

## **Attention-deficit/hyperactivity disorder risk for heavy drinking and alcohol use disorder is age specific.**

Molina BSG; Pelham WE; Gnagy EM; Thompson AL; Marshal MP. *Alcoholism: Clinical and Experimental Research* 31(4): 643-654, 2007. (72 refs.)

**Background:** This study was designed to assess age specificity in the risk for heavy drinking and alcohol use disorder (AUD) among adolescents and young adults with Attention-Deficit/Hyperactivity Disorder (ADHD) diagnosed in childhood. **Methods:** Children diagnosed with ADHD (n=364 probands) were interviewed an average of 8 years later in the Pittsburgh ADHD Longitudinal Study, either as adolescents (11-17 years old) or as young adults (18-28 years of age). Demographically similar age-matched participants without ADHD were recruited as adolescents (n=120) or as adults (n=120) for comparison with the probands. Alcohol involvement was assessed comprehensively to include measures of heavy drinking that are standard in alcoholism research and prognostic of later alcohol-related problems. **Results:** Results revealed age specificity in the association such that episodic heavy drinking (measured as 5+ drinks per occasion), drunkenness, DSM-IV AUD symptoms, and DSM-IV AUD were elevated among 15- to 17-year-old probands, but not among younger adolescents. Among young adults, drinking quantity and AUD were elevated among probands with antisocial personality disorder. Childhood predictors indexing antisocial behavior were also examined. **Conclusions:** The age-specificity of these findings helps to explain prior inconsistencies across previous studies regarding risk for alcohol-related outcomes among children with ADHD. Copyright 2007, Research Society on Alcoholism.

## **Alcohol and the preventive paradox: Serious harms and drinking patterns.**

Poikolainen K; Paljarvi T; Makela P. *Addiction* 102(4): 571-578, 2007. (21 refs.)

**Aims:** The preventive paradox prevails if the majority of alcohol problems accrue to the lesser-drinking majority of population, not to heavy drinkers. Evidence for the paradox has been

criticized for being based on self-report. The aim was to examine whether the paradox also applies to deaths and hospital admissions. **Design:** Data from four surveys representing the Finnish population aged 15-69 years in 1969, 1976, 1984 and 1992 were pooled; those from 1969, 1976 and 1984 (n = 6726) to study alcohol-related hospital admissions and alcohol-related deaths, and those from 1984 and 1992 (n = 5558) to study self-reported problems. The former data were linked with register data on hospital admission and death up to the end of 2002. **Methods:** Comparisons were made separately for men and women (1) between the 10% of population with the highest average alcohol consumption and the remaining 90% of drinkers and (2) between those who reported and those who did not report drinking to intoxication. **Results:** A total of 3025 men and 2693 women were available for the study of self-reported problems and 2945 men and 2615 women for deaths and hospital admissions. Seventy per cent of all self-reported problems, 70% of alcohol-related hospitalizations, 64% of alcohol-related deaths and 64% of the premature life-years lost before the age of 65 occurred among the 90% of men consuming less. The respective figures for women were 64%, 60%, 93% and 98%. Drinking five or more drinks per occasion was related to more harm than not drinking that much. **Conclusions:** In men, the 'prevention paradox' appears to apply to a broadly similar degree to hospitalizations and deaths as self-report alcohol-related problems; in women the phenomenon was apparent to a greater degree for deaths than for other markers of harm. Copyright 2007, Society for the Study of Addiction to Alcohol and Other Drugs.

## **Client outcomes from rural substance abuse treatment.**

Hiller ML; Leukefeld CG; Garrity TF; Godlaski T; Schoeneberger M; Townsend M et al. *Journal of Psychoactive Drugs* 39(1): 59-68, 2007. (30 refs.) Several national evaluations have been conducted since the late 1960s that have assessed the effectiveness of publicly-funded substance abuse treatment in the United States. These studies, however, have focused principally on urban-based treatment programs, and it is unclear whether findings from urban programs can be replicated in

outcome studies of programs in rural areas. The current study, therefore, examined the treatment outcomes of clients admitted to one of several short-term inpatient or outpatient drug-free treatment agencies in rural Kentucky. Findings showed that treatment was associated with reductions in drug use and criminality during a six-month follow-up interval. Employment status also improved significantly, and health services utilization was reduced. The similarity between the current findings and findings from national outcome studies of urban-based treatment programs is discussed. Copyright 2007, Haight Ashbury Publishing.

