

## **SUBSTANCE ABUSE AND OTHER**

### **Tobacco/Nicotine/Smoking**

Arillo-Santillan, E., E. Lazcano-Ponce, et al. (2005). "Associations between individual and contextual factors and smoking in 13,293 Mexican students." American Journal of Preventive Medicine **28**(1): 41-51. **[not U.S.-based, but useful findings for girls]**

Objective: Factors correlated with cigarette smoking in young people have yet to be documented in most developing countries. This study assesses the correlates of smoking in Mexican young people. Methods: School-based, cross-sectional study in the central Mexican state of Morelos during the 1998-1999 school year of 13,293 public school students aged 11 to 24 years. Multinomial logistic regression models were constructed with smoking as the dependent variable. Results: Regular smoking (one or more cigarettes daily) prevalence was 13.1% (95% confidence interval [CI] = 12.2-13.9) in males, and 6.1% (95% CI=5.6-6.6) in females. Frequent alcohol intoxication was strongly associated with regular smoking (females, odds ratio [OR] = 68.5, 95% CI=37.6-125.2; males OR=34.5, 95% CI=22.6-52.7). Regular smoking was associated with illegal drug use and smoking by both parents in females, and with illegal drug use in males (males, OR=4.9, 95% CI=3.7-6.5). Also associated with tobacco smoking were high socioeconomic status, low academic achievement, illegal drug use by peers, marijuana use by parents, and depression in adolescents. Conclusions: This study documents a strong correlation between tobacco smoking and other health risk behaviors, especially alcohol and drug abuse. In young women especially, the risk of tobacco use increased with alcohol abuse and higher socioeconomic status. School-based interventions are needed that focus on preventing smoking and also take into account other unhealthy behaviors. (C) 2005 American Journal of Preventive Medicine.

Byars, J. A., K. Frost-Pineda, et al. (2005). "Naltrexone augments the effects of nicotine replacement therapy in female smokers." Journal of Addictive Diseases **24**(2): 49-60.

There is increased recognition that gender differences may influence outcomes and may modify vulnerability to tobacco addiction, severity of course and response to different treatments. We hypothesized that naltrexone, which has been used to successfully treat opioid and alcohol dependence, when combined with nicotine replacement therapy (NRT) and psychosocial therapy (PT) may enhance smoking cessation rates in women. Methods. Forty-four adult female smokers meeting DSM-IV criteria for nicotine dependence with expired carbon monoxide content of  $\geq 15$  ppm were randomly assigned in a double blind placebo controlled clinical trial of naltrexone 50 mg + NRT patch + psychosocial therapy (N + NRT + PT) (N = 12) or placebo + NRT patch + psychosocial therapy (P + N + PT) (N = 12) for 12 weeks. Results. Twelve weeks of treatment was completed by 54.5%. Smoking cessation among females who completed the 12 weeks for N + NRT + PT was 91.7% (11/12) and for P + NRT + PT was 50% (6/12). Conclusion. Naltrexone combined with NRT and psychosocial therapy appears to have a positive cessation effect on women and may be a new treatment option for recidivist female smokers.

Culverhouse, R., K. K. Bucholz, et al. (2005). "Long-term stability of alcohol and other substance dependence diagnoses and habitual smoking - An evaluation after 5 years." Archives of General Psychiatry **62**(7): 753-760. **[sample includes men and women; abstract doesn't discuss gender differences]**

Context: A major criterion to validate diagnoses is stability over time. Objective: To examine the stability of several classification systems for lifetime diagnosis of alcohol dependence, to identify characteristics predicting stability of alcoholism, and to study stability of lifetime assessments of habitual smoking (1 pack per day for at least 6 months) and other drug dependence. Design: Participants in the Collaborative Study on

