

# Library Watch

substance use  
policy issues

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## **Alcohol and global health: Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. (review).**

Anderson P; Chisholm D; Fuhr DC. *Lancet* 373(9682): 2234-2246, 2009. (110 refs.)

This paper reviews the evidence for the effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol, in the areas of education and information, the health sector, community action, driving while under the influence of alcohol (drink-driving), availability, marketing, pricing, harm reduction, and illegally and informally produced alcohol. Systematic reviews and meta-analyses show that policies regulating the environment in which alcohol is marketed (particularly its price and availability) are effective in reducing alcohol-related harm. Enforced legislative measures to reduce drink-driving and individually directed interventions to already at-risk drinkers are also effective. However, school-based education does not reduce alcohol-related harm, although public information and education-type programmes have a role in providing information and in increasing attention and acceptance of alcohol on political and public agendas. Making alcohol more expensive and less available, and banning alcohol advertising, are highly cost-effective strategies to reduce harm. In settings with high amounts of unrecorded production and consumption, increasing the proportion of alcohol that is taxed could be a more effective pricing policy than a simple increase in tax. Copyright 2009, Elsevier Science.

## **Alcohol Education Inventory-Revised: What every mental health professional should know about alcohol.**

Dolan SL; Justus A; LaChance HR; MacKillop J; MacPherson L; McGeary J et al. *Journal of Substance Abuse Treatment* 37(1): 41-53, 2009. (9 refs.)

In 1995, Miller and C'de Baca created a 50-item measure, the Alcohol Education Inventory (AEI), to assess mental health professionals' basic knowledge of alcohol and alcohol problems. The purpose of this study was to update the AEI based on advances in the field since its publication. The AEI-Revised (AEI-R) consists of 13 of the original AEI items, 30 items that

were revised and updated, and 7 new items. The AEI-R was administered to 90 mental health trainees with percentage correct ranging from 60% (psychology postdoctoral fellows) to 70% (psychiatry residents). The percent correct is very similar to that found on the original AEI (64%-70%). Survey results suggest that alcohol-related knowledge by mental health professionals in general training is less than adequate. The AEI-R may be useful as a tool to assess basic knowledge of alcohol among mental health professionals. Copyright 2009, Elsevier Science.

## **Child protection outcomes for infants of substance-using mothers: A matched-cohort study.**

McGlade A; Ware R; Crawford M. *Pediatrics* 124(1): 285-293, 2009. (31 refs.)

**OBJECTIVE:** Parental drug use is a critical public health issue; it is estimated to be present in up to 80% of referrals to Australian child protection agencies. However, no data regarding the child protection outcomes of infants of substance-using parents exist in Australia, and no comparisons have been made with infants of non-substance-using parents. We assessed differences in substantiated abuse between 2 groups of mothers in Brisbane to quantify this risk. **METHODS:** Mothers who disclosed opiate, amphetamine, or methadone use between 2000 and 2003 were identified and compared with non-substance-using mothers who were matched for gender and gestational age. All infants were linked to the Department of Child Safety Child Protection Information System database. Child protection outcomes, such as substantiated notifications and entry into foster care, were compared between groups. **RESULTS:** We studied 119 infants of substance-using mothers and 238 matched infants. Infants of substance-using mothers were more likely to suffer substantiated harm (hazard ratio 13.3 [95% confidence interval 4.6-38.3]) and to enter foster care (hazard ratio 13.3 [95% confidence interval 5.1-34.3]). Infants of mothers using illicit drugs were more likely to suffer substantiated harm and more likely to enter foster care than infants of mothers who were compliant with a methadone program. **CONCLUSIONS:** Infants of substance-using mothers have much poorer child protection outcomes than

infants of non-substance-using mothers. This study adds substantial evidence toward a real association between maternal drug use and child abuse. Greater interagency collaboration is urgently required to reduce this risk. Copyright 2009, American Academy of Pediatrics.

