with establishments with beer- and/or wine-only licenses, establishments with full liquor licenses were less likely to sell to intoxicated patrons; (2) establishments with average length of employment among managers of at least 1 year were more likely to sell to obviously intoxicated patrons; and (3) establishments that held staff meetings at least once a month were less likely to sell to obviously intoxicated patrons. Neighborhood characteristics were not associated with our outcome in multivariate analyses. Conclusions: Our findings provide increased evidence of the need to address the illegal sale of alcohol to intoxicated patrons, particularly given that increased intoxication levels among patrons resulting from these types of sales can lead to alcohol-related problems. Copyright 2006, Research Society on Alcoholism.

Provision of naloxone to injection drug users as an overdose prevention strategy: Early evidence from a pilot study in New York City.

Galea S; Worthington N; Piper TM; Nandi VV; Curtis M; Rosenthal DM. *Addictive Behaviors* 31(5): 907-912, 2006. (16 refs.)

Introduction: Naloxone, an opiate antagonist that can avert opiate overdose morality, has long been prescribed to drug users in Europe and in a few US cities. However, there has been little documented evidence of naloxone distribution programs and their feasibility in the peer reviewed literature in the US. Methods: A pilot overdose prevention and reversal program was implemented in a New York City syringe exchange program. We assessed demographics, drug use, and overdose history, experience, and behavior at baseline, when participants returned for prescription refills, and 3 months after baseline assessment. Results: 25 participants were recruited. 22 (88%) participants were successfully followed-up in the first 3 months; of these, 11 (50%) participants reported witnessing a total of 26 overdoses during the follow-up period. Among 17 most-recent overdoses witnessed, naloxone was administered 10 times; all persons who had naloxone administered lived. Discussion: Naloxone administration by injection drug users is feasible as part of a comprehensive overdose prevention strategy and may be a practicable way to reduce overdose deaths on a larger scale. Copyright 2006, Elsevier Science Ltd.

The origin of MDMA (ecstasy) revisited: The true story reconstructed from the original documents.

Freudenmann RW; Oxler F; Bernschneider-Reif S. *Addiction* 101(9): 1241-1245, 2006. (27 refs.)

Background: Little is known about the origin of methylenedioxymethamphetamine (MDMA, ecstasy). The most commonly repeated statement in the medical literature is that MDMA was synthesized by the German pharmaceutical company Merck in 1912 in order to develop an appetite suppressor. Aim: To reconstruct the true story of the first known description of MDMA at Merck using the original documents. Methods: A systematic analysis of the original documents in Merck's historical archive in Darmstadt, Germany, was conducted (years 1900-60). Results: There were no indications for plans to develop an appetite suppressant at Merck between 1900 and 1960. Although MDMA was, in fact, first synthesized at Merck in 1912, it was not tested pharmacologically because it was only an unimportant precursor in a new synthesis for haemostatic substances. The new pathway was patented in order to evade an existing patent by a local competitor. MDMA was called 'Methylsafrylamin' in 1912. In 1927 and 1959, the pharmacological effects of MDMA were studied at Merck, but not in humans. Discussion: A systematic analysis of the original documents in the company's archive revealed that uncritical copy-paste procedures may have contributed to the famous myth that MDMA was patented as an appetite suppressor in 1912 Copyright 2006, Society for the Study of Addiction to Alcohol and Other Drugs.