the Genetics of Alcoholism were interviewed using the Semi-Structured Assessment for the Genetics of Alcoholism and reevaluated 5 years later. Initial and follow-up interviews were available for 1728 individuals (641 index cases, 800 siblings, 287 controls) with lifetime diagnoses of alcohol dependence, other substance dependence (marijuana, cocaine, other stimulants, sedatives, opioids), or habitual smoking at first interview. The likelihood that an individual with a lifetime history of substance dependence or habitual smoking at the first interview retained this classification after 5 years was examined to assess stability of diagnosis. Results: Stability of a lifetime diagnosis of alcohol dependence varied among the subject groups of index cases, siblings, and community-based controls. Alcohol dependence as defined by DSM-III-R criteria was highly stable in the index cases (90.5% women, 94.7% men) but much less stable in the community-based controls (27.5% women, 64.7% men). The most important characteristic associated with stability of diagnosis of alcohol dependence was severity, defined by the number of alcohol-related symptoms. Other DSM-III-R substance dependence disorders varied in the stability of diagnosis over a 5-year period. Lifetime history of habitual smoking was highly stable in all subject groups (96.0% overall). Conclusions: Stability of lifetime assessment of alcohol dependence varies depending on severity of illness. Severe cases of alcohol dependence are more likely to be stable, whereas general population cases of alcohol dependence are less likely to have stable diagnoses. The stability of diagnosis for other substance dependence varies from substance to substance.

Gram, I. T., T. Braaten, et al. (2005). "Breast cancer risk among women who start smoking as teenagers." Cancer Epidemiology Biomarkers & Prevention **14**(1): 61-66.

OBJECTIVE: To examine the effect of smoking on breast cancer risk in a large population-based cohort of women, many of whom started smoking as teenagers. METHODS: We followed 102,098 women, ages 30 to 50 years, completing a mailed questionnaire at recruitment to the Norwegian-Swedish Cohort Study in 1991/1992, through December 2000. We used Cox proportional hazard regression models to estimate relative risk (RR) of breast cancer associated with different measures of smoking initiation, duration, and intensity adjusting for confounding variables. We conducted analyses on the entire study population, among women who had smoked for at least 20 years, among nondrinkers, and separately for each country. RESULTS: Altogether, 1,240 women were diagnosed with incident, invasive breast cancer. Compared with never smokers, women who smoked for at least 20 years and who smoked 10 cigarettes or more daily had a RR of 1.34 (95% CI, 1.06-1.70). Likewise, those who initiated smoking prior to their first birth (1.27, 1.00-1.62), before menarche (1.39, 1.03-1.87), or before age 15 (1.48, 1.03-2.13) had an increased risk. In contrast, women who had smoked for at least 20 years, but started after their first birth, did not experience an increased breast cancer risk. The increased RR associated with smoking was observed among nondrinkers of alcohol, women with and without a family history of breast cancer, premenopausal and postmenopausal women, and in both countries. CONCLUSION: Our results support the notion that women who start smoking as teenagers and continue to smoke for at least 20 years may increase their breast cancer risk.

Henderson, P. N., C. Jacobsen, et al. (2005). "Correlates of cigarette smoking among selected Southwest and Northern plains tribal groups: The AI-SUPERPFP study." American Journal of Public Health **95**(5): 867-872.

Objectives. We describe the prevalence and correlates of cigarette smoking in 2 American Indian tribal groups. Methods. We performed multinomial logistic regression on epidemiological data from a population-based, cross-sectional study of Southwest and Northern Plains American Indians aged 15 to 54 years. Results. We found that 19% of Southwest men, 10% of Southwest women, 49% of Northern Plains men, and 51% of

Northern Plains women were current smokers. Male gender and younger age were associated with higher odds of smoking in the Southwest tribe, whereas current or former marriage and having spent less time on a reservation were associated with higher odds of smoking in the Northern Plains population. Alcohol consumption was strongly associated with higher odds of smoking in both groups. Conclusions. Cigarette smoking is a major public health concern among American Indians. Because correlates and smoking patterns vary among different tribal groups, each group's unique characteristics should be considered when designing and implementing comprehensive, culturally appropriate interventions in American Indian communities.

Huebner, A. J., L. Shettler, et al. (2005). "Factors associated with former smokers among female adolescents in rural Virginia." *Addict Behav* **30**(1): 167-73.