**Departments of Corrections as purchasers of community-based treatment: A national study.**

Kubiak SP; Arfken CL; Gibson ES. *Journal of Substance Abuse Treatment* 36(4): 420-427, 2009

Community-based substance abuse treatment for offenders has been shown to reduce both substance use and recidivism. One strategy to ensure treatment availability for offenders is to have each state's Department of Corrections (DOC) fund treatment directly. Purchasing treatment implies regulation, but DOC as both a purchaser and regulator of community-based services has been underexamined. This national survey of administrators from the Single State Authority (SSA) and DOC in each state found DOCs purchase treatment in 35 states, with most states purchasing it directly from community-based providers utilizing a variety of funding sources. Fewer states reported DOCs purchased ancillary services than SSAs (68% vs. 81%). Although both DOCs and SSAs had workforce and program requirements, there were differences within and between states. Most (41/42) SSA administrators reported a strong relationship with DOC. This report represents the first step in describing the availability, mechanisms, and regulations of these two publicly funded community-based treatment systems. Copyright 2009, Elsevier Science.

**Diversion of buprenorphine/naloxone coformulated tablets in a region with high prescribing prevalence.**

Monte AA; Mandell T; Wilford BB; Tennyson J; Boyer EW. *Journal of Addictive Diseases* 28(3): 226-231, 2009. (25 refs.)

The purpose of this article was to characterize practices of buprenorphine/naloxone (B/N) diversion in a region with a high prescribing prevalence. A cross-sectional, open-ended survey was administered to individuals entering opioid addiction treatment programs in two New England states. The authors obtained formative information about the knowledge, attitudes, beliefs, practices, and street economy of B/N diversion. The authors interviewed 51 individuals, 49 of which were aware of B/N medication. Of that number, 100% had diverted B/N to modulate opiate withdrawal symptoms arising from attempted "self-detoxification," insufficient funds to purchase preferred illicit opioids, or inability to find a preferred

source of drugs. Thirty of 49 (61%) participants obtained the illicit drug from an individual holding a legitimate prescription for B/N. A high proportion of individuals in the study locations who sought treatment for opioid addiction self-reported the purchase and use of diverted B/N. The diversion of B/N may be minimized by modifying educational, treatment, monitoring, and dispensing practices. Copyright 2009, Haworth Press.

**Agency context and tailored training in technology transfer: A pilot evaluation of motivational interviewing training for community counselors.**

Baer JS; Wells EA; Rosengren DB; Hartzler B; Beadnell B; Dunn C et al. *Journal of Substance Abuse Treatment* 37(2): 191-202, 2009. (45 refs.)

Few empirical studies are available to guide best practices for transferring evidenced-based treatments to community substance abuse providers. To maximize the learning and maintenance of new clinical skills, this study tested a context-tailored training (CTT) model, which used standardized patient actors in role-plays tailored to agency clinical context, repetitive cycles of practice and feedback, and enhanced organizational support. This study reports the results of a randomized pilot evaluation of CTT for motivational interviewing (MI). Investigators randomly assigned community substance abuse treatment agencies to receive either CTT or a standard 2-day MI workshop. The study also evaluated the effects of counselor-level and organizational-level variables on the learning of MI. No between-condition differences were observed on the acquisition and maintenance of MI skills despite reported higher satisfaction with the more costly context-tailored model. Analyses revealed that those counselors with more formal education and less endorsement of a disease model of addiction made the greatest gains in MI skills, irrespective of training condition. Similarly, agencies whose individual counselors viewed their organization as being more open to change and less supportive of autonomy showed greater average staff gains in MI skills, again, irrespective of training method. Posttraining activities within agencies that supported the ongoing learning and implementation of MI mediated the effects of organizational openness to change. This pilot study suggests that tailored training methods may not produce better outcomes than traditional workshops for the acquisition of evidence-based practice, and that efforts to enhance skill acquisition can be focused on characteristics of learners and ongoing organizational support of learning. Copyright 2009, Elsevier Science.

