

# Library Watch

substance use  
policy issues

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## **A field study of bar-sponsored drink specials and their associations with patron intoxication.**

Thombs DL; O'Mara R; Dodd VJ; Hou W; Merves ML; Weiler RM et al. *Journal of Studies on Alcohol and Drugs* 70(2): 206-214, 2009. (25 refs.)

Objective: The study examined associations between bar-sponsored drink specials and alcohol intoxication at the patron level. Method: Data were collected in a college bar district located in a large campus community in the southeastern United States. Random and self-selected samples of patrons were interviewed after exiting college bars at night on four different nights (N = 383). Anonymous interview and questionnaire data were collected as well as breath alcohol concentration (BrAC) readings. Results: Significant gender differences existed in patron drinking practices. Women were more likely to take advantage of drink specials, whereas men reported greater alcohol expenditures, consumed more drinks, and drank for longer periods of time. Gender differences in BrAC were very small and not meaningful. Patrons who did not take advantage of drink specials reported consuming more drinks before bar entry than patrons who did participate in these promotions. Participation in "all-you-can-drink" promotions was significantly associated with higher BrAC readings after adjusting for covariates and random effects attributable to drinking establishment. Other drink specials did not have significant associations with alcohol intoxication. Conclusions: The all-you-can-drink special may be the specific discounting practice with the greatest potential for boosting patron intoxication and thus may need to be a stronger focus of alcohol-control policies aimed at improving the beverage service of drinking establishments. Copyright 2009, Alcohol Research Documentation Center.

## **A new minimum legal drinking age (MLDA)? Some findings to inform the debate.**

Martinez JA; Garcia MAM; Sher KJ. *Addictive Behaviors* 34(4): 407-410, 2009. (13 refs.)

Despite support that the minimum legal drinking age (MLDA) of 21 is an important public health provision in the United States, a group of college presidents are petitioning for the MLDA to be lowered. To inform

this debate, we examined whether heavy and risky drinking was associated with a stance to lower the MLDA in 865 college students under the age of 21. Results showed that, in comparison to other students, heavy/risky drinkers more often had a stance to lower the MLDA. Thus, for students, the MLDA debate seems to be less a philosophical issue about prohibition and harm reduction, and appears to be more a political stance that reflects students' concurrent behaviors. We discuss how drinking and MLDA laws in Europe might compare with the United States, and how future policy work might benefit from empirical and cross-cultural study. Copyright 2009, Elsevier Science.

## **Alcohol consumption, alcohol outlets, and the risk of being assaulted with a gun. (review).**

Branas CC; Elliott MR; Richmond TS; Culhane DP; Wiebe DJ. *Alcoholism: Clinical and Experimental Research* 33(5): 906-915, 2009. (102 refs.)

We conducted a population-based case-control study to better delineate the relationship between individual alcohol consumption, alcohol outlets in the surrounding environment, and being assaulted with a gun. An incidence density sampled case-control study was conducted in the entire city of Philadelphia from 2003 to 2006. We enrolled 677 cases that had been shot in an assault and 684 population-based controls. The relationships between 2 independent variables of interest, alcohol consumption and alcohol outlet availability, and the outcome of being assaulted with a gun were analyzed. Conditional logistic regression was used to adjust for numerous confounding variables. After adjustment, heavy drinkers were 2.67 times as likely to be shot in an assault when compared with nondrinkers ( $p < 0.10$ ) while light drinkers were not at significantly greater risk of being shot in an assault when compared with nondrinkers. Regression-adjusted analyses also demonstrated that being in an area of high off-premise alcohol outlet availability significantly increased the risk of being shot in an assault by 2.00 times ( $p < 0.05$ ). Being in an area of high on-premise alcohol outlet availability did not significantly change this risk. Heavy drinkers in areas of high off-premise alcohol outlet availability were 9.34 times ( $p < 0.05$ ) as likely to be shot in an assault.

This study finds that the gun assault risk to individuals who are near off-premise alcohol outlets is about the same as or statistically greater than the risk they incur from heavy drinking. The combination of heavy drinking and being near off-premise outlets resulted in greater risk than either factor alone. By comparison, light drinking and being near on-premise alcohol outlets were not associated with increased risks for gun assault. Cities should consider addressing alcohol-related factors, especially off-premise outlets, as highly modifiable and politically feasible approaches to reducing gun violence. Copyright 2009, Research Society on Alcoholism.

