

"I'm a health nut"! Street drug users' accounts of self-care strategies.

Drumm RD; McBride D; Metsch L; Neufeld M; Sawatsky A. *Journal of Drug Issues* 35(3): 607-629, 2005. (44 refs.)

This qualitative study analyzes data from in-depth interviews to describe self-care strategies among chronic and injecting drug users. While the types of strategies varied from participant to participant, the theme of proactive self-care remained strong throughout the data. Researchers identified five self-care domains discussed by the study participants. The self-care domains include strategies to improve nutrition, increase physical activity, address medical concerns, regulate substance use, and reduce sexual risk. Overall, these data indicate that chronic drug users are actively involved in managing and improving their health and attempt to take self-protective actions, even while continuing to engage in active drug use. These findings are particularly relevant for primary care providers, walk-in clinics, drug treatment programs, outreach workers and those engaged in harm reduction efforts. Recognizing that drug users are actively involved in taking care of their health can be an important strategy to build into any intervention or risk reduction program. Copyright 2005, Journal of Drug Issues, Inc.

A novel opioid maintenance program for prisoners: Report of post-release outcomes.

Kinlock TW; Battjes RJ; Schwartz RP; MTC Project Team. *American Journal of Drug and Alcohol Abuse* 31(3): 433-454, 2005. (54 refs.)

Because prisoners with preincarceration heroin dependence typically relapse following release, a pilot study examined a novel opioid agonist maintenance program whereby consenting males initiated levo-alpha-acetylmethadol (LAAM) treatment shortly before release from prison with opportunity to continue maintenance in the community. Treated prisoners (experimental group) were compared with controls who received community treatment referral information only and prisoners who withdrew from treatment prior to medication regarding treatment participation and community adjustment during nine months post-release. Nineteen of 20 (95%) prisoners who initiated maintenance in prison entered

community treatment, compared with 3 of 31 (10%) controls, and 1 of 13 (8%) who withdrew. Moreover, 53% of experimental participants remained in community treatment at least six months, while no other participants did so. Differences in heroin use and criminal involvement between experimental participants and each of the other two groups, while not consistently statistically significant, uniformly favored the experimental group. Despite study limitations, robust findings regarding treatment attendance suggest that this intervention is highly promising. Copyright 2005, Taylor & Francis Inc.

Adult ADHD and substance abuse: Diagnostic and treatment issues.

Kalbag A; Levin F. *Substance Use & Misuse* 40(13/14): 955-1981, 2005

Attention deficit hyperactivity disorder (ADHD) is a neurobehavioral, developmental disorder most often diagnosed during childhood, marked by the core symptoms of inattention, hyperactivity, and impulsivity that results in social, academic, and occupational underachievement. Although the disorder has a prevalence of 3-9% in the general childhood population and 1-5% in the general adult population, it affects between 11 and 35% of "substance-abusing" adults, oftentimes complicating treatment response. The present review discusses diagnostic assessment issues, prevalence, comorbidity, pharmacotherapy, and psychological interventions in substance-abusing adults with ADHD. Copyright 2005, Marcel Dekker.

Cannabis use and misuse prevalence among people with psychosis. (review).

Green B; Young R; Kavanagh D. *British Journal of Psychiatry* 187: 306-313, 2005. (77 refs.)

Background: Increasing attention has been given by researchers to cannabis use in individuals with psychosis. As psychoses are relatively low-prevalence disorders, research has been mostly been restricted to small-scale studies of treatment samples. The reported prevalence estimates obtained from these studies vary widely Aims: To provide prevalence estimates based on larger samples and to examine sources of variability in prevalence estimates across studies. Method: Data from 53 studies of treatment samples and 5 epidemiological studies were analysed. Results:

Based on treatment sample data, prevalence estimates were calculated for current use (23.0%), current misuse (11.3%), 12-month use (29.2%), 12-month misuse (18.8%), lifetime use (42.1%) and lifetime misuse (22.5%). Epidemiological studies consistently reported higher cannabis use and misuse prevalence in people with psychosis. Conclusions: The factor most consistently associated with increased odds of cannabis prevalence was specificity of diagnosis. Factors such as consumption patterns and study design merit further consideration. Copyright 2005, Royal College of Psychiatrists.