### **Doing harm reduction better: Syringe exchange in the United States.**

Jarlais DC; McKnight C; Goldblatt C; Purchase D.

*Addiction* 104(9): 1441-1446, 2009. (13 refs.)

Objective: To trace the growth of syringe exchange programs (SEPs) in the United States since 1994-95 and assess the current state of SEPs. Methods: Annual surveys of US SEPs known to North American Syringe Exchange Network (NASEN). Surveys mailed to executive directors with follow-up interviews by telephone and/or e-mail. Response rates have varied between 70% and 88% since surveys were initiated in 1996. Results: The numbers of programs known to NASEN have increased from 68 in 1994-95 to 186 in 2007. Among programs participating in the survey, numbers of syringes exchanged have increased from 8.0 million per year to 29.5 million per year, total annual budgets have increased from \$6.3 to \$19.6 million and public funding (from state and local governments) has increased from \$3.9 to \$14.4 million. In 2007, 89% of programs permitted secondary exchange and 76% encouraged it. Condoms, referrals to substance abuse treatment, human immunodeficiency virus (HIV), hepatitis C virus (HCV), hepatitis B virus (HBV) counseling and testing and naloxone for overdose were among the most commonly provided services in addition to basic syringe exchange. Each of these services was provided by 40% or more of SEPs in 2007. Conclusions: While syringe exchange has remained controversial in the United States, there has been very substantial growth in numbers of programs, syringes exchange and program budgets. Utilizing secondary exchange to reach large numbers of injecting drug users and utilizing SEPs as a new platform for providing health and social services beyond basic syringe exchange have been the two major organizational strategies in the growth of SEPs in the United States. Copyright 2009, Society for the Study of Addiction to Alcohol and Other Drugs.

### **Heroin body packing: Clearly discerning drug packets using CT.**

Yang RM; Li L; Feng J; Lai SS; Lin BQ; Yu T et al.

*Southern Medical Journal* 102(5): 470-475, 2009

Background: To determine if heroin body packing has occurred using computed tomography (CT), and to evaluate the role of CT in screening such cases. Methods: We collected 158 cases of suspected drug packers' imaging materials (all underwent CT, 42 cases were imaged using plain x-ray film) from September 5, 2005 to April 23, 2008. Abdominal-pelvic CT appearances (shape, size, number, location and density) and abdominal plain x-ray film manifestations were retrospectively observed for those

who were finally confirmed as heroin body packers through the passing of evacuated drug packets. Results: Among 158 cases of suspected drug packers in our study, 124 cases were finally diagnosed as heroin body packers. This was consistent with the CT results. However, there were 2 false-negative cases of abdominal imaging taken with plain x-ray film. All of the evacuated heroin body packets were produced mechanically. CT and plain film characteristic findings included the presence of uniform shape, varied density, and well-defined round or ovoid intra-luminal foreign-body shadows arranged closely along the gastrointestinal (GI) tract and/or vagina. We also found that the "air-ring sign" and "onion sign" were valuable characteristics that were seen on the CT scan, which helped to positively confirm the detection of heroin packets. Conclusion: Heroin body packing has clearly defined diagnostic features that can be seen with CT. Furthermore, conventional abdominal-pelvic CT is the imaging modality of choice in the evaluation of suspected body packers. Copyright 2009, Lippincott, Williams and Wilcox.

### **How are addicted physicians treated? A national survey of physician health programs.**

DuPont RL; McLellan AT; Carr G; Gendel M; Skipper GE. *Journal of Substance Abuse Treatment* 37(1): 1-7, 2009. (23 refs.)

