

12-step participation among dually-diagnosed individuals: A review of individual and contextual factors. (review).

Aase DM; Jason LA; Robinson WL. *Clinical Psychology Review* 28(7): 1235-1248, 2008. (75 refs.)

The frequent co-occurrence of substance abuse disorders along with psychiatric disorders creates a number of complexities and needs in terms of long-term treatment for individuals. 12-step groups might provide unique mechanisms by which dually-diagnosed individuals can maintain their abstinence and improve their psychological functioning. This paper reviews the literature on outpatient community 12-step participation among dually-diagnosed individuals, and also focuses on individual factors that may interact with treatment: homelessness, legal status, and ethnicity. A total of 59 articles was included in the review, with an emphasis on these individual factors and findings regarding mechanisms of action. Overall, findings from the studies reviewed suggest a general benefit of 12-step participation across these individual factors and some potential for dual-focus 12-step programs for dually-diagnosed individuals via social support and self-efficacy. However, methodological limitations and lack of research in the area of ethnicity limited some of the conclusions that can be made. Suggestions for further research are discussed. Copyright 2008, Elsevier Science.

A systematic review of recent literature on religiosity and substance use. (review).

Chitwood DD; Weiss ML; Leukefeld CG. *Journal of Drug Issues* 38(3): 653-688, 2008. (128 refs.)

This paper contains a systematic review of articles about the relationship between religiosity/spirituality and alcohol and drug use that were published between 1997 and 2006. Summaries of methodological characteristics (e.g., study design, sample size and composition, specific dimensions of religiosity, and substances investigated) and general findings of 105 studies provide an overview of the field. The association between religiosity/spirituality and reduced risk of substance use is well established, but a well defined body of knowledge on this relationship has been slow to emerge. The development of more sophisticated instrumentation to measure religiosity and spirituality, the investigation of samples that include users of major drugs of abuse, and the

integration of the study of religion and drug use into the broader literature on religion and health can help the field build upon the considerable work that has been published. Copyright 2008, Journal of Drug Issues, Inc.

Approaches to methadone treatment: Harm reduction in theory and practice.

Jarvinen M. *Sociology of Health & Illness* 30(7): 975-991, 2008. (29 refs.)

The paper analyses methadone treatment in Copenhagen - as it is described by methadone users and staff at different outpatient centres. The starting point is a theoretical model distinguishing between two different approaches to methadone treatment: 'palliative' and 'curative'. Included in the model are three dimensions (1) treatment goals at the methadone centres (abstinence vs. stabilisation) (2) treatment focus (focus on addiction vs. focus on the consequences of addiction) and (3) conceptualisation of methadone (methadone as similar to or different from heroin). The paper shows that there is a discrepancy between the attitudes of the staff and those of the users. While the staff favour an almost clear-cut palliative approach to methadone treatment, defining curative goals as both unrealistic and as belonging to the past, the users prefer an approach that does not exclude the goal of abstinence and does not focus on the consequences of drug use alone but also on their problematic relationship to drugs (legal as well as illegal). Furthermore, the users' attitudes towards methadone are far more ambivalent than the staff's. For the users, methadone is not just medicine; it is also a dependence-producing and 'dangerous' drug. Copyright 2008, Blackwell Publishing.

Cues that signal the alcohol content of a beverage and their effectiveness at altering drinking rates in young social drinkers.

Higgs S; Stafford LD; Attwood AS; Walker SC; Terry P. *Alcohol and Alcoholism* 43(6): 630-635, 2008. (13 refs.)

Aims: The aim of this study was to assess the impact of cues that signal the alcoholic strength of a beverage on drinking rate in young social drinkers. Methods: In Experiment 1, two groups of young social drinkers (n = 20 per group) consumed a lager-based drink containing either 3% or 7% alcohol-by-volume. The pattern of drinking behaviour was observed, and

drinking time was recorded. Self-reported mood was measured across the session, and participants also provided ratings of the drinks' sensory and hedonic properties. Experiment 2 replicated Experiment 1, but used a within-subjects design ($n = 12$). Results: In both experiments, participants took significantly longer to consume the 7% drink compared with the 3% drink, and the total inter-sip interval was longer for the 7% drink. These effects were most closely related to the participants' changing estimates of alcohol strength across the test session, alongside concomitant changes in various aspects of self-reported mood. Sensory and hedonic evaluations of the drinks did not affect drinking behaviour in either experiment. Conclusions: The findings suggest that the consumption rate of an alcoholic beverage can be modulated by its alcohol content, and that the perceived pharmacological effect of the alcohol serves as an effective signal to alter drinking behaviour. Copyright 2008, Oxford University Press.