### **Cocaine- and opiate-related fatal overdose in New York City, 1990-2000.**

Bernstein KT; Bucciarelli A; Piper TM; Gross C; Tardiff K; Galea S. *BMC Public Health* 7: article 31, 2007. (49 refs.)

Background: In New York City (NYC), the annual mortality rate is higher for accidental drug overdoses than for homicides; cocaine and opiates are the drugs most frequently associated with drug overdose deaths. We assessed trends and correlates of cocaine- and opiate-related overdose deaths in NYC during 1990-2000. Methods: Data were collected from the NYC Office of the Chief Medical Examiner (OCME) on all fatal drug overdoses involving cocaine and/or opiates that occurred between 1990-2000 (n = 8,774) and classified into three mutually exclusive groups (cocaine only; opiates-only; cocaine and opiates). Risk factors for accidental overdose were examined in the three groups and compared using multinomial logistic regression. Results: Overall, among decedents ages 15-64, 2,392 (27.3%) were attributed to cocaine only and 2,825 (32.2%) were attributed to opiates-only. During the interval studied, the percentage of drug overdose deaths attributed to cocaine only fell from 29.2% to 23.6% while the percentage of overdose deaths attributed to opiates-only rose from 30.6% to 40.1%. Compared to New Yorkers who fatally overdosed from opiates-only, fatal overdose attributed to cocaine-only was associated with being male (OR = 0.71, 95% CI 0.62-0.82), Black (OR = 4.73, 95% CI 4.08-5.49) or Hispanic (OR = 1.51, 95% CI 1.29-1.76), an overdose outside of a residence or building (OR = 1.34, 95% CI 1.06-1.68), having alcohol detected at autopsy (OR = 0.50, 95% CI 0.44-0.56) and older age (55-64) (OR = 2.53, 95% CI 1.70-3.75). Conclusion: As interventions to prevent fatal overdose become more targeted and drug specific, understanding the

different populations at risk for different drug-related overdoses will become more critical. Copyright 2007, Biomed Central.

### **Is recreational ecstasy (MDMA) use associated with higher levels of depressive symptoms?**

Guillot C. *Journal of Psychoactive Drugs* 39(1): 31-39, 2007. (78 refs.)

Due to potential serotonergic deficits, 3,4-methylenedioxymethamphetamine (MDMA or Ecstasy) may cause long-term mood disruptions in recreational Ecstasy users. The purpose of this review is to evaluate the evidence for a relationship between recreational Ecstasy use and higher levels of depressive symptoms. Eleven out of 22 studies initially have reported significantly higher depression scores in Ecstasy users in comparison to control participants. However, only three studies ultimately have revealed significantly higher depression scores in comparison to cannabis or polydrug controls. Furthermore, most studies have suffered from methodological weaknesses, and the levels of depressive symptoms that have been found in Ecstasy users have not been shown to be much higher than those found in normative groups. The evidence for an association specifically between Ecstasy use and higher levels of depressive symptoms is currently unconvincing, but the frequent concomitant use of Ecstasy and other illicit drugs has been shown to be associated with higher levels of depressive symptoms. Possible causes include polydrug use in general, MDMA-induced serotonergic deficits, individual effects of illicit drugs besides Ecstasy, combined effects of MDMA and other illicit drugs, and preexisting differences in the levels of depressive symptoms in Ecstasy users. Copyright 2007, Haight Ashbury Publishing.

### **Longitudinal associations between fathers' heavy drinking patterns and children's psychosocial adjustment.**

Andreas JB; O'Farrell TJ. *Journal of Abnormal Child Psychology* 35(1): 1-16, 2007. (37 refs.)

