

## **A case study of publication bias in an influential series of reviews of drug education. (review).**

Mccambridge J. *Drug and Alcohol Review* 26(5): 463-468, 2007. (29 refs.)

There has been remarkably little demonstration of the deleterious impact of publication bias within addiction science or indeed in wider healthcare policy and practice. An account is provided here of how publication bias was identified in relation to a series of drug education reviews which have been very influential on subsequent research, policy and practice. Later data analyses unpublished by the same review team demonstrated earlier findings to be unreliable. These later findings were not published. The policy context in which evidence on drug education in schools is produced is considered and the need for unbiased evidence is emphasised. A broadened conception of publication bias is proposed which takes account of the environment in which publication decision-making occurs. It is suggested that this is particularly necessary for subjects with such direct policy relevance as the effectiveness of drug education in schools. Copyright 2007, Taylor & Francis.

## **A randomized clinical trial of methadone maintenance for prisoners: Results at 1-month post-release.**

Kinlock TW; Gordon MS; Schwartz RP; O'Grady K; Fitzgerald TT; Wilson M. *Drug and Alcohol Dependence* 91(2/3): 220-227, 2007. (56 refs.)

Background: Despite its effectiveness, methadone maintenance is rarely provided in American correctional facilities. This study is the first randomized clinical trial in the US to examine the effectiveness of methadone maintenance treatment provided to prisoners with pre-incarceration heroin addiction. Methods: A three-group randomized controlled trial was conducted between September 2003 and June 2005. Two hundred eleven Baltimore pre-release inmates who were heroin dependent during the year prior to incarceration were enrolled in this study. Participants were randomly assigned to the following: counseling only: counseling in prison, with passive referral to treatment upon release (n=70); counseling +transfer: counseling in prison with

transfer to methadone maintenance treatment upon release (n = 70); and counseling + methadone: methadone maintenance and counseling in prison, continued in a community-based methadone maintenance program upon release (n=71). Results: Two hundred participants were located for follow-up interviews and included in the current analysis. The percentages of participants in each condition that entered community-based treatment were, respectively, counseling only 7.8%, counseling+ transfer 50.0%, and counseling + methadone 68.6%,  $p < .05$ . All pairwise comparisons were statistically significant (all  $ps < .05$ ). The percentage of participants in each condition that tested positive for opioids at 1-month post-release were, respectively, counseling only 62.9%, counseling + transfer 41.0%, and counseling + methadone 27.6%,  $p < .05$ , with the counseling only group significantly more likely to test positive than the counseling + methadone group. Conclusions: Methadone maintenance initiated prior to or immediately after release from prison appears to have beneficial short-term impact on community treatment entry and heroin use. This intervention may be able to fill an urgent treatment need for prisoners with heroin addiction histories. Copyright 2007, Elsevier Science.

## **Augmenting continuing education with psychologically focused group consultation: Effects on adoption of group drug counseling.**

Luoma JB; Hayes SC; Twohig MP; Roget N; Fisher G; Padilla M et al. *Psychotherapy* 44(4): 463-469, 2007. (24 refs.)

This study examines whether adding psychologically focused group consultation to a standard 1-day continuing education workshop on Group Drug Counseling (GDC), a group therapy with evidence of effectiveness in the treatment of substance abuse problems, improves GDC adoption. Counselors who had taken a 1-day workshop were randomly assigned to an 8-week course of group consultation that met for 1.5 hr per session (n = 16) or to no additional contact (n = 14). The group consultation used Relapse Prevention and Acceptance and Commitment Therapy principles to help participants overcome psychological barriers to the adoption of GDC. Results showed that

the 1-day workshop resulted in attempts by trainees to implement the new therapy, but that the consultation condition maintained significantly higher levels of adoption and 2- and 4-month followups. Additionally, those in the group consultation condition reported a higher sense of personal accomplishment at the 4-month followup. These findings suggest that empirically supported psychotherapy models can be used to decrease clinicians' psychological barriers to adoption of evidence-based psychotherapy methods. Copyright 2007, American Psychological Association.

