

A prospective study of church attendance and health over the lifespan.

Koenig LB; Vaillant GE. *Health Psychology* 28(1): 117-124, 2009. (21 refs.)

Objective: The objective of the current study was to help clarify the previously ambiguous results concerning the relationship between church attendance and later physical health. Design: The current study examined the effect of church attendance on 4 different indicators of later health in a sample of inner city men followed throughout their life course. Measures of previous health status, mood, substance abuse, smoking, education, and social class were used as covariates in regression analyses predicting health at age 70 from church attendance at age 47. Main outcome measures: Health at age 70 was assessed by 4 indicator: mortality, objective physical health, subjective physical health, and subjective well-being. Results: Though church attendance was related to later physical health, this was only through indirect means, as both physical health and church attendance were associated with substance use and mood. However, findings do suggest a more direct link between church attendance and well-being. Conclusion: Indirect effects of church attendance on health were clearly observed, with alcohol use/dependence, smoking, and mood being possible mediators of the church attendance-health relationship. The effects of church attendance on more subjective ratings of health, however, may be more direct. Copyright 2009, American Psychological Association.

A quantitative review of the ubiquitous relapse curve.

Kirshenbaum AP; Olsen DM; Bickel WK. *Journal of Substance Abuse Treatment* 36(1): 8-17, 2009. (39 refs.)

The primary goal of this study is to ascertain whether relapse to drug dependence, in terms of continuous abstinence assessment, exhibits a typical pattern that can be characterized by a common quantitative function. If the relapse curve is indeed ubiquitous, then some underlying mechanism must be operating to shape the curve that transcends variables such as drug class, population, or treatment type. Survival analyses are performed on 20 alcohol and tobacco treatment

studies using the proportions of individuals remaining abstinent after a period of initial abstinence. Several parametric models of relapse are compared, and the results demonstrate that a log-logistic distribution is the most accurate reflection of the available data and the basic shape of the relapse curve is uniform. In most reports examined, the rate of relapse decelerates after initial abstinence has been achieved, and therefore, the amount of accumulated time abstinent may be the transcending variable that operates to shape the relapse curve. Copyright 2009, Elsevier Science.

A systematic review of work-place interventions for alcohol-related problems. (review).

Webb G; Shakeshaft A; Sanson-Fisher R; Havard A. *Addiction* 104(3): 365-377, 2009. (28 refs.)

The aims of this study were to (1) gauge any improvement in methodological quality of work-place interventions addressing alcohol problems; and (2) to determine which interventions most effectively reduce work-place-related alcohol problems. A literature search was undertaken of the data bases, Ovid Medline, PsychINFO, Web of Science, Scopus, HSELINE, OSHLINE and NIOSHTIC-2 for papers published between January 1995 and September 2007 (inclusive). Search terms varied, depending on the database. Papers were included for analysis if they reported on interventions conducted at work-places with the aim of reducing alcohol problems. Methodological adequacy of the studies was assessed using a method derived from the Cochrane Collaboration guidelines. Ten papers reporting on work-place alcohol interventions were located. Only four studies employed randomized controlled trials (RCT), but all these had methodological problems. Weaknesses in all studies related to representativeness of samples, consent and participation rates, blinding, post-test time-frames, contamination and reliability, and validity of measures used. All except one study reported statistically significant differences in measures such as reduced alcohol consumption, binge drinking and alcohol problems. The literature review revealed few methodologically adequate studies of work-place alcohol interventions. Study designs, types of interventions, measures employed and types of work-places varied considerably, making comparison

of results difficult. However, it appears from the evidence that brief interventions, interventions contained within health and life-style checks, psychosocial skills training and peer referral have potential to produce beneficial results. Copyright 2009, Society for the Study of Addiction to Alcohol and Other Drugs.

Age at first drink and the first incidence of adult-onset DSM-IV alcohol use disorders.

