

Brief family treatment intervention to promote aftercare among substance abusing patients in inpatient detoxification: Transferring a research intervention to clinical practice.

O'Farrell TJ; Murphy M; Alter J; Fals-Stewart W. *Addictive Behaviors* 33(3): 464-471, 2008. (11 refs.)

Two earlier studies showed that a brief family treatment (BFT) intervention for substance abusing patients in inpatient detoxification increased aftercare treatment post-detox. BFT consisted of meeting with the patient and a family member with whom the patient lived to review aftercare plans for the patient. A phone conference was used when logistics prevented an in-person family meeting. Based on the earlier research results, we trained a newly hired staff person to continue providing BFT. We monitored key process benchmarks derived from the earlier research studies to ensure ongoing fidelity in delivering BFT. This method proved successful in transferring BFT from delivery in a research study to ongoing delivery in routine clinical practice after the research ended. It also ensured that a high proportion of patients had their families contacted and included in planning the patients' aftercare. Copyright 2008, Elsevier Science.

Attendance at Narcotics Anonymous and Alcoholics Anonymous meetings, frequency of attendance and substance use outcomes after residential treatment for drug dependence: a 5-year follow-up study.

Gossop M; Stewart D; Marsden J. *Addiction* 103(1): 119-125, 2008. (44 refs.)

Aims This study investigates the relationship between frequency of attendance at Narcotics Anonymous and Alcoholics Anonymous (NA/AA) meetings and substance use outcomes after residential treatment of drug dependence. It was predicted that post-treatment NA/AA attendance would be related to improved substance use outcomes. **Methods** Using a longitudinal, prospective cohort design, interviews were conducted with drug-dependent clients (n = 142) at intake to residential treatment, and at 1 year, 2 years and 4-5 years follow-up. Data were collected by structured interviews. All follow-up interviews were carried out by independent professional interviewers. **Findings** Abstinence from opiates was increased

throughout the 5-year follow-up period compared to pre-treatment levels. Clients who attended NA/AA after treatment were more likely to be abstinent from opiates at follow-up. Abstinence from stimulants increased at follow-up but (except at 1-year follow-up) no additional benefit was found for NA/AA attendance. There was no overall change in alcohol abstinence after treatment but clients who attended NA/AA were more likely to be abstinent from alcohol at all follow-up points. More frequent NA/AA attenders were more likely to be abstinent from opiates and alcohol when compared both to non-attenders and to infrequent (less than weekly) attenders. **Conclusions:** NA/AA can support and supplement residential addiction treatment as an aftercare resource. In view of the generally poor alcohol use outcomes achieved by drug-dependent patients after treatment, the improved alcohol outcomes of NA/AA attenders suggests that the effectiveness of existing treatment services may be improved by initiatives that lead to increased involvement and engagement with such groups. Copyright 2008, Society for the Study of Addiction to Alcohol and Other Drugs.

Brief alcohol intervention in the emergency department: Moderators of effectiveness.

Walton MA; Goldstein AL; Chermack ST; McCammon RJ; Cunningham RM; Barry KL et al. *Journal of Studies on Alcohol and Drugs* 69(4): 550-560, 2008. (66 refs.)

Objective: Prior research supports the effectiveness of brief interventions for reducing alcohol misuse among patients in the emergency department (ED). However, limited information is available regarding the mechanisms of change, which could assist clinicians in streamlining or amplifying these interventions. This article examines moderators of outcomes among ED patients, ages 19 and older, who participated in a randomized controlled trial of a brief intervention for alcohol misuse. **Method:** Injured patients (N = 4,476) completed a computerized survey; 575 at-risk drinkers were randomly assigned to one of four brief intervention conditions, and 85% were interviewed again at 3-month and 12-month follow-ups. **Results:** Regression models using the generalized estimating equations approach examined interaction effects

between intervention condition (advice/no advice) and hypothesized moderator variables (stage of change, self-efficacy, acute alcohol use, attribution of injury to alcohol) on alcohol outcomes over time. Overall, participants who reported higher levels of self-efficacy had lower weekly consumption and consequences, whereas those with higher readiness to change had greater weekly consumption and consequences. Furthermore, individuals who attributed their injury to alcohol and received advice had significantly lower levels of average weekly alcohol consumption and less frequent heavy drinking from baseline to 12-month follow-up compared with those who attributed their injury to alcohol but did not receive advice. Conclusions: This study provides novel data regarding attribution for alcohol-related injury as an important moderator of change and suggests that highlighting the alcohol/injury connection in brief, ED-based alcohol interventions can augment their effectiveness. Copyright 2008, Alcohol Research Documentation.