**Conceptual and moral development of substance abuse counselors: Implications for training.**

Sias SM; Lambie GW; Foster VA. *Journal of Addictions & Offender Counseling* 26(2): 99-110, 2006. (44 refs.)

The relationship among substance abuse counselors' education, experience, recovery status, and cognitive development (conceptual complexity and moral reasoning levels) was examined in a simultaneous multiple regression. Significant relationships were found between counselors' level of conceptual complexity and moral reasoning and their education. Implications for counselor training are presented. Copyright 2006, American Counseling Association.

**Conflict of interest in the evaluation and dissemination of "model" school-based drug and violence prevention programs.**

Gorman DM; Conde E. *Evaluation and Program Planning* 30(4): 422-429, 2007. (48 refs.)

Conflict of interest refers to a set of conditions in which professional judgment concerning the validity of research might be influenced by a secondary competing interest. The competing interest that has received most attention in the literature addressing the prevalence and effects of such conflicts on the practice of empirical research has been that of financial relationships between investigators and research sponsors. The potential for conflicts of interest to arise in the evaluation of drug prevention programs was raised by Moskowitz in this journal in 1993, but to date there has been no attempt made to estimate the scope of this problem. The present study addressed this issue using a sample of "model" school-based drug and violence prevention interventions by first, identifying the types or relationships that exist between program developers and program distributors, and, second, by assessing how many of the evaluations of these programs published in peer-reviewed journals had been conducted by the developers of the programs compared to independent evaluation teams. The data presented indicate that there are relatively few

published evaluations that do not involve program developers and that there are few instances in which there is complete separation between the program developer and program distributor. Using the open systems model of the Institute of Medicine Committee on Research Integrity as a framework, it is argued that the culture and norms of the program developer and those of the program evaluator are fundamentally distinct and therefore failure to separate these roles produces high potential for conflict of interest to arise. Copyright 2007, Elsevier Science.

**Managing confidentiality in illicit drugs research: ethical and legal lessons from studies in remote Aboriginal communities.**

Clough A; Conigrave K. *Internal Medicine Journal* 38(1): 60-63, 2008. (11 refs.)

Assuring participant confidentiality in illicit drugs research has raised legal questions and challenges both for researchers and ethics committees. There are similar challenges for clinicians. To study cannabis use in Aboriginal people in Arnhem Land (Northern Territory), a risk-management approach was successful. Aboriginal participants were informed in their own language that confidentiality could not be assured if they disclosed information about illegal behaviours. Researchers avoided questions of intrinsic interest to law enforcement. Relationships between researchers and study participants and the integrity of the study were preserved. These considerations have relevance for clinicians as well as researchers dealing with the influence of illicit behaviours on health. Copyright 2008, Blackwell Publishing.

**Monitoring community drug abuse from sewage discharges. (news item).**

[Anon]. *Marine Pollution Bulletin* 54(10): 1567-1568, 2007. (0 refs.)

Public health officials may soon be able to make more accurate estimates on illegal drug use in communities across the USA thanks to a screening test developed by scientists from Oregon State University and the University of Washington. The new test identifies evidence of illicit drug abuse in drug residues and metabolites excreted in urine and flushed toward municipal sewage treatment plants. The approach could provide a fast, reliable and inexpensive way to track trends in drug use at the local, regional or state levels while preserving the anonymity of individuals. Preliminary tests conducted in 10 US cities show the method can simultaneously quantify methamphetamine and metabolites of cocaine and marijuana and legal drugs such as methadone, oxycodone, and ephedrine. The screening method, using Tandem Mass

Spectrometry, can detect residues of the order of a few nanograms (billionths of a gram) per litre. Source: American Chemical Society Copyright 2007, Elsevier Science.