Dawson DA; Goldstein RB; Chou SP; Ruan WJ; Grant BF. *Alcoholism: Clinical and Experimental Research* 32(12): 2149-2160, 2008. (49 refs.)

Existing studies of the association between age at first drink (AFD) and the risk of alcohol use disorders (AUD) suffer from inconsistent levels of control and designs that may inflate associations by failure to control for duration of exposure to risk. This study examined associations between AFD (ages < 15 and 15-17 vs. 18+ years) and first incidence of DSM-IV alcohol dependence, abuse, and specific AUD criteria over a 3-year follow-up in a longitudinal study of U.S. drinkers 18 years of age and older at baseline (n = 22,316), controlling for duration of exposure, family history, and a wide range of baseline and childhood risk factors. After adjusting for all risk factors, the incidence of dependence was increased for AFD < 15 years (OR = 1.38) and for women only with AFD at ages 15 to 17 (OR = 1.54). The incidence of abuse was increased at AFD < 15 and 15 to 17 years (OR = 1.52 and 1.30, respectively). Most dependence criteria showed significant associations with AFD, but hazardous drinking and continued drinking despite interpersonal problems were the only abuse criteria to do so. All associations were nonsignificant after controlling for volume of consumption, except that AFD at all ages < 18 combined was associated with a reduced likelihood of impaired control, and AFD at ages 15 to 17 was associated with lower odds of drinking more/longer than intended among heavy-volume drinkers. In a population of low-risk drinkers that excluded those with positive family histories, personality disorders, and childhood risk factors, there were strong associations between early AFD (< 18) and the incidence of dependence (OR = 3.79) and continued drinking despite physical/psychological problems (OR = 2.71), but no association with incidence of abuse. There is a robust association between AFD and the risk of AUD that appears to reflect willful rather than uncontrolled heavy drinking, consistent with misuse governed by poor decision-making and/or reward-processing skills associated with impaired executive cognitive function (ECF). Additional research is needed to determine causality in

the role of impaired ECF, including longitudinal studies with samples of low-risk adolescents. Copyright 2008, Research Society on Alcoholism.

Alcoholics Anonymous attendance following 12-step treatment participation as a link between alcohol-dependent fathers' treatment involvement and their children's externalizing problems.

Andreas JB; O'Farrell TJ. *Journal of Substance Abuse Treatment* 36(1): 87-100, 2009. (55 refs.)

We investigated longitudinal associations between alcohol-dependent fathers' 12-step treatment involvement and their children's internalizing and externalizing problems (N = 125, M-age = 9.8 +/- 3.1), testing the hypotheses that fathers' greater treatment involvement would benefit later child behavior and that this effect would be mediated by fathers' posttreatment behaviors. The initial association was established between fathers' treatment involvement and children's externalizing problems only, whereas Structural Equation Modeling (SEM) results supported mediating hypotheses. Fathers' greater treatment involvement predicted children's lower externalizing problems 12 months later, and fathers' posttreatment behaviors mediated this association. Greater treatment involvement predicted greater posttreatment Alcoholics Anonymous attendance, which in turn predicted greater abstinence. Finally, fathers' abstinence was associated with lower externalizing problems in children. Theoretical and practical implications of these findings are discussed. Copyright 2009, Elsevier Science.

Breaking the habit: A retrospective analysis of desistance factors among formerly problematic heroin users.

Best DW; Ghufuran S; Day E; Ray R; Loaring J. *Drug and Alcohol Review* 27(6): 619-624, 2008. (11 refs.)

