

An examination of mandated versus voluntary referral as a determinant of clinical outcome. (review).

Snyder CMJ; Anderson SA. *Journal of Marital and Family Therapy* 35(3): 278-292, 2009. (109 refs.)

A literature review was undertaken to examine evidence for the effectiveness of psychotherapy with mandated clients. The primary question addressed was whether or not clients mandated to therapy, whether by court order or by order of their employers, show poorer outcomes than clients who enter therapy voluntarily. To this end, research on client resistance and motivational readiness to change was reviewed. This was followed by an examination of research on the effectiveness of mandated treatment. The question of the potential influence of relationship factors such as the therapeutic alliance was also addressed. The literature review was followed by suggestions for future research on the effectiveness of treatment for clients with mandated or voluntary referral status. Copyright 2009, American Association of Marriage and Family Therapy.

Blood alcohol concentrations among bar patrons: A multi-level study of drinking behavior.

Clapp JD; Reed MB; Min JW; Shillington AM; Croff JM; Holmes MR et al. *Drug and Alcohol Dependence* 102(1/3): 41-48, 2009. (47 refs.)

This paper presents data from a study that collected observational data, survey data, and breath samples to estimate blood alcohol concentrations (BrAC) from patrons attending 30 bars. The study examines: (1) drinking behavior and settings prior to going to a bar; (2) characteristics of the bar where respondents are drinking; (3) Person and environmental predictors of BrAC change (entrance to exit). Purposive sampling of bars that cater to young adults gave a sample of 30 bars. Patrons were randomly selected from bars (n = 839). Approximately half of the sample was female (48.7%). Nearly three-quarters of participants reported drinking before attending the bar. Serving practices of the bars were observed: majority of bars served excessive amounts of alcohol in short periods of time. On average, those who drank before attending the bar had BrACs at approximately half the legal limit. Implications for responsible beverage service Coupled

with law enforcement strategies are discussed. Copyright 2009, Elsevier Science.

Cannabis dependence as a primary drug use-related problem: The case for harm reduction-oriented treatment options.

Hathaway AD; Callaghan RC; Macdonald S; Erickson PG. *Substance Use & Misuse* 44(7): 990-1008, 2009. (70 refs.)

Few studies have focused on cannabis dependence as compared to other drugs more commonly acknowledged as presenting a substantial need for treatment. This paper presents findings from a 2004-2005 study of drug user treatment clients in Southern Ontario, Canada. Clients with cannabis (n = 128) or cocaine (n = 300) as their primary drug problem were compared on psychosocial and demographic characteristics, drug effects, and clinical impairment. There are more similarities than differences between groups, with DAST and DSM scores showing high rates of "dependence" and reported symptoms of "abuse." However cannabis consistently scored lower on these items, supporting the idea of a continuum of risk on which its rank compared with other potentially misused drugs holds across a wide range of symptoms of impairment. The less disruptive nature of cannabis use-related problems poses greater challenges for drug user treatment providers guided by strict abstinence agendas. The authors call for the expansion of harm reduction treatment options and educational initiatives beyond primary prevention that acknowledge benefits of moderate controlled use when addressing cannabis misuse. Copyright 2009, Taylor & Francis.

Changing drug users' risk environments: Peer health advocates as multi-level community change agents.

Weeks MR; Convey M; Dickson-Gomez J; Li JH; Radda K; Martinez M et al. *American Journal of Community Psychology* 43(3/4): 330-344, 2009. (59 refs.)

Peer delivered, social oriented HIV prevention intervention designs are increasingly popular for addressing broader contexts of health risk beyond a focus on individual factors. Such interventions have the potential to affect multiple social levels of risk and

change, including at the individual, network, and community levels, and reflect social ecological principles of interaction across social levels over time. The iterative and feedback dynamic generated by this multi-level effect increases the likelihood for sustained health improvement initiated by those trained to deliver the peer intervention. The Risk Avoidance Partnership (RAP), conducted with heroin and cocaine/crack users in Hartford, Connecticut, exemplified this intervention design and illustrated the multi-level effect on drug users' risk and harm reduction at the individual level, the social network level, and the larger community level. Implications of the RAP program for designing effective prevention programs and for analyzing long-term change to reduce HIV transmission among high-risk groups are discussed from this ecological and multi-level intervention perspective. Copyright 2009, Springer Publishing.