Cannabis potency and contamination: A review of the literature. (review).

McLaren J; Swift W; Dillon P; Allsop S. *Addiction* 103(7): 1100-1109, 2008. (82 refs.)

Aims: Increased potency and contamination of cannabis have been linked in the public domain to adverse mental health outcomes. This paper reviews the available international evidence on patterns of cannabis potency and contamination and potential associated harms, and discusses their implications for prevention and harm reduction measures. Methods: A systematic literature search on cannabis potency and contamination was conducted. Results Cannabis samples tested in the United States, the Netherlands, United Kingdom and Italy have shown increases in potency over the last 10 years. Some countries have not shown significant increases in potency, while other countries have not monitored potency over time. While there are some grounds to be concerned about potential contaminants in cannabis, there has been no systematic monitoring. Conclusion: Increased potency has been observed in some countries, but there is enormous variation between samples, meaning that cannabis users may be exposed to greater variation in a single year than over years or decades. Claims made in the public domain about a 20- or 30-fold increase in cannabis potency and about the adverse mental health effects of cannabis contamination are not supported currently by the evidence. Systematic scientific testing of cannabis is needed to monitor current and ongoing trends in cannabis potency, and to determine whether cannabis is contaminated. Additionally, more research

is needed to determine whether increased potency and contamination translates to harm for users, who need to be provided with accurate and credible information to prevent and reduce harms associated with cannabis use. Copyright 2008, Society for the Study of Addiction to Alcohol and Other Drugs.

Client matching: A severity-treatment intensity paradigm.

De Leon G; Melnick G; Cleland CM. *Journal of Addictive Diseases* 27(3): 99-113, 2008. (34 refs.)

Despite considerable effort to develop matching strategies and client placement protocols, research studies fail to yield compelling results regarding the benefits of matching to treatment. The most consistent findings suggest a matching paradigm, which defines a successful placement as the least treatment intensity required addressing the severity of the disorder. The purpose of the present study is to provide further empirical support for the validity of a severity-intensity paradigm utilizing data from the Drug Abuse Treatment Outcome Studies. A "passive match" approach employed the Client Matching Protocol decision algorithm, which recommended clients to long-term residential or outpatient drug-free treatment. One-year outcomes for clients matched to long-term residential treatment were better on all outcome variables compared to those undertreated in outpatient drug-free treatment. Findings supported the validity of the severity-intensity paradigm in that undertreated clients showed less improvement compared to matched and overtreated clients. Copyright 2008, Haworth Press.

Drinking trajectories following an initial lapse.

Witkiewitz K; Masyn KE. *Psychology of Addictive Behaviors* 22(2): 157-167, 2008. (71 refs.)

Relapse following alcohol treatment is a major problem for individuals who are alcohol dependent, yet little is known about the course of drinking after the initial lapse. In the current study, discrete-time survival analysis and latent growth mixture modeling were used to evaluate the time to first lapse and the trajectories of postlapse drinking in a sample of 563 individuals who received community alcohol treatment. Results showed a decreasing risk of lapsing over time. After the initial lapse, 3 trajectory subgroups provided a parsimonious representation of the heterogeneity in postlapse drinking frequency and quantity, with the majority of individuals reporting light, infrequent drinking. Covariate analyses incorporating demographics, distal risk factors, time to first lapse, and coping behavior as predictors of time to

lapse and postlapse drinking trajectories indicated that alcohol dependence and coping behavior were the strongest predictors of lapsing and postlapse drinking behavior. Copyright 2008, American Psychological Association.

Clinician perceptions of factors influencing referrals to a smoking cessation program.

