

A comparative review of best practice guidelines for the diversion of drug related offenders. (review).

Bull M. *International Journal of Drug Policy* 16(4): 223-234, 2005. (77 refs.)

In recent decades rates of imprisonment have increased throughout the industrialised world as has the proportion of people whose imprisonment is linked to their use of illicit drugs. While the relationship between drug use and crime remains unclear, it has been argued that punitive responses alone are unsuccessful in reducing illegal drug use and associated crime. Disillusionment with traditional criminal justice approaches to drug-using offenders has renewed interest in programmes diverting drug related offenders from the criminal justice system. In the 1990s a number of diversion best practice guidelines became available, largely preceding the emerging evaluation literature. This represents a challenge for policy makers committed to evidence-based standards of best practice. This paper is a comparative analysis of best practice guidelines for various diversionary programmes delivered in different parts of the world. Consistent themes running through the guidelines and the relationship between these themes and the available evaluation literature were identified. The results of this qualitative meta-analysis suggest that sufficient evidence exists to support the principles outlined in these guidelines. Copyright 2005, Elsevier Science BV.

Collaboration between child welfare and substance-abuse fields: Combined treatment programs for mothers. (review).

Kerwin ME. *Journal of Pediatric Psychology* 30(7): 581-597, 2005. (125 refs.)

Objective: To review collaboration between child welfare and drug-abuse fields in providing treatment to mothers who abuse drugs and maltreat their children. Methods: Literature review of studies examining effects of maternal drug abuse on parenting skills and outcomes of interventions for both maternal drug abuse and parenting skills. Results: Parenting skills differ between mothers who do and do not abuse drugs, but these studies are primarily limited to mothers of infants and preschoolers. The evidence base for interventions to address both substance use

and parenting in these mothers is growing, but more well-controlled studies are needed. Opportunities for improved collaboration between fields are presented. Conclusion: Progress has been made toward collaboration to address drug abuse and parenting skills of mothers who abuse drugs, but more integrated strategies are needed, especially for mothers who use drugs and maltreat their children. Copyright 2005, Oxford University Press Inc.

Critical assessment of how to study addiction and its treatment: Human and non-human animal models. (review).

O'Brien CP; Gardner EL. *Pharmacology & Therapeutics* 108(1): 18-58, 2005. (470 refs.)

Laboratory models, both animal and human, have made enormous contributions to our understanding of addiction. For addictive disorders, animal models have the great advantage of possessing both face validity and a significant degree of predictive validity, already demonstrated. Another important advantage to this field is the ability of reciprocal interplay between preclinical and clinical experiments. These models have made important contributions to the development of medications to treat addictive disorders and will likely result in even more advances in the future. Human laboratory models have gone beyond data obtained from patient histories and enabled investigators to make direct observations of human drug self-administration and test the effects of putative medications on this behavior. This review examines in detail some animal and human models that have led not only to important theories of addiction mechanisms but also to medications shown to be effective in the clinic. Copyright 2005, Elsevier Science Ltd.

Current concepts: Bacterial infections in drug users. (review).

Gordon RJ; Lowy FD. *New England Journal of Medicine* 353(18): 1945-1954, 2005. (79 refs.)

There are an estimated 13 million injection-drug users worldwide, 78 percent of whom live in developing nations. Infections are among the most serious complications of drug use. Drug use plays a major role in the transmission of human immunodeficiency virus (HIV), sexually transmitted diseases, and viral

hepatitis. In addition to these infections, drug users risk acquiring a diversity of bacterial infections. This review summarizes recent information on bacterial infections associated with drug use and examines the interactions among the drug user, the preferred drug, and the method of administration that define the nature of these infections. The bulk of these are caused by the users own commensal flora, with staph and streptococcus being the most common. Skin and soft-tissue infections are among the most common among injection drug users. The epidemiology is described, followed by discussion of pathogenesis; transmission through needle sharing, drugs, or their adulterants, drug preparation, and host susceptibility. Clinical features are presented -- for skin/soft-tissue, musculoskeletal, endovascular, respiratory tract infections -- with discussion of treatment and management. Copyright 2005, Massachusetts Medical Society.

Delta-9-tetrahydrocannabinol effects in schizophrenia: Implications for cognition, psychosis, and addiction. (review).