We examined multiple ecological factors (individual, family, peer, school, and community) associated with female adolescent former smokers (FS), current smokers (CS), and never smokers (NS) in a sample of 2029 seventh to twelfth grade girls living in a rural area of Virginia. We were particularly interesting in examining variables related to FS. Compared to CS, FS reported lower levels of delinquency, less coping by taking drugs, less availability of cigarettes, and less alcohol and marijuana use. They also reported less depression, fewer suicidal thoughts, and fewer suicide attempts than CS. FS reported spending more time in community clubs, had higher self-esteem, obtained higher grades, had more parental monitoring, more parent attachment, and more school attachment than CS. Logistical regression analysis predicting current or former smoking status revealed significant effects on coping by taking drugs, alcohol use, depression, grades, parental monitoring, and perceived availability of cigarettes. The findings have implications for smoking intervention programs with adolescent girls in rural areas.

Karam-Hage, M., C. S. Pomerleau, et al. "Unaided smoking cessation among smokers in treatment for alcohol dependence." *Addictive Behaviors* **30**(6): 1247.

To investigate the possible impact of treatment of alcohol dependence on smoking, we studied 144 smokers in an alcohol treatment center for whom 6-month data were available. Of those, 18 reported not smoking at 6 months. No significant differences in age, gender, or race were observed between quitters and continuing smokers. Quitters at 6 months were significantly more likely to be low dependent smokers than were continuing smokers and were significantly more likely to report no drinking during the past 28 days at the end of 1 month's treatment (93%) than continuing smokers (62%). These findings suggest that quitting smoking may be associated with low levels of nicotine dependence and favorable alcohol treatment response in alcoholic smokers.

McDermott, L., A. Dobson, et al. (2004). "Changes in smoking behaviour among young women over life stage transitions." *Australian and New Zealand Journal of Public Health* **28**(4): 330-335.

**[not U.S.-based pop. but may be of interest]**

Objective: To examine changes in smoking behaviour among young women over four life stages: leaving home; employment or attending college or university; marriage; and parenthood. Methods: Young women participating in the Australian Longitudinal Study on Women's Health completed postal questionnaires in 1996 and 2000. Results: Unmarried women who moved out of their parents' home between 1996 and 2000 had higher odds of adopting smoking than those who had not lived with their parents at either time (OR 1.8, 95% CI 1.2-2.6). Married women had lower odds of resuming smoking after quitting (OR 0.4, 95% CI 0.2-0.7) than unmarried women. Women who were pregnant in 2000 had higher odds of quitting smoking (OR 3.8, 95% CI 2.5-5.6) and women who were pregnant in 1996 and not in 2000 had higher odds of starting to smoke again (OR 3.2, 95% CI 1.6-6.2) than women who were not pregnant. The odds of being a current smoker or adopting smoking were significantly greater for women who binge drank alcohol or used cannabis and other illicit drugs. Conclusions: Adoption,

maintenance and cessation of smoking among young women is strongly related to major life stage transitions, illicit drug use and alcohol consumption. Implications: Life changes such as marriage and actual or contemplated pregnancy provide opportunities for targeted interventions to help women quit smoking and not relapse after having a baby. Legislation to control smoking on licensed premises would reduce the social pressure on women to smoke.

Robles, E., C. C. Crone, et al. (2005). "Voucher-based incentives for cigarette smoking reduction in a women's residential treatment program." Nicotine Tob Res 7(1): 111-7.

