

Alcohol consumption before and after a significant reduction of alcohol prices in 2004 in Finland: were the effects different across population subgroups?

Helakorpi S; Makela P; Uutela A. *Alcohol and Alcoholism* 45(3): 286-292, 2010. (17 refs.)

Aims: To examine trends in adult alcohol consumption by age, gender and education from 1982 to 2008 and evaluate the effects that a significant reduction in alcohol prices in 2004 had on alcohol consumption in different population subgroups. **Methods:** The study population comprised respondents aged 25-64 (n = 79,100) replying to nationally representative annual postal surveys from 1982 to 2008 (average response rate 72%). The main measurements were the prevalence of respondents who had drunk at least eight (men) or five (women) drinks in the previous week ('moderate to heavy drinkers') and prevalence of those who weekly (men) or monthly (women) drank six or more drinks on a single occasion ('heavy episodic drinkers') (one 'drink' containing 11-13 g ethanol). Logistic models were used to test differences across population subgroups in the changes in drinking. **Results:** Following the reduction of alcohol prices in 2004, drinking increased among men and women aged 45-64. Among men, both moderate to heavy drinking and heavy episodic drinking increased in the lowest educational group. Among women, moderate to heavy drinking increased mostly in the lowest and intermediate educational groups, while the highest increases for heavy episodic drinking were in the intermediate and highest female educational groups. **Conclusion:** Alcohol consumption increased especially among those aged 45-64 and among lower educated people following the reduction in alcohol prices in 2004 in Finland. Copyright 2010, Oxford University Press.

Evaluation of the economic impact of California's Tobacco Control Program: A dynamic model approach.

Miller LS; Max W; Sung HY; Rice D; Zaretsky M. *Tobacco Control* 19(Supplement 1): I68-I76, 2010. (60 refs.)

Objective To evaluate the long-term net economic impact of the California Tobacco Control Program. **Methods:** This study developed a series of dynamic

models of smoking-caused mortality, morbidity, health status and healthcare expenditures. The models were used to evaluate the impact of the tobacco control programme. Outcomes of interest in the evaluation include net healthcare expenditures saved, years of life saved, years of treating smoking-related diseases averted and the total economic value of net healthcare savings and life saved by the programme. These outcomes are evaluated to 2079. Due to data limitations, the evaluations are conducted only for men. **Results:** The California Tobacco Control Program resulted in over 700 000 person-years of life saved and over 150 000 person-years of treatment averted for the 14.7 million male California residents alive in 1990. The value of net healthcare savings and years of life saved resulting from the programme was \$22 billion or \$107 billion in 1990 dollars, depending on how a year of life is discounted. If women were included, the impact would likely be much greater. **Conclusions:** The benefits of California's Tobacco Control Program are substantial and will continue to accrue for many years. Although the programme has resulted in increased longevity and additional healthcare resources for some, this impact is more than outweighed by the value of the additional years of life. Modelling the programme's impact in a dynamic framework makes it possible to evaluate the multiple impacts that the programme has on life, health and medical expenditures. Copyright 2010, BMJ Publishing Group.

Reaching Healthy People 2010 by 2013: A SimSmoke simulation.

Levy DT; Mabry PL; Graham AL; Orleans CT; Abrams DB. *American Journal of Preventive Medicine* 38(3, Supplement 3): S373-S381, 2010. (62 refs.)

Background: Healthy People (HP2010) set as a goal to reduce adult smoking prevalence to 12% by 2010. **Purpose:** This paper uses simulation modeling to examine the effects of three tobacco control policies and cessation treatment policies-alone and in conjunction-on population smoking prevalence. **Methods:** Building on previous versions of the SimSmoke model, the effects of a defined set of policies on quit attempts, treatment use, and treatment effectiveness are estimated as potential levers to

