

Library Watch

substance use
policy issues

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fall 2008

British American Tobacco ghost-wrote reports on tobacco advertising bans by the International Advertising Association and J J Boddewyn.

Davis RM. *Tobacco Control* 17(3): 211-214, 2008. (31 refs.)

In 1983 and 1986, the International Advertising Association (IAA) published an original version and then a revision of a report entitled "Tobacco Advertising Bans and Consumption in 16 Countries," which were edited by J J Boddewyn, a marketing professor. The reports concluded that tobacco advertising bans have not been accompanied by any significant reduction in tobacco consumption. Opponents of tobacco advertising restrictions trumpeted the IAA reports in print materials, media communications and legislative hearings during the 1980s and beyond. A new analysis of tobacco industry documents and transcripts of tobacco litigation testimony reveals that British American Tobacco ghost-wrote the IAA reports and that the Tobacco Institute (the trade association then representing the major US cigarette manufacturers) helped to arrange for Boddewyn to present the findings to the US Congress and the media. Further research on tobacco industry documents and tobacco litigation transcripts should assess whether tobacco industry sources were responsible for ghostwriting other studies favourable to the industry. Copyright 2008, BMJ Publishing.

Civic norms and etiquettes regarding marijuana use in public settings in New York City.

Johnson BD; Ream GL; Dunlap E; Sifaneck SJ. *Substance Use & Misuse* 43(7): 895-918, 2008. (42 refs.)

This paper shows that active police enforcement of civic norms against marijuana smoking in public settings has influenced the locations where marijuana is smoked. It has subtly influenced the various marijuana etiquettes observed in both public and private settings. The ethnographic data reveal the importance of informal sanctions; most marijuana consumers report compliance with etiquettes mainly to avoid stigma from nonusing family, friends, and associates - they express limited concern about police and arrest. Copyright 2008, Taylor & Francis.

Comparing credentialing requirements of substance abuse treatment staff by funding source.

Kubiak SP; Arfken CL. *Journal of Substance Abuse Treatment* 35(1): 93-98, 2008. (20 refs.)

Studies have found that clinicians with higher education and/or attainment of national certification have a more favorable outlook regarding the adoption of evidence-based practices. However, staff hiring decisions may be based on a multitude of factors, including available resources and demands stemming from different funders. Using a mixed-methods case study approach with 34 agencies within one state, we assessed administrators' perspectives of the most important funding source, views on clinical hiring practices, and current staffing. We found that funding source predicted views and actual staff level of credentialing and education. Those agencies citing a criminal justice entity as the most important funder had the lowest requirements for credentialing and education. As the substance abuse treatment delivery system evolves and expands, we must ensure that vulnerable groups have access to more highly-rather than less-skilled workers to assess and facilitate recovery. Copyright 2008, Elsevier Science.

Destination drinking: Toward a research agenda on alcotourism.

Bell D. *Drugs: Education, Prevention and Policy* 15(3): 291-304, 2008. (50 refs.)

Studies of tourism and of alcohol consumption can be fruitfully brought together under the heading alcotourism. Alcotourism refers to the practices of travelling to drink, drinking on holiday, drinking to travel and drinking while travelling that are important but understudied aspects of both tourism studies and alcohol studies. Drawing on a selection of published studies, this paper scopes current research in order to assemble a research agenda for alcotourism. The paper includes discussions of cultural tourism, heritage tourism, party tourism, themed drinking environments, and acquisitive alcotourism. Debates about benefits and problems for both 'hosts' and 'guests' are highlighted, drawing on concepts such as cultural capital and liminality, while alcotourism is also situated in the context of contemporary debates about

the regulation or deregulation of alcohol, drinking and drunkenness. It ends with a call for more sustained and systematic research, and a caution about straightforwardly reading alcotourism as a social problem; it should instead be understood as a set of context-specific practices often integral to the experience of holidays. Copyright 2008, Taylor and Francis.

Evaluation of a naloxone distribution and administration program in New York City.