#### **Alcohol messages in prime-time television series.**

Russell CA; Russell DW. *Journal of Consumer Affairs* 43(1): 108-128, 2009. (78 refs.)

Alcohol messages contained in television programming serve as sources of information about drinking. To better understand the ways embedded messages about alcohol are communicated, it is crucial to objectively monitor and analyze television alcohol depictions. This article presents a content analysis of an eight-week sample of eighteen prime-time programs. Alcohol messages were coded based on modalities of presentation, level of plot connection, and valence. The analysis reveals that mixed messages about alcohol often coexist but the ways in which they are presented differ: whereas negative messages are tied to the plot and communicated verbally, positive messages are associated with subtle visual portrayals. Copyright 2009, Wiley-Blackwell Publishing.

#### **Can cocaine use be evaluated through analysis of wastewater? A nation-wide approach conducted in Belgium.**

van Nuijs ALN; Pecceu B; Theunis L; Dubois N; Charlier C; Jorens PG et al. *Addiction* 104(5): 734-741, 2009. (28 refs.)

Aims: Cocaine is the second most-used illicit drug world-wide and its consumption is increasing significantly, especially in western Europe. Until now, the annual prevalence has been estimated indirectly by means of interviews. A recently introduced and direct nation-wide approach based on measurements of the major urinary excreted metabolite of cocaine, benzoylecgonine, in wastewater is proposed. Design Wastewater samples from 41 wastewater treatment plants (WWTPs) in Belgium, covering approximately 3 700 000 residents, were collected. Each WWTP was sampled on Wednesdays and Sundays during two sampling campaigns in 2007-08. Samples were analysed for cocaine (COC) and its metabolites, benzoylecgonine (BE) and ecgonine methylester (EME) by a validated procedure based on liquid

chromatography coupled with tandem mass spectrometry. Concentrations of BE were used to calculate cocaine consumption (g/day per 1000 inhabitants) for each WWTP region and for both sampling campaigns (g/year per 1000 inhabitants). Findings Weekend days showed significantly higher cocaine consumption compared with weekdays. The highest cocaine consumption was observed for WWTPs receiving wastewater from large cities, such as Antwerp, Brussels and Charleroi. Results were extrapolated for the total Belgian population and an estimation of a yearly prevalence of cocaine use was made based on various assumptions. An amount of 1.88 tonnes (t) per year [standard error (SE)0.05 t] cocaine is consumed in Belgium, corresponding to a yearly prevalence of 0.80% (SE 0.02%) for the Belgian population aged 15-64 years. This result is in agreement with an earlier reported estimate of the Belgian prevalence of cocaine use conducted through socio-epidemiological studies (0.9% for people aged 15-64 years). Conclusions Wastewater analysis is a promising tool to evaluate cocaine consumption at both local and national scale. This rapid and direct estimation of the prevalence of cocaine use in Belgium corresponds with socioepidemiological data. However, the strategy needs to be refined further to allow a more exact calculation of cocaine consumption from concentrations of BE in wastewater. Copyright 2009, Society for the Study of Addiction to Alcohol and Other Drugs.

#### **Factors affecting willingness to provide buprenorphine treatment.**

Netherland J; Botsko M; Egan JE; Saxon AJ; Cunningham CO; Finkelstein R et al. *Journal of Substance Abuse Treatment* 36(3): 244-251, 2009. (47 refs.)

Buprenorphine is an effective long-term opioid agonist treatment. As the only pharmacological treatment for opioid dependence readily available in office-based settings, buprenorphine may facilitate a historic shift in addiction treatment from treatment facilities to general medical practices. Although many patients have benefited from the availability of buprenorphine in the United States, almost half of current prescribers are addiction specialists suggesting that buprenorphine treatment has not yet fully penetrated general practice settings. We examined factors affecting willingness to offer buprenorphine treatment among physicians with different levels of prescribing experience. Based on their prescribing practices, physicians were classified as experienced, novice, or as a nonprescriber and asked to assess the extent to which a list of factors impacted their prescription of buprenorphine. Several factors affected willingness to prescribe buprenorphine

for all physicians: staff training; access to counseling and alternate treatment; visit time; buprenorphine availability; and pain medications concerns. Compared with other physicians, experienced prescribers were less concerned about induction logistics and access to expert consultation, clinical guidelines, and mental health services. They were more concerned with reimbursement. These data provide important insight into physician concerns about buprenorphine and have implications for practice, education, and policy change that may effectively support widespread adoption of buprenorphine. Copyright 2009, Elsevier Science.

**Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems.**

Larimer ME; Malone DK; Garner MD; Atkins DC; Burlingham B; Lonczak HS et al. *Journal of the American Medical Association* 301(13): 1349-1357, 2009. (38 refs.)

Context: Chronically homeless individuals with severe alcohol problems often have multiple medical and psychiatric problems and use costly health and criminal justice services at high rates. Objective To evaluate association of a "Housing First" intervention for chronically homeless individuals with severe alcohol problems with health care use and costs. Design, Setting, and Participants: Quasi-experimental design comparing 95 housed participants (with drinking permitted) with 39 wait-list control participants enrolled between November 2005 and March 2007 in Seattle, Washington. Main Outcome Measures: Use and cost of services (jail bookings, days incarcerated, shelter and sobering center use, hospital-based medical services, publicly funded alcohol and drug detoxification and treatment, emergency medical services, and Medicaid-funded services) for Housing First participants relative to wait-list controls. Results: Housing First participants had total costs of \$8 175 922 in the year prior to the study, or median costs of \$4066 per person per month (interquartile range [IQR], \$2067-\$8264). Median monthly costs decreased to \$1492 (IQR, \$337-\$5709) and \$958 (IQR, \$98-\$3200) after 6 and 12 months in housing, respectively. Poisson generalized estimating equation regressions using propensity score adjustments showed total cost rate reduction of 53% for housed participants relative to wait-list controls (rate ratio, 0.47; 95% confidence interval, 0.25-0.88) over the first 6 months. Total cost offsets for Housing First participants relative to controls averaged \$2449 per person per month after accounting for housing program costs. Conclusions: In this population of chronically homeless individuals with high service use

and costs, a Housing First program was associated with a relative decrease in costs after 6 months. These benefits increased to the extent that participants were retained in housing longer. Copyright 2009, American Medical Association.

**Increasing prevalence of neonatal withdrawal syndrome: Population study of maternal factors and child protection involvement.**

O'Donnell M; Nassar N; Leonard H; Hagan R; Mathews R; Patterson Y et al. *Pediatrics* 123(4): E614-E621, 2009. (28 refs.)

OBJECTIVES. Illicit drug use during pregnancy is an important public health issue, with adverse effects on the newborn and implications for subsequent parenting. The aim of this study was to measure the birth prevalence of neonatal withdrawal syndrome over time, associated maternal characteristics and child protection involvement. METHODS. This is a retrospective cohort study that used linked health and child protection databases for all live births in Western Australia from 1980 to 2005. Maternal characteristics and mental health- and assault-related medical history were assessed by using logistic regression models. RESULTS. The birth prevalence of neonatal withdrawal syndrome increased from 0.97 to a high of 42.2 per 10 000 live births, plateauing after 2002. Mothers with a previous mental health admission, low skill level, Aboriginal status or who smoked during pregnancy were significantly more likely to have an infant with neonatal withdrawal syndrome. These infants were at greater risk for having a substantiated child maltreatment allegation and entering foster care. Increased risk for maltreatment was associated with mothers who were aged <30 years, were from socially disadvantaged backgrounds, Aboriginal status, and had a mental health- or assault-related admission. CONCLUSIONS. There has been a marked increase in neonatal withdrawal syndrome in the past 25 years. Specific maternal characteristics identified should facilitate planning for early identification and intervention for these women. Findings demonstrate an important pathway into child maltreatment and highlight the need for well-supported programs for women who use illicit drugs during pregnancy as well as the support after birth. Copyright 2009, American Academy of Pediatrics.

**Prescription drug misuse: Is technology friend or foe?**

Nielsen S; Barratt MJ. *Drug and Alcohol Review* 28(1): 81-86, 2009. (54 refs.)