Participants were women (N = 16) living with their children in a residential substance abuse treatment facility. In this within-subjects repeated measures study, a 1-week baseline was followed by a 4-week intervention and a 2-week follow-up (same as the baseline). The intervention consisted of exposure to an educational video and a smoking cessation workbook, brief individual support meetings, and an escalating schedule of voucher-based reinforcement of abstinence. Throughout the study, three daily breath samples (8 a.m., noon, and 4 p.m.) were collected Monday through Friday to determine carbon monoxide (CO) concentration. In addition, urine cotinine (COT) was assessed on Monday mornings to monitor weekend tobacco use. Participants received vouchers of escalating value for CO-negative breath and COT-negative urine samples. Positive samples reset the voucher value. Significantly more negative tests were submitted during the intervention than during baseline and follow-up. The intensive behavioral intervention evaluated in this study produced a substantial reduction in cigarette smoking, and 25% of participants remained abstinent 2 weeks after the intervention was suspended. Nevertheless, the percentage of CO-negative samples submitted during the follow-up returned to baseline levels. While retaining many real-world characteristics, residential treatment facilities provide important opportunities for smoking cessation treatment and research.

Rohsenow, D. J., S. M. Colby, et al. (2005). "Nicotine and other substance interaction expectancies questionnaire: Relationship of expectancies to substance use." Addict Behav 30(4): 629-41.

Smoking and substance abuse co-occur at high rates and substance abusers are less likely to quit smoking than are smokers in general. Therefore, more information about the beliefs substance abusers have about the role of smoking in substance use and in recovery would be useful when designing interventions to impact smoking among substance abusing patients. The present study developed a Nicotine and Other Substance Interaction Expectancies Questionnaire (NOSIE) to investigate the expectancies held by substance abusers in treatment about the effects of smoking on substance use, the effects of substance use on smoking, smoking to cope with recovery, and receptivity to smoking cessation during substance abuse treatment. The 29 items were Likert-rated by 160 substance dependent patients in an inner-city residential substance abuse treatment program and participating in a larger study of smoking at this site. Four components were derived and reduced to a 20-item measure with good reliability. No differences by gender or age were found. On average, the patients reported that substance use almost always increases their smoking or urges to smoke but that smoking only increased substance use or urges about half of the time, that they use smoking to cope with urges to use substances about half of the time, and that they generally agreed that smoking cessation or treatment should be tried during substance abuse treatment and would not harm recovery efforts. Three of the scales correlated with smoking dependence while one scale correlated with drug use severity and heavy drinking days. The scale of receptivity to smoking cessation correlated significantly with measures of motivation and barriers and predicted 1-month smoking cessation outcomes. However, scale scores on smoking to cope with recovery did not significantly

predict 3-month relapse to substance use. Implications for theory and clinical interventions with substance abusers who smoke were discussed.

## **Biology & Substance Use**

Bates, M. E., G. T. Voelbel, et al. (2005). "Short-term neuropsychological recovery in clients with substance use disorders." Alcohol Clin Exp Res **29**(3): 367-77.

**BACKGROUND:** Cognitive impairments are frequently observed in clients who enter treatment programs for substance abuse. The potential for early recovery of cognitive abilities is suggested by previous research; however, the extent of improvement and risk factors that may help predict individual differences in rates of recovery remain unclear. This study is a 6-week follow-up and retest of an original sample of 197 men and women who had received a broad neuropsychological assessment at addiction treatment entry. The aim was to examine the potential clinical significance of changes in cognitive functioning and the extent to which differential recovery was predictable from client background information. **METHODS:** Fifteen neuropsychological tests were readministered to 169 of 197 clients 6 weeks after treatment entry. Structural equation modeling was used to estimate separately the practice effects and recovery in four cognitive domains: executive function, memory, information processing speed, and verbal ability. Client background information included age, sex, education, substance use and consequences, psychopathology, medical problems, familial alcoholism history, and childhood behavior problems. **RESULTS:** A four-factor model of latent neuropsychological ability that was previously identified at treatment entry was replicated at follow-up. Statistically significant increases in the means of the four latent abilities were found. Memory showed a medium effect size improvement. Executive function, verbal ability, and information processing speed, however, showed only small effect size improvements, suggesting limited clinical significance. Substance use between treatment entry and follow-up, antisocial personality disorder, negative use consequences, less education, and medical problems were modestly predictive of less recovery. **CONCLUSION:** Cognitive recovery in the first 6 weeks of treatment is possible, but, with the possible exception of memory, improvement may be minor in terms of clinical relevance.