Introduction and Aims. The aim of this study was to examine heroin careers among former users to assess desistance factors and explanations for sustained abstinence. Design and Methods. The study surveyed 107 former problematic heroin users who have achieved long-term abstinence about their experiences of achieving and sustaining abstinence. The cohort was recruited opportunistically from three sources, drawing heavily on former users working in the addictions field. Results. On average, the group had heroin careers lasting for just under 10 years, punctuated by an average of 2.6 treatment episodes and 3.1 periods of abstinence, and had been heroin abstinent for an average of 10 years at the time of completing the survey. The most commonly expressed

reason for finally achieving abstinence was 'tired of the lifestyle' followed by reasons relating to psychological health. In contrast, when asked to explain how abstinence was sustained, clients quoted both social network factors (moving away from drug-using friends and support from non-using friends) and practical factors (accommodation and employment) as well as religious or spiritual factors. Treatment was not mentioned widely either in achieving or sustaining abstinence, in contrast to 12-Step, which was endorsed widely. Discussion and Conclusions. The study supports a careers perspective for examining heroin careers and indicates that, while achieving abstinence is possible for chronic opiate users, the path to sustained abstinence is complex and often reliant upon external support systems. Copyright 2008, Taylor & Francis.

Buprenorphine and methadone maintenance in jail and post-release: A randomized clinical trial.

Magura S; Lee JD; Hershberger J; Joseph H; Marsch L; Shronshire C; Rosenblum A. *Drug and Alcohol Dependence* 99(1-3): 222-230, 2009. (53 refs.)

Buprenorphine has rarely been administered as an opioid agonist maintenance therapy in a correctional setting. This study introduced buprenorphine maintenance in a large urban jail, Rikers Island in New York City. Hero in-dependent men not enrolled in community methadone treatment and sentenced to 10-90 days in jail (N=116) were voluntarily randomly assigned either to buprenorphine or methadone maintenance, the latter being the standard of care for eligible inmates at Rikers. Boprenorphine and methadone maintenance completion rates in jail were equally high, but the buprenorphine group reported for their designated post-release treatment in the community significantly more often than did the methadone group (48% vs. 14%, $p < .001$). Consistent with this result, prior to release from Rikers, buprenorphine patients stated an intention to continue treatment after release more often than did methadone patients (93% vs. 44%, $p < .001$). Buprenorphine patients were also less likely than methadone patients to withdraw voluntarily from medication while in jail (3% vs. 16%, $p < .05$). There were no post-release differences between the buprenorphine and methadone groups in self-reported relapse to illicit opioid use, self-reported re-arrests, self-reported severity of crime or re-incarceration in jail. After initiating opioid agonist treatment in jail, continuing buprenorphine maintenance in the community appears to be more acceptable to offenders than continuing methadone maintenance. Copyright 2009, Elsevier Science.

Buprenorphine tapering schedule and illicit opioid use.

Ling W; Hillhouse M; Domier C; Doraimani G; Hunter J; Thomas C et al. *Addiction* 104(2): 256-265, 2009. (33 refs.)

To compare the effects of a short or long taper schedule after buprenorphine stabilization on participant outcomes as measured by opioid-free urine tests at the end of each taper period. This multi-site study sponsored by Clinical Trials Network (CTN, a branch of the US National Institute on Drug Abuse) was conducted from 2003 to 2005 to compare two taper conditions (7 days and 28 days). Data were collected at weekly clinic visits to the end of the taper periods, and at 1-month and 3-month post-taper follow-up visits. Eleven out-patient treatment programs in 10 US cities. Non-blinded dosing with Suboxone (R) during the 1-month stabilization phase included 3 weeks of flexible dosing as determined appropriate by the study physicians. A fixed dose was required for the final week before beginning the taper phase. The percentage of participants in each taper group providing urine samples free of illicit opioids at the end of the taper and at follow-up. At the end of the taper, 44% of the 7-day taper group ($n = 255$) provided opioid-free urine specimens compared to 30% of the 28-day taper group ($n = 261$; $P = 0.0007$). There were no differences at the 1-month and 3-month follow-ups (7-day = 18% and 12%; 28-day = 18% and 13%, 1 month and 3 months, respectively). For individuals terminating buprenorphine pharmacotherapy for opioid dependence, there appears to be no advantage in prolonging the duration of taper. Copyright 2009, Society for the Study of Addiction to Alcohol and Other Drugs.