D'Souza DC; Abi-Saab WM; Madonick S; Forselius-Bielen K; Doersch A et al. *Biological Psychiatry* 57(6): 594-608, 2005. (158 refs.)

BACKGROUND: Recent advances in the neurobiology of cannabinoids have renewed interest in the association between cannabis and psychotic disorders. **METHODS:** In a 3-day, double-blind, randomized, placebo-controlled study, the behavioral, cognitive, motor, and endocrine effects of 0 mg, 2.5 mg, and 5 mg intravenous Delta-9-tetrahydrocannabinol (Delta-9-THC) were characterized in 13 stable, antipsychotic-treated schizophrenia patients. These data were compared with effects in healthy subjects reported elsewhere. **RESULTS:** Delta-9-tetrahydrocannabinol transiently increased 1) learning and recall deficits; 2) positive, negative, and general schizophrenia symptoms; 3) perceptual alterations; 4) akathisia, rigidity, and dyskinesia; 5) deficits in vigilance; and 6) plasma prolactin and cortisol. Schizophrenia patients were more vulnerable to Delta-9-THC effects on recall relative to control subjects. There were no serious short- or long-term adverse events associated with study participation. **CONCLUSIONS:** Delta-9-tetrahydrocannabinol is associated with transient exacerbation in core psychotic and cognitive deficits in schizophrenia. These data do not provide a reason to explain why schizophrenia patients use or misuse cannabis. Furthermore, Delta-9-THC might differentially affect schizophrenia patients relative to control subjects. Finally, the enhanced sensitivity to the cognitive

effects of Delta-9-THC warrants further study into whether brain cannabinoid receptor dysfunction contributes to the pathophysiology of the cognitive deficits associated with schizophrenia. Copyright 2005, Society of Biological Psychiatry.

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.

Online counseling: Reviewing the literature from a counseling psychology framework. (review).

Mallen MJ; Vogel DL; Rochlen AB; Day SX.

Counseling Psychologist 33(6): 819-871, 2005. (154 refs.)

This article reviews the online-counseling literature with an emphasis on current applications and considerations for future research. It focuses on primary themes of counseling psychology including the history of process-outcome research and multiculturalism. It explores current gaps in the literature from a counseling psychology framework, including the field's focus on normal and developmental challenges and tasks, client strength and resilience, education and career development,

prevention and wellness, and multiculturalism. In general, current evidence indicates that online counseling may be a viable service option for some clients, especially those who are typically isolated; however, questions remain regarding the effectiveness and appropriateness of online counseling. Copyright 2005, Sage Publications.

Smoking bans in psychiatric inpatient settings? A review of the research. (review).

Lawn S; Pols R. *Australian and New Zealand Journal of Psychiatry* 39(10): 866-885, 2005. (91 refs.)

Objective: This paper reviews the findings from 26 international studies that report on the effectiveness of smoking bans in inpatient psychiatric settings. The main aim is to identify which processes contribute to successful implementation of smoking bans and which processes create problems for implementation in these settings. Method: After performing an electronic search of the literature, the studies were compared for methods used, subjects involved, type of setting, type of ban, measures and processes used and overall results. Total bans were distinguished from partial bans. All known studies of smoking bans in psychiatric inpatient units from 1988 to the present were included. Results: Staff generally anticipated more smoking-related problems than actually occurred. There was no increase in aggression, use of seclusion, discharge against medical advice or increased use of as-needed medication following the ban. Consistency, coordination and full administrative support for the ban were seen as essential to success, with problems occurring where this was not the case. Nicotine replacement therapy was widely used by patients as part of coping with bans. However, many patients continued to smoke post-admission indicating that bans were not necessarily effective in assisting people to quit in the longer term. Conclusions: The introduction of smoking bans in psychiatric inpatient settings is possible but would need to be a clearly and carefully planned process involving all parties affected by the bans. Imposing bans in inpatient settings is seen as only part of a much larger strategy needed to overcome the high rates of smoking among mental health populations. Copyright 2005, Blackwell Publishing.

The abuse liability of dextromethorphan among adolescents: A review. (review).

Bobo WV; Miller SC; Martin BD. *Journal of Child & Adolescent Substance Abuse* 14(4): 55-75, 2005. (108 refs.)

