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Predictors of self-reported discussion of cessation medications by physicians in New Jersey.
Steinberg MB; Nanavati K; Delnevo CD; Abaternarco DJ. *Addictive Behaviors* 32(12): 3045-3053, 2007. (22 refs.)
Physicians play an important role in smoking cessation, especially discussing medications. This study evaluates physician characteristics associated with higher rates of discussion of smoking cessation medications. 336 primary-care physicians in New Jersey completed a cross-sectional, self-administered, mail survey including physician demographics, practice type, previous training and confidence in treating tobacco dependence, awareness of guidelines, and perceived effectiveness of treatments. Two-thirds of respondents felt confident in using cessation medications despite only 24% having previous training and only 13% having read or implemented practice guidelines. After controlling for other variables, female physicians were more likely to discuss medications compared with males (adjusted odds ratio(AOR) 2.2; 95% confidence interval(CI) 1.0-4.6); physicians who were confident were more likely to discuss (AOR 3.0;95% CI 1.7-5.3); and physicians in private practices (solo, group, or multispecialty) were more likely to discuss than those employed by an agency (hospital, state, or federal) (AOR 3.1;95% CI 1.4-6.8). Most physicians in this sample reported routinely discussing cessation medications, with female physicians, those feeling confident, and those in private practices doing so more frequently. Considering limited resources and opportunities to access physicians, interventions to increase discussion of effective cessation treatments could be targeted to specific physician groups. Copyright 2007, Elsevier Science.

A model of integrated primary care for HIV-positive patients with underlying substance use and mental illness.
Zaller N; Gillani FS; Rich JD. *AIDS Care* 19(9): 1128-1133, 2007. (13 refs.)
There is a high burden of underlying substance use and mental illness in HIV-infected populations. HIV-care settings provide an important opportunity to assess substance-use and mental health needs among HIV-positive patients and to provide or make referrals for appropriate treatment services. In 2003, with funding from the Center for Substance Abuse Treatment (CSAT), we developed a model of integrated substance-use counselling and referral for treatment within a primary care HIV-care setting at The Miriam Hospital in Providence, Rhode Island. The project uses a multidisciplinary approach to provide linkage to treatment services for substance use and mental illness as well as to help participants with social service needs, such as housing and medical coverage, to ensure continuity of care and optimal HIV treatment adherence. Twelve percent of the 965 HIV-infected patients in care at our center have been enroled in the project. Of these, all have a current substance-use disorder and 79.3% have been diagnosed with a mental illness. In addition, most participants are hepatitis C-positive (HCV) (65.5%). The majority of participants are on antiretroviral therapy (76.7%). Participants have been referred for the following treatment modalities: intensive outpatient services, methadone, buprenorphine, outpatient services and residential as well as individual and group counselling. Our model has been successful in assessing the substance-use and mental health needs of HIV-infected individuals with numerous co-morbidities and referring them for ancillary medical and social services. Copyright 2007, Routledge.

Screening and brief intervention targeting risky drinkers in Danish general practice: A pragmatic controlled trial.
Beich A; Gannik D; Saelan H; Thorsen T. *Alcohol and Alcoholism* 42(6): 593-603, 2007. (54 refs.)
Aims: Recommendations for routine alcohol screening and brief counselling intervention in primary health care rest on results from intervention efficacy studies. By conducting a pragmatic controlled trial (PCT), we aimed at evaluating the effectiveness of the WHO recommendations for screening and brief intervention (SBI) in general practice. Methods: A randomized PCT (brief counselling intervention vs no intervention) involving 39 Danish general practitioners (GPs). Systematic screening of 6897 adults led to inclusion of

906 risky drinkers, and research follow-up on 537 of these after 12-14 months. Outcome measures focused on patients acceptance of screening and intervention and their self-reported alcohol consumption. Results: Patient acceptance of screening and intervention 10.3% (N=794) of the target population (N=7, 691) explicitly refused screening. All intervention group subjects (N=442) were exposed to an instant brief counselling session while only 17.9% of them (79/442) attended a follow-up consultation that was offered by their GP. Consumption Changes: At one-year follow-up, average weekly consumption had increased by 0.7 drinks in both comparison groups. As secondary findings, we observed an indiscriminate absolute risk reduction (ARR=0.08 (95% CI: 0.02; 0.18)) in male binge drinking, but adverse intervention effects for women on the secondary outcomes (binge drinking ARR=0.30 (95% CI: 0.47; -0.09)). Conclusions: The results of brief interventions in everyday general practice performed on the basis of systematic questionnaire screening may fall short of theoretical expectations. When applied to non-selected groups in everyday general practice SBI may have little effect and engender diverse outcome. Women may be more susceptible to defensive reactions than men. Copyright 2007, Oxford University Press.

Pre-operative screening for excessive alcohol consumption among patients scheduled for elective surgery.

Shourie S; Conigrave KM; Proude EM; Ward JE; Wutzke SE; Haber PS. *Drug and Alcohol Review* 26(2): 119-125, 2007. (18 refs.)