Cardenas, V. A., C. Studholme, et al. (2005). "Chronic active heavy drinking and family history of problem drinking modulate regional brain tissue volumes." Psychiatry Res **138**(2): 115-30.

The goals of this study were to measure if chronic active heavy drinking is associated with brain volume loss in non-treatment seeking men and women, and to assess the effect of positive family history of problem drinking on brain structure in heavy drinkers. Automated image processing was used to analyze high-resolution T1-weighted magnetic resonance images from 49 active heavy drinkers and 49 age- and sex-matched light drinkers, yielding gray matter, white matter and cerebrospinal fluid (CSF) volumes within the frontal, temporal, parietal and occipital lobes. Regional brain volume measures were compared as a function of group, sex and their interaction. Within heavy drinkers, volumes were correlated with measures of alcohol consumption and compared as a function of family history of problem drinking. Deformation morphometry explored localized patterns of atrophy associated with heavy drinking or severity of drinking. We found significant gray matter volume losses, but no white matter losses, in active heavy drinkers compared with light drinkers. Women had greater gray matter and smaller white matter and CSF volumes as a percentage of intracranial vault than men. Within heavy drinkers, smaller gray matter volumes were associated with higher current levels of drinking and older age, while a positive family history of problem drinking was associated with smaller CSF volumes. Community-dwelling heavy drinkers who are not in alcoholism treatment have dose-related gray matter volume losses, and family history of problem drinking ameliorates some structural consequences of heavy drinking.

Espeland, M. A., L. Gu, et al. (2005). "Association between reported alcohol intake and cognition: Results from the Women's Health Initiative Memory Study." American Journal of Epidemiology **161**(3): 228-238.

Some, but not all, observational studies have suggested that moderate levels of alcohol intake may be associated with improved cognitive function and reduced risk of cognitive decline and dementia. The authors of this 1996-2002 study used data from the Women's Health Initiative Memory Study of postmenopausal combination hormone therapy to assess cross-sectional and prospective associations of self-reported alcohol intake with cognitive function. Across 39 US academic medical centers, 4,461 community-dwelling women aged 65-79 years were followed an average of 4.2 years with annual Modified Mini-Mental State Examinations and standardized protocols for detecting mild cognitive impairment and probable dementia. Compared with no intake, intake of > or =1 drink per day was associated with higher baseline Modified Mini-Mental State Examination scores ( $p < 0.001$ ) and a covariate-adjusted odds ratio of 0.40 (95% confidence interval: 0.28, 0.99) for significant declines in cognitive function. Associations with incident probable dementia and mild cognitive impairment were of similar magnitude but were not statistically significant after covariate adjustment. Associations with intakes of <1 drink per day were intermediate. Moderate levels of alcohol intake may be associated with better cognition and reduced risk of significant cognitive decline; however, confounding associations with unmeasured factors cannot be ruled out.

Jung, M. E., M. B. Gatch, et al. (2005). "Estrogen neuroprotection against the neurotoxic effects of ethanol withdrawal: potential mechanisms." Exp Biol Med (Maywood) **230**(1): 8-22.

Ethanol withdrawal (EW) produces substantial neurotoxic effects, whereas estrogen is neuroprotective. Given observations that both human and nonhuman female subjects often show less impairment following EW, it is reasonable to hypothesize that estrogens may protect females from the neurotoxic effects of ethanol. This article is based on the assumption that the behavioral deficits seen following EW are produced in part by neuronal death triggered by oxidative insults produced by EW. The EW leads to activation of protein kinase C, especially PKCepsilon, which subsequently triggers apoptotic downstream events such as phosphorylation of nuclear factor-kappaB (NFkappaB) complex. On phosphorylation, active NFkappaB translocates to the nucleus, binds to DNA, and activates caspases, which trigger DNA fragmentation and apoptosis. In contrast, estrogens are antioxidant, inhibit overexpression of PKCepsilon, and suppress expression of NFkappaB and caspases. Estrogen treatment reduces the behavioral deficits seen during EW and attenuates molecular signals of apoptosis. The effects of ethanol and estrogen on each step in the signaling cascade from ethanol exposure to apoptosis are reviewed, and potential mechanisms by which estrogen could produce neuronal protection against the neurotoxicity produced by EW are identified. These studies serve as a guide for continuing research into the mechanisms of the neuroprotective effects of estrogen during EW and for the development of potential estrogen-based treatments for male and female alcoholics.

