

## **Alcohol consumption and post-traumatic stress after exposure to terrorism: Effects of proximity, loss, and psychiatric history.**

Hasin DS; Keyes KM; Hatzenbuehler ML; Aharonovich EA; Alderson D. *American Journal of Public Health* 97(12): 2268-2275, 2007. (40 refs.)

**Objectives.** We examined the effects of exposure to or interpersonal loss resulting from a terrorist attack on posttraumatic stress and alcohol consumption after we controlled for psychiatric history assessed before the attack. **Methods.** At baseline (1991-1992) and at 1- and 10-year follow-ups, an adult community sample of drinkers living approximately 12 mi (19.2 km) from the World Trade Center were evaluated for alcohol dependence and major depression. Of this group, 82.2% were assessed regarding the impact of the September 11, 2001, attacks, including proximity to the World Trade Center, interpersonal loss, posttraumatic stress, and alcohol consumption. **Results.** In regression models, interpersonal loss and past major depression, but not proximity to the World Trade Center, predicted posttraumatic stress symptoms. Proximity and past alcohol dependence, but not interpersonal loss, predicted high levels of post-September 11 alcohol consumption. Past alcohol dependence did not modify the proximity-drinking relationship, and past major depression did not modify the loss-posttraumatic stress relationship. **Conclusions.** Participants' responses to September 11 were specific to their type of exposure and not predetermined by their psychiatric history. A better understanding of responses to traumatic events should assist more effective prevention and intervention efforts. Copyright 2007, American Public Health Association.

## **An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery.**

Dennis ML; Foss MA; Scott CK. *Evaluation Review* 31(6): 585-612, 2007. (89 refs.)

Using data from 1,162 people entering treatment and followed up (> 94%) for 8 years, this article examines the relationship between the duration of abstinence (1 month to 5 or more years) and other aspects of recovery (e.g., health, mental health, coping responses, legal involvement, vocational involvement, housing,

peers, social and spiritual support), including the trend and at what point changes occur. It also examines how the duration of abstinence at a given point is related to the odds of sustaining abstinence in the subsequent year. The findings demonstrate the rich patterns of change associated with the course of long-term recovery. Copyright 2007, Sage Publications.

## **Death by drug overdose: Impact on families.**

da Silva EA; Noto AR; Formigoni MLOS. *Journal of Psychoactive Drugs* 39(3): 301-306, 2007. (20 refs.)  
**Death by overdose is loaded with social/moral stigmas, in addition to strong feelings of anger, helplessness, guilt and shame in the families. The objective of this study was to analyze the impact of these feelings on families facing death by overdose. Qualitative methodology was used to study six families with a history of death by overdose of one of their members. The interview was open, and guided by the question "What did you feel with the death of your family member by overdose and what was the impact of this death on your family as a whole?" The families were grouped into two categories: families who knew about the drug use of their family member, and families who were not aware of it. The reports show that secrecy regarding drug use followed by death by overdose arouses feelings of anger, guilt, helplessness, and deprives the family members of information that could allow them to take action. As regards families that were aware of the drug use, there seems to be a "veiled preparation" for a possible death by overdose, bringing about ambivalent situations of grief and relief. The report stresses how disturbing it is to lose a family member by overdose, and points to the need for psychological support for those families. Copyright 2007, Haight-Ashbury Publishing.**

## **Drug abuse and responsible fathering: A comparative study of men enrolled in methadone maintenance treatment.**

McMahon TJ; Winkel JD; Rounsaville BJ. *Addiction* 103(2): 269-283, 2008. (62 refs.)

**Aim** Because very little is known about the parenting of drug-abusing men, this study was designed to document ways that drug abuse contributes to compromise of responsible fathering. **Design, setting,**

participants Generalized linear models and data representing different dimensions of responsible fathering were used to clarify ways that the fathering of 106 men receiving methadone maintenance treatment differed from that of 118 men living in the same community with no history of alcohol or drug abuse. Measurement Men who enrolled in the study completed two structured interviews and a battery of five self-report measures selected to document current and historical dimensions of responsible fathering. Findings When the opioid-dependent fathers were compared to the other fathers, there were significant differences in: (i) economic resources to support family formation; (ii) patterns of pair-bonding; (iii) patterns of procreation; and (iv) parenting behavior. When fathering of the youngest biological child was examined, the opioid-dependent fathers confirmed few differences in historical dimensions of fathering, but they reported significant differences in current dimensions reflecting: (i) constricted personal definitions of the fathering role; (ii) poorer relationships with biological mothers; (iii) less frequent residence with the child; (iv) less frequent provision of financial support; (v) less involvement in positive parenting; (vi) poorer appraisal of self as a father; and (vii) less satisfaction as a father. Conclusions: The findings highlight ways that drug abuse contributes to compromise of responsible fathering, and they raise questions about ways that the drug abuse treatment system might better address parenting as a treatment issue for men. Copyright 2008, Blackwell Publishing.