Comparing overdose mortality associated with methadone and buprenorphine treatment.

Bell JR; Butler B; Lawrance A; Batey R; Salmelainen P. *Drug and Alcohol Dependence* 104(1-2): 73-77, 2009. (16 refs.)

Aim: To compare overdose mortality associated with methadone and buprenorphine treatment for opioid dependence. **Methods:** Data linkage study. Since 1 April 2006, the Division of Analytic Laboratories (DAL) has routinely tested all New South Wales (NSW) coronial post-mortem samples for both methadone and buprenorphine. Names of all methadone or buprenorphine-positive cases between April and December 2006 inclusive were linked to the National Coroners Information System (NCIS) database, which provided information on cause of death, autopsy findings and circumstances of death. Names were linked to the Pharmaceutical Services Branch Drugs of Addiction System (PHDAS) database to identify whether people were in treatment, and in decedents not registered in treatment, the source of methadone or buprenorphine was presumed to be diversion from treatment programs. Mean number in treatment during 2006 for methadone and buprenorphine were derived from the PHDAS database. Rate of opioid overdose per thousand people in treatment were calculated for methadone and buprenorphine. **Results:** In the 9-month period there were 13,718 in methadone treatment and 2716 people in buprenorphine. There were 60 sudden deaths positive for methadone (32 in-treatment) and 7 buprenorphine-positive decedents (none in treatment). Most out-of-treatment deaths occurred in people with

known histories of drug misuse. Forty-three methadone positive cases - 19/32 in treatment, and 24/28 out-of-treatment - and 2 of the 7 buprenorphine-positive deaths were due to overdose. The risk of overdose death per thousand people in treatment was lower for buprenorphine than for methadone (RR 4.25 [1.03, 17.54]). **Conclusion:** In this short-term study, buprenorphine was associated with lower overdose risk than methadone. Copyright 2009, Elsevier Science.

A comparison of drug overdose deaths involving methadone and other opioid analgesics in West Virginia.

Paulozzi LJ; Logan JE; Hall AJ; McKinstry E; Kaplan JA; Crosby AE. *Addiction* 104(9): 1541-1548, 2009. (36 refs.)

Aims: To describe all people dying from unintentional overdoses of methadone or other opioid analgesics (OOA) in West Virginia in 2006. **Design** We analyzed medical examiner data supplemented by data from the state prescription drug monitoring program. We compared people whose deaths involved methadone with those whose deaths involved OOA. **Findings:** The methadone group included 87 decedents, and the OOA group included 163 decedents. Most were male. Decedents in the methadone group were significantly younger than those in the OOA group: more than a quarter were 18-24 years of age. For both groups, approximately 50% had a history of pain, and 80% had a history of substance abuse. There was no intergroup difference in the prevalence of benzodiazepines at post-mortem. Methadone was significantly less likely to have ever been prescribed than OOA. Among those with prescriptions, the proportion prescribed within 30 days of death was significantly greater for methadone than for hydrocodone, but not for oxycodone. Ten (11.5%) of the methadone decedents were enrolled in an opiate treatment program (OTP) at the time of death. **Conclusions:** The high prevalence of a substance abuse history and lack of prescriptions suggest that most of the deaths in both groups are related to substance abuse. There was no indication of a harmful effect from methadone's metabolic interaction with benzodiazepines, but provider or patient unfamiliarity with methadone may have been a risk factor. Prescribing methadone, especially to young males, requires extra care. Providers, OTPs and coroners/medical examiners should use state prescription drug monitoring programs to monitor the use of controlled substances by their patients. Copyright 2009, Society for the Study of Addiction to Alcohol and Other Drugs.