reduce smoking prevalence. The analysis considers the effects of (1) price increases through cigarette tax increases, (2) smokefree indoor air laws, (3) mass media/educational policies, and (4) evidence-based and promising cessation treatment policies. Results: Evidence-based cessation treatment policies have the strongest effect, boosting the population quit rate by 78.8% in relative terms. Treatment policies are followed by cigarette tax increases (65.9%); smokefree air laws (31.8%); and mass media/educational policies (18.2%). Relative to the status quo in 2020, the model projects that smoking prevalence is reduced by 14.3% through a nationwide tax increase of \$2.00, by 7.2% through smokefree laws, by 4.7% through mass media/educational policies, and by 16.5% through cessation treatment policies alone. Implementing all of the above policies at the same time would increase the quit rate by 296%, such that the HP2010 smoking prevalence goal of 12% is reached by 2013. Conclusions: The impact of a combination of policies led to some surprisingly positive possible futures in lowering smoking prevalence to 12% within just several years. Simulation models can be a useful tool for evaluating complex scenarios in which policies are implemented simultaneously, and for which there are limited data. Copyright 2010, Elsevier Science.

Alcohol: No Ordinary Commodity: A summary of the second edition.

Babor TF; Caetano R; Casswell S; Edwards G; Giesbrecht N; Graham K et al. *Addiction* 105(5): 769-779, 2010. (64 refs.)

This article summarizes the contents of "Alcohol: No Ordinary Commodity" (2nd edn). The first part of the book describes why alcohol is not an ordinary commodity, and reviews epidemiological data that establish alcohol as a major contributor to the global burden of disease, disability and death in high-, middle- and low-income countries. This section also documents how international beer and spirits production has been consolidated recently by a small number of global corporations that are expanding their operations in Eastern Europe, Asia, Africa and Latin America. In the second part of the book, the scientific evidence for strategies and interventions that can prevent or minimize alcohol-related harm is reviewed critically in seven key areas: pricing and taxation, regulating the physical availability of alcohol, modifying the drinking context, drink-driving countermeasures, restrictions on marketing, education and persuasion strategies, and treatment and early intervention services. Finally, the book addresses the policy-making process at the local, national and

international levels and provides ratings of the effectiveness of strategies and interventions from a public health perspective. Overall, the strongest, most cost-effective strategies include taxation that increases prices, restrictions on the physical availability of alcohol, drink-driving countermeasures, brief interventions with at risk drinkers and treatment of drinkers with alcohol dependence. Copyright 2010, Society for the Study of Addiction to Alcohol and Other Drugs.

Contemplating cognitive enhancement in medical students and residents.

Webb JR; Thomas JW; Valasek MA. *Perspectives in Biology and Medicine* 2(200-214), 2010. (76 refs.)

Medical school and residency can be stressful times, involving years of intensive academic study and pressure to earn high grades. Students and residents must learn to care for the sick, a task requiring long work hours and sleep deprivation. In such an environment, it is important to monitor the mental health of trainees and the factors that influence it. This essay examines a relatively unexplored facet of physician mental health: the use of pharmacological stimulants by students and residents to study better, earn higher grades, stay awake longer, and take better care of patients. Practical and ethical considerations of stimulant use in the medical profession, along with future directions for medical student mental health, are discussed. Copyright 2010, Johns Hopkins University Press.

Disparities in access to substance abuse treatment among people with intellectual disabilities and serious mental illness.

Slyater EM. *Health & Social Work* 35(1): 49-59, 2010. (60 refs.)

People with intellectual disabilities (ID) have experienced increasing levels of community participation since deinstitutionalization. This freedom has facilitated community inclusion, access to alcohol and drugs, and the potential for developing substance abuse (SA) disorders. People with ID, who are known to have high rates of co-occurring serious mental illness (SMI), may be especially vulnerable to the consequences of this disease and less likely to use SA treatment. Using standardized performance measures for SA treatment access (initiation, engagement), rates were examined retrospectively for Medicaid beneficiaries with ID/SA/SMI ages 12 to 99 (N = 5,099) and their counterparts with no ID/SA/SMI (N = 221,875). Guided by the sociobehavioral model of health care utilization, age-adjusted odds ratios and logistic regression models were conducted. People with ID/SA/SMI were less likely than their

counterparts to access treatment. Factors associated with initiation included being nonwhite, living in a rural area, and not being dually eligible for Medicare; factors associated with engagement included all of the same and having a fee-for-service plan, a chronic SA-related disorder, or both. Social work policy and practice implications for improving the health of people with ID/SA/SMI through policy change, cross-system collaboration, and the use of integrated treatment approaches are discussed. Copyright 2010, National Association of Social Workers.