### **Injury and repeated injury: What is the link with acute consumption, binge drinking and chronic heavy alcohol use?**

Gmel G; Givel JC; Yersin B; Daepfen JB. *Swiss Medical Weekly* 137(45-46): 642-648, 2007. (43 refs.) Objectives: First, to test whether current injury is more closely related to acute intake than to usual consumption patterns, and second, to test whether repeated injury is more closely related to general consumption patterns than to acute intake. Methods: Screening of alcohol consumption of 7,872 patients enrolling between January 1, 2003 and June 30, 2004 in an emergency department (ED) in Lausanne, Switzerland. General consumption patterns were measured as usual volume (in drinks per week) and binge drinking (5+ drinks for men; 4+ drinks for women) at least once monthly. Acute intake was measured through number of drinks in the 24-hour period prior to attending the ED. Separate logistic regression models of current injury and repeated injury

on alcohol consumption patterns were estimated. Results: Acute intake and binge drinking dominated the association with current injury, while general consumption patterns were predictive of repeated alcohol-related injury. Conclusions: Acute intake is associated with current injury in a dose-response relationship and with binge drinking. Because acute intake can be found among moderate volume drinkers as well as among chronic heavy drinkers, for current injury usual volume adds little predictive value over the effects of acute intake. Repeated injuries occur more often among chronic heavy drinkers, and thus general consumption patterns are more closely associated with injury "recidivism" than with acute intake. A screening question assessing prior injury may be a useful tool in the ED for distinguishing between chronic heavy drinkers and usually moderate drinkers with heavy drinking episodes, and thus prove helpful when creating preventive efforts tailored to different types of drinker. Copyright 2007, Swiss Medical Publishers.

### **First injection of ketamine among young injection drug users (IDUs) in three US cities.**

Lankenau SE; Sanders B; Bloom JJ; Hathazi D; Alarcon E; Tortu S et al. *Drug and Alcohol Dependence* 87(2/3): 183-193, 2007. (65 refs.)

Ketamine, a dissociative anesthetic, has emerged as an increasingly common drug among subgroups of young injection drug users (IDUs) in cities across the United States. In-depth qualitative interviews were conducted with 213 young IDUs aged 16-28 years recruited in New York, New Orleans, and Los Angeles between 2004 and 2006. While some initiated injection drug use with ketamine, the drug was more frequently injected by IDUs with extensive polydrug using histories. IDUs initiating with ketamine commonly self-injected via an intramuscular mode of administration. The injection group provided crucial knowledge and material resources that enabled the injection event to occur, including ketamine, syringes, and injection skills. Injection paraphernalia was commonly shared during the first injection of ketamine, particularly vials of pharmaceutically-packaged liquid ketamine. Injection events infrequently occurred in a rave or club and more typically in a private home, which challenges ketamine's designation as a 'club' drug. The first injection of ketamine was a noteworthy event since it introduced a novel drug or new mode of administration to be further explored by some, or exposed others to a drug to be avoided in the future. Risk reduction messages directed towards young IDUs

should be expanded to include ketamine. Copyright 2007, Elsevier Science.

**Initial evidence for the reliability and validity of a "Lite" version of the Addiction Severity Index.**

Cacciola JS; Alterman AI; McLellan AT; Lin YT; Lynch KG. *Drug and Alcohol Dependence* 87(2/3): 297-302, 2007. (25 refs.)

Purpose: To evaluate the psychometric properties of a shortened version of the baseline ASI-5, the ASI-L-VA. Method: Two samples were recruited from intensive outpatient treatment and a methadone maintenance clinic. For Sample A (n = 145), two versions of the Addiction Severity Index (i.e., ASI-5 and ASI-L-VA) were administered several days apart in counterbalanced order by different interviewers. Sample B (n = 50) was similarly administered the standard ASI-5 twice. Results: For Sample A, the internal consistency (coefficient alphas) of 19 summary scores derived from the ASI-5 were good, 4 fair, and 4 unacceptable. The results for the ASI-L-VA Summary scores indicated that eight were good, six fair, and five unacceptable. The correlations between ASI problem areas were generally low for both versions (supporting the independence of the ASI areas), and none of the t-tests comparing corresponding correlations between the ASI-5 and ASI-L-VA approached statistical significance. The Sample A intraclass correlation coefficient (ICC) results evaluating agreement of the summary scores derived from the ASI-5 at one timepoint and those derived from ASI-L-VA at another point (i.e., concurrent validity) revealed at least fair agreement in all but one instance. Additionally, a comparison of the ICC results for Samples A and B (i.e., ASI-L-VA/ASI-5 versus ASI-5/AST-5, respectively) revealed that in 13 of 26 cases the ICCs were at the same level of agreement. When level of agreement was discordant, in nine cases the ICCs comparing the ASI-5 and ASI-L-VA exhibited greater agreement and in four cases the ICCs comparing two ASI-5 administrations exhibited greater agreement. Conclusions: The ASI-L-VA, a reduced item set from the ASI-5, yielded similar information on problem severity as the standard ASI-5. Copyright 2007, Elsevier Science.