Mindfulness meditation for alcohol relapse prevention: A feasibility pilot study.

Zgierska A; Rabago D; Zuelsdroff M; Coe C; Miller M; Fleming M. *Journal of Addiction Medicine* 2(3): 165-173, 2008. (44 refs.)

Objectives: Meditation is a promising treatment for alcohol dependence. This 16-week prospective case series was designed to gather preliminary data about the efficacy of meditation for relapse prevention and to evaluate study methods feasibility. Methods: Nineteen adult alcohol-dependent graduates of an intensive Outpatient program were enrolled, Fifteen Subjects Completed the 8-week meditation Course supplemented by at-home meditation and "standard of care" therapy. Outcome measures included surveys and 2 stress-responsive biomarkers. Results: Subjects ($N = 19$, 38.4 standard deviation [SD] = 8.6year-old) were abstinent for 30.9 (SD = 22.2) clays at enrollment. Completers ($N = 15$) attended 82% of meditation Course sessions and meditated on average 4.6 (SD = 1.1) clays per week; they were abstinent on 94.5% (SD = 7.4) of study days, with 47% reporting complete abstinence and 47% reporting 1 or more heavy drinking days. Their severity of depression, anxiety, stress ($P < 0.05$), and craving ($P < 0.08$), documented relapse triggers, decreased, and the degree of mindfulness increased ($P < 0.05$). The meditation course was rated as a "very important" (8.7/10, SD = 1.8) and "useful relapse prevention tool" (8.5/10, SD = 2.1); participants reported being "very likely" to continue meditating (9.0/10, SD = 1.5). "Gaining skills to reduce stress," "coping with craving," and "good

group support" were the most common qualitative comments about the course value. Compared with baseline, at 16 weeks, interleukin-6 levels decreased ($N = 12$, $P = 0.05$); cortisol levels ($N = 10$) were reduced but not Significantly. There were no adverse events or side effects. Conclusions: Meditation may be an effective adjunctive therapy for relapse prevention in alcohol dependence, worthy of investigation in a larger trial. The study methods are appropriate for such a trial. Copyright 2008, Lippincott, Williams & Wilkins.

The Native American healing experience.

Coyhis D; Simonelli R. *Substance Use & Misuse* 43(12-13): 1927-1949, 2008. (35 refs.)

Recovery from addiction to alcohol and other drugs is taking place with the assistance of culture-specific methods in American Indian and Alaska Native communities in North America. These communities utilize many of the recovery approaches that make up today's best practices, but they also use their own cultural and ethnic strengths as an important part of their addictions recovery. The Wellbriety Movement among Native people is one such expression of culture-specific healing for North Americans having the heritage of indigenous peoples. The rallying call, Our culture is prevention, expresses an approach unique in addictions recovery processes anywhere. Copyright 2008, Taylor & Francis.

The influence of physical activity on alcohol consumption among heavy drinkers participating in an alcohol treatment intervention.

Kendzor DE; Dubberta PM; Olivier J; Businelle MS; Grothe KB. *Addictive Behaviors* 33(10): 1337-1343, 2008. (28 refs.)

Researchers have hypothesized that physical activity may be beneficial for individuals attempting to reduce their alcohol consumption, although few studies have actually tested this relationship. The purpose of the present study was to describe the physical activity of 620 male veterans enrolled in a treatment intervention study for heavy drinkers, and to determine whether greater involvement in physical activity was associated with greater reductions in alcohol consumption. Participants endorsed moderate physical activity at the baseline visit (median = 1.65 kcal/kg/day expended from physical activity), although physical activity declined over time, $p=0.11$. The most frequently endorsed activities included walking, gardening/yardwork, calisthenics, biking, swimming, weight lifting, golfing, and dancing. Regression analyses revealed no significant relationships between energy expenditure from physical activity and

reductions in alcohol consumption at the six- and 12-month visits. Findings suggest that engaging in physical activity does not enhance treatment outcomes within interventions that do not specifically aim to increase physical activity. However, commonly endorsed activities may be easily incorporated into interventions in which physical activity is a desired component. Copyright 2008, Elsevier Science.

Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States.

McLellan AT; Skipper GS; Campbell M; DuPont RL. *British Medical Journal* 337(e-article a2038), 2008. (16 refs.)

Objective: To evaluate the effectiveness of US state physician health programmes in treating physicians with substance use disorders. Design: Five year, longitudinal, cohort study. Setting: Purposive sample of 16 state physician health programmes in the United States. Participants: 904 physicians consecutively admitted to one of the 16 programmes from September 1995 to September 2001. Main outcome measures: Completion of the programme, continued alcohol and drug misuse (regular urine tests), and occupational status at five years. Results: 155 of 802 physicians (19.3%) with known outcomes failed the programme, usually early during treatment. Of the 647 (80.7%) who completed treatment and resumed practice under supervision and monitoring, alcohol or drug misuse was detected by urine testing in 126 (19%) over five years; 33 (26%) of these had a repeat positive test result. At five year follow-up, 631 (78.7%) physicians were licensed and working, 87 (10.8%) had their licences revoked, 28 (3.5%) had retired, 30 (3.7%) had died, and 26 (3.2%) had unknown status. Conclusion: About three quarters of US physicians with substance use disorders managed in this subset of physician health programmes had favourable outcomes at five years. Such programmes seem to provide an appropriate combination of treatment, support, and sanctions to manage addiction among physicians effectively. Copyright 2008, BMJ Publishing Group.

Trends in prescription drug abuse and dependence, co-occurrence with other substance use disorders, and treatment utilization: Results from two national surveys.

McCabe SE; Cranford JA; West BT. *Addictive Behaviors* 33(10): 1297-1305, 2008. (33 refs.)

Objectives: This study examined trends in prescription drug abuse and dependence (sedatives, tranquilizers,

opioids, and stimulants), co-occurrence with other substance use disorders and substance abuse treatment utilization among those with diagnoses of prescription drug abuse and dependence in two large, nationally representative, independent samples of adults in the United States in 1991-1992 and 2001-2002. Methods: Two nationally representative cross-sectional samples of civilian non-institutionalized adults 18 years or older in the United States, of which 52% were women. Data were collected from structured diagnostic interviews using the NIAAA Alcohol Use Disorder and Associated Disabilities interview Schedule: Diagnostic and Statistical Manual version IV (DSM-IV). National prevalence estimates were derived from the 1991-1992 National Longitudinal Alcohol Epidemiologic Survey (n = 42,862) and the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (n = 43,093). Results: The past-year prevalence of prescription sedative abuse, sedative dependence, opioid abuse, and opioid dependence increased from 1991-1992 to 2001-2002. The majority of individuals with past-year sedative (56.8%), tranquilizer (89.0%), stimulant (67.9%) and opioid (74.2%) use disorders also met DSM-IV criteria for an additional past-year substance use disorder. The co-occurrence of several forms of prescription drug use disorders and other substance use disorders increased from 1991-1992 to 2001-2002. A minority of individuals with past-year prescription drug abuse and approximately one-half of those with past-year prescription drug dependence utilized substance abuse treatment. Conclusions: The findings reinforce the importance of continued national monitoring based on the increases in prescription drug abuse and dependence, high co-occurrence with other substance use disorders, and underutilization of substance abuse treatment services. Copyright 2008, Elsevier Science.

Characteristics of first-time alcohol treatment seekers: The COMBINE Study.

LoCastro JS; Potter JS; Donovan DM; Couper D; Pope KW. *Journal of Studies on Alcohol and Drugs* 69(6): 885-895, 2008. (52 refs.)