**Research on upper level drug trafficking: A review.**

Desroches F. *Journal of Drug Issues* 37(4): 827-844, 2007. (46 refs.)

This article examines research on upper level drug traffickers in the U.S., the UK, Canada, and the Netherlands. Included is an analysis and critique of typologies of drug traffickers and theoretical models of organized crime as they apply to upper level drug networks. Studies of higher level drug trafficking indicate that drug markets represent informal and loosely organized associations of relatively small syndicates or crews of independent drug entrepreneurs. They compete for market share and deal primarily or exclusively with trusted associates chosen from ethnic, kinship, and friendship networks. Most dealers are highly cautious, eschew the use of violence, typically make huge profits, attempt to maintain a low profile, rationalize their conduct as business activity, and operate within geographically niche markets. Copyright 2007, Journal of Drug Issues, Inc.

**Serial inebriate programs: What to do about homeless alcoholics in the emergency department. (editorial).**

Greene J. *Annals of Emergency Medicine* 49(6): 791-793, 2007. (1 refs.)

Every inner-city emergency department (ED) has a core group of alcoholics who have either failed or refused treatment many times over, consuming massive amounts of health care resources. Many approaches to control these costs and treat the recidivists have failed. An innovative effort in San Diego, CA, is gaining national attention. James Dunford, an emergency physician at University of California, San Diego Medical Center, decided to find out just how much local EDs were spending on serial inebriates while their true, long term needs for treatment and housing were going ignored. The tally showed a total of \$1.5 million spent on just 15 randomly selected chronic drunks for their care in 2 local EDs and transport by emergency services during an 18-month period in 1997-98. They totaled 417 ED visits among them. This information provided to San Diego city officials sparked an alternative. The six month program known as the Serial Inebriate Program (SIP), starts out with the basics: essential skills for living -- not rehabilitation, but habilitation. The first 30 days are directed to modeling social behaviors, such as hygiene, riding the bus, feeding themselves,

taking medications. We're just trying to get the guy to shave and bathe in the first month. In the second or third, we'll get them employment. Clients may need to go through the program multiple times to be successful, not an indication that treatment doesn't work, just that it takes a lot of time and effort to make such huge behavior changes. The San Diego program has housing for 15 people at a time, and pays for 10 beds in private residential treatment facilities. Clients are provided with communal living in 4 apartments and come to treatment 3 times a week on an outpatient basis. Copyright 2007, American College of Physicians.

**Substance-exposed newborns: Hospital and child protection responses.**

Burke KD. *Children and Youth Services Review* 29(12): 1503-1519, 2007. (49 refs.)

Recent federal legislation mandates that newborns identified as prenatally substance-exposed be reported to local child protective agencies. However, the legislation does not outline methods of identifying such newborns. A number of methods of identifying substance-exposed newborns exist, including maternal self-report, urine tests of either mother or newborn, and meconium testing, each with its own benefits and drawbacks. Alcohol poses special challenges, as it is arguably as damaging to newborns as illegal substances, but it is treated differently by the medical profession and by child protective agencies than are illegal substances. There is inconsistency in the reporting by hospitals to child protective agencies, in terms of substances and maternal characteristics. This paper calls for hospitals to develop formal protocols for ascertaining prenatal substance exposure, including establishing objective criteria that both identifies a newborn as substance-exposed and dictates under what circumstances a newborn should be brought to the attention of child protective services. The child protective response is also seemingly inconsistent, and the system should develop appropriate responses for this population of newborns and their families. Copyright 2007, Elsevier Science.

**Tajikistan: The rise of a narco-state.**

Paoli L; Rabkov I; Greenfield VA; Reuter P. *Journal of Drug Issues* 37(4): 951-+, 2007. (71 refs.)

