

Tobacco point-of-purchase promotion: Examining tobacco industry documents.

Lavack AM; Toth G. *Tobacco Control* 15(5): 377-384, 2006. (29 refs.)

In the face of increasing media restrictions around the world, point-of-purchase promotion (also called point-of-sale merchandising, and frequently abbreviated as POP or POS) is now one of the most important tools that tobacco companies have for promoting tobacco products. Using tobacco industry documents, this paper demonstrates that tobacco companies have used point-of-purchase promotion in response to real or anticipated advertising restrictions. Their goal was to secure dominance in the retail setting, and this was achieved through well-trained sales representatives who offered contracts for promotional incentive programmes to retailers, which included the use of point-of-sale displays and merchandising fixtures. Audit programmes played an important role in ensuring contract enforcement and compliance with a variety of tobacco company incentive programmes. Tobacco companies celebrated their merchandising successes, in recognition of the stiff competition that existed among tobacco companies for valuable retail display space. Copyright 2006, BMJ Publishing Group.

Alcohol consumption, Alcoholics Anonymous membership, and homicide mortality rates in Ontario 1968 to 1991.

Mann RE; Zalcman RF; Smart RG; Rush BR; Suurvali H. *Alcoholism: Clinical and Experimental Research* 30(10): 1743-1751, 2006. (51 refs.)

Background: Research has shown a strong link between alcohol use and a variety of problems, including violence. Parker and colleagues have presented a selective disinhibition theory for the link between alcohol use and homicide (and other violence) that posits a causal relationship that is also influenced by other situational and contextual factors. This model is particularly well suited for aggregate-level investigations. In this study, we examine the impact of alcohol factors, including consumption measures and Alcoholics Anonymous (AA) membership rates, on homicide mortality rates in Ontario, and test predictions derived from the selective disinhibition model. Methods: Time series analyses with ARIMA

modeling were applied to total, male, and female homicide rates in Ontario between 1968 and 1991. The analyses performed included total alcohol consumption, spirits consumption, beer consumption, and wine consumption. Missing AA membership data were interpolated with cubic splines. Results: For the total population and males, homicide rates were significantly and positively related to total alcohol consumption and to the consumption of beer and spirits. They were also negatively related to AA membership rates in the analyses involving spirits and wine and positively related to unemployment rates in the analyses involving beer, wine, and total alcohol. Among females, none of the measures were significant predictors of homicide mortality rates. Conclusions: These data provide important support for the selective disinhibition model and confirm important relationships between per capita consumption measures and homicide mortality rates, especially among males, seen in other studies. Additionally, the results for AA membership rates are consistent with the hypothesis that AA membership and treatment for misuse of alcohol can exert beneficial effects observable at the population level. Copyright 2006, Research Society on Alcoholism.

Diagnosis of foetal alcohol syndrome and alcohol use in pregnancy: A survey of paediatricians' knowledge, attitudes and practice.

Elliott EJ; Payne J; Haan E; Bower C. *Journal of Paediatrics and Child Health* 42(11): 698-703, 2006. (29 refs.)

Aim: To measure paediatricians' knowledge, attitudes and practices regarding foetal alcohol syndrome (FAS) and alcohol use during pregnancy. Methods: Postal survey of paediatricians in Western Australia in 2004. Of 179 eligible paediatricians, 132 (73.7%) responded (90 consultant paediatricians and 42 paediatric trainees). Results: Of the 132 respondents, 18.9% identified all four essential diagnostic features for FAS. Only 49.2% had previously diagnosed FAS (range 1-30 cases) but 91.7% had seen children diagnosed by others; 76.5% had suspected but not diagnosed FAS; 12.1% had been convinced of but not recorded the diagnosis; and 31.8% had referred children for diagnostic confirmation. Although 79.6%

agreed early diagnosis might be advantageous, 69.6% said diagnosis might be stigmatising and 36.4% thought parents might resist referral for assessment and treatment. Although 78.2% agreed avoiding binge drinking may reduce FAS, only 43.9% believed women should abstain from using alcohol in pregnancy. Only 4.5% felt very prepared to deal with a patient with FAS: most wanted educational materials for themselves (69.7%) and child carers (71.2%). Only 23.3% routinely ask about alcohol use when taking a pregnancy history and 4.2% routinely provide information on the consequences of alcohol use. Only 11.4% had read the current Australian national health guideline regarding alcohol consumption in pregnancy and 9.1% provided advice consistent with the guideline. Conclusion: Paediatricians identified the need for educational materials about FAS and alcohol use in pregnancy for themselves and their clients. Lack of knowledge about FAS diagnosis and management will limit opportunities for diagnosis, prevention and early intervention. Copyright 2006, Blackwell Publishing.

Estimated costs of prescription opioid analgesic abuse in the United States in 2001: A societal perspective.

