

"Adderall is definitely not a drug": Justifications for the illegal use of ADHD stimulants.

DeSantis AD; Hane AC. *Substance Use & Misuse* 45(1/2): 31-46, 2010. (25 refs.)

In-depth interviews were conducted in 2007 with 175 undergraduate students (94 males, 81 females, 13 non-Caucasian) at a large, public southeastern research university located in an urban area in the United States. Our primary goal was to identify how these students conceive of Attention Deficit Hyperactivity Disorder (ADHD) stimulants and their illegal use. We discovered that these students frame stimulant use as both physically harmless and morally acceptable. Specifically, these students justify their drug use through the use of four recurring pro-stimulant arguments: 1) comparison-and-contrast, 2) all-things-in-moderation, 3) self-medicating, and 4) minimization arguments. We discuss limitations to the study and conclude by suggesting five strategies for prevention researchers that would directly target these four arguments. Copyright 2010, Taylor & Francis.

Outcome of long-term heroin-assisted treatment offered to chronic, treatment-resistant heroin addicts in the Netherlands.

Blanken P; Hendriks VM; van Ree JM; van den Brink W. *Addiction* 105(2): 300-308, 2010. (22 refs.)

Aims: To describe 4-year treatment retention and treatment response among chronic, treatment-resistant heroin-dependent patients offered long-term heroin-assisted treatment (HAT) in the Netherlands. Design: Observational cohort study. Setting and intervention: Out-patient treatment in specialized heroin treatment centres in six cities in the Netherlands, with methadone plus injectable or inhalable heroin offered 7 days per week, three times per day. Prescription of methadone plus heroin was supplemented with individually tailored psychosocial and medical support. Participants: Heroin-dependent patients who had responded positively to HAT in two randomized controlled trials and were eligible for long-term heroin-assisted treatment (n = 149). Measurements: Primary outcome measures were treatment retention after 4 years and treatment response on a dichotomous, multi-domain response index, comprising physical, mental and social health and illicit substance use.

Findings: Four-year retention was 55.7% [95% confidence interval (CI): 47.6-63.8%]. Treatment: Response was significantly better for patients continuing 4 years of HAT compared to patients who discontinued treatment: 90.4% versus 21.2% [difference 69.2%; odds ratio (OR) = 48.4, 95% CI: 17.6-159.1]. Continued HAT treatment was also associated with an increasing proportion of patients without health problems and who had stopped illicit drug and excessive alcohol use: from 12% after the first year to 25% after 4 years of HAT. Conclusions: Long-term HAT is an effective treatment for chronic heroin addicts who have failed to benefit from methadone maintenance treatment. Four years of HAT is associated with stable physical, mental and social health and with absence of illicit heroin use and substantial reductions in cocaine use. HAT should be continued as long as there is no compelling reason to stop treatment. Copyright 2010, Society for the Study of Addiction to Alcohol and Other Drugs.

Subutex snorters: A case series.

George S; Moreira K. *Journal of Substance Use* 13(2): 131-137, 2008. (7 refs.)

Aim: To present an account of six heroin addicts who have snorted buprenorphine (Subutex) and to provide a brief insight into their reasons for and experiences of snorting Subutex. Design: A case series of six patients studied using a semi-structured questionnaire with a qualitative component. Setting and participants: A tier 3 NHS community drug treatment service in Birmingham. Six heroin dependent patients who reported having snorted Subutex. Findings: The practice of snorting Subutex seemed almost exclusive to prison settings. The sample snorted Subutex on average 4.8 times while in prison, always as a group activity and never overdosed on it. Reasons given for snorting Subutex included: it is safer than injecting, only a small amount required to get a buzz, peer influence and the relative ease of procuring Subutex in prisons. Patient experiences after snorting Subutex were: a 'buzz', similar to using heroin and some unpleasant experiences. Conclusions: Snorting Subutex seems particularly popular in prisons. Peer influence, contextual factors and availability of Subutex in prisons all play their part in initiating and

maintaining this habit. Most patients seem to try snorting Subutex for a 'buzz', and reported feelings similar to a 'gouch', but often quicker in onset and shorter lasting. Prescribers should note this risk of misuse, especially if Subutex is dispensed unsupervised. Copyright 2008, Informa Healthcare.