Objective: The current study compared alcoholics who entered treatment for the first time with those who had reported one or more prior treatment experiences using a large sample (N = 1,362) of alcoholics who entered the National Institute on Alcohol Abuse and Alcoholism-sponsored COMBINE (Combining Medications and Behavioral Interventions) Study of pharmacological and behavioral treatment efficacy. Method: Participants were categorized into three prior-

treatment groups: (1) treatment naive (n = 691, 50.73%), (2) one to two prior treatments (n = 380, 27.90%), or (3) three or more prior treatments (n = 291, 21.37%). Groups were compared at baseline on multiple drinking and psychosocial variables. Results: The treatment-naive group was more likely to be female, educated, married, and employed. They reported the lowest levels of drinks per drinking day, average drinks per day, alcohol dependence, craving, and alcohol-related consequences; but, they had the oldest age at onset of alcohol problems. Both the treatment-naive group and the one-to-two prior-treatment group had lower percentage days abstinent within the prior 30 days, compared with the three-or-more group (22% and 25% vs 32%, respectively). The treatment-naive group reported the least commitment to an abstinence goal (43% vs 70% and 80%, respectively) and the lowest mean number of Alcoholics Anonymous meetings attended (0.86 vs 3.10 vs 6.91, respectively). They also reported fewer psychological symptoms, less distress, and higher levels of quality of life on physical, emotional, and environmental domains, as well as social relationships. Conclusions: Results suggest that a greater understanding of treatment-naive versus treatment-experienced clients may provide a better profile of help-seeking behavior and may suggest different approaches to treatment. Copyright 2008, Alcohol Research Documentation.

Differential responses to cannabis potency: A typology of users based on self-reported consumption behaviour.

Korf DJ; Benschop A; Wouters M. *International Journal of Drug Policy* 18(3): 168-176, 2007. (35 refs.)

Aims: To determine whether a classification of cannabis users into different types can help to clarify the relationship between cannabis potency and consumption behaviour, harmful physical effects and psychological dependency. Methods: A field sample of 388 respondents was recruited who had smoked cannabis at least once in the past month. They were contacted and interviewed in 28 cannabis coffeeshops located in five Dutch cities. Data were collected with an assisted self-completion questionnaire. Cluster analysis was performed using the k-means method. Findings: Various ways were observed in which cannabis users in natural settings adjusted their intake

to the potency of the drug. Cluster analysis identified three broad types of cannabis users. The strongest high type was the youngest, consumed the highest monthly dose, inhaled higher-potency cannabis more deeply, and scored highest on psychological cannabis dependency. The consistent high type preferred milder cannabis, consumed the lowest monthly dose, and compensated for stronger cannabis by inhaling less deeply and smoking less. The steady quantity type was the oldest, usually smoked alone, consumed an intermediate monthly dose, and did not tend to adjust the depth of inhalation to the potency of the cannabis. The results suggest that this typology might also reflect three successive stages in the careers of continuing cannabis users. Conclusions: Laboratory studies to assess the effects of higher THC concentrations on external and internal exposure to cannabis should allow for the possibility that the types of users studied can affect the results. Copyright 2007, Elsevier Science.

Clinical course of alcohol dependence in African Americans.

Scott DM; Williams CD; Cain GE; Kwagyan J; Kalu N; Ehlers CL et al. *Journal of Addictive Diseases* 27(4): 43-50, 2008. (19 refs.)

Objective: The sequence and progression of alcohol related life events were investigated in a sample of African Americans and compared with findings from a predominantly Caucasian sample. Methods: Alcohol dependent participants were recruited from treatment facilities. Participants completed the Semi-Structured Assessment for the Genetics of Alcoholism to assess the physical, psychological and social manifestations of alcoholism and related disorders. Results: The sequence and mean age of appearance of alcohol-related life events were similar for this sample of African-American men and women. While there were similarities in the progression of alcohol related life problems between the African American and the Caucasian samples, the frequency of symptom endorsement for most problems was significantly higher in the Caucasian sample. Conclusions: Identifying ethnic differences in the clinical course of alcohol dependence may be of importance in developing treatment plans and assist in the development of culturally sensitive intervention and prevention programs. Copyright 2008, Haworth Press