Piper TM; Stancliff S; Rudenstine S; Sherman S; Nandi V; Clear A et al. *Substance Use & Misuse* 43(7): 858-870, 2008. (10 refs.)

Naloxone, an opiate antagonist that can avert opiate overdose mortality, has only recently been prescribed to drug users in a few jurisdictions (Chicago, Baltimore, New Mexico, New York City, and San Francisco) in the United States. This report summarizes the first systematic evaluation of large-scale naloxone distribution among injection drug users (IDUs) in the United States. In 2005, we conducted an evaluation of a comprehensive overdose prevention and naloxone administration training program in New York City. One hundred twenty-two IDUs at syringe exchange programs (SEPs) were trained in Skills and Knowledge on Overdose Prevention (SKOOP), and all were given a prescription for naloxone by a physician. Participants in SKOOP were over the age of 18, current participants of SEPs, and current or former drug users. Participants completed a questionnaire that assessed overdose experience and naloxone use. Naloxone was administered 82 times; 68 (83.0%) persons who had naloxone administered to them lived, and the outcome of 14 (17.1%) overdoses was unknown. Ninety-seven of 118 participants (82.2%) said they felt comfortable to very comfortable using naloxone if indicated; 94 of 109 (86.2%) said they would want naloxone administered if overdosing. Naloxone administration by IDUs is feasible as part of a comprehensive overdose prevention strategy and may be a practicable way to reduce overdose deaths on a larger scale. Copyright 2008, Taylor & Francis.

Giving addicts their drug of choice: The problem of consent.

Walker T. *Bioethics* 22(6): 314-320, 2008. (15 refs.)

Researchers working on drug addiction may, for a variety of reasons, want to carry out research which involves giving addicts their drug of choice. In carrying out this research consent needs to be obtained from those addicts recruited to participate in it. Concerns have been raised about whether or not such addicts are able to give this consent. Despite their differences, however, both sides in this debate appear

to be agreed that the way to resolve this issue is to determine whether or not addicts have irresistible cravings for drugs - if they do, then they cannot consent to this type of research; if they do not, then they can. This I will argue is a mistake. Determining whether or not addicts can say 'No' to offers of drugs will not help us to make much progress here. Instead we need to look at the various ways in which different types of research may undermine an addict's competence to give consent. What we will find is that the details of the research make a big difference here and that, as such, we need to steer a course between, on the one hand, painting all addicts as being unable to consent to research which involves providing them with drugs, and, on the other, maintaining that there are no problems in obtaining consent from addicts to take part in such research. Copyright 2008, Blackwell Publishing.

Healing the community to heal the individual - Literature review of aboriginal community-based alcohol and substance abuse programs. (review).

Jiwa A; Kelly L; St Pierre-Hansen N. *Canadian Family Physician* 54(7): 1000-U22, 2008. (40 refs.)

OBJECTIVE: To understand the development of culturally based and community-based alcohol and substance abuse treatment programs for aboriginal patients in an international context. SOURCES OF INFORMATION MEDLINE: HealthSTAR, and PsycINFO databases and government documents were searched from 1975 to 2007. MeSH headings included the following: Indians, North American, Pacific ancestry group, aboriginal, substance-related disorders, alcoholism, addictive behaviour, community health service, and indigenous health. The search produced 150 articles, 34 of which were relevant; most of the literature comprised opinion pieces and program descriptions (level III evidence). MAIN MESSAGE: Substance abuse in some aboriginal communities is a complex problem requiring culturally appropriate, multidimensional approaches. One promising perspective supports community-based programs or community mobile treatment. These programs ideally cover prevention, harm reduction, treatment, and aftercare. They often eliminate the need for people to leave their remote communities. They become focuses of community development, as the communities become the treatment facilities. Success requires solutions developed within communities, strong community interest and engagement, leadership, and sustainable funding. CONCLUSION: Community-based addictions programs are appropriate alternatives to treatment at distant residential addictions facilities. The key components of success appear to be strong

leadership in this area; strong community-member engagement; funding for programming and organizing; and the ability to develop infrastructure for long-term program sustainability. Programs require increased documentation of their inroads in this developing field. Copyright 2008, College of Family Physicians of Canada.