Since the collapse of the Soviet Union in 1991, Tajikistan has experienced an extraordinary and devastating expansion of opiate trafficking and consumption. While heroin was virtually unknown in the country up to the mid-1990s and opium was produced and consumed locally only to a modest degree, in less than a decade Tajikistan has become a key transit country for Afghan opiates bound north-

and westwards, at the same time as it has witnessed a rapid growth of domestic heroin use. Tajikistan now rivals Afghanistan for the unenviable title of the country most dependent on the illicit drug industry, with the opiate industry adding at least 30% to the recorded gross domestic product. The opiate trade is so important economically that it corrupts the whole political system. This article therefore argues that since the mid-1990s Tajikistan has become a narco-state, in which leaders of the most powerful trafficking groups occupy high-ranking government positions and misuse state structures for their own illicit businesses. Copyright 2007, Journal of Drug Issues, Inc.

### **Take my property please! Who should bear the burden of cleaning up toxic methamphetamine lab waste?**

Krause EI. *Catholic University Law Review* 56(1): 187-226, 2006. (222 refs.)

The house had been used as a laboratory to "cook" methamphetamine, resulting in hazardous chemical residue that leached into the porous surfaces of their home, costing the Needhams thousands of dollars for the professional inspection and cleanup. ... Similarly, in *United States v. Asarco Inc.*, the Idaho federal district court adopted the takings analysis from *Northeastern Pharmaceutical* in rejecting a mining corporation's claims that imposition of CERCLA liability for hazardous waste cleanup constituted a regulatory taking of its property. ... CERCLA (and Washington's MTCA, for example) provides a complete defense to liability for cleaning up hazardous waste when a property owner was unaware of the contamination prior to ownership of the property and did not contribute to the contamination. ... (b) the contamination from the manufacture of methamphetamine was caused entirely by a third party and use of the property as a methamphetamine laboratory was reasonably unforeseeable to the owner. ... Providing property owners with a defense to liability for the cleanup costs not only decreases the chances of a property owner succeeding in a takings challenge of the methamphetamine decontamination statutes, but it also protects the "innocent members of the public" in a larger sense by protecting the innocent property owners of the contaminated property in question. ... The Needhams' home-buying experience is not unique. State legislatures are taking note of the growing problems associated with contamination of residential

properties used as methamphetamine labs and are working toward combating these problems by enacting statutes that establish standards for cleaning up the hazardous chemical waste that is left behind. Copyright 2006, Catholic University American Press.

### **Alcohol outlets and problem drinking among adults in California.**

Truong KD; Sturm R. *Journal of Studies on Alcohol and Drugs* 68(6): 923-933, 2007. (33 refs.)

Objective: The purpose of the study was to examine the relationship between alcohol environments and problem drinking, including excessive alcohol consumption, heavy episodic drinking, driving after drinking, and riding with a drinking driver. Method: We merged geo-coded individual -level data from the California Health Interview Survey and Los Angeles County Health Survey with alcohol license data from the California Department of Alcoholic Beverage Control, distinguishing off-sale retailers from on-sale establishments and, among onsales, eating places from bars and taverns as well as minor-unrestricted establishments from minor-restricted establishments (i.e., youth below age 21 not allowed on business premises). The primary explanatory variable was alcohol outlets within various distances from an individual's residence or census tract. Multivariate logistic regression and simulation were run for men and women separately. Results: On-sale establishments, particularly minor-restricted establishments, were significantly associated with excessive alcohol consumption and heavy episodic drinking, after controlling for individual and neighborhood sociodemographics. The effect was limited to outlets located within proximity, roughly 1 mile from residential homes. Off-sale retailers were not found to be related to problem drinking. If the number of minor-restricted establishments increases from median to 90th percentile of their distribution, heavy episodic drinking would increase from 11.1% to 14.3% among women and from 19.6% to 22.0% among men. Conclusions: Certain types of alcohol retailers in neighborhoods were associated with problem drinking. Moratorium of new licenses based on number of licenses per capita at county level is not effective because only a subgroup of licenses matters, and alcohol is more available in terms of distance, travel time, or search costs in densely populated cities. Copyright 2007, Alcohol Research Documentation Inc.