Introduction: Physicians with substance use disorders receive care that is qualitatively different from and reputedly more effective than that offered to the general population, yet there has been no national study of this distinctive approach. To learn more about the national system of Physician Health Programs (PHPs) that manage the care of addicted physicians, we surveyed all 49 state PHP medical directors (86% responded) to characterize their treatment, support, and monitoring regimens. Results: PHPs do not provide substance abuse treatment. Under authority from state licensing boards, state laws, and contractual agreements, they promote early detection, assessment, evaluation, and referral to abstinence-oriented (usually) residential treatment for 60 to 90 days. This is followed by 12-step-oriented outpatient treatment. Physicians then receive randomly scheduled urine monitoring, with status reports issued to employers, insurers, and state licensing boards for (usually) 5 or more years. Outcomes are very positive, with only 22% of physicians testing positive at any time during the 5 years and 71% still licensed and employed at the 5-year point. Conclusion: Addicted physicians receive an intensity, duration, and quality of care that is rarely available in most standard addiction treatments: (a) intensive and prolonged residential and outpatient

treatment, (b) 5 years of extended support and monitoring with significant consequences, and (c) involvement of family, colleagues, and employers in support and monitoring. Although not available to the general public now, several aspects of this continuing care model could be adapted and used for the general population. Copyright 2009, Elsevier Science.

### **Global alcohol policy and the alcohol industry.**

Anderson P. *Current Opinion in Psychiatry* 22(3): 253-257, 2009. (38 refs.)

Purpose of review: The WHO is preparing its global strategy on alcohol, and, in so doing, has been asked to consult with the alcohol industry on ways it could contribute in reducing the harm done by alcohol. This review asks which is more effective in reducing harm: the regulatory approaches that the industry does not favour; or the educational approaches that it does favour. Recent findings: The current literature overwhelmingly finds that regulatory approaches (including those that manage the price, availability, and marketing of alcohol) reduce the risk of and the experience of alcohol-related harm, whereas educational approaches (including school-based education and public education campaigns) do not, with industry-funded education actually increasing the risk of harm. Summary: The alcohol industry should not be involved in making alcohol policy. Its involvement in implementing policy should be restricted to its role as a producer, distributor, and marketer of alcohol. In particular, the alcohol industry should not be involved in educational programmes, as such involvement could actually lead to an increase in harm. Copyright 2009, Lippincott, Williams & Wilkins.

### **Immunizing against addiction: The argument for incorporating emerging anti-addiction vaccines into existing compulsory immunization statutes.**

Osburn A. *Cleveland State Law Review* 56: 159-188, 2008. (280 legal refs.)

Summary: If states can ever hope to make drug addiction as obsolete as small pox, they must preemptively attack the disease by including anti-addiction vaccinations among those required for school-aged children. ... This "human rights" test encourages states to require the following six factors be satisfied before a vaccine is incorporated into a state's compulsory vaccination statute: 1) the danger to public health must be substantial, 2) the condition must have serious consequences if transmitted, 3) the effectiveness of the vaccine in safeguarding the majority of the public against the particular malady must be well established, 4) the vaccine must be the most appropriate, least invasive, and most

conservative means of achieving the desired public health objective, 5) the individual must be provided with an appreciable benefit not dependent on speculation about hypothetical future behaviors, and 6) the burden to the individual's human rights must be balanced against, and found to be substantially outweighed by, the benefit to society in helping prevent a highly contagious disease or other potentially calamitous condition from affecting the public health. ... Because drug addiction is a legitimate medical disease with side-effects that constitute a serious public health threat, anti-addiction vaccination satisfies both prongs of Jacobson's means-ends test. ... Because risk-based compulsory vaccination requirements require inherently arbitrary enforcement, anti-addiction vaccines should be universally required for all in-coming students. ... The same methods suggested for overcoming barriers to adolescent vaccination rates can, and should, be used to incorporate antiaddiction vaccines into state-mandated immunization statutes. Copyright 2008, Cleveland State University.

### **Informing consumers about the relative health risks of different nicotine delivery products.**

Rodu B; Cole P. *Journal of Oral Pathology and Medicine* 38(7): 545-550, 2009. (26 refs.)