Client-reported reasons for non-engagement in drug and alcohol treatment.

Coulson C; Ng F; Geertsema M; Dodd S; Berk M. *Drug and Alcohol Review* 28(4): 372-378, 2009. (18 refs.)

Introduction and Aims. To examine client-reported reasons for missed early appointments at a drug and alcohol treatment service and to compare characteristics of those who missed appointments with those who attended. **Design and Methods.** Clients who missed a first or second appointment between 1 May and 31 August 2007 at a public community-based outpatient treatment facility were invited to participate in a semistructured telephone interview. This consisted of an open-ended question asking the reason(s) for nonattendance, followed by a questionnaire of items for therapeutic alliance and service satisfaction, perceived impact of substance use and previous treatment experience, mostly rated on Likert scales. Database information on demographic and clinical variables was gathered for all clients who were accepted for treatment within the study time frame. Characteristics of those who missed a first or second appointment ($n = 66$) were compared with those who attended at least their first two appointments ($n = 97$). **Results.** Of clients who missed their appointments, 80.6% provided reasons for nonattendance, which included extraneous factors (50.0%), service shortcomings (29.7%), no further need for service (16.2%) and motivational ambivalence (4.1%). They generally had high ratings of therapeutic alliance and service satisfaction and identified their substance use as having a negative impact on their lives. Clients who missed appointments were more likely to be male, unmarried and have a history of polysubstance use. **Discussion and Conclusions.** Extraneous issues relating to the client may be a dominant obstacle in early treatment engagement. Efforts to overcome these issues may therefore improve early engagement. Copyright 2009, Wiley-Blackwell Publishing.

Continuous individual support of smoking cessation using text messaging: A pilot experimental study.

Haug S; Meyer C; Schorr G; Bauer S; John U. *Nicotine & Tobacco Research* 11(8): 915-923, 2009. (24 refs.)

Introduction: The objective of this study was to test the feasibility and acceptance of an intervention using text messaging (short message service [SMS]) for continuous individual support of smoking cessation in young adults. Additionally, the optimal feedback intensity was investigated, and short-term efficacy of

the intervention was explored. **Methods:** In a cafeteria of the University of Greifswald, 575 visitors were screened for smoking status and usage of text messaging. From these, 194 persons who fulfilled the inclusion criteria of daily smoking and weekly usage of SMS were invited for participation in an SMS-based intervention. From these, 174 (90%) consented to participate. The participants were randomly allocated to one of three study groups: (a) control condition without intervention, (b) intervention with one weekly SMS feedback (1SMS), or (c) intervention with three weekly SMS feedbacks (3SMS). In study groups (b) and (c), individualized SMS feedbacks were sent to the participants weekly, based on data from the baseline assessment and a weekly SMS assessment of the stages of change according to the transtheoretical model. Program use and acceptance were compared between the two intervention groups differing in support intensity. An exploration of the short-term efficacy of the program was conducted by comparing the three study groups at the end of the 3-month intervention program on smoking variables. **Results:** The median number of replies to the weekly SMS assessments was 12.5 in the 1SMS group and 13.0 in the 3SMS group (not significant). The acceptance of the program did not differ between the intervention groups. At post-assessment, no significant differences between the three study groups emerged on the examined smoking variables. **Discussion:** The high participation and retention rates suggest that SMS-based smoking cessation interventions are attractive for young adults. Support intensity did not affect the acceptance of the program. Longer follow-up periods and larger samples are required to obtain conclusive results about the efficacy of this intervention approach. Copyright 2009, Oxford University Press.

Counselor skill influences outcomes of brief motivational interventions.

Gaume J; Gmel G; Faouzi M; Daepfen JB. *Journal of Substance Abuse Treatment* 37(2): 151-159, 2009. (38 refs.)