Pre- operative intervention for excessive alcohol consumption among patients scheduled for elective surgery has been shown to reduce complications of surgery. However, successful intervention depends upon an effective and practical screening procedure. This study examines current screening practices for excessive alcohol consumption amongst patients scheduled for elective surgery in general hospitals. It also examines the appropriateness of potential sites and staff for pre- operative screening. Forms used routinely to assess alcohol consumption in the pre-admission clinics (PAC) of eight Sydney hospitals were examined. In addition, the appropriateness of six staff categories (surgeons, surgeons' secretaries, junior medical officer, anaesthetists, nurses and a research assistant) and of two sites (surgeons' office and PAC) in conducting additional screening was assessed at two hospitals. Outcomes included observed advantages and disadvantages of sites and personnel, and number of cases with excessive drinking identified. There was duplication in information collected routinely on alcohol use in the PACs in eight Sydney Hospitals. Questions on alcohol consumption in patient self-completion forms were not validated. The PAC provided for efficient screening but time to surgery was typically too short for successful intervention in many cases. A validated tool and efficient screening procedure is required to detect excessive drinking before elective surgery. Patients often present to the PAC too close to the time of surgery for any change in drinking to reverse alcohol's effects. The role of the referring general practitioner and of printed advice from the surgeon in preparing patients for surgery needs further investigation. Copyright 2007, Taylor & Francis.

Substance abuse and dependence treatment in outpatient physician offices, 1997-2004.

Banta JE; Montgomery S. *American Journal of Drug and Alcohol Abuse* 33(4): 583-593, 2007. (23 refs.)

Objective: To examine patient, physician, and visit characteristics associated with treatment for substance abuse during outpatient physician visits. Methods: Secondary data was obtained from the 1997 - 2004 National Ambulatory Medical Care Survey. Results: A substance abuse diagnosis was recorded in .9% of general and family practice visits, .8% of internal medicine visits, and 5.1% of psychiatry visits. Multivariable logistic regression found that women, elderly, non- White, and established patients were less likely to be given a substance abuse diagnosis. Conclusion: Increased screening, particularly of existing patients, may lead to decreased gender, age, and racial disparities in diagnosis and treatment. Copyright 2007, Taylor & Francis.

Developing primary care services for high-dose benzodiazepine-dependent patients: A consultation survey.

Kapadia N; Fox D; Rowlands G; Ashworth M. *Drugs: Education, Prevention and Policy* 14(5): 429-442, 2007. (19 refs.)

Aim: To survey healthcare workers and high-dose benzodiazepine-dependent patients and obtain views on service improvement for managing high-dose benzodiazepine dependency. Methods: Two focus groups were conducted-one consisting of drug workers and high-dose benzodiazepine users and one of drug workers and general practitioners. Groups discussed gaps in service provision for benzodiazepine dependency. Based on a thematic analysis of the discussion, a pilot questionnaire was developed. The final version was sent to all GPs and drug workers in one inner-London borough. Findings: Five themes

emerged from the focus groups: definition, impact on society, fear of withdrawal, attitudes and future service developments. The questionnaire was sent to 210 GPs and 21 drug workers. Response rate: 105 (50%) and 13 (62%), respectively. GP respondents had seen 482 high-dose benzodiazepine dependent patients in the preceding month; drug workers had seen 90. Benzodiazepines were considered an important cause of social and physical problems (69% and 75%, respectively). Just 9% of GPs thought that users wanted to withdraw, 23% were not encouraging them to withdraw and only 45% felt confident in carrying out withdrawal. The Department of Health, 'Orange Guidelines', had only been read by 53% of GPs. Three service priorities were identified: specialist benzodiazepine drug workers (preferably based in general practices), educational support (including up-to-date guidelines) and clinical psychologist input. Conclusions: Our consultation has identified service development priorities for high-dose benzodiazepine users. Copyright 2007, Taylor & Francis.

Abuse of prescription and over-the-counter medications. (review).

Lessenger JE; Feinberg SD. *Journal of the American Board of Family Medicine* 21(1): 45-54, 2008. (46 refs.)

The nonmedical use of prescription or over-the-counter (OTC) medications implies that the user is using them for reasons other than those indicated in the prescribing literature or on the box label. The abuse of these medications is a national issue. Intentional drug abuse of prescribed and OTC medicines has climbed steadily. Data from the 2005 National Survey on Drug Use and Health demonstrated that 6.4 million (2.6%) people aged 12 or older had used prescription drugs for nonmedical reasons during the past month. Of these, 4.7 million used pain relievers, 1.8 million used tranquilizers, and 1.1 million used stimulants. The nonmedical use of prescription drugs in the past month among young adults aged 18 to 25 increased from 5.4% in 2002 to 6.3% in 2005, primarily because of an increase in the abusive use of pain relievers. Physicians need to watch for prescription and OTC medication abuse. Treatment strategies include (1) inquiring about prescription, OTC, and herbal drug use at the initial examination (even though many individuals are drug-abuse savvy, some are naive and do not realize that OTC medications can be problematic); (2) inquiring about drug use during office visits; (3) providing disposal containers that patients can use to dispose of their unused or unneeded prescription or OTC medications; (4) treating pain aggressively and appropriately; (5) practicing careful record keeping of prescription refills and controls over prescription blanks; (6) referring patients who are addicted to medications to 12-step programs such as Alcoholic Anonymous, Narcotics Anonymous, and Pills Anonymous; and (7) considering detoxification. Copyright 2008, American Board of Family Medicine.