Background: Compared with smoking, there is much less information about smokeless tobacco (ST) use in the United States. The purpose of this study is to characterize and compare ST use among American men in 2000 and 2005. Methods: We used US National Health Interview Surveys from 2000 and 2005 to estimate the prevalence of ST use, describe the demographic and socioeconomic profile of ST users and evaluate ST use according to product type and with respect to smoking. Results: The prevalence of ST use among American men was 4.4% in 2000 and 4.3% in 2005. Almost all ST users were white, about half were 25-44 years old and 80% lived in the South or Midwest, commonly in small metropolitan and rural areas. Educational and income levels of ST users were lower than those of never users of tobacco. One-third of ST users also smoked; cigarette consumption was lower among dual users than among exclusive smokers. In 2005, 1.3 million current ST users were former smokers but 3.2 million smokers were former ST users. ST users were evenly distributed between snuff (43%) and chewing tobacco (44%) in 2000 and 13% used both products. By 2005 snuff use was clearly dominant. Conclusions: The prevalence of ST use among men is low but stable; dual use of cigarettes and ST is common, and snuff has become the dominant ST product. Copyright 2009, Wiley-Blackwell.

### **Is trivialisation of alcohol consumption a laughing matter? Alcohol incidence in a metropolitan daily newspaper's comic strips.**

Donovan RJ; Fielder L; Donovan P; Handley C. *Drug and Alcohol Review* 28(3): 257-262, 2009. (33 refs.)

**Introduction and Aims.** A number of studies have looked at the incidence and nature of depictions of alcohol in various media, primarily in movies, television and magazines. However, there have been few studies of depictions of alcohol in comic strips in newspapers. **Design and Methods.** This study analysed the content of the five comic strips in the 258 weekday editions of a metropolitan newspaper over a period of 1 year. Where alcohol was depicted, this was classified as either integral or incidental to the theme or story of that day's strip. As an indication of the nature of the depiction and in the absence of specific codes for the depiction of alcohol in comic strips, depictions were assessed against the Australian Alcoholic Beverages Advertising Code (ABAC). **Results.** Of the 1 290 individual comic strips, 4% (n = 54) depicted alcohol. Depictions were equal in number incidental and integral to the 'story'. Over half of the strips depicting alcohol were deemed to breach the ABAC, with the most common breach related to trivialisation of alcohol consumption. One strip accounted for over 60% of all depictions with the majority breaching the ABAC. **Discussion and Conclusions.** These results suggest that newspaper publishers should consider a code for depictions of alcohol (and other unhealthy or risky products/behaviours) in comics. At the very least, comics that trivialise the abuse of alcohol should be excluded under such a code. Copyright 2009, Wiley-Blackwell.

### **Mental health, substance abuse, and HIV disparities in correctional settings: Practice and policy implications for African Americans.**

Hatcher SS; Toldson IA; Godette DC; Richardson JB. *Journal of Health Care for the Poor and Underserved* 20(2, Supplement S): 6-16, 2009

Mental health challenges, substance use disorders, and HIV/AIDS disproportionately affect Black people in correctional settings. Culturally responsive practice and equitable policy is predicated upon research that explores the burden, prevalence, and mortality of these public health concerns on the health and social well-being of African Americans in the correctional setting. This paper has three sections: (1) mental health; (2) substance abuse; and (3) HIV/AIDS. Each section summarizes current treatment issues unique to correctional settings, and provides recommendations for enhancing programs and policy to meet the needs of Black people who have been arrested, detained,

incarcerated, paroled, or released. Further, we make recommendations for how interdisciplinary researchers and health care/treatment providers can engage in science-guided advocacy to address these issues and reduce related disparities experienced by people of African ancestry. Copyright 2009, Johns Hopkins University Press.

### **Research on the diffusion of evidence-based treatments within substance abuse treatment: A systematic review.** (review).