Recovered, in recovery or recovering from substance abuse? A question of identity.

Doukas N; Cullen J. *Journal of Psychoactive Drugs* 41(4): 391-394, 2009. (26 refs.)

There has always been widespread debate on how people with past substance abuse problems choose to identify themselves with regards to their recovery and the terms used to associate with that identity. Most of the disagreement over these terms is rooted on whether recovery is seen as an ongoing process ("recovering" or "in recovery") or a life event that can be mastered ("recovered"). This article discusses these three controversial terms and attempts to make them available as terms that one can use or identify with by presenting different perspectives on the topic of recovery. Some of these perspectives may be unconventional when compared to traditional views of the recovery process, but they are the realities of many individuals who have had a past experience with substance abuse and may be confronted with prejudice when voicing their recovery in a past tense. The article makes comparisons between the DSM IV and the Big Book of AA and discusses identity vs labels and the influence of the medical community on this controversial topic. Copyright 2009, Haight-Ashbury Publ.

A contingency-management intervention to Similarity in cigarette smoking attracts: A prospective study of romantic partner selection by own smoking and smoker prototypes.

Etcheverry PE; Agnew CR. *Psychology of Addictive Behaviors* 23(4): 632-643, 2009. (32 refs.)

In the current research, we used a multiwave longitudinal design to examine how young adults' own smoking and smoker prototypes are associated with selection of romantic partners over time. Results indicate that participants who smoke, versus participants who do not smoke, and participants who have a more positive prototype of the typical smoker are more likely to initiate a romantic relationship with someone who smokes and who has greater perceived approval for smoking. Among participants who smoke, higher levels of smoking are associated with initiating a relationship with a romantic partner who smokes more and approves of smoking more. The findings suggest some important aspects of romantic

partner selection effects in terms of what is selected for, partner smoking and approval, and key young adult variables that contribute to selection, such as participant's own smoking and smoker prototype. Copyright 2009, Educational Publishing Foundation.

A randomized controlled trial of telephone continuing care.

Godley MD; Coleman-Cowger VH; Titus JC; Funk RR; Orndorff MG. *Journal of Substance Abuse Treatment* 38(1): 74-82, 2010. (41 refs.)

Telephone continuing care (TCC) was compared to usual continuing care (UCC) on substance use and related problems among adults discharged from residential treatment. Participants were randomly assigned to receive either UCC or TCC. A tapered TCC protocol, initiated by paraprofessional staff and volunteers, was provided during the first 3 months following discharge. The TCC condition participants reported high satisfaction ratings with the procedure and were more than twice as likely to enter continuing care than UCC participants. At the 3-month point, TCC patients reported significantly fewer past-month substance problems than UCC patients. Among the subgroup of lower severity (LS) participants, the TCC-LS sample had both significantly more days abstinent and fewer past-month substance problems at 3 months than the UCC-LS sample. The significant between-group differences in substance use outcomes were not maintained at the 6-month follow-up. The high satisfaction ratings and early favorable response among TCC patients suggest the procedure is promising. Further research with larger samples and over a longer period is necessary. Copyright 2010, Elsevier Science.

Towards DSM-V: Exploring diagnostic thresholds for alcohol dependence and abuse.

Grove R; McBride O; Slade T. *Alcohol and Alcoholism* 45(1): 45-52, 2010. (70 refs.)