Pierucci-Lagha, A., J. Gelernter, et al. (2005). "Diagnostic reliability of the Semi-structured Assessment for Drug Dependence and Alcoholism (SSADDA)." Drug Alcohol Depend.

The Semi-structured Assessment for Drug Dependence and Alcoholism (SSADDA) is a diagnostic instrument developed for studies of the genetics of substance use and associated disorders. The SSADDA provides more detailed coverage of specific drug use disorders, particularly cocaine and opioid dependence, than existing psychiatric diagnostic instruments. A computerized version of the SSADDA was developed to permit direct entry of subject responses by the interviewer. This study examines the diagnostic reliability of the SSADDA for substance use disorders and for other DSM-IV disorders that are commonly associated with substance use disorders. METHODS: Two hundred

and ninety-three subjects (mean age=39yr, 52.2% women) were interviewed twice over a 2-week period in two sub-studies examining the inter-rater (n=173) or test-retest reliability (n=120) of the SSADDA. The kappa statistic and Yule's Y were used to measure reliability. RESULTS: The reliability of most substance dependence diagnoses was good to excellent, although the reliability of substance abuse diagnoses was substantially lower. The reliability of the associated psychiatric diagnoses varied from fair to excellent. CONCLUSIONS: The SSADDA yields reliable diagnoses for a variety of psychiatric disorders, including alcohol and drug dependence. Although developed for use in genetic studies, its broad and detailed coverage of disorders and computer-assisted format will allow it to be used in a variety of applications requiring careful diagnostic assessment.

Prescott, C. A., C. B. Caldwell, et al. (2005). "The Washington University Twin Study of alcoholism." Am J Med Genet B Neuropsychiatr Genet **134**(1): 48-55.

Genetic contributions to the liability to develop alcoholism in males of Northern and Western European ancestry are well-established. However, questions remain concerning the role of genetic variation in the etiology of alcoholism among non-white populations, among women, and the possibility of etiological heterogeneity in subtypes of alcoholism. The answers to these questions are needed to help define phenotypes for molecular genetic studies searching for QTLs for alcoholism. Twins from 295 pairs were consecutively ascertained at inpatient and outpatient psychiatric and alcohol treatment facilities in St. Louis, MO in 1981-1986. Proband and willing cotwins were evaluated by structured psychiatric interviews, psychometric assessment, and lifetime treatment records. One hundred fifty-four probands met criteria for alcohol abuse/dependence (AAD), including twins from 45 MZ, 50 same-sex DZ, and 59 opposite-sex pairs. Twin-pair resemblance was evaluated for AAD and alcohol dependence (AD), as well as for subsets defined by gender, patterns of comorbidity, ethnic background, and clinical features. Among males, heritability of AAD and AD was substantial, with little evidence for common environmental contributions to family resemblance. Pair resemblance among females was also substantial, but similar for MZ and DZ pairs, yielding near-zero heritability estimates. However, based on these sample sizes, the sex differences were not statistically significant. The results confirm prior studies of strong genetic influences on alcoholism in males, but suggest lower genetic influence in females. Power to test other sources of heterogeneity was limited, but the results suggest no evidence for higher heritability for male early onset alcoholism or for alcoholism with comorbid antisocial personality.

### **Miscellaneous**

Chen, L. H., S. P. Baker, et al. (2005). "Drinking history and risk of fatal injury: comparison among specific injury causes." Accident Analysis and Prevention **37**(2): 245-251.