Psychosocial adjustment in children of alcoholics (N = 114) was examined in the year before and at three follow-ups in the 15 months after their alcoholic fathers entered alcoholism treatment, testing the hypothesis that children's adjustment problems will vary over time as a function of their fathers' heavy drinking patterns. Three unique patterns of heavy drinking in alcoholic fathers were identified through cluster analysis. The results demonstrated significant and meaningful associations between these drinking patterns in fathers and adjustment problems in

children over time. Overall, children whose fathers remained mostly abstinent following their treatment showed lowest and decreasing adjustment problems, while children whose fathers continued and increased heavy drinking following their treatment showed greatest and increasing adjustment problems over time. Copyright 2007, Springer.

#### **Poppy seed tea and opiate abuse in New Zealand.**

Braye K; Harwood T; Inder R; Beasley R; Robinson G. *Drug and Alcohol Review* 26(2): 215-219, 2007.

(18 refs.)

The opium poppy *Papaver somniferum* contains an array of opiates. There is a variety of methods of preparation that can be used by people with opiate dependence, with patterns of use determined by numerous factors including cost, safety, potency and legal status. The objective of this study was to determine the frequency and nature of poppy seed tea (PST) use by opiate dependent patients in the form of a written questionnaire. The study took place at the Community Alcohol and Drug Clinic, Wellington, New Zealand, and comprised 24 opiate-dependent patients attending the clinic. A total of 11 of 24 (46%) patients reported having used PST. In five patients currently using PST it represented the major source of opiates, and two had managed to withdraw from use of other opiates with regular PST use. Patients reported a median onset of action of 15 minutes and an effect lasting a median of 24 hours. The major limitation of PST use was the foul taste. PST is used commonly by opiate dependent patients attending an alcohol and drug clinic in New Zealand. The use of PST as the major source of opiates could be considered favourably within 'harm reduction' philosophies, because of its low cost, legal availability and oral route of administration. Conversely, there is the potential for PST to act as a 'gateway drug' by inducing opioid dependence and introducing people to the culture of drug abuse. Copyright 2007, Taylor and Francis.

#### **Predicting long-term stable recovery from heroin addiction: Findings from a 33-year follow-up study.**

Hser YI. *Journal of Addictive Diseases* 26(1): 51-60, 2007. (43 refs.)

Heroin addiction is increasingly being recognized as a chronic relapsing condition, but relatively little is known about long-term recovery processes among addicts who attain and maintain long periods of abstinence. This study is to identify predictors of long-term stable recovery from heroin addiction

based on 242 heroin addicts that have been followed for more than 30 years. Results showed that recovery and non-recovery groups did not differ in deviant behaviors and family/school problems in their earlier lives. Both groups tried formal treatment and self-directed recovery ("self-treatment"), often many times. While the non-recovered addicts were significantly more likely to use substances in coping with stressful conditions, to have spouses who also abused drugs, and to lack non-drug-using social support, stable recovery ten years later was predicted only by ethnicity, self-efficacy, and psychological distress. These findings suggest that in addition to early intervention to curtail heroin addiction, increasing self-efficacy and addressing psychological problems are likely to enhance the odds of maintaining long-term stable recovery. Copyright 2007, Haworth Press.

#### **Public injection settings in Vancouver: Physical environment, social context and risk.**

Small W; Rhodes T; Wood E; Kerr T. *International Journal of Drug Policy* 18(1): 27-36, 2007. (64 refs.)

While epidemiological investigations have documented elevated health harms associated with public injecting, further ethnographic research focused specifically on public injecting settings is required to develop greater understanding of how these environments influence the production of drug-related harm. We undertook preliminary ethnographic research, incorporating a structured environmental survey, observations and interviews with 50 local injectors, in Vancouver's Downtown Eastside (DTES). Our study aimed to document the physical locations and social context of public injecting settings, exploring how such venues interplay with injection-related health risks. Findings show that DTES public injecting locations comprise a large network of alleyways, which are often unsanitary and constrain efforts to inject in a hygienic fashion. Due to fears of being intercepted by the police, physically assaulted, or robbed, injectors are preoccupied with "hurrying and worrying" when injecting in public. Although individuals are concerned with matters of hygiene and avoiding infections associated with injecting, the perceived risks of public injection settings are primarily related to the presence of street predators and the police. Ecological features of public injecting environments serve to complicate the task of injecting, encourage 'rushing' during the injection process, and decrease the likelihood that public injectors will employ safer injecting practices.