Challenging childhoods: Young people's accounts of 'getting by' in families with substance use problems.

Backett-Milburn K; Wilson S; Bancroft A; Cunningham-Burley S. *Childhood* 15(4): 461-479, 2008. (37 refs.)

Concern is increasing about children growing up in families where there are substance use problems but relatively little is known about the perspectives of the children themselves. This article reports on a qualitative study with young people who grew up in such families, exploring their accounts of their daily lives at home, school and leisure. The study focuses on the everyday interactions, practices and processes the young people felt helped them to 'get by' in their challenging childhoods, showing how the protective factors thought to promote 'resilience' were seldom in

place for them unconditionally and without associated costs. Copyright 2008, Sage Publications.

Characteristics of DSM-IV alcohol diagnostic orphans: Drinking patterns, physical illness, and negative life events.

McBride O; Adamson G; Bunting BP; McCann S. *Drug and Alcohol Dependence* 99(1-3): 272-279, 2009. (47 refs.)

Background: Interest in subthreshold psychiatric disorders has increased recently. Diagnostic orphans experience one to two criteria of alcohol dependence but do not meet the diagnostic criteria for a DSM-IV alcohol use disorder (AUD). This study investigated the impact of subthreshold alcohol symptoms on three domains: physical illness, drinking patterns, and the occurrence of negative life events. Method: Current drinkers (n = 26,946) in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) were divided into five diagnosis groups: no-AUD; one-criterion orphans (reference group), two-criterion orphans, alcohol abuse, and alcohol dependence. Exploratory factor analysis examined the factor structure of items in the Alcohol Use Disorders and Associated Disabilities Interview Schedule (AUDADIS-IV) relating to each life domains. Factors were related to the diagnosis groups and background covariates using latent variable modeling. Results: One-criterion orphans did not differ from the other groups with regards to physical illness. One- and two-criterion orphans differed significantly in relation to drinking patterns, with the latter group engaging in hazardous drinking behaviours more frequently. The dependence group were more likely to experience higher estimates of social problems compared to one-criterion orphans. One-criterion orphans were more likely than the abuse group to experience financial problems but less likely than the dependence group to experience family-related legal problems. Conclusions: Diagnostic orphans were more impaired than those with no-AUD or alcohol abuse in specific life domains; however, diagnostic orphans were significantly less impaired than those with alcohol dependence. Diagnostic orphans may be an important

group for early ease identification and intervention. Copyright 2009, Elsevier Science.

Contemporary psychotherapy research: Implications for substance misuse treatment and research. (review).

Clark JJ. *Substance Use & Misuse* 44(1): 42-61, 2009. (105 refs.)

This article provides an overview of the major findings of psychotherapy research and discusses the possible implications of these findings for substance user treatment researchers and practitioners. While the centrality of relationship for human change processes was historically understood, twentieth century research tended to see relationship and person variables as secondary to operationalized mechanisms of action unique to particular psychotherapies. Interestingly, recent meta-analytic investigations have uncovered the weakness of randomized controlled trials (RCT) comparison investigations that have, until recently, represented the gold standard for the field. There has been a resurgent interest in the common factors that appear to be important across many effective psychotherapies. In addition, psychiatric anthropologists have contributed important information about the problems of client noncompliance with mental health treatment that parallel quantitative investigations. Substance misuse researchers have also found that client characteristics, especially clients' readiness to engage treatment, are important to investigate. The importance of the therapeutic alliance and the characteristics of clients and clinicians have become central areas for study, rather than variables to be controlled or excluded. Emphasis on these factors may represent the future for research in psychotherapy and substance user treatment, especially if researchers and community practitioners can join together to overcome methodological feasibility and dissemination problems that plague effectiveness research. However, the continued attractiveness of comparative studies and treatment efficacy studies may represent longstanding epistemological assumptions and responses to economic incentives that will be difficult to challenge. Copyright 2009, Taylor & Francis.