Aims: The expected release of the DSM-V in 2012 has renewed the longstanding debate around whether alcohol use disorders are best conceptualized as dimensional or categorical constructs. The current study aimed to validate the current diagnostic thresholds for alcohol dependence and abuse using epidemiological indicators including mental health, disability, psychological distress, functional impairment, service use, suicidality and early age of drinking onset. Methods: Dichotomous variables were created to allocate a representative sample of Australian adult drinkers (n = 4920) above and below each possible threshold for both disorders. Regression

analyses were conducted to assess group differences at each threshold for each epidemiological indicator. Results: There was some albeit limited support for the current diagnostic threshold of three criteria for alcohol dependence and one criterion for abuse. A number of other cut-offs also showed consistent variation for both disorders. Conclusions: It is essential to define diagnostic thresholds in a systematic way. The current diagnostic thresholds for alcohol dependence and abuse are adequate but require further validation using a variety of methods and external indicators. Combining these disorders in some way may also prove useful as well as including other potential diagnostic criteria in future research. Copyright 2010, Oxford University Press.

Use of a structured brief intervention in a group setting for family members living with substance misuse.

Templeton L. *Journal of Substance Use* 14(3-4): 211-220, 2009. (35 refs.)

The development of a brief structured intervention for family members of substance misusers is an important contribution to a growing area of work, which is focused on developing specific help for family members in their own right. Previous testing of the intervention in primary care and specialist drug and alcohol services has produced promising results, namely a reduction in negative symptomatology and the impact of the problem as well as positive changes in coping behaviour. The introduction of the intervention as part of services to families within a voluntary service in Bristol in South West England provided an opportunity to test the integration of the intervention into a weekly themed group programme for family members. Results indicated that the intervention can be successfully used in this way, with change occurring as expected across several domains for the family members. Further work is needed to enhance understanding of how the model functions in a group setting. Given the current climate of increased recognition of the needs of family members, which is meaning that services are being increasingly called upon to work in a less individualistic and more holistic way, there is potential for such an approach in a group setting. Copyright 2009, Informa Healthcare.

Older adults' health and late-life drinking patterns: A 20-year perspective.

Moos RH; Brennan PL; Schutte KK; Moos BS. *Aging & Mental Health* 14(1): 33-43, 2010. (62 refs.)

Objectives: This study focused on the associations between older adults' health-related problems and their

late-life alcohol consumption and drinking problems. Methods: A sample of 719 late-middle-aged community residents (55-65 years old at baseline) participated in a survey of health and alcohol consumption and this survey was followed 10 years and 20 years later. Results: Health-related problems increased and alcohol consumption and drinking problems declined over the 20-year interval. Medical conditions, depressive symptoms, medication use, and acute health events were associated with a higher likelihood of abstinence; acute health events were also associated with less alcohol consumption. In contrast, reliance on alcohol to reduce pain was linked to more alcohol consumption. Moreover, an individual's overall health burden and reliance on alcohol to reduce pain were associated with more drinking problems. Reliance on alcohol to reduce pain potentiated the association between health burden, alcohol consumption and drinking problems. Conclusion: Older adults who have more health problems and rely on alcohol to manage pain are at elevated risk for drinking problems. Health care providers should target high-risk older adults, such as those who drink to reduce pain, for screening and brief interventions to help them identify new ways to cope with pain and curtail their drinking. Copyright 2010, Taylor & Francis.

Coping in male partners of female problem drinkers. (review).

Philpott H; Christie MM. *Journal of Substance Use* 13(3): 193-203, 2008. (56 refs.)

Introduction and aims: Despite a wealth of literature looking at how families cope when a member has a drinking problem, little is known about the experiences of male partners. This study sought to redress this balance by exploring coping behaviours in male partners of female problem drinkers. Participants: Male partners (n=29) were recruited through female problem drinkers who were in contact with one of three specialist alcohol services. Design: Male partners completed a self-report questionnaire. This included the Coping Questionnaire (Orford, 1996), which has been found to contain three factors of coping behaviour: engaged, tolerant-inactive and withdrawal. Results: Contrary to what was expected, male partners reported using engaged coping behaviours most frequently and withdrawal coping behaviours least frequently. Significant positive correlations were found between the males' coping behaviours, and both the length of the problem drinking and the extent to which they saw their partners' drinking as problematic. Conclusions: The results gave little support to the idea

that males withdraw from females with drinking problems, and the males reported to be engaged in both an active and controlling way in trying to cope with their partner's drinking. The results reinforce the need to include a female's significant others in the treatment of her alcohol problem. Copyright 2008, Informa Healthcare.