Clinicians' information sources for new substance abuse treatment.

Arfken CL; Agius E; Dickson MW. *Addictive Behaviors* 30(8): 1592-1596, 2005. (8 refs.)

Little is known about clinicians' information sources for new treatments or ways to improve dissemination of that information. We analyzed 163 clinicians' responses to a checklist of where and how frequently they obtain information on new treatment approaches. They reported at least yearly use of a median of four cosmopolite categories (e.g., journals or books, Internet) and a median of three local categories (e.g., co-workers, personal experience) with interpersonal contact with co-workers (89%) and seminars/ conferences (86%) being the most frequently endorsed responses for at least yearly use. In response to the hypothetical scenario of receiving monthly e-mail summaries of journal articles, 59% of the clinicians rated the strategy as "very helpful". If continuing education credits were offered, more clinicians (from 50-80%) would read the relevant articles. Information dissemination may improve with expanded Internet access at programs and short e-mailed summaries carrying links to full articles coupled with the incentive of earning continuing education credits. Copyright 2005, Elsevier Science Ltd.

Evidence-based treatment: Why, what, where, when, and how?

Miller WR; Zweben J; Johnson WR. *Journal of Substance Abuse Treatment* 29(4): 267-276, 2005. (57 refs.)

Research and clinical perspectives are blended in this commentary on the rapidly emerging requirement for evidence-based treatment (EBT) in substance abuse programs. Although, historically, it has not been a standard of care in behavioral health, there are sound scientific, ethical, and compassionate reasons to learn and deliver an EBT as it becomes available. This article explores a series of issues, including the

following: (1) Why should EBTs be used in substance abuse treatment? (2) What kinds of treatment are EBTs, and how are they determined? (3) Where can EBTs be implemented—at what levels of service delivery? (4) When should EBTs be used? and (5) How do clinicians learn EBTs? Potential pitfalls in implementing EBTs are also considered. Copyright 2005, Elsevier Press.

Family interventions in the treatment of alcohol and drug problems. (review)

Copello AG; Velleman RD; Templeton LJ. *Drug and Alcohol Review* 24(4): 369-385, 2005. (166 refs.)

Alcohol and drug problems affect not only those using these substances but also family members of the substance user. In this review evidence of the negative impacts substance misuse may have upon families are examined, following which family-focused interventions are reviewed. Several family-focused interventions have been developed. They can be broadly grouped into three types: (1) working with family members to promote the entry and engagement of substance misusers into treatment; (2) joint involvement of family members and substance misusing relatives in the treatment of the latter; and (3) interventions responding to the needs of the family members in their own right. The evidence base for each of the three types is reviewed. Despite methodological weaknesses in this area, a number of conclusions can be advanced that support wider use of family focused interventions in routine practice. Future research needs to focus on (1) pragmatic trials that are more representative of routine clinical settings; (2) cost-effectiveness analyses, in terms of treatment costs and the impact of interventions on costs to society; (3) explore treatment process; and (4) make use of qualitative methods. In addition, there is a need to define more clearly the conceptual underpinnings of the family intervention under study. Copyright 2005, Australian Medical and Professional Society on Alcohol and Other Drugs.

Genetic influences on impulsivity, risk taking, stress responsivity and vulnerability to drug abuse and addiction.

Kreek MJ; Nielsen DA; Butelman ER; LaForge KS. *Nature Neuroscience* 8(11): 1450-1457, 2005. (50 refs.)

Genetic variation may partially underlie complex personality and physiological traits -- such as impulsivity, risk taking and stress responsivity -- as well as a substantial proportion of vulnerability to addictive diseases. Furthermore, personality and physiological

traits themselves may differentially affect the various stages of addiction, defined chronologically as initiation of drug use, regular drug use, addiction/dependence and potentially relapse. Here we focus on recent approaches to the study of genetic variation in these personality and physiological traits, and their influence on and interaction with addictive diseases. Copyright 2005, Nature Publishing Group.