Dextromethorphan (DM) is a popular over-the-counter antitussive medication. Although adverse effects from

appropriate use are rare, a specific toxidrome with significant psychomimetic effects occurs with ingestions in excess of those recommended. Both DM and its active metabolite, dextrorphan (DOR), share pharmacologic and neurobehavioral properties similar to opiates and phencyclidine (PCP). As such, cases of recreational DM abuse and, rarely, dependence, have been reported, and some data suggest that such abuse is on the rise. DM may be considered by substance abusers, especially adolescents, to be a dissociative agent devoid of financial concerns, legal limitations, negative stigma, problems with access or adverse health consequences. However, DM's popularity among adolescent substance abusers is generally not matched by adequate health care provider awareness, pharmacological understanding or epidemiological characterization. In this review, we summarize the current understanding of DM's addiction medicine-based neuropharmacology and epidemiology, describe social characteristics more unique to DM as an agent of abuse, review treatment and prevention issues, and identify areas in need of further research. Copyright 2005, Haworth Press, Inc.

The use of legal coercion in the treatment of substance abusers: (a) An overview and critical analysis of thirty years of research. (review).

Klag S; O'Callaghan F; Creed P. *Substance Use & Misuse* 40(12): 1777-1795, 2005. (117 refs.)

Drug and alcohol use presents a serious social problem for most countries in the world. Of particular concern is the well-documented relationship between substance use and crime, which has contributed to an increased popularity and willingness to utilize more forceful means to pressure substance users into treatment. Although compulsory/legally mandated treatment is appealing, it has been one of the most fiercely debated topics in the addiction field, raising a number of issues including ethical concerns and motivational considerations. In this context, the most important question to be answered is whether or not compulsory treatment is effective in the rehabilitation of addicted offenders. Regrettably, three decades of research into the effectiveness of compulsory treatment have yielded a mixed, inconsistent, and inconclusive pattern of results, calling into question the evidence-based claims made by numerous researchers that compulsory treatment is effective in the rehabilitation of substance users. The present paper provides an overview of the key issues concerning the use and efficacy of legal coercion in the rehabilitation of substance users, including a critique of the research base and recommendations for future research. Copyright 2005, Marcel Dekker.

The public health and social impacts of drug market enforcement: A review of the evidence. (review).

Kerr T; Small W; Wood E. *International Journal of Drug Policy* 16(4): 210-220, 2005. (150 refs.)

The primary response to the harms associated with illicit injection drug use in most settings has involved intensifying law enforcement in an effort to limit the supply and use of drugs. Policing approaches have been increasingly applied within illicit drug markets since the 1980s despite limited scientific confirmation of their efficacy. On the contrary, a growing body of research indicates that these approaches have substantial potential to produce harmful health and social impacts, including disrupting the provision of health care to injection drug user, increasing risk behaviour associated with infectious disease transmission and overdose, and exposing previously unaffected communities to the harms associated illicit with drug use. There are, however, alternatives to traditional targeted enforcement approaches that may have substantially less potential for negative health and social consequences and greater potential for net community benefit. Some of these approaches involve modifying policing practices, fostering partnerships between policing and public health agencies, and developing systems to monitor policing practices. Other alternatives involve the provision of harm reduction services, such as safer injecting facilities, that help to minimize drug-related harms, and addiction treatment services which ultimately help to reduce the demand for illicit drugs. Copyright 2005, Elsevier Science BV.

Cochrane Reviews

Benzodiazepines for alcohol withdrawal. (review).

Ntais C; Pakos E; Kyzas P; Ioannidis JPA. *Cochrane Database of Systemic Reviews* (3): CD005063.pub2, 2005. (94 refs.)

Objectives To evaluate the effectiveness and safety of benzodiazepines in the treatment of alcohol withdrawal. Main results Fifty-seven trials, with a total of 4,051 people were included. Benzodiazepines offered a large benefit against alcohol withdrawal seizures compared to placebo. Authors' conclusions Benzodiazepines are effective against alcohol withdrawal symptoms, in particular seizures, when compared to placebo. It is not possible to draw definite conclusions about the relative effectiveness and safety of benzodiazepines against other drugs in alcohol withdrawal, but the available data do not show prominent differences between benzodiazepines and other drugs in success rates. Copyright 2005, Wiley-Liss.

Exercise interventions for smoking cessation. (review).

Ussher M; West R; Taylor A; McEwen A. *Cochrane Database of Systemic Reviews* (1): CD002295.pub2, 2005. (117 refs.)