Hair analysis for drugs in driver's license regranting. A Swedish pilot study.

Kronstrand R; Nystrom I; Forsman M; Kall K.

Forensic Science International 196(1-3): 55-58, 2010.

(21 refs.)

When being convicted for petty drug offence or driving under the influence of drugs in Sweden, the driving license may be suspended. To regain the license, the person has to prove that he or she has been drug free during an observation period. This is controlled by urine samples taken at several occasions. However, the risk of manipulation and the risk of false negative urine samples are high. In addition, many people find it difficult or embarrassing to urinate when observed. Hair sampling might therefore be a welcome option to this procedure, with its easy sampling and minimal risk of manipulation. The longer detection window may also provide better information to the physician. The aim of this work was to evaluate if clients preferred hair samples to urine and to investigate practical and interpretive problems or advantages with hair samples. Ninety-nine hair samples and 198 urine samples were collected from 84 clients during the 12 month study period. Hair samples were divided into either one segment (0-3 cm) or two segments (0-3 and 3-6 cm) depending on the length. The hair samples were screened with LC-MS-MS for 20 drugs and confirmation of positive results were performed with GC-MS or LC-MS-MS. The results were compared to urine samples taken at two occasions during the observation period. To cover the timeframe of the urine samples hair was collected 2 weeks after the second sample. The urine samples were analysed with immunochemical screening and positive results confirmed with GC-MS or LC-MS-MS. Seventy-four clients presented with negative results in both urine and hair. Hair analysis identified illegal drugs at seven different occasions whereas urine failed to identify any illegal drugs. However the thresholds used may still be too high to find sporadic use as clients that admitted to use drugs sporadically presented with drug concentrations lower than the

agreed thresholds but above the limit of detection. This implicates that the physician must have an understanding and knowledge of the limitations of the screening methods used. Another important outcome was that the clients approved of hair sampling considering it a better means to prove their drug abstinence. In addition, both the clients and the clinicians thought hair sampling easier than urine sampling. We believe that hair analysis can offer several advantages compared to urine analysis for clinicians working with driving license regranting. Copyright 2010, Elsevier Science.

Increased cannabinoids concentrations found in specimens from fatal aviation accidents between 1997 and 2006.

Canfield DV; Dubowski KM; Whinnery JE; Lewis RJ; Ritter RM; Rogers PB. *Forensic Science International* 197(1-3): 85-88, 2010. (24 refs.)

The National Institute on Drug Abuse (NIDA) and the Office of National Drug Control Policy (ONDCP) reported a 1.5-fold increase in the delta-9-tetrahydrocannabinol (THC) content of street cannabis seizures from 1997 to 2001 versus 2002 to 2006. This study was conducted to compare the changes, over those years, in blood and urine cannabinoid concentrations with the potency of THC reported in the cannabis plant. Cannabinoids were screened using radioimmunoassay (RIA) for blood and fluorescence polarization immunoassay (FPIA) for urine and confirmed using GC/MS. A total of 95 individuals were found to be using cannabis from a total number of 2769 (3.4%) individuals tested over the period 1997 through 2006. Other impairing drugs were found in 38% of the cannabinoids-positive individuals. The mean concentration of THC in blood for 1997-2001 was 2.7 ng/mL; for 2002-2006, it was 7.2 ng/mL, a 2.7-fold increase in the mean THC concentration of specimens from aviation fatalities, compared to a 1.5-fold increase in cannabis potency reported by the NIDA and ONDCP. The mean age for cannabis users was 40 years (range 18-72) for aviation fatalities. For all blood and urine specimens testing negative for cannabinoids from aviation fatalities, the mean age of the individuals was 50 years (range 14-92). More than half of the fatalities tested were 50 years or older, whereas, 80% of the positive cannabis users were under 50. As indicated by these findings, members of the transportation industry, government regulators, and the general public should be made aware of the increased potential for impairment from the use of high-potency cannabis currently available and being used. Copyright 2010, Elsevier Science.