**Making a clean break: Addiction and Ulysses contracts.**

Andreou C. *Bioethics* 22(1): 25-31, 2008. (14 refs.)

I examine current models of self-destructive addictive behaviour, and argue that there is an important place for Ulysses contracts in coping with addictive behaviour that stems from certain problematic

preference structures. Given the relevant preference structures, interference based on a Ulysses contract need not involve questionably favouring an agent's past preferences over her current preferences, but can actually be justified in terms of the agent's current concerns and commitments. [Note: A Ulysses contract refers to Homer's Odyssey and the occasion when Ulysses instructed others to tie him to the mast of the ship so that he would not be able to lured by the songs of the Sirens. Thus, this article deals with an individuals efforts to involve others to help them cope with addictive desires, even when in the moment of craving this agreement may be denounced. Copyright 2008, Blackwell Publishing.

**Rates and correlates of relapse among individuals in remission from DSM-IV alcohol dependence: A 3-year follow-up.**

Dawson DA; Goldstein RB; Grant BF. *Alcoholism: Clinical and Experimental Research* 31(12): 2036-2045, 2007. (42 refs.)

Background: There is little information on the stability of abstinent and nonabstinent remission from alcohol dependence in the general U.S. population. The aim of this study was to examine longitudinal changes in recovery status among individuals in remission from DSM-IV alcohol dependence, including rates and correlates of relapse, over a 3-year period. Methods: This analysis is based on data from Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationally representative sample of U.S. adults aged 18 years and older originally interviewed in 2001 to 2002 and reinterviewed in 2004 to 2005. The Wave 1 NESARC identified 2,109 individuals who met the DSM-IV criteria for full remission from alcohol dependence. Of these, 1,772 were reinterviewed at Wave 2, comprising the analytic sample for this study. Recovery status at Wave 2 was examined as a function of type of remission at Wave 1, with a focus on rates of relapse, alternately defined as recurrence of any alcohol use disorder (AUD) symptoms and recurrence of DSM-IV alcohol dependence. Logistic regression models were used to estimate the odds of relapse among asymptomatic risk drinkers and low-risk drinkers relative to abstainers, adjusted for a wide range of potential confounders. Results: By Wave 2, 51.0% of the Wave 1 asymptomatic risk drinkers had experienced the recurrence of AUD symptoms, compared with 27.2% of low-risk drinkers and 7.3% of abstainers. Across all ages combined, the adjusted odds of recurrence of AUD symptoms relative to abstainers were 14.6 times as great for asymptomatic

risk drinkers and 5.8 times as great for low-risk drinkers. The proportions of individuals who had experienced the recurrence of dependence were 10.2, 4.0, and 2.9%, respectively, and the adjusted odds ratios relative to abstainers were 7.0 for asymptomatic risk drinkers and 3.0 for low-risk drinkers. Age significantly modified the association between type of remission and relapse. Differences by type of remission were not significant for younger alcoholics, who had the highest rates of relapse. Conclusion: Abstinence represents the most stable form of remission for most recovering alcoholics. Study findings highlight the need for better approaches to maintaining recovery among young adults in remission from alcohol dependence, who are at particularly high risk of relapse. Copyright 2007, Research Society on Alcoholism.

### **Subtypes of alcohol dependence in a nationally representative sample.**

Moss HB; Chen CM; Yi HY. *Drug and Alcohol Dependence* 91(2/3): 149-158, 2007. (29 refs.)

Objective: The authors sought to empirically derive alcohol dependence (AD) subtypes based on clinical characteristics using data from a nationally representative epidemiological survey. Method: A sample of 1484 respondents to the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) with past year AD was subjected to latent class analysis in order to identify homogeneous subtypes. Results: The best-fitting model was a five-cluster solution. The largest cluster (Cluster 1: similar to 31%) was comprised of young adults, who rarely sought help for drinking, had moderately high levels of periodic heavy drinking, relatively low rates of comorbidity, and the lowest rate of multigenerational AD (similar to 22%). In contrast, Clusters 4 and 5 (similar to 21 % and 9%, respectively) had substantial rates of multigenerational AD (53% and 77%, respectively), had the most severe AD criteria profile, were associated with both comorbid psychiatric and other drug use disorders, lower levels of psychosocial functioning, and had engaged in significant help-seeking. Clusters 2 and 3 (similar to 19% each) had the latest onset, the lowest rates of periodic heavy drinking, medium/low levels of comorbidity, moderate levels of help-seeking, and higher psychosocial functioning. Conclusion: Five distinct subtypes of AD were derived, distinguishable on the basis of family history, age of AD onset, endorsement of DSM-IV AUD criteria, and the presence of comorbid psychiatric and substance use disorders. These clinically relevant subtypes, derived

from the general population, may enhance our understanding of the etiology, treatment, natural history, and prevention of AD and inform the DSM-V research agenda. Copyright 2007, Elsevier Science.