Objectives: To determine whether exercise-based interventions alone or combined with a smoking cessation programme are more effective than a smoking cessation intervention alone. Main results: We identified 11 trials, six of which had fewer than 25 people in each treatment arm. They varied in the timing and intensity of the smoking cessation and exercise programmes. Authors' conclusions: Only one of the 11 trials offered evidence for exercise aiding smoking cessation. All but one of the other trials were too small to conclude that the intervention was ineffective, or included an exercise intervention which was insufficiently intense to achieve the desired level of exercise. Copyright 2005, Wiley-Liss.

Interventions for preventing tobacco sales to minors. (review).

Stead LF; Lancaster T. *Cochrane Library* issue 2: article 5, 2005. (112 refs)

Objectives: The review assesses the effects of interventions to reduce underage access to tobacco by deterring shopkeepers from making illegal sales. Authors' conclusions: Interventions with retailers can lead to large decreases in the number of outlets selling tobacco to youths. However, few of the communities studied in this review achieved sustained levels of high compliance. This may explain why there is limited evidence for an effect of intervention on youth perception of ease of access to tobacco, and on smoking behaviour. This is an abstract of a regularly updated, systematic review prepared and maintained by the Cochrane Collaboration. The full text of the review is available in The Cochrane Library. Copyright 2005, John Wiley.

Opiate treatment for opiate withdrawal in newborn infants. (review).

Osborn DA; Jeffery HE; Cole M. *Cochrane Database of Systemic Reviews* (3): CD002059.pub2, 2005. (65 refs.)

Objectives: To assess the effectiveness and safety of using an opiate, compared to a sedative or non-pharmacological treatment, for treatment of NAS due to withdrawal from opiates. Synopsis: Use of opiates (commonly prescribed methadone or illicit heroin) by pregnant women may result in a withdrawal syndrome in their newborn infants. This may result in disruption of the mother-infant relationship, sleeping and feeding

difficulties, weight loss and seizures. Treatments for newborn infants used to ameliorate these symptoms and reduce complications include opiates, sedatives (phenobarbitone or diazepam) and supportive treatments (swaddling, settling, massage, relaxation baths, pacifiers or waterbeds). Opiates, as compared to supportive care only, appear to reduce the time to regain birth weight and reduce the duration of supportive care, but increase the duration of hospital stay; there is no evidence of effect on treatment failure. Copyright 2005, Wiley-Liss.

Self-help interventions for smoking cessation. (review).

Lancaster T; Stead LF. *Cochrane Database of Systemic Reviews* (3): CD001118.pub2, 2005. (151 refs.)

Authors' conclusions: Standard self-help materials may increase quit rates compared to no intervention, but the effect is likely to be small. We failed to find evidence that they have an additional benefit when used alongside other interventions such as advice from a healthcare professional, or nicotine replacement therapy. There is evidence that materials that are tailored for individual smokers are effective, and are more effective than untailored materials, although the absolute size of effect is still small. Copyright 2005, Wiley-Liss.

Nicotine addiction and comorbidity with alcohol abuse and mental illness. (review).

Dani JA; Harris RA. *Nature Neuroscience* 8(11): 1465-1470, 2005. (92 refs.)

The World Health Organization estimates that one-third of the global adult population smokes. Because tobacco use is on the rise in developing countries, death resulting from tobacco use continues to rise. Nicotine, the main addictive component of tobacco, initiates synaptic and cellular changes that underlie the motivational and behavioral alterations that culminate in addiction. Nicotine addiction progresses rapidly in adolescents and is most highly expressed in vulnerable people who have psychiatric illness or other substance abuse problems. Copyright 2005, Nature Publishing Grp.

Methadone at tapered doses for the management of opioid withdrawal. (review).

Amato L; Davoli M; Minozzi S; Ali R; Ferri M. *Cochrane Database of Systemic Reviews* (3): CD003409.pub3, 2005. (71 refs.)

Authors' conclusions: Data from literature are hardly comparable; programs vary widely with regard to duration, design and treatment objectives, impairing the application of meta-analysis. The studies included in this review confirm that slow tapering with temporary substitution of long acting opioids, accompanied by medical supervision and ancillary medications can reduce withdrawal severity. Nevertheless the majority of patients relapsed to heroin use. Copyright 2005, Wiley-Liss.