Introduction and Aims. Prescription drug misuse and related harms have been increasing considerably over the past decade. At the same time, there has also been

rapid growth in the use of online and Internet technologies. Thus, it is important that we understand the role online and Internet technologies play in prescription drug misuse. Design and Methods. Published work addressing the role of technology in prescription drug misuse is explored. Topics include: Internet supply, online monitoring of prescription drug use trends and electronic prescription monitoring. Results. Little is known about the prevalence of acquiring prescription drugs from online pharmacies. Prescription drugs are easily accessible through vendor websites, and 'rogue' no-prescription websites have proven difficult to control. There has so far been limited application of real-time monitoring to prevent overuse of prescription medications. Online monitoring of drug use trends may also prove to be a useful and timely source of information about new methods of 'off-label' prescription drug use. Discussion and Conclusions. Technology has the potential to play a more prominent role in facilitating drug acquisition, while also enhancing the monitoring and prevention of prescription drug misuse. As technology becomes more ubiquitous in everyday life, the continued investigation of its relationship with prescription drug misuse becomes even more important. Copyright 2009, Taylor & Francis.

**Should alcohol policies aim to reduce total alcohol consumption? New analyses of Canadian drinking patterns.**

Stockwell T; Zhao JH; Thomas G. *Addiction Research & Theory* 17(2): 135-151, 2009. (43 refs.)

We investigated whether high-risk drinking patterns are restricted to a few high-volume drinkers or are evenly distributed across the population to inform discussion regarding the optimal mix of targeted versus universal prevention strategies. Drinking patterns reported in the 2004 Canadian Addiction Survey (CAS, n = 13,909) were assessed against various low-risk drinking guidelines. Under-reporting was assessed against known alcohol sales for 2004. Non-response bias due to the low response rate (47%) was investigated through comparisons with the 2002 Canadian Community Health Survey (CCHS). Self-reported alcohol consumption for the past week and past year accounted for between 31.9% and 37.0%, respectively of official alcohol sales data. Comparisons with the 2002 CCHS suggested only limited non-response bias. Many more respondents regularly placed themselves at risk of short-term harm (20.6%) than exceeded guidelines for avoiding long-term health problems (3.9%). Ten percent of

respondents consumed more than 50% of total self-reported consumption. Most alcohol (73.4%) consumed by the sample in the previous week was drunk in excess of Canadian low-risk drinking guidelines - for 19 to 24 year olds this figure was 89.4%. These data provide support both for universal prevention strategies (e.g. reducing economic and physical availability of alcohol) as well as targeted interventions for risky drinkers (e.g. screening and brief interventions in primary health care settings). Copyright 2009, Taylor & Francis.

**The neurocognitive enhancement of surgeons: An ethical perspective. (review).**

Warren OJ; Leff DR; Athanasiou T; Kennard C; Darzi A. *Journal of Surgical Research* 152(1): 167-172, 2009. (47 refs.)

Neurocognitive enhancement is a rapidly expanding scientific field. The vast ethical implications of this developing field for surgical practice have yet to be considered within the literature. This article outlines the reasons surgeons may, in the near future, consider using neurocognitive enhancement and addresses the resulting significant ethical implications of this. We do not seek to support or denounce the potential role of neurocognitive enhancement in surgeons, but to stimulate a debate, which, with ever-increasing levels of stimulant use in schools and colleges, and with a pharmaceutical industry driving the creation of new neuroactive products, has now become a necessity. Copyright 2009, Academic Press

**Crime trends and the effect of mandated drug treatment: Evidence from California's Substance Abuse and Crime Prevention Act.**

Worrall JL; Hiromoto S; Merritt N; Du D; Jacobson JO; Iguchi MY. *Journal of Criminal Justice* 37(2): 109-113, 2009. (20 refs.)

The Substance Abuse and Crime Prevention Act (SACPA), implemented statewide in California in July 2001, mandates drug treatment rather than incarceration for certain nonviolent drug offenders. Critics of the legislation suggest that crime increased as a result of the legislation, but researchers have largely ignored this issue. Utilizing time series methodology applied across several independent data sets from Orange County, California, the effects of SACPA on crime were assessed. Results indicate that significant increases in commercial burglaries and paraphernalia arrests may have been attributed to SACPA, but the overall pattern does not support a conclusion that crime increased markedly. Copyright 2009, Elsevier Science.