The aim of this study was to estimate the influence of counselor skills during brief motivational interventions (BMIs) on patient alcohol use 12 months later. Ninety-five BMIs delivered by five counselors of similar background and training were recorded and coded using the Motivational Interviewing Skills Code (MISC). Baseline alcohol measures and socio-demographics of patients did not differ across counselors, whereas MISC scores and outcome at 12 months did. Multilevel models showed that counselors with better motivational interviewing (MI) skills

achieved better outcomes overall and maintained efficacy across all levels of an important predictor (patient ability to change), whereas counselors with poorer MI skills were effective mostly at high levels of ability to change. Findings indicated that avoidance of MI-inconsistent skills was more important than frequency of using MI-consistent skills and that training and selection of counselors should be based more on the overall MI-consistent gestalt than on particular MI techniques. Copyright 2009, Elsevier Science.

How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous. (review).

Kelly JF; Magill M; Stout RL. *Addiction Research & Theory* 17(3): 236-259, 2009. (133 refs.)

Rigorous reviews of the science on the effectiveness of Alcoholics Anonymous (AA) indicate that AA and related 12-step treatment are at least as helpful as other intervention approaches. Exactly how AA achieves these beneficial outcomes is less well understood, yet, greater elucidation of AA's mechanisms could inform our understanding of addiction recovery and the timing and content of alcohol-related interventions. Empirical studies examining AA's mechanisms were located from searches in Pubmed, Medline, PsycINFO, Social Service Abstracts and from published reference lists. Thirteen studies completed full mediational tests. A further six were included that had completed partial tests. Mechanisms examined fell into three domains: (1) Common processes; (2) AA-specific practices; and (3) Social and spiritual processes. Results suggest AA helps individuals recover through common process mechanisms associated with enhancing self-efficacy, coping skills, and motivation, and by facilitating adaptive social network changes. Little research or support was found for AA's specific practices or spiritual mechanisms. Conclusions are limited by between-study differences in sampling, measurement, and assessment time-points, and by insufficient theoretical elaboration of recovery-related change. Similar to the common finding that theoretically-distinct professional interventions do not result in differential patient outcomes, AA's effectiveness may not be due to its specific content or process. Rather, its chief strength may lie in its ability to provide free, long-term, easy access and exposure to recovery-related common therapeutic elements, the dose of which, can be adaptively self-regulated according to perceived need. Copyright 2009, Taylor & Francis.

Interventions for children with fetal alcohol spectrum disorders (FASDs): Overview of findings for five innovative research projects.

Bertrand J. *Research in Developmental Disabilities* 30(5): 986-1006, 2009

It is well established that prenatal exposure to alcohol causes damage to the developing fetus, resulting in a spectrum of disorders known as fetal alcohol spectrum disorders (FASDs). Although our understanding of the deficits and disturbances associated with FASDs is far from complete, there are consistent findings indicating these are serious, lifelong disabilities-especially when these disabilities result from central nervous system damage. Until recently, information and strategies for interventions specific to individuals with FASDs have been gleaned from interventions used with people with other disabilities and from the practical wisdom gained by parents and clinicians through trial and error or shared through informal networks. Although informative to a limited degree, such interventions have been implemented without being evaluated systematically or scientifically. The purpose of this article is to provide a brief overview of a general intervention framework developed for individuals with FASDs and the methods and general findings of five specific intervention research studies conducted within this framework. The studies evaluated five different interventions in five diverse locations in the United States, with different segments of the FASD population. Nonetheless, all participants showed improvement in the target behaviors or skills, with four studies achieving statistical significance in treatment Outcomes. important lessons emerged from these five interventions that may explain Success: including parent education or training, teaching children specific skills they would usually learn by observation or abstraction, and integration into existing systems of treatment. A major implication of these research studies for families dealing with FASDs is that there are now interventions available that can address their children's needs and that can be presented as scientifically validated and efficacious to intervention agents such as schools, social services, and mental health providers. In the field of FASD research and clinical service, a common theme reported by families has been that clinicians and professionals have been reluctant to diagnose their children because there were no known effective treatments. Results of these five studies dispel that concern by demonstrating several interventions that have been shown to improve the lives of individuals with FASDs and their families. Copyright 2009, Elsevier Science.