### **Jazz and substance abuse: Road to creative genius or pathway to premature death.**

Tolson GHJ; Cuyjet MJ. *International Journal of Law and Psychiatry* 30(6): 530-538, 2007. (30 refs.)

Jazz music and jazz musicians have often been linked for better or worse to the world of addictive substances. Many talented jazz musicians either had their careers sidetracked or prematurely ended due to their addiction to drugs and/or alcohol. The rigors of nightly performances, travel, and for many musicians a disapproving society exacted a toll that impacted the creativity of many artists of the genre. The fact that drug and alcohol use had a significant impact on the performance levels of numerous jazz musicians in the 1940's and 1950's has been much discussed, but more study of that impact is warranted. While recent research has provided new information regarding this challenging topic, there is still much to learn. Indeed, a number of questions for inquiry may be posed. Among those questions are the following: Was the work of these jazz artists truly inspired? Would their creative output have been enhanced had they not been addicted to substances? What was the impact of the addictive substances on their ability to function as creative artists and is there evidence to refute or verify that impact? Are there identifiable traits in certain artists that allowed them to be creative in spite of their addictions? This examination presents an evaluation of the evidence of the link between creativity and substance abuse especially as it relates to selected jazz artists during this time period and how they remained creative and actually prospered in their careers in spite of addictions to controlled substances. Copyright 2007, Elsevier Science.

### **Temporary parental separation at birth and substance use disorder in adulthood.**

Veijola J; Laara E; Joukamaa M; Isohanni M; Hakko H; Haapea M et al. *Social Psychiatry and Psychiatric Epidemiology* 43(1): 11-17, 2008. (45 refs.)

Background Adversities in the early mother-infant relation pose a hypothetical risk for addiction. We studied the association between very early separation and later development of substance use disorder. Methods A follow-up study was performed of subjects temporarily isolated from their family immediately after birth to adequate nursing homes in order to protect them against morbidity and mortality for

tuberculosis. The average separation time was 7 months. The index cohort consisted of 3,020 subjects born in 1945-1965. For every index subject, two reference subjects were matched for sex, year of birth and place of birth. We were able to obtain the SES of the family of origin as recorded in 1971 from Statistics Finland. Finnish Hospital Discharge Register was used to identify subjects with substance use disorder arising from childhood to middle age, between January 1, 1971 and December 31, 1998. Results The 28-year cumulative incidence of alcohol use disorders was 4.2% in the index cohort and 3.1% in the reference cohort (rate ratio, RR 1.4, 95% CI 1.1-1.8). The incidences of hospital-treated drug abuse or dependence were 0.6% and 0.2% (RR 2.5, 95% CI 1.2-5.1), respectively. The differences in socioeconomic status of the family of origin did not explain the differences found. Conclusions: Substance use disorders were more prevalent among subjects temporarily separated at birth from their mothers because of tuberculosis in the family than in the reference cohort. While risks experienced during pregnancy, delivery and childhood are alternative explanations, this result suggests that very early temporal separation from the mother at birth may have had unfavourable but modest effects on later psychological development, including vulnerability to addiction. Copyright 2008, DR Dietrich Steinkopff Verlag.

**What is recovery? A working definition from the Betty Ford Institute.**

Schwarzlose J; Belleau C; DuPont RL; Erickson CK; Flaherty MT; Galanter M; Betty Ford Institute. *Journal of Substance Abuse Treatment* 33(3): 221-228, 2007. (44 refs.)

There is an unknown but very large number of individuals who have experienced and successfully resolved dependence on alcohol or other drugs. These individuals refer to their new sober and productive lifestyle as "recovery." Although widely used, the lack of a standard definition for this term has hindered public understanding and research on the topic that might foster more and better recovery-oriented interventions. To this end, a group of interested researchers, treatment providers, recovery advocates, and policymakers was convened by the Betty Ford Institute to develop an initial definition of recovery as a starting point for better communication, research, and public understanding. Recovery is defined in this article as a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship. This article presents the operational definitions, rationales, and research implications for each of the three elements of this definition. Copyright 2007, Elsevier Science.