Birnbaum HG; White AG; Reynolds J; Greenberg PE; Zhang M; Vallow S et al. *Clinical Journal of Pain* 22(8): 667-676, 2006. (59 refs.)

Objectives: This study estimates the costs to society of prescription opioid analgesic (RxO) abuse in the United States. Methods: Costs associated with prescription opioid analgesic abuse were grouped into healthcare, criminal justice, and workplace categories. Costs were estimated by either (1) a quantity method that multiplies the number of abusers derived from various national surveys by the estimated per abuser cost, or (2) an apportionment method that starts with overall (ie, prescription and nonprescription) drug abuse costs for a cost component (eg, police protection) and apportions the share of costs based on the prevalence of prescription opioid analgesic abuse relative to overall drug abuse. Medical costs in excess of those for otherwise similar nonabusers were based on an analysis of a large administrative claims database for an employed population using multivariate regression methods. Results: A lower bound estimate of the costs of this abuse in the United States was \$8.6 billion in 2001 (or \$9.5 billion in 2005 dollars). Of this amount, \$2.6 billion were healthcare costs, \$1.4 billion were criminal justice costs, and \$4.6 billion were workplace costs. Conclusions: The costs of prescription opioid analgesic abuse represent a substantial economic burden. Rising trends of prescription opioid analgesic abuse suggest an

escalating economic and public health burden in coming years in the United States, and potentially, elsewhere. Copyright 2006, Lippincott, Williams & Wilkins.

Prescription stimulant sales on the Internet.

Wilford BB; Smith DE; Bucher R. *Pediatric Annals* 35(8): 575+, 2006. (34 refs.)

This article addresses the marketing of prescription stimulants via the internet, through dispensing drugs without a prescription, or selling unapproved or counterfeit drugs, or by using a legal loophole, such as having a "physician" write a prescription based on a patient-supplied questionnaire. A number of these pharmacies are based overseas. The volume of internet drug sales is unknown, although federal authorities estimate about 20 million packages containing pharmaceuticals enter the US annually. A random sample of drug parcels found that 80% violated FDA regulations. Among the samples, 14% had no active ingredients. (It is illegal to import prescription drugs for personal use. Due to the sheer volume, the bulk reach purchasers unchecked.) Several studies are reviewed that have endeavored to assess the role of internet pharmacies as sources of abused drugs. The clinical, legal, and policy implications are discussed, and solutions proposed. Copyright 2006, Slack.

Racial differences in marijuana-users' risk of arrest in the United States.

Ramchand R; Pacula RL; Iguchi MY. *Drug and Alcohol Dependence* 84(3): 264-272, 2006. (18 refs.)

A recent study of arrest data show that African Americans are 2.5 times more likely to be arrested for marijuana possession offences than Whites, even though general prevalence estimates show that they are no more likely to be using. The current study investigates the purchase patterns of marijuana users from the 2002 National Survey on Drug Use and Health (NSDUH) to evaluate whether differences in purchasing behaviors exist across racial groups. Although in general people who purchase marijuana are more likely to buy in private settings and from someone they know, this analysis shows that African Americans are statistically more likely to engage in risky purchasing behaviors that increase their likelihood of arrest. Using trivariate probit regression with demographic, drug use, and drug market covariates, analyses reveal that African Americans are nearly, twice as likely to buy outdoors (0.31 versus 0.14), three times more likely to buy from a stranger (0.30 versus 0.09), and significantly more likely to buy away from their homes (0.61 versus 0.48). These results provide an additional explanation for the

differential in arrest rates between African Americans and Whites. Copyright 2006, Elsevier Science.

Reduction in the incidence of acute myocardial infarction associated with a citywide smoking ordinance.

Bartecchi C; Alsever RN; Nevin-Woods C; Thomas WM; Estacio RO; Bartelson BB et al. *Circulation* 114(14): 1490-1496, 2006. (32 refs.)

Background: Secondhand smoke exposure increases the risk of acute myocardial infarction (AMI). One study (Helena, Mont) examined the issue and found a decrease in AMI associated with a smoke-free ordinance. We sought to determine the impact of a smoke-free ordinance on AMI admission rates in another geographically isolated community (Pueblo, Colo). Methods and Results-We assessed AMI hospitalizations in Pueblo during a 3-year period, 1.5 years before and 1.5 years after implementation of a smoke-free ordinance. We compared the AMI hospitalization rates among individuals residing within city limits, the area where the ordinance applied, versus those outside city limits. We also compared AMI rates during this time period with another geographically isolated but proximal community, El Paso County, Colo, that did not have an ordinance. A total of 855 patients were hospitalized with a diagnosis of primary AMI in Pueblo between January 1, 2002, and December 31, 2004. A reduction in AMI hospitalizations was observed in the period after the ordinance among Pueblo city limit residents (relative risk [RR]=0.73, 95% confidence interval [CI] 0.63 to 0.85). No significant changes in AMI rates were observed among residents outside city limits (RR=0.85, 95% CI 0.63 to 1.16) or in El Paso County during the same period (RR=0.97, 95% CI 0.89 to 1.06). The reduction in AMI rate within Pueblo differed significantly from changes in the external control group (El Paso County) even after adjustment for seasonal trends ($P < 0.001$). Conclusions-A public ordinance reducing exposure to secondhand smoke was associated with a decrease in AMI hospitalizations in Pueblo, Colo, which supports previous data from a smaller study. Copyright 2006, Lippincott, Williams & Wilkins.