Primary care validation of a single-question alcohol screening test.

Smith PC; Schmidt SM; Allensworth-Davies D; Saitz R. *Journal of General Internal Medicine* 24(7): 783-788, 2009. (30 refs.)

Unhealthy alcohol use is prevalent but under-diagnosed in primary care settings. To validate, in primary care, a single-item screening test for unhealthy alcohol use recommended by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Cross-sectional study. Adult English-speaking patients recruited from primary care waiting rooms. Participants were asked the single screening question, "How many times in the past year have you had X or more drinks in a day?", where X is 5 for men and 4 for women, and a response of > 1 is considered positive. Unhealthy alcohol use was defined as the presence of an alcohol use disorder, as determined by a standardized diagnostic interview, or risky consumption, as determined using a validated 30-day calendar method. Of 394 eligible primary care patients, 286 (73%) completed the interview. The single-question screen was 81.8% sensitive (95% confidence interval (CI) 72.5% to 88.5%) and 79.3% specific (95% CI 73.1% to 84.4%) for the detection of unhealthy alcohol use. It was slightly more sensitive (87.9%, 95% CI 72.7% to 95.2%) but was less specific (66.8%, 95% CI 60.8% to 72.3%) for the detection of a current alcohol use disorder. Test characteristics were similar to that of a commonly used three-item screen, and were affected very little by subject demographic characteristics. The single screening question recommended by the NIAAA accurately identified unhealthy alcohol use in this sample of primary care patients. These findings support the use of this brief screen in primary care. Copyright 2009, Springer.

Screening and brief interventions for hazardous alcohol use in accident and emergency departments: A randomised controlled trial protocol.

Coulton S; Perryman K; Bland M; Cassidy P; Crawford M; Deluca P et al. *BMC Health Services Research* 9(article 114), 2009. (34 refs.)

Background: There is a wealth of evidence regarding the detrimental impact of excessive alcohol consumption on the physical, psychological and social health of the population. There also exists a substantial evidence base for the efficacy of brief interventions aimed at reducing alcohol consumption across a range of healthcare settings. Primary research conducted in emergency departments has reinforced the current

evidence regarding the potential effectiveness and cost-effectiveness. Within this body of evidence there is marked variation in the intensity of brief intervention delivered, from very minimal interventions to more intensive behavioural or lifestyle counselling approaches. Further the majority of primary research has been conducted in single centre and there is little evidence of the wider issues of generalisability and implementation of brief interventions across emergency departments. Methods/design: The study design is a prospective pragmatic factorial cluster randomised controlled trial. Individual Emergency Departments (ED) (n = 9) are randomised with equal probability to a combination of screening tool (M-SASQ vs FAST vs SIPS-PAT) and an intervention (Minimal intervention vs Brief advice vs Brief lifestyle counselling). The primary hypothesis is that brief lifestyle counselling delivered by an Alcohol Health Worker (AHW) is more effective than Brief Advice or a minimal intervention delivered by ED staff. Secondary hypotheses address whether short screening instruments are more acceptable and as efficient as longer screening instruments and the cost-effectiveness of screening and brief interventions in ED. Individual participants will be followed up at 6 and 12 months after consent. The primary outcome measure is performance using a gold-standard screening test (AUDIT). Secondary outcomes include; quantity and frequency of alcohol consumed, alcohol-related problems, motivation to change, health related quality of life and service utilisation. Discussion: This paper presents a protocol for a large multi-centre pragmatic factorial cluster randomised trial to evaluate the effectiveness and cost-effectiveness of screening and brief interventions for hazardous alcohol users attending emergency departments. Copyright 2009, BioMed Central.