The effect of acute alcohol use on injury risk is well documented, but the relationship between drinking history and fatal injury has not been adequately studied. The authors performed a case-control analysis to explore the association between drinking history and specific causes of fatal injury. Cases (n=5549) were persons who died from injury, selected from the 1993 National Mortality Followback Survey (NMFS); controls (n=42,698) were a representative sample of the general population, selected from the 1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES). Current drinkers comprised 59% of the cases compared with 44% of the controls. After adjustment for age, sex, race/ethnicity, education, marital status, employment, and drug use, the odds ratio (OR) of dying from drowning for current drinkers was 3.48 (95% confidence interval (CI)=1.94, 6.25), the highest among all causes of injury studied. The lowest adjusted odds ratio associated with current drinking was for falls (OR=1.38; 95% CI=1.05, 1.82).

Being a current drinker increased the risk of dying from suicide more for females (OR=4.04; 95% CI=1.64, 9.93) than for males (OR=1.45; 95% CI=1.20, 1.74). The authors conclude that drinking history is associated with a significantly increased risk of all types of fatal injury.

D'Amico, E. J., S. M. Paddock, et al. (2005). "Identification of and guidance for problem drinking by general medical providers: results from a national survey." Med Care **43**(3): 229-36.

BACKGROUND: Heavy alcohol use is associated with health costs and medical problems. There has been a growing consensus that primary care patients should be screened for alcohol problems. OBJECTIVES: We examined rates at which patients were asked about alcohol or drug use and problems, extending research in this area by using a standardized problem drinking instrument with a large national sample, examining community level variables, and assessing the extent to which patients who were identified received follow-up. SUBJECTS: A subsample of 7371 persons from the 1998 Healthcare for Communities survey who reported visiting a general medical provider (GMP) in the past year. MEASURES: Participants completed questionnaires on demographics, mental and physical health, alcohol, drug use and problems, enrollment in a managed health care plan, whether their medical provider asked about alcohol or drug use, and whether they received advice, counseling, or referral. RESULTS: Being asked about alcohol and drug use was associated with being male, young, highly educated, more health problems, mental health diagnosis, and being classified as a problem drinker. Only 48% of problem drinkers received any follow-up, with most being told to "stop drinking" by their GMP. CONCLUSIONS: Few people are queried about alcohol or drug use when they visit a GMP. When problem use is identified, most patients do not receive appropriate follow-up and aftercare. The quality of primary care could improve if GMPs were educated about providing brief advice/counseling and were given information concerning resources in their community to make appropriate referrals for patients.

Davis, C. S., S. Burris, et al. (2005). "Effects of an intensive street-level police intervention on syringe exchange program use in Philadelphia, PA." Am J Public Health **95**(2): 233-6.

Repeated measurements and mixed-effects models were used to analyze the effects of an intensive long-term street-level police intervention on syringe exchange program use. Utilization data for 9 months before and after the beginning of the intervention were analyzed. Use fell across all categories and time periods studied, with significant declines in use among total participants, male participants, and Black participants. Declines in use among Black and male participants were much more pronounced than decreases among White and female participants.

Davids, E., U. von Bunau, et al. (2005). "History of attention-deficit hyperactivity disorder symptoms and opioid dependence: a controlled study." Prog Neuropsychopharmacol Biol Psychiatry **29**(2): 291-6.

The co-occurrence of attention-deficit hyperactivity disorder (ADHD) and substance use disorders has received considerable attention in recent clinical and scientific investigations. These two disorders are linked to one another in a variety of ways. The core symptoms of ADHD may be mimicked by the effects of psychoactive substance use, making it difficult to diagnose one disorder in the presence of the other. Individuals with ADHD may demonstrate earlier onset of the substance abuse and a pattern of more frequent or intense use. ADHD symptoms were explored as possible antecedents of opioid dependence. A total of 109 adult opioid-dependent, treatment-seeking male and female outpatients were investigated with an extended clinical semistructured interview to collect sociodemographic, drug-related, and clinical data. The results indicate that ADHD alone does not predispose the development of opioid dependence in our sample. Childhood ADHD symptoms may nevertheless be found more frequently related to

school performance problems and difficulties in social adaptation, which was identified in more than half of our population. Patients with ADHD history seemed to experience a drug abuse career with more complications which need to be recognized with focused attention in order to start earlier treatment strategies.

