

Library Watch

substance use
policy issues

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Acceptability of a safer injection facility among injection drug users in San Francisco.

Kral AH; Wenger L; Carpenter L; Wood E; Kerr T; Bourgois P. *Drug and Alcohol Dependence* 110(1-2): 160-163, 2010. (37 refs.)

Objective: Research has shown that safer injection facilities (SIFs) are successful at reducing public nuisance and enhancing public health. Since 2007 support for implementation of a SIF in San Francisco has been building. The objective of this study is to assess the acceptability of a SIF among injection drug users (IDUs) in San Francisco. Methods: IDUs were recruited in San Francisco using targeted sampling and interviewed using a quantitative survey (N = 602). We assessed the prevalence of willingness to use a SIF as well as correlates of willingness among this group. Results: Eighty-five percent of IDUs reported that they would use a SIF, three quarters of whom would use it at least 3 days per week. In multivariate analysis, having injected in public and having injected speedballs were associated with intent to use a SIF. The majority of IDUs reported acceptability of many potential rules and regulations of a pilot SIF, except video surveillance, and being required to show identification. Conclusions: Building on the success of SIFs in various international settings, IDUs in San Francisco appear interested in using a SIF should one be implemented. Copyright 2010, Elsevier Science.

Diversity management in substance abuse organizations: Improving the relationship between the organization and its workforce.

Mallow A. *Administration in Social Work* 34(3): 275-285, 2010. (33 refs.)

Diversity management focuses upon an organization's success in understanding and attending to the needs of its workforce, a workforce that in recent years has become diverse not only in age and gender but also in race, culture, and ethnicity. The interdisciplinary nature of the treatment teams in substance abuse treatment programs lends itself to exploration of diversity management practices to improve the organization's relationship with its workers. The purpose of this paper is to explore diversity management within the therapeutic community

offering organizational meta-cultural competency as skill sets needed for the social work manager. Copyright 2010, Haworth Press.

Drug classification: Science, politics, both or neither?

Kalant H. *Addiction* 105(7): 1146-1149, 2010. (8 refs.) Governments currently classify illicit drugs for various purposes: to guide courts in the sentencing of convicted violators of drug control laws, to prioritize targets of prevention measures and to educate the public about relative risks of the various drugs. It has been proposed that classification should be conducted by scientists and drug experts rather than by politicians, so that it will reflect only accurate factual knowledge of drug effects and risks rather than political biases. Although this is an appealing goal, it is inherently impossible because rank-ordering of the drugs inevitably requires value judgements concerning the different types of harm. Such judgements, even by scientists, depend upon subjective personal criteria and not only upon scientific facts. Moreover, classification that is meant to guide the legal system in controlling dangerous drug use can function only if it is in harmony with the values and sentiments of the public. In some respects, politicians may be better attuned to public attitudes and wishes, and to what policies the public will support, than are scientific experts. The problems inherent in such drug classification are illustrated by the examples of cannabis and of salvinorin A. They raise the question as to whether the classification process really serves any socially beneficial purpose. Copyright 2010, Wiley-Blackwell.

Individuals receiving addiction treatment: Are medical costs of their family members reduced?

Weisner C; Parthasarathy S; Moore C; Mertens JR. *Addiction* 105(7): 1226-1234, 2010. (35 refs.)

Aims: To examine whether alcohol and other drug (AOD) treatment is related to reduced medical costs of family members. Design: Using the administrative databases of a private, integrated health plan, we matched AOD treatment patients with health plan members without AOD disorders on age, gender and utilization, identifying family members of each group.