Holtrop JS; Malouin R; Weismantel D; Wadland WC. *BMC Family Practice* article 9, 2008. (27 refs.)

Background: Referral of patients to smoking cessation telephone counseling (i.e., quitline) is an underutilized resource by primary care physicians. Previously, we conducted a randomized trial to determine the effectiveness of benchmarked feedback on clinician referrals to a quitline. Subsequently, we sought to understand the successful practices used by the high-referring clinicians, and the perceptions of the barriers of referring patients to a quitline among both high and non-referring clinicians in the trial. Methods: We conducted a qualitative sub-study with subjects from the randomized trial, comparing high-and non-referring clinicians. Structured interviews were conducted and two investigators employed a thematic analysis of the transcribed data. Themes and included categories were organized into a thematic framework to represent the main response sets. Results: As compared to non-referring clinicians, high-referring clinicians more often reported use of the quitline as a primary source of referral, an appreciation of the quitline as an additional resource, reduced barriers to use of the quitline referral process, and a greater personal motivation related to tobacco cessation. Time and competing demands were critical barriers to initiating smoking cessation treatment with patients for all clinicians. Clinicians reported that having one referral source, a referral coordinator, and reimbursement for tobacco counseling (as a billable code) would aid referral. Conclusion: Further research is needed to test the effectiveness of new approaches in improving the connection of patients with smoking cessation resources. Copyright 2008, BioMed Central Ltd.

Empirically supported substance abuse treatment approaches: A survey of treatment providers' perspectives and practices.

Herbeck DA; Hser YI; Teruya C. *Addictive Behaviors* 33(5): 699-712, 2008. (36 refs.)

To better understand the extent that empirically supported and promising substance abuse treatment approaches are implemented in community settings, treatment providers were surveyed regarding their perceptions and use of several psychosocial and

pharmacological treatment interventions. Program directors (n=30) and staff members (n=331) from diverse community settings rated the effectiveness and extent of use of various treatment interventions, and provided information on program and workforce characteristics via self-administered questionnaires. On average, program directors and staff rated the psychosocial treatment interventions as effective, with the exception of vouchers/motivational incentives. About half of the treatment providers did not know the effectiveness of certain pharmacological treatments, including buprenorphine and naltrexone. Respondents from the majority of programs (55%-80%) reported using Motivational Enhancement Therapy, Community Reinforcement Approach, and Supportive Expressive Psychotherapy. The extent that programs used several of the treatment interventions was related to organizational training and information resources. The study findings provide important information regarding training and research dissemination efforts. Copyright 2008, Elsevier Science.

FASD: What types of intervention and rehabilitation are useful? (review).

Kalberg WO; Buckley D. *Neuroscience and Biobehavioral Reviews* 31(2): 278-285, 2007. (27 refs.)

Fetal alcohol spectrum disorders (FASD) occurs worldwide when children are prenatally exposed to alcohol. This paper discusses recent findings regarding the neuropsychological and behavioral effects of prenatal alcohol exposure and how it impacts the developmental and functional abilities of children with FASD. Specifically, recent research focus has concentrated on studies to elucidate a neurobehavioral phenotype for the alcohol-exposed population. As a result, the FASD field has learned what types of neurobehavioral issues occur most frequently with these children. This paper discusses how that information can be used to inform school assessment, intervention planning, and support. Strategies for functional assessment, individualized planning, structured teaching, and developments in cognitive-behavioral methods are described. Copyright 2007, Elsevier Science.

Fentanyl epidemic in Chicago, Illinois and surrounding Cook County.

Schumann H; Erickson T; Thompson TM; Zautcke JL; Denton JS. *Clinical Toxicology* 46(6): 501-506, 2008. (28 refs.)