Methcathinone: A new postindustrial drug.

Belhadj-Tahar H; Sadeg N. *Forensic Science International* 153(1): 99-101, 2005. (15 refs.)

Methcathinone, a methyl derivative of cathinone, is an illicit drug also known as ephedrone. It is a stimulant found in the "khat" plant, *Catha edulis*, which can easily be synthesized from pseudoephedrine. Its intoxication is difficult to diagnose and cure properly for two reasons: (i) target consumers are usually "well-educated people" aware of the risks and precautionary measures and (ii) intoxication by cathinone derivatives of synthetic or natural (derived from the khat) origin induce misleading symptoms. As a result, documented reports of methcathinone intoxication that are based on reliable analyses are rare. This paper describes a case of reiterated coma due to an overdose of methcathinone dissolved in alcohol that was taken with bromazepam. A 29-year-old woman was admitted to an emergency department for a coma of toxic origin. Medical files showed that it was her second such episode to occur that month. Moreover, the family indicated signs of depression, incoherent behaviour and intake of "amphetamine-like" drugs. Clinical examination revealed a Glasgow coma score of 9, symmetrical reactive pupils with mydriasis and no convulsions. The patient presented with rapid respirations and her blood pressure was 93/53 mmHg. The ionogram and the blood gas analyses were normal, while the blood alcohol level was 0.167 g/dL. Urinalysis revealed the presence of benzodiazepines and a high concentration of amphetamines (methcathinone: 17.24 mg/L, ephedrine: 11.60 mg/L and methylephedrine: 11.10 mg/L). In addition, serum analysis revealed bromazepam (8.89 mg/L), methcathinone (0.50 mg/L) and methylephedrine (0.19 mg/L). This case showed that the consumption of bromazepam and alcohol altered the typical clinical symptoms of cathinone derivative intoxication, namely hypertension and convulsions. Methylephedrine, an impurity resulting from the alkylation of a primary amine, can be considered a chemical tag indicating

fraudulent synthetic origin of the drug. This case describes a documented example of new addictive behaviour of "well-educated" people involving the intake of methcathinone, a postindustrial psychostimulant intentionally combined with an anti-convulsant benzodiazepine. However, this specific case suggests that in spite of a very high bromazepam concentration in presence of the potentiator alcohol, the vital respiratory function would be probably maintained, thanks to the association with methcathinone. Copyright 2005, Elsevier Ireland Ltd.

Paths of entry into Alcoholics Anonymous: Consequences for participation and remission.

Moos RH; Moos BS. *Alcoholism: Clinical and Experimental Research* 29(10): 1858-1868, 2005. (42 refs.)

Background: This study compared individuals with alcohol use disorders who, in the first year after initiating help-seeking, entered Alcoholics Anonymous (AA) only, entered professional treatment and AA together, or entered professional treatment only. Methods: A sample of initially untreated individuals (N = 362) was surveyed at baseline and 1 year, 3 years, 8 years, and 16 years later. At each contact point, participants described their participation in AA and treatment and their current alcohol-related functioning. They also described their reasons for entering AA and/or treatment and the perceived benefits of these sources of help. Results: Compared with individuals who initially participated only in treatment but later entered AA, those who entered treatment and AA together participated in AA longer and more frequently and were more likely to achieve remission. Among individuals who initially participated only in AA, those who later entered treatment had poorer remission outcomes than those who did not enter treatment. Longer duration of participation in AA was associated with a higher likelihood of remission at all four follow-ups; individuals who dropped out of AA were more likely to relapse or remain nonremitted. Conclusions: Compared with individuals who participated only in professional treatment in the first year after they initiated help-seeking, individuals who participated in both treatment and AA were more likely to achieve remission. Individuals who entered treatment but delayed participation in AA did not appear to obtain any additional benefit from AA. Copyright 2005, Research Society on Alcoholism.