Ten years and 1 master settlement agreement later: The nature and frequency of alcohol and tobacco promotion in televised sports, 2000 through 2002.

Zwarun L. *American Journal of Public Health* 96(8): 1492-1497, 2006. (22 refs.)

Objectives. I sought to identify what kinds of promotion for alcohol and tobacco products are found in televised sports programming, as well as how frequently they occur. I compared my findings with

data from 5 and 10 years earlier to examine the effects of the Master Settlement Agreement and detect industry trends. Method. A content analysis of more than 83 hours of televised sports programming from 2000 through 2002 was conducted. Composite week sampling was used to ensure results were representative of the overall population of television sports programs. Programs were examined for traditional advertising (commercials) and nontraditional advertising (stadium signs, announcer voiceovers, etc.). Results. Rates of certain types of alcohol advertising have decreased, but what remains is strategically chosen to increase the likelihood of audience exposure. Despite the Master Settlement Agreement, tobacco advertising remains prevalent in many sports. A new trend of placing alcohol and tobacco brand names in commercials for other products is evident. Conclusions. Alcohol and tobacco marketers appear able to cleverly adapt to advertising challenges, such as digital video recorders and legislation. Alcohol and tobacco brands remain visible on sports programming. Copyright 2006, American Public Health Association.

The consequences of the unregulated cigarette. (editorial).

Gray N. *Tobacco Control* 15(5): 405-408, 2006. (52 refs.)

This article considers changes in cigarette design in relation to the concept of "dose", drawing attention to the observation that there is not one smoking related epidemic of lung cancer, but at least two. Squamous carcinoma is declining in parallel with smoking prevalence while adenocarcinoma is increasing in the face of declining smoking prevalence. It is concluded that the adenocarcinoma epidemic is unnecessary and is due substantially to cigarette design changes, including increases in tobacco specific nitrosamines, manipulation of droplet size and ventilated filters. The need for regulation of smoke constituents is emphasised. Copyright 2006, BMJ Publishing Group.

The consumption of alcohol by Australian adolescents: A comparison of revenue and expenditure.

Doran CM; Gascoigne MB; Shakeshaft AP; Petrie D. *Addictive Behaviors* 31(10): 1919-1928, 2006. (11 refs.)

Aims: To estimate (i) Australian government taxation revenue collected from the consumption of alcohol by adolescents and (ii) the amount spent by the government on interventions aimed at educating adolescents about the potential dangers of alcohol use. Design: Secondary data analysis. Setting: Australia.

Findings: Australian adolescents (aged between 12 and 17 years, inclusive) spent approximately \$217 million on alcoholic beverages in 2002, netting the Australian government approximately \$112 million in tax revenue. This resulted in an average of \$195 earned in tax per adolescent drinker. It is estimated that the Government spent approximately \$17 million on adolescent drinking interventions in 2002, equating to an expenditure of about \$10.51 per adolescent on the delivery of alcohol interventions. For every dollar spent on alcohol interventions aimed at adolescents, it is estimated that the government receives around \$7 in alcohol tax revenue. Conclusions: A substantial disparity exists between the amount of tax revenue received by the Australian Government from adolescent drinkers and the overall amount spent in attempting to prevent and relieve some of the problems associated with adolescent problem drinking. Copyright 2006, Elsevier Science.

Does America spend enough on addiction treatment? Results from public opinion surveys.

French MT; Homer JF; Nielsen AL. *Journal of Substance Abuse Treatment* 31(3): 245-254, 2006. (49 refs.)

Addiction treatment is often misunderstood and underappreciated in the United States. Although a large body of literature clearly demonstrates the clinical and economic benefits of addiction treatment for many clients and in most settings, the general public has a somewhat ambivalent attitude toward treatment expansion and taxpayer financing. A potential reason for this disconnect between economic evidence and public opinion is a weak identification with the need for, or the success of, addiction treatment for those individuals without a substance abuse problem themselves or in members of their family. Alternatively, addiction treatment stakeholders may be delivering an ineffective or misdirected message about the social value of this industry. This article explores these and other potential explanations for the paradoxically low placement of the addiction treatment industry among other

socially important institutions in the United States. Although none of the explanations advanced in this article has been scientifically tested or verified, it is hoped that the historical inquiry and information provided herein will offer practical strategies for the stability and growth of the addiction treatment industry. Copyright 2006, Elsevier Science.

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