Introduction. Epidemics related to illicit fentanyl abuse have been reported and the potential exists for a

national epidemic associated with high mortality. This report describes emergency department visits for opioid toxicity and a recent outbreak of illicit fentanyl fatalities in Chicago, Illinois and surrounding Cook County. Methods. Retrospective chart review of opioid-related overdoses seen in our emergency department and a retrospective review of data from the Cook County Medical Examiner's Office Fentanyl Fatality Database from April 2005 through December 2006. Results. Our emergency department treated 43 patients with a total of 55 emergency department visits during this time. Paramedic transport was utilized for 83.6% of the emergency department visits and naloxone was administered during 80.4% of transports. Naloxone was administered during 47.3% of emergency department visits with total doses ranging from 0.4 mg to 12 mg. Eighty percent of cases were treated and discharged from the emergency department. During this same time frame, the Medical Examiner's office identified 342 fentanyl-related fatalities. In 2006, illicit fentanyl fatalities represented 6.9% of all Medical Examiner cases for that year. Approximately 80% of deaths occurred in Chicago. A peak in fentanyl-related deaths occurred in the spring of 2006 and again in the fall of 2006 while the number of emergency department visits peaked during May of 2006. Conclusion. Chicago and surrounding Cook County experienced an outbreak of 342 fentanyl-related deaths between April 2005 and December 2006. The experience demonstrated a clear need for an interdisciplinary approach to identifying, communicating, and managing an outbreak. Copyright 2008, Informa Healthcare.

Five-year outcomes of alcohol-dependent persons treated with motivational enhancement.

Adamson SJ; Sellman JD. *Journal of Studies on Alcohol and Drugs* 69(4): 589-593, 2008. (16 refs.) Objective: The purpose of this study was to determine whether the superior treatment effect of motivational enhancement therapy (MET) previously demonstrated at 6 months was sustained at a 5-year posttreatment follow-up. Method: Patients with mild to moderate alcohol dependence had completed a trial in which all patients were assessed, attended a brief feedback session, and were randomized to four sessions of MET, nondirective reflective listening, or no further counseling. The primary drinking outcome was unequivocal heavy drinking (UHD), defined as drinking 10 or more standard drinks on six or more occasions over a 6-month period. At the 6-month follow-up, 108 of 122 patients agreed to a further follow-up interview. Results: Seventy-seven patients

were successfully followed for a mean (SD) of 58 (14) months after the completion of treatment. Although the group as a whole had continued to improve, with rates of UHD reduced from 51% at 6 months to 25% at 5 years, there was no difference by treatment group in drinking for UHD or a range of lower drinking thresholds. Conclusions: Although 5-year outcomes were indistinguishable among the three treatment groups, this was the result of patients in the comparison conditions catching up to the drinking gains of MET patients rather than a deterioration in drinking for MET patients. Individuals allocated to receive MET achieved a greater reduction sooner than either of the comparison treatment conditions. Copyright 2008, Alcohol Research Documentation.

Extending residential care through telephone counseling: Initial results from the Betty Ford Center Focused Continuing Care protocol.

Cacciola JS; Camilleri AC; Carise D; Rikoon SH; McKay JR; McLellan AT et al. *Addictive Behaviors* 33(9): 1208-1216, 2008. (30 refs.)

There is increasing evidence that a chronic care model may be effective when treating substance use disorders. In 1996, the Betty Ford Center (BFC) began implementing a telephone-based continuing care intervention now called Focused Continuing Care (FCC) to assist and support patients in their transition from residential treatment to longer-term recovery in the "real world". This article reports on patient utilization and outcomes of FCC. FCC staff placed clinically directed telephone calls to patients (N=4094) throughout the first year after discharge. During each call, a short survey was administered to gauge patient recovery and guide the session. Patients completed an average of 5.5 (40%) of 14 scheduled calls, 58% completed 5 or more calls, and 85% were participating in FCC two months post-discharge or later. There was preliminary evidence that greater participation in FCC yielded more positive outcomes and that early post-discharge behaviors predict subsequent outcomes. FCC appears to be a feasible therapeutic option. Efforts to revise FCC to enhance its clinical and administrative value are described. Copyright 2008, Elsevier Science.

Journey through the K-hole: Phenomenological aspects of ketamine use.

Muetzelfeldt L; Kamboj SK; Rees H; Taylor J; Morgan CJA; Curran HV. *Drug and Alcohol Dependence* 95(3): 219-229, 2008. (24 refs.)

Although recreational use of the dissociative anaesthetic drug ketamine is currently increasing, little