Setting: Kaiser Permanente Northern California. Participants: Family members of abstinent and non-abstinent AOD treatment patients and control family members. Measurements: We measured abstinence at 1 year post-intake and examined health care costs per member-month of family members of AOD patients and of controls through 5 years. We used generalized estimating equation methods to examine differences in average medical cost per member-month for each year, between family members of abstinent and non-abstinent AOD patients and controls. We used multilevel models to examine 4-year cost trajectories, controlling for pre-intake cost, age, gender and family size. Results: AOD patients' family members had significantly higher costs and more psychiatric and medical conditions than controls in the pre-treatment year. At 2-5 years, each year family members of AOD patients abstinent at 1 year had similar average per member-month medical costs to controls (e.g. difference at year 5 = \$2.63; $P > 0.82$), whereas costs for family members of non-abstinent patients were higher (e.g. difference at year 5 = \$35.59; $P = 0.06$). Family members of AOD patients not abstinent at 1 year, had a trajectory of increasing medical cost (slope = \$10.32; $P = 0.03$) relative to controls. Conclusions: Successful AOD treatment is related to medical cost reductions for family members, which may be considered a proxy for their improved health. Copyright 2010, Wiley-Blackwell.

Is Vancouver Canada's supervised injection facility cost-saving?

Pinkerton SD. *Addiction* 105(8): 1429-1436, 2010. (44 refs.)

Objective: To determine whether Vancouver's Insite supervised injection facility and syringe exchange programs are cost-saving—that is, are the savings due to averted HIV-related medical care costs sufficient to offset Insite's operating costs? Methods: The analyses examined the impact of Insite's programs for a single year. Mathematical models were used to calculate the number of additional HIV infections that would be expected if Insite were closed. The life-time HIV-related medical costs associated with these additional infections were compared to the annual operating costs of the Insite facility. Results: If Insite were closed, the annual number of incident HIV infections among Vancouver IDU would be expected to increase from 179.3 to 262.8. These 83.5 preventable infections are associated with \$17.6 million (Canadian) in life-time HIV-related medical care costs, greatly exceeding Insite's operating costs, which are approximately \$3 million per year. Conclusions: Insite's safe injection facility and syringe exchange program substantially

reduce the incidence of HIV infection within Vancouver's IDU community. The associated savings in averted HIV-related medical care costs are more than sufficient to offset Insite's operating costs. Copyright 2010, Wiley-Blackwell.

Prescription drugs purchased through the internet: Who are the end users?

Inciardi JA; Surratt HL; Cicero TJ; Rosenblum A; Ahwah C; Bailey JE et al. *Drug and Alcohol Dependence* 110(1-2): 21-29, 2010. (34 refs.)

Although prescription drugs are readily available on the Internet, little is known about the prevalence of Internet use for the purchase of medications without a legitimate prescription, and the characteristics of those that obtain non-prescribed drugs through online sources. The scientific literature on this topic is limited to anecdotal reports or studies plagued by small sample sizes. Within this context, the focus of this paper is an examination of five national data sets from the U.S. with the purpose of estimating: (1) how common obtaining prescription medications from the Internet actually is, (2) who are the typical populations of "end users" of these non-prescribed medications, and (3) which drugs are being purchased without a prescription. Three of the data sets are drawn from the RADARS (R) (Researched Abuse Diversion and Addiction-Related Surveillance) System, a comprehensive series of studies designed to collect timely and geographically specific data on the abuse and diversion of a number of prescription stimulants and opioid analgesics. The remaining data sets include the National Survey on Drug Use and Health (NSDUH) and the Monitoring the Future (MTF) survey. Our analysis yielded uniformly low rates of prescription drug acquisition from online sources across all five data systems we examined. The consistency of this finding across very diverse populations suggests that the Internet is a relatively minor source for illicit purchases of prescription medications by the individual end-users of these drugs. Copyright 2010, Elsevier Science.

A statewide prescription monitoring program affects emergency department prescribing behaviors.

Baehren DF; Marco CA; Droz DE; Sinha S; Callan EM; Akpunonu P. *Annals of Emergency Medicine* 56(1): 19-23, 2010. (27 refs.)