Liberty lost: The moral case for marijuana law reform.

Blumenson E; Nilsen E. *Indiana Law Journal* 85(1): 279-299, 2010. (115 refs.)

Marijuana policy analyses typically focus on the relative costs and benefits of present policy and its feasible alternatives. This Essay addresses a prior, threshold issue: whether marijuana criminal laws abridge fundamental individual rights, and if so, whether there are grounds that justify doing so. Over 700, 000 people are arrested annually for simple marijuana possession, a small but significant proportion of the 100 million Americans who have committed the same crime. In this Essay, we present a civil libertarian case for repealing marijuana possession laws. We put forward two arguments corresponding to the two distinct liberty concerns implicated by laws that both ban marijuana use and punish its users. The first argument opposes criminalization and demonstrates that marijuana use does not constitute the kind of wrongful conduct that is a prerequisite for just punishment. The second argument demonstrates that even in the absence of criminal penalties, prohibition of marijuana use violates a moral right to exercise autonomy in personal matters—a corollary to John Stuart Mill's harm principle in the utilitarian tradition, or, in the nonconsequentialist tradition, to the respect for personhood that was well described by the Supreme Court in its *Lawrence v. Texas* opinion. Both arguments are based on principles of justice that are uncontroversial in other contexts. Copyright 2010, Indiana University School of Law.

Moving empirically supported practices to addiction treatment programs: Recruiting supervisors to help in technology transfer.

Amodeo M; Storti SA; Larson MJ. *Substance Use & Misuse* 45(6): 968-982, 2009. (33 refs.)

Federal and state funding agencies are encouraging or mandating the use of empirically supported treatments in addiction programs, yet many programs have not moved in this direction (Forman, Bovasso, and Woody, 2001; Roman and Johnson, 2002; Willenbring et al., 2004). To improve the skills of counselors in community addiction programs, the authors developed an innovative Web-based course on Cognitive Behavioral Therapy (CBT), a widely accepted empirically-supported practice (ESP) for addiction. Federal funding supports this Web course and a randomized controlled trial to evaluate its

effectiveness. Since supervisors often play a pivotal role in helping clinicians transfer learned skills from training courses to the workplace, the authors recruited supervisor-counselor teams, engaging 54 supervisors and 120 counselors. Lessons learned focus on supervisor recruitment and involvement, supervisors' perceptions of CBT, their own CBT skills and their roles in the study, and implications for technology transfer for the addiction field as a whole. Recruiting supervisors proved difficult because programs lacked clinical supervisors. Recruiting counselors was also difficult because programs were concerned about loss of third-party reimbursement. Across the addiction field, technology transfer will be severely hampered unless such infrastructure problems can be solved. Areas for further investigation are identified. Copyright 2009, Taylor & Francis.

No Train, No Gain? (editorial).

Carroll KM; Martino S; Rounsaville BJ. *Clinical Psychology: Science and Practice* 17(1): 36-40, 2010. (20 refs.)

What kind of training is needed for what type of clinician to deliver what type of therapy? Beidas and Kendall's (2010) well-considered recommendations for further research into systematic strategies for training clinicians to utilize evidence-based treatments highlight the limitations of didactic training alone (without supervision, fidelity monitoring, and feedback) in conferring specific skills to clinicians. To further amplify some of the points made, we summarize findings from our recent series of trials, which involved training community-based addiction clinicians to perform evidence-based therapies in a multisite randomized clinical trial. In particular, review of tapes from the "treatment as usual" condition in that study suggests that (a) delivery of interventions associated with evidence-based treatment was infrequent, (b) clinicians overestimated the time spent on evidence-based interventions, and (c) ongoing supervision and performance-based feedback appear to suppress time spent in session on discourse unrelated to the patient's problems and concerns. We also discuss computer-assisted treatment and computer-assisted clinician training as important new tools for disseminating evidence-based therapies. Copyright 2010, Wiley-Blackwell.