Trippin' on Sally D: Exploring predictors of Salvia divinorum experimentation.

Miller BL; Griffin OH; Gibson CL; Khey DN. *Journal of Criminal Justice* 37(4): 396-403, 2009. (37 refs.)

Salvia divinorum is a new recreational drug where few studies have been conducted on its prevalence and predictors of use. Using a sample of undergraduate students, this study investigated these issues. While a small number reported experimenting with salvia, logistic regression models showed that demographics, marijuana use, and self-control are statistically significant predictors. The effect of gender on use was explained by low self-control; but the effect of marijuana use remained. Results also showed that White males who frequently smoke marijuana and

have extremely low self-control are most likely to use salvia. Limitations and future research are discussed. Copyright 2009, Elsevier Science.

The Intensive Treatment Unit: A brief inpatient detoxification facility demonstrating good postdetoxification treatment entry.

Carroll CP; Triplett PT; Mondimore FM. *Journal of Substance Abuse Treatment* 37(2): 111-119, 2009. (41 refs.)

Inpatient detoxification is frequently used to treat substance use disorders, despite consistent findings that drug use soon after detoxification is the norm. A number of lines of evidence suggest the most rational means of improving outcomes after detoxification is to improve postdetoxification treatment entry. This report presents outcomes from the Intensive Treatment Unit (ITU), a brief inpatient detoxification unit in Baltimore, MD, found to have good postdischarge treatment entry outcomes. The patients followed were predominantly male African Americans in early middle age who were sequentially admitted to the unit (N = 134) and demonstrated severe social disruption and psychiatric comorbidity. More than 80% of the patients discharged from the ITU were admitted to treatment postdetoxification, with most going to long-term residential settings or recovery houses. Success was associated with seeking residential treatment, and failure was concentrated among the minority discharged with no plan for aftercare and those seeking outpatient treatments. The report explores patient and process factors associated with these outcomes and discusses the possibility that the ITU may be a model system for improving outcomes postdetoxification. Copyright 2009, Elsevier Science.

Relation of caregiver alcohol use to unintentional childhood injury.

Damashek A; Williams NA; Sher K; Peterson L. *Journal of Pediatric Psychology* 34(4): 344-353, 2009. (35 refs.)

Objective: The present study used a case-crossover design to investigate the association of caregiver alco-

hol consumption and supervision to children's injury occurrence and severity. Method: A community sample of 170 mothers of toddlers was interviewed biweekly about their children's daily injuries for a period of 6 months. Results: Proximal caregiver-reported alcohol use predicted higher likelihood of injury occurrence and higher injury severity, whereas caregiver-reported supervision predicted lower likelihood of injury occurrence and lower injury severity. Conclusion: Even at low levels, proximal caregiver alcohol use may contribute to higher risk for childhood injuries and more severe injuries. The combined effect of supervision and drinking on injury likelihood warrants further exploration. Copyright 2009, Oxford University Press.

What could the program have done differently? A qualitative examination of reasons for leaving outpatient treatment.

Laudet AB; Stanick V; Sands B. *Journal of Substance Abuse Treatment* 37(2): 182-190, 2009. (69 refs.)

Attrition from treatment for substance abuse disorders is a persistent challenge that severely limits the effectiveness of services. Although a large body of research has sought to identify predictors of retention, the perspective of clients of services is rarely examined. This exploratory qualitative study presents clients' stated reasons for leaving outpatient treatment (n = 135, 54% of the sample of 250) and their views of what could have been done differently to keep them engaged in services. Obstacles to retention fell into program- and individual-level factors. Program-level barriers include dissatisfaction with the program, especially counselors; unmet social services needs; and lack of flexibility in scheduling. Individual-level barriers to retention were low problem recognition and substance use. Study limitations are noted, and the implications of findings for research and practice are discussed, emphasizing the need to understand and address clients' needs and expectations starting at intake to maximize treatment retention and the likelihood of positive outcomes. Copyright 2009, Elsevier Science.