Medicaid provider delivery of the 5A's for smoking cessation counseling.

Chase EC; McMenamin SB; Halpin HA. *Nicotine & Tobacco Research* 9(11): 1095-1101, 2007. (25 refs.)

This paper assesses rates of the 5A's (ask, advise, assess, assist, and arrange) of brief provider counseling received by Medicaid-enrolled smokers and recent quitters and the differences in receipt of counseling as a function of age, gender, race, ethnicity, and health status. A random sample telephone survey was conducted among Medicaid-enrolled smokers and recent quitters in four geographic areas in the United States. Multivariate logistic regression models estimated the relationships between demographic characteristics and delivery of the 5A's. Less than 10% of Medicaid smokers and recent quitters reported receiving all 5A's. Medicaid providers delivered the Ask, assess, and advise components of smoking cessation counseling to the majority of their patients who were smokers or recent quitters. However, they were much less likely to provide comprehensive counseling, with fewer than 25% of patients reporting receiving any assistance with quitting (i.e., a prescription for pharmacotherapy or referral to counseling) or arrangement of a follow-up visit or phone call. Receipt of the 5A's varied as a function of health status, race, and ethnicity. Medicaid needs to (a) increase provider delivery of the full spectrum of counseling interventions recommended for smoking cessation and (b) extend provider outreach to the demographic groups that receive the lowest rates of counseling. Copyright 2007, Taylor & Francis.

Adolescent drug & alcohol use in the 21st century.

Nanda S; Konnur N. *Pediatric Annals* 36(10): 706-712, 2006. (33 refs.)

Screening for drug abuse should be a part of adolescent health maintenance visits. Good interviewing skills using open-ended, nonjudgmental questions in a private setting may elicit a history of drug abuse. A detailed and comprehensive history is important to recognize family dynamics, early behavioral changes (NB outlined in a table), comorbid psychiatric conditions, and the adolescent's attitude

toward substances of abuse. A good physical exam may reveal clinical sequelae of drug abuse. Testing for drug abuse should be done with the patient's consent except in cases where judgment is impaired. Periodic screening for drugs is a part of drug treatment and rehabilitation. The typical pediatrician is not equipped to provide drug counseling and treatment to the abusing adolescent. Specialized referral centers would be ideal, and clinicians need to be aware of local resources in their communities. Anticipatory guidance explaining the ill effects of drugs is mandatory. Prevention should be aimed at increasing public awareness of the consequences of drug abuse, improving parenting techniques, and introducing school-based drug prevention programs. The fight against substance abuse needs to be a community effort in which the individual, the family and the primary care physician play important roles. Copyright 2006, Slack.

Addiction Severity Index in a chronic pain sample receiving opioid therapy.
Saffier K; Colombo C; Brown D; Mundt MP; Fleming MF. *Journal of Substance Abuse Treatment* 33(3): 303-311, 2007. (30 refs.)
The treatment of chronic pain with opioids remains controversial. Physicians are concerned about addiction and drug diversion, and there is limited empirical information on the use of opioids in patients with chronic pain. This report presents data on the Addiction Severity Index (ASI) collected in a sample of patients (N = 908) receiving opioids from their primary care physicians. The ASI provides clinically important information about patients receiving opioid therapy. The ASI consists of seven subscales, including medical, alcohol, drug, employment/support, legal, family/social, and psychiatric domains. Clinically relevant findings include high ASI medical score (0.87), high psychiatric severity score (0.27), lifetime treatment of alcohol problems (reported by 22% of men), prior delirium tremens (5.6%), prior treatment for drug problems (10.1%), prior drug overdose (12.1%), and drunk-driving citations (28%); 40.3% of women had serious suicidal thoughts, and 23.8% had suicide attempts. The ASI provides important information that can help primary care physicians manage patients with chronic pain who are receiving opioid therapy. Copyright 2007, Elsevier Science.

GPs and problem gambling: Can they help with identification and early intervention?
Tolchard B; Thomas L; Battersby M. *Journal of Gambling Studies* 23(4): 499-506, 2007. (52 refs.)
General Practitioners (GPs) are well placed to identify problem gamblers and provide early intervention. To date there is no evidence to suggest that GP's are routinely screening patients for potential gambling problems. This paper discusses the prevalence of problem gambling, the links with other health problems and ways that GPs can assist. Results from a pilot project that provided educational resources to GPS are also discussed. Suitable screening tools are available that could easily be used by GPs to assess the possibility of gambling problems in patients who may be at increased risk but do not seek help. Early identification and intervention may help prevent a gambling habit escalating to a serious problem. More work needs to be done to increase awareness with GPs of the extent of problem gambling in our community and to alert patients to the fact that gambling can affect their health and that GPs can help. Copyright 2007, Srpinger.