Internet access to *Salvia divinorum*: Implications for policy, prevention, and treatment.

Hoover V; Marlowe DB; Patapis NS; Festinger DS; Forman RF. *Journal of Substance Abuse Treatment* 35(1): 22-27, 2008. (24 refs.)

This study determined the degree to which *Salvia divinorum*, a potent hallucinogenic drug that is legal in most U.S. jurisdictions, is being proffered for sale over the Internet and how it is being characterized on popular Web sites. Search results revealed that between one half and two thirds (58%) of the Web sites either offered to sell *S. divinorum* or linked to other Web sites offering to sell the drug and that more than three quarters (78%) of the Web sites advocated for its use. Many of the statements issued on the Web sites were erroneous or falsely interpreted the absence of scientific data on the possible side effects of *S. divinorum* as evidence that no side effect exists. The portrayal and availability of *S. divinorum* on the Internet are similar to those of other illicit and prescription drugs of abuse. However, much less is known about the short- and long-term effects of this novel drug. Consequently, there is little basis to contradict the many Web sites that encourage its use. Implications for drug policy, prevention, and treatment are discussed. Copyright 2008, Elsevier Science.

Old enough for a beer? Compliance with minimum legal age for alcohol purchases in monopoly and other off-premise outlets in Finland and Norway.

Rossow I; Karlsson T; Raitasalo K. *Addiction* 103(9): 1468-1473, 2008. (29 refs.)

Aim: To assess whether government monopoly outlets comply better with minimum legal age for purchase of alcohol compared to other off-premise outlets for alcohol sales. Methods: Under-age-appearing 18-year-olds attempted to purchase alcohol in off-premise outlets applying identical procedures in Finland (n = 290) and Norway (n = 170). Outcomes were measured as whether or not the buyers were asked to present an identity (ID) card and whether or not they succeeded in purchasing alcohol. Results: The buyers were asked to present an ID card in slightly more than half the attempts, and they succeeded in purchasing alcohol in 48% of the cases. The buyers were more likely to be requested to present an ID card and less likely to succeed in purchasing alcohol in monopoly outlets

compared to other types of outlets, and also when other outcome predictors, such as age and gender of salesperson and crowdedness in the outlet, were taken into account. Conclusion: Monopoly outlets may facilitate compliance with minimum legal age for purchase of alcohol. Copyright 2008, Society for the Study of Addiction to Alcohol and Other Drugs.

Random drug testing to reduce the incidence of addiction in anesthesia residents: Preliminary results from one program.

Fitzsimons MG; Baker KH; Lowenstein E; Zapol WM. *Anesthesia and Analgesia* 107(2): 630-635, 2008. (25 refs.)

Substance abuse occurs in approximately 1%-2% of anesthesia residents and nearly 80% of programs have had one or more resident (s) with such a problem. Education and control efforts have failed to reduce the frequency of substance abuse. Anesthesia providers have a professional obligation to be drug-free for the well being of their patients. We have instituted a program of preplacement and random urine testing of residents in anesthesiology in an attempt to decrease the incidence of substance abuse. We demonstrate that such a program is feasible, despite logistic and cultural obstacles. Larger multi-institutional studies will be required to determine whether instituting a program of random urine testing decreases the incidence of substance abuse in anesthesiology residents. Copyright 2008, Lippincott, Williams & Wilkins.

Crime, chemicals, and culture: On the complexity of khat. (research note)

Armstrong EG. *Journal of Drug Issues* 38(2): 631-648, 2008. (68 refs.)

In 2006, khat was the object of a federal government operation, which dismantled a Somali trafficking organization and seized five tons of the plant valued at \$2 million. Khat is an evergreen tree that grows in Africa. Its leaves are chewed as a stimulant by six million people every day. This paper describes the complexity of khat, beginning with an overview of its international usage and its contradictory portrayals. Primary concern, however is focused on khat's complexity in terms of its criminal, chemical, and cultural dimensions. According to the FBI, khat is a controlled substance. But others disagree. A khat plant might contain cathinone, a Schedule I drug. But shortly after harvesting, cathinone decomposes. Throughout history, colonizers have used laws against khat to control indigenous Muslim populations. In the U. S., utilization of khat is central to the lives of many members of immigrant communities. Targeting khat

can be viewed as targeting members of these communities. Copyright 2008, Journal of Drug Issues Inc.