Future interventions must specifically target these micro risk environments. Innovative strategies are urgently needed to ensure that police operations in the open drug scene do not compromise public injectors' efforts to protect their health. Additionally, structural factors which perpetuate the large public injecting scene should be addressed through policy interventions that increase access to housing and public toilets as well as expanding the scope and capacity of the local drug consumption facilities. Copyright 2007, Elsevier Science.

#### **Risk of mortality during four years after substance detoxification in urban adults.**

Saitz R; Gaeta J; Cheng DM; Richardson JM; Larson MJ; Samet JH. *Journal of Urban Health* 84(2): 272-282, 2007. (57 refs.)

The objective of this analysis was to assess the mortality rate and risk factors in adults, with substance dependence, who are not receiving primary medical care (PC). Date and cause of death were identified using the National Death Index data and death certificates for 470 adults without PC over a period of almost 4 years after detailed clinical assessment after detoxification. Factors associated with risk of mortality were determined using stepwise Cox proportional hazards models. Subjects were 76% male, 47% homeless, and 47% with chronic medical illness; 40% reported alcohol, 27% heroin, and 33% cocaine as substance of choice. Median age was 35. During a period of up to 4 years, 27 (6%) subjects died. Median age at death was 39. Causes included: poisoning by any substance (40.9% of deaths), trauma (13%), cardiovascular disease (13.6%), and exposure to cold (9.1%). The age adjusted mortality rate was 4.4 times that of the general population in the same city. Among these individuals without PC in a detoxification unit, risk factors associated with death were the following: drug of choice [heroin: hazard ratio (HR) 6.9 (95% confidence interval (CI) 1.6-31.1]; alcohol: HR 3.7 (95% CI 0.79-16.9) compared to cocaine); past suicide attempt (HR 2.1, 95% CI 0.96-4.5); persistent homelessness (HR 2.4, 95% CI

1.1-5.3); and history of any chronic medical illness (HR 2.1, 95% CI 0.93-4.7). Receipt of primary care was not significantly associated with death (HR 0.85, 95% CI 0.34-2.1). Risk of mortality is high in patients with addictions and risk factors identifiable when these patients seek help from the health care system (i.e., for detoxification) may help identify those at highest risk for whom interventions could be targeted. Copyright 2007, Springer.

#### **The role of substance use in young adult divorce.**

Collins RL; Ellickson PL; Klein DJ. *Addiction* 102(5): 786-794, 2007. (53 refs.)

Aim: To test the relationships between various forms of substance use during marriage and subsequent divorce among US young adults. Design: Three waves of survey data collected at approximately ages 18, 23 and 29 years were used. Using multivariate logistic regression and controlling for factors present at the two early waves, we tested for prospective relationships between substance use at the second assessment and divorce by the third. Participants: A longitudinal panel following adolescents on the west coast of the United States into young adulthood. The analytic subsample consisted of the 454 individuals currently married at the age 23 survey. Measurements: Predictors were past-year frequency of alcohol intoxication, marijuana use and cigarette use, as well as any hard drug use in the past year. Covariates included substance use prior to marriage, demographic and socio-economic factors, marital discord and religiosity. Findings: Controlling for other factors, more frequent alcohol intoxication during marriage was an independent predictor of later divorce. Frequency of marijuana use had a significant bivariate relationship with divorce that was not significant in the multivariate model. Conclusion: These data are consistent with the notion that alcohol intoxication is related causally to divorce among young adults. Copyright 2007, Society for the Study of Addiction to Alcohol and Other Drugs.