Garner BR. *Journal of Substance Abuse Treatment* 36(4): 376-399, 2009

This article provides a comprehensive review of research studies that have examined the diffusion of evidence-based treatments (EBTs) within the field of substance abuse treatment. Sixty-five research studies were identified and were grouped into one of three major classifications: attitudes toward EBTs, adoption of EBTs, and implementation of EBTs. This review suggests significant progress has been made with regard to the advancement of the fields' knowledge about attitudes toward and the extent to which specific EBTs have been adopted in practice, as well as with regard to the identification of organizational factors related to EBT adoption. In an effort to advance the substance abuse treatment field toward evidence-based diffusion practices, recommendations are made for greater use of methodologically rigorous experimental or quasi-experimental designs, psychometrically sound instruments, and integration of quantitative and qualitative data collection. Copyright 2009, Elsevier Science.

### **Scientific and political challenges in North America's first randomized controlled trial of heroin-assisted treatment for severe heroin addiction: Rationale and design of the NAOMI study.**

Oviedo-Joekes E; Nosyk B; Marsh DC; Guh D; Brissette S; Gartry C et al. *Clinical Trials* 6(3): 261-271, 2009. (64 refs.)

**Background:** Heroin addiction is a chronic relapsing disease, best treated with opioid-agonist substitution therapy such as methadone maintenance. However, a subset of the most severely affected individuals do not benefit sufficiently from this treatment. The North American Opiate Medication Initiative (NAOMI) is a randomized clinical trial (RCT) to evaluate the hypothesis that pharmaceutical-grade heroin, diacetylmorphine (DAM) is more effective in retaining patients and improving their outcomes than Methadone Maintenance Treatment (MMT) among those with chronic, refractory injection opioid

dependence. Purpose/Methods The study aimed at randomizing 253 participants to two intervention arms: (1) MMT alone or (2) injectable opioids (DAM or hydromorphone) plus adjunctive MMT if deemed appropriate. The planned study duration was 3 years, with a 1-year intake period, 1 year of treatment, and an additional year of follow-up. The NAOMI trial was initiated in March 2005 at two Canadian sites (Vancouver and Montreal). This was the first multicenter RCT in North America to compare the relative efficacy of these different therapeutic strategies. We discuss the rationale behind the NAOMI study design, as well as the scientific and political issues and methodological challenges arising from the conduct of a trial that involves the prescription of a controlled substance to individuals with dependence on that substance. Limitations: Restrictive entry criteria led to the exclusion of many otherwise eligible participants, slowing recruitment into the study. Inability to offer DAM treatment beyond 12 months led to artificial boundary effects in the trial. Conclusions Addiction treatment research navigates between science and politics, and evidence-based medicine is many times confronted by moral beliefs. Political considerations influence study design to a further degree than in RCTs treating less-stigmatized disorders with more-reputable medications. Copyright 2009, Sage Publications.

**Taking the baby before it's born: Termination of the parental rights of women who use illegal drugs while pregnant.**

Vandewalker I. *New York University Review of Law & Social Change* 32: 423-463, 2008. (210 refs.)

Summary: ... While the termination of parental rights for drug use during pregnancy by itself fails to be narrowly tailored (because the alternative of offering treatment and services would not restrict a fundamental right), offering treatment and taking the child away only if the mother refuses treatment or fails to defeat her addiction theoretically restricts the right to care and custody of children only in cases where the state must separate the family to serve its interests in fetal health or child welfare. ... It provides that mothers who give birth to babies with a controlled substance or metabolite thereof in their blood, urine, or meconium are thereby unfit parents. ... A presumption that a woman who used drugs while pregnant is an unfit parent will effect the unnecessary separation of families - that is, the separation of families in which the mother was not unfit despite a drug addiction - counter to the state's interest in maintaining fit families. ... First, since prenatal drug use does not invariably harm the fetus, laws that provide for the termination of parental rights because of the presence of drugs alone infringe upon the interests of more women than is necessary to effect the state's purpose of protecting fetal health. Copyright 2008, New York University.

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