Toward a global view of alcohol, tobacco, cannabis, and cocaine use: Findings from the WHO World Mental Health Surveys.

Degenhardt L; Chiu WT; Sampson N; Kessler RC; Anthony JC; Angermeyer M et al. *PLOS Medicine* 5(7): 1053-1067, 2008. (53 refs.)

Background: Alcohol, tobacco, and illegal drug use cause considerable morbidity and mortality, but good cross-national epidemiological data are limited. This paper describes such data from the first 17 countries participating in the World Health Organization's (WHO's) World Mental Health (WMH) Survey Initiative. Methods and Findings: Household surveys with a combined sample size of 85,052 were carried out in the Americas (Colombia, Mexico, United States), Europe (Belgium, France, Germany, Italy, Netherlands, Spain, Ukraine), Middle East and Africa (Israel, Lebanon, Nigeria, South Africa), Asia (Japan, People's Republic of China), and Oceania (New Zealand). The WHO Composite International Diagnostic Interview (CIDI) was used to assess the prevalence and correlates of a wide variety of mental and substance disorders. This paper focuses on lifetime use and age of initiation of tobacco, alcohol, cannabis, and cocaine. Alcohol had been used by most in the Americas, Europe, Japan, and New Zealand, with smaller proportions in the Middle East, Africa, and China. Cannabis use in the US and New Zealand (both 42%) was far higher than in any other country. The US was also an outlier in cocaine use (16%). Males were more likely than females to have used drugs; and a sex-cohort interaction was observed, whereby not only were younger cohorts more likely to use all drugs, but the male - female gap was closing in more recent cohorts. The period of risk for drug initiation also appears to be lengthening longer into adulthood among more recent cohorts. Associations with sociodemographic variables were consistent across countries, as were the curves of incidence of lifetime use. Conclusions: Globally, drug use is not

distributed evenly and is not simply related to drug policy, since countries with stringent user-level illegal drug policies did not have lower levels of use than countries with liberal ones. Sex differences were consistently documented, but are decreasing in more recent cohorts, who also have higher levels of illegal drug use and extensions in the period of risk for initiation. Copyright 2008, Public Library of Science.

Universal or targeted screening for fetal alcohol exposure: A cost-effectiveness analysis.

Hopkins RB; Paradis J; Roshankar T; Bowen J; Tarride JE; Blackhouse G et al. *Journal of Studies on Alcohol and Drugs* 69(4): 510-519, 2008. (38 refs.)

Objective: In this article, we compared the costs of testing meconium for alcohol exposure in newborns with the lifetime benefits of early detection and intervention. Method: A decision analytic model was developed to assess the cost-effectiveness of testing meconium for two scenarios: (1) all infants in the Canadian province of Ontario and (2) infants who have an older sibling diagnosed with fetal alcohol spectrum disorder (FASD). The model incorporated the costs of early screening, early intervention, and the lifetime societal benefits of early intervention. Results: The cost of the meconium test is Can. \$150. The lifetime societal cost of the disease is Can. \$1.3 million per incident case. The benefit of early intervention is an improvement in literacy, which improves the quality of life parameter by 0.17 and increases adult lifetime earnings by \$26,400 per year. The ratio of the incremental cost to the incremental benefits results in an incremental cost-effectiveness ratio for mandating a universal screen of all newborns in Ontario of \$65,874 per quality-adjusted life years. When considering targeted screening, there is a cost savings for society and improvements in quality of life. Conclusions: Depending on society's willingness-to-pay threshold for improving infants' lives in a setting of considerable equity concerns, universal screening and targeted screening of infants who have an older sibling diagnosed with FASD both represent policies that are good value for the money. Copyright 2008, Alcohol Research Documentation