Dawson, D. A., B. F. Grant, et al. (2005). "Quantifying the risks associated with exceeding recommended drinking limits." Alcoholism-Clinical and Experimental Research **29**(5): 902-908.

Background: Although daily and weekly drinking limits demonstrate strong sensitivity and specificity in identifying alcohol use disorders (AUDs), there are no descriptive data that present the risks associated with exceeding these limits in a format suitable for presentation to patients, students, and the general public. Methods: Data collected in the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions were used to estimate the risks of past-year DSM-IV alcohol abuse and dependence associated with various frequencies of exceeding daily drinking limits (no more than 4 drinks for men no more than 3 drinks for women) in a nationally representative sample of 26,946 US drinkers 18 years of age and older. These risks were further categorized by whether weekly drinking limits (no more than 14 drinks for men; no more than 7 drinks for women) were exceeded and by maximum number of drinks consumed in the past year. Results: The prevalence of alcohol dependence with abuse increased in a fairly linear fashion with frequency of exceeding daily drinking limits. The prevalence of dependence alone (no abuse) and abuse alone (no dependence) peaked among persons who exceeded the daily limits twice a week and then leveled off, because individuals became increasingly likely to have both disorders at higher frequencies. Exceeding the weekly limits generally increased the risks of both disorders after accounting for frequency of exceeding the daily limits, but not always to a significant extent. Likewise, maximum quantity of drinks consumed was positively associated with the risks of AUDs even after accounting for frequency of risk drinking. There were few gender differences in the risk of dependence after adjusting for frequency of exceeding daily drinking limits, but the risk of alcohol abuse remained greater among men. Conclusions: These data provide a useful tool for illustrating the broad range of risk of AUDs associated with exceeding recommendations.

Epstein, J. F., L. L. Hourani, et al. (2004). "Predictors of treatment receipt among adults with a drug use disorder." American Journal of Drug and Alcohol Abuse **30**(4): 841-869.

This study used data from the 2000 and 2001 National Household Surveys on Drug Abuse to examine factors that contribute to the receipt of specialty substance abuse treatment, which is defined as treatment in rehabilitation facilities, hospitals, or mental health centers designed to help stop or reduce drug use. The population examined was a nationally representative sample of 3291 adults aged 18 or older with a drug use disorder in the past 12 months. Data were collected by computer-assisted interviews using a combination of computer-assisted personal interviews conducted by the interviewer and audio computer-assisted self-interviewing guided by the computer and respondent. Using descriptive analyses and multivariate logistic regression models, this study compared sociodemographic, substance abuse, and psychosocial characteristics of those receiving treatment with those not receiving treatment; it also examined the factors that influenced treatment receipt while controlling for potential confounders. Characteristics significantly contributing to treatment receipt among adults with a drug use disorder included the following: a woman without social support; a high school graduate with no college education; those receiving insurance through Medicaid or a state Children's Health Insurance Program; those on probation, parole, or supervised release in the past year; a daily smoker of cigarettes; those meeting at least three criteria for drug dependence; those having past year dependence on or abuse of alcohol; and those receiving any mental health treatment or counseling in the past year. Adults associated with the criminal justice system had a different pattern of treatment

predictors from those who were not involved with the criminal justice system.

Griffin, M. L., M. Amodeo, et al. (2005). "Mediating factors for the long-term effects of parental alcoholism in women: the contribution of other childhood stresses and resources." Am J Addict **14**(1): 18-34.

The primary aim of this study was to identify the stresses and resources in childhood that mediate the relationship between parental alcoholism and adult outcomes in women. Adult outcomes included alcohol problems and measures of psychosocial adjustment. Standardized measures and a face-to-face interview were used to collect data on 290 community-dwelling women, with siblings as collateral informants. Mediation analysis showed that the effect of parental alcoholism on several adult outcomes was indirect, mediated by the other stresses and resources examined. Contextual models such as those presented here are helpful in understanding the long-term effects of childhood environment on women.