Study objective: Ohio recently instituted an online prescription monitoring program, the Ohio Automated Rx Reporting System (OARRS), to monitor controlled substance prescriptions within Ohio. This study is undertaken to identify the influence of OARRS data

on clinical management of emergency department (ED) patients with painful conditions. Methods: This prospective quasiexperimental study was conducted at the University of Toledo Medical Center Emergency Department during June to July 2008. Eligible participants included ED patients with painful conditions. Patients with acute injuries were excluded. After clinical evaluation, and again after presentation of OARRS data, providers answered a set of questions about anticipated pain prescription for the patient. Outcome measures included changes in opioid prescription and other potential factors that influenced opioid prescription. Results: Among 179 participants, OARRS data revealed high numbers of narcotics prescriptions filled in the most recent 12 months (median 7; range 0 to 128). Numerous providers prescribed narcotics for patients (median 3 per patient; range 0 to 40). Patients had filled narcotics prescriptions at different pharmacies (mean [SD] 3.5 [4.4]). Eighteen providers are represented in the study. Four providers treated 63% (N=114) of the patients in the study. After review of the OARRS data, providers changed the clinical management in 41% (N=74) of cases. In cases of altered management, the majority (61%; N=45) resulted in fewer or no opioid medications prescribed than originally planned, whereas 39% (N=29) resulted in more opioid medication than previously planned. Conclusion: The use of data from a statewide narcotic registry frequently altered prescribing behavior for management of ED patients with complaints of nontraumatic pain. Copyright 2010, Elsevier Science.

Teaching thoughtful practice: Narrative pedagogy in addictions education.

Vandermause RK; Townsend RP. *Nurse Education Today* 30(5): 428-434, 2010. (37 refs.)

Preparing practitioners for this rapidly changing and demanding health care environment is challenging. A surge in knowledge development and scientific advancement has placed a priority on technical skill and a focus on content driven educational processes that prepare students for evidence-based practice. However, the most difficult health care scenarios require thinking-in-action and thoughtfulness as well as didactic knowledge. It is our contention that interpretive educational methods, like narrative pedagogy, will promote judgment-based practice that includes use of evidence and delivery of thoughtful care. In this article, we describe and interpret a narrative approach to addictions content and teaching thoughtful practice. We present our pedagogical process, including observations and field notes, to show how interpretive pedagogies can be introduced

into nursing curricula. By presenting this process, the reader is invited to consider interpretive methods as a way to inspire and habituate thoughtful practice and judgment-based care. Copyright 2010, Churchill Livingstone.

The burden of disease and the cost of illness attributable to alcohol drinking: Results of a national study.

Cortez-Pinto H; Gouveia M; Pinheiro LD; Costa J; Borges M; Carneiro AV. *Alcoholism: Clinical and Experimental Research* 34(8): 1442-1449, 2010. (32 refs.)

Background and Aims: The World Health Organization estimated that 3.2% of the burden of disease around the world is attributable to the consumption of alcohol. The aim of this study is to estimate the burden of disease attributable to alcohol consumption in Portugal. Methods: Burden and costs of diseases attributable to alcohol drinking were estimated based on demographic and health statistics available for 2005, using the Disability-Adjusted Life Years (DALY) lost generated by death or disability. Results: In Portugal, 3.8% of deaths are attributable to alcohol (4,059 of 107,839). After measuring the DALY generated by mortality data, the proportion of disease attributable to alcohol was 5.0%, with men having 5.6% of deaths and 6.2% of disease burden, while female figures were, respectively, 1.8 and 2.4%. Considering the sum of death and disability DALYs, liver diseases represented the main source of the burden attributable to alcohol with 31.5% of total DALYs, followed by traffic accidents (28.2%) and several types of cancer (19.2%). As for the cost of illness incurred by the health system, our results indicate that euro95.1 millions are attributable to alcohol-related disease admissions (liver diseases, cancer, traffic accidents, and external causes) while the ambulatory costs of alcohol-related diseases were estimated in euro95.9 million, totaling euro191.0 million direct costs, representing 0.13% of Gross Domestic Product and 1.25% of total national health expenditures. An alternative analysis was carried out using higher consumption levels so as to replicate aggregate alcohol consumption statistics. In this case, DALYs lost increased by 11.7% and health costs by 23%. Conclusion: Our results confirm that alcohol is an important health risk factor in Portugal and a heavy economic burden for the health system, with hepatic diseases ranking first as a source of burden of disease attributable to alcohol. Copyright 2010, Wiley-Blackwell.