Cannabis as a substitute for alcohol and other drugs.

Reiman A. *Harm Reduction Journal* 6(35), 2009. (15 refs.)

Background: Substitution can be seen as the conscious choice to use one drug (legal or illicit) instead of, or in conjunction with, another, for a number of reasons, e.g. perceived safety; addiction potential; access or level of acceptance. This practice of substitution is seen among individuals using cannabis for medical purposes. This study examined drug and alcohol use, and the occurrence of substitution among medical cannabis patients. Methods: Survey data were collected at the Berkeley Patient's Group (BPG), a medical cannabis dispensary in Berkeley, CA. (N = 350) The sample was 68% male, 54% single, 66% White, mean age was 39; 74% have health insurance (including MediCal), 41% work full time, 81% have completed at least some college, 55% make less than \$40,000 a year. 71% report having a chronic medical condition, 52% use cannabis for pain, 75% use cannabis for a mental health issue. Results: 53% of the sample currently drinks alcohol, 2.6 was the average number of drinking days per week, 2.9 was the average number of drinks on a drinking occasion. One quarter currently uses tobacco, 9.5 is the average number of cigarettes smoked daily. Eleven percent have used a non-prescribed, non OTC drug in the past 30 days with cocaine, MDMA and Vicodin reported most frequently. A quarter reported growing up in an abusive/addictive household. Sixteen percent reported previous alcohol and/or drug treatment, and 2% are currently in a 12-step or other recovery program. 40% have used cannabis as a substitute for alcohol, 26% as a substitute for illicit drugs and 66% as a substitute for prescription drugs. The most common reasons given for substituting were: less adverse side effects (65%), better symptom management (57%), and less withdrawal potential (34%) with cannabis. Conclusion: The substitution of one psychoactive substance for another with the goal of reducing negative outcomes can be included within the framework of harm reduction. Medical cannabis patients have been engaging in substitution by using

cannabis as an alternative to alcohol, prescription and illicit drugs. Copyright 2009, BioMed Central.

Helping someone with problem drinking: Mental health first aid guidelines: A Delphi expert consensus study.

Kingston AH; Jorm AF; Kitchener BA; Hides L; Kelly CM; Morgan AJ et al. *BMC Psychiatry* 9(79), 2009. (27 refs.)

Background: Research suggests that a drinker's social network can play an integral role in addressing hazardous (i.e., high-risk) or problem drinking. However, social networks do not have adequate mental health "literacy." a concern as the response that a drinker receives from a social network can have a substantial impact on the willingness to seek help. This paper describes the development of mental health first aid guidelines that inform community members on how to help someone who may have, or may be developing, a drinking problem. Methods: A systematic review of the research and lay literature was conducted to develop a 285-item survey containing strategies on how to help someone who may have, or may be developing, a drinking problem. Two panels of experts (consumers/carers and clinicians) individually rated survey items, using a Delphi process. Surveys were completed online or via postal mail. Participants were 99 consumers, carers and clinicians with experience or expertise in problem drinking from Australia, Canada, Ireland, New Zealand, the United Kingdom, and the United States. Items that reached consensus on importance were retained and written into guidelines. Results: The overall response rate across all three rounds was 68.7% (67.6% consumers/carers, 69.2% clinicians), with 184 first aid strategies rated as essential or important by $\geq 80\%$ of panel members. The endorsed guidelines provide guidance on how to: recognize problem drinking; approach someone if there is concern about their drinking; support the person to change their drinking; respond if they are unwilling to change their drinking; facilitate professional help seeking and respond if professional help is refused; and manage an alcohol-related medical emergency. Conclusion: The guidelines provide a consensus-based resource for community members seeking to help someone with a drinking problem. Improving community awareness and understanding of how to identify and support someone with a drinking problem may lead to earlier recognition of problem drinking and greater facilitation of professional help seeking. Copyright 2009, BioMed Central.