Unrecorded consumption, quality of alcohol and health consequences. (review).

Rehm J; Kanteres F; Lachenmeier D. *Drug and Alcohol Review* 29(4): 426-436, 2010. (129 refs.)

Issues. This contribution aims to examine systematically the evidence on the impact of the quality of unrecorded alcohol products on health consequences. Approach. Systematic computer assisted review of the literature. Key Findings. There are a number of pathways related to alcohol quality that may lead to acute or chronic health problems. The following constituents and contaminants of alcoholic beverages were identified as likely contributors to these problems: (i) toxic metals (e.g. lead) from contaminated water sources or unsuitable distillation equipment; (ii) volatile constituents, such as acetaldehyde or higher alcohols, which may be produced in significant amounts due to faults in production technology or microbiological spoilage; (iii) ethyl carbamate (urethane), a carcinogenic contaminant with major occurrence in certain fruit and sugarcane spirits; (iv) biologically active flavour compounds (e.g. coumarin in cosmetics used as non-beverage alcohol); (v) toxic compounds used to denature alcohol (e.g. methanol or diethyl phthalate). In addition, the often higher ethanol content may have detrimental health effects. These pathways should not be assumed as present for all subcategories of unrecorded alcohol, but are more relevant to certain types and geographic regions. Implications. A health impact of unrecorded alcohol over and above the effect of ethanol cannot be excluded. More research is urgently needed, especially with respect to liver disease and alcohol poisoning as endpoints. Conclusion. A feasible approach for new research on the effects of unrecorded alcohol could be based on a representative sample from low socioeconomic regions with high prevalence of unrecorded consumption. Copyright 2010, Wiley-Blackwell.

What are the policy lessons of National Alcohol Prohibition in the United States, 1920-1933? (editorial).

Hall W. *Addiction* 105(7): 1164-1173, 2010. (53 refs.) National alcohol prohibition in the United States between 1920 and 1933 is believed widely to have been a misguided and failed social experiment that made alcohol problems worse by encouraging drinkers to switch to spirits and created a large black market for

alcohol supplied by organized crime. The standard view of alcohol prohibition provides policy lessons that are invoked routinely in policy debates about alcohol and other drugs. The alcohol industry invokes it routinely when resisting proposals to reduce the availability of alcohol, increase its price or regulate alcohol advertising and promotion. Advocates of cannabis law reform invoke it frequently in support of their cause. This paper aims: (i) to provide an account of alcohol prohibition that is more accurate than the standard account because it is informed by historical and econometric analyses; (ii) to describe the policy debates in the 1920s and 1930s about the effectiveness of national prohibition; and (iii) to reflect on any relevance that the US experience with alcohol prohibition has for contemporary policies towards alcohol. It is incorrect to claim that the US experience of National Prohibition indicates that prohibition as a means of regulating alcohol is always doomed to failure. Subsequent experience shows that partial prohibitions can produce substantial public health benefits at an acceptable social cost, in the absence of substantial enforcement. Copyright 2010, Wiley-Blackwell.

What economics can contribute to the addiction sciences.

Caulkins JP; Nicosia N. *Addiction* 105(7): 1156-1163, 2010. (112 refs.)

Aims: The addiction sciences are intrinsically multi-disciplinary, and economics is among the disciplines that offer useful perspectives on the complex behaviors surrounding substance abuse. This paper summarizes contributions economics has made in the past and could make in the future towards understanding how illegal markets operate, how prices affect use, how use generates various consequences, and how policy shapes all three. Methods: Review of literature, concentrating on illegal drugs as insights concerning markets are particularly salient, although we also mention relevant studies from the alcohol and tobacco fields. Findings and Conclusions: Economics offers tools and topical expertise that usefully complement other disciplines associated traditionally with the addiction sciences. Its value goes far beyond the ability to monetize non-monetary outcomes or to calculate a cost-benefit ratio. Copyright 2010, Wiley-Blackwell.