
Background: Clinical trials have shown that naltrexone 50 mg/day reduces alcohol consumption and relapse rates in alcohol dependents. Aim: To investigate the efficacy of 50 mg/day dose of naltrexone in the maintenance of alcohol-dependent subjects over a 36-week treatment period. Methods: Subjects were randomised into two equal groups, consisting of 116 male alcohol-dependent patients who met the DSM-IV criteria for alcohol dependence and were seeking treatment. The participants received naltrexone or placebo at a dose of 50 mg/day and were treated in an outpatient clinic, offering a weekly 0.5-hour individual counselling session. Days retained in treatment were measured.

Results: Forty-one participants (35.3%) completed the 36-week study. Completion rates by group were 44.8% for the 50 mg naltrexone group and 25.9% for the placebo group (chi2=4.56, DF=1, 2-sided significance=0.033). Conclusion: The results support the efficacy and safety of naltrexone for outpatient treatment of alcohol-dependent individuals in Iran.

Albanese MJ; Pies R. The bipolar patient with comorbid substance use disorder: Recognition and management. CNS Drugs 18(9): 585-596, 2004. (99 refs.)

Bipolar patients with comorbid substance abuse or dependence ('dual diagnosis' patients) represent a major public health problem. Substance abuse generally predicts poor outcome and higher morbidity/mortality in bipolar disorder. For the purposes of this review, open and controlled studies of dual diagnosis assessment and treatment were located through electronic searches of several databases. Pertinent case reports were also evaluated. The results of the search were evaluated in light of the authors' own research on dual diagnosis patients. Literature searching revealed few controlled studies to guide pharmacotherapy of bipolar patients with comorbid substance abuse or dependence. However, preliminary evidence suggests that the best outcomes are usually achieved with antiepileptic mood stabilisers and/or atypical antipsychotics, combined with appropriate psychosocial interventions. The latter may include classical 12-step groups, integrated group therapy or individual psychotherapy. While it is often difficult to determine the precise pathway to comorbid bipolar disorder/substance abuse, it is clear that both disorders must be vigorously treated. This requires a carefully integrated biopsychosocial...
approach, involving appropriate mood stabilisers and psychosocial interventions. Many more controlled studies of these combined treatment approaches are needed.

**Ballesteros J; Gonzalez-Pinto A; Querejeta I; Arino J. Brief interventions for hazardous drinkers delivered in primary care are equally effective in men and women. Addiction 99(1): 103-108, 2004. (24 refs.)**

**Background:** Despite the accumulated evidence on the efficacy of brief interventions in hazardous drinkers some ambiguity remains regarding their differential effectiveness by gender. **Methods:** Meta-analysis of independent studies conducted in primary health care settings with a follow-up of 6-12 months which report results separately by gender. Two outcome measures were selected: the quantity of typical weekly alcohol consumption and the frequency of drinkers who reported consumption below hazardous levels after the intervention. **Results:** Seven studies were included in the meta-analysis. The standardized effect sizes for the reduction of alcohol consumption were similar in men (d = 0.25; 95% CI = 0.34 to 0.17) and women (d = 0.26; 95% CI = 0.38 to 0.13). The odds ratios (OR) for the frequency of individuals who drank below harmful levels were also similar (four studies; OR for men = 2.32; 95% CI = 1.78-2.93; OR for women = 2.31; 95% CI = 1.60-3.17). The difference between genders was negligible. **Conclusion:** Our results support the equality of outcomes among men and women achieved by brief interventions for hazardous alcohol consumption in primary care settings.


**Boekeloo BO; Jerry J; Lee-Ougo WI; Worrell KD; Hamburger EK; Russek-Cohen E; Snyder MH. Randomized trial of brief office-based interventions to reduce adolescent alcohol use. Archives of Pediatrics & Adolescent Medicine 158(7): 635-642, 2004. (35 refs.)**

**Objective:** To determine whether office-based interventions change adolescents' alcohol beliefs and alcohol use. **Design:** Randomized, controlled trial. **Setting:** Five managed care group practices in Washington, DC. **Participants:** Consecutive 12- to 17-year-olds (N = 409) seeing primary care providers (N = 26) for general checkups. Most of the adolescents (79%) were African American, 44% were male, and 16% currently drank. **Interventions:** Usual care (Group I), adolescent priming with alcohol self-assessment just prior to check-up (Group II), adolescent priming and provider prompting with adolescent self-assessment and brochure (Group III). **Main Outcome Measures:** Adolescent alcohol beliefs at exit interview and self-reported behaviors at 6- and 12-month follow-up. **Results:** At exit interview, Groups II and III reported that less alcohol was needed for impaired thinking and a greater intent to drink alcohol in the next 3 months than Group I. At 6 months, Group III reported more resistance to peer pressure to drink, and Groups II and III reported more bingeing than Group I. At 1-year follow-up, controlling for baseline levels, Groups II (odds ratio [OR], 3.44; 95% confidence interval [CI], 1.44-6.24) and III (OR, 2.86; CI, 1.13-7.26) reported more binging in the last 3 months than Group I. Group II reported more drinking in the last 30 days (OR, 2.31; CI, 1.31-4.07).
and in the last 3 months (OR, 1.76; CI, 1.12-2.77) than Group I. Conclusion: Brief office-based interventions were ineffective in reducing adolescent alcohol use but may increase adolescent reporting of alcohol use.


Background: Acamprosate (calcium acetyl homotaurinate) reduces alcohol intake in animals and increases abstinence rates in alcohol-dependent persons. Acamprosate's mechanism of action, however, remains poorly understood. In order to examine whether acamprosate/alcohol interactions contribute to acamprosate's efficacy, the present double-blind, placebo-controlled human laboratory study examined effects of acamprosate on the pharmacokinetics and subjective, psychomotor, and physiological effects of alcohol in heavy drinkers. Methods: In a six-week within-subject design, participants were maintained on acamprosate (0, 2, and 4 g, p.o., double-blind, in counterbalanced order) for 11 days at each dose. Physiological, subjective, and psychomotor measures were collected daily during each dosing cycle. During each acamprosate dose condition, subjects were challenged with 0, 0.5, and 1.0 g/kg ethanol (p.o., counterbalanced order) during three separate laboratory sessions. Subjective, physiological, and psychomotor effects of alcohol, and breath alcohol levels were collected at baseline and at 30-min intervals for a 3-hr post-administration period. Results: Acamprosate alone did not substantially affect subjective, physiological, or psychomotor performance measures. Acamprosate did not alter alcohol pharmacokinetics, or alcohol-induced behavioral impairment or tachycardia, and most subjective alcohol effects were also unaltered by acamprosate as well. Although a trend appeared for acamprosate to increase subjective ratings of intoxication following the lower (0.5 g/kg) alcohol dose, adjustment for individual differences in blood alcohol level eliminated this effect, suggesting the trend was not due to a central effect of acamprosate. Conclusions: Acamprosate does not alter alcohol pharmacokinetics, acute physiological or psychomotor alcohol effects, or most subjective alcohol effects.

This editorial addresses questions raised by Makela in this issue as to the validity and reliability of the Addiction Severity Index, and its inappropriate use in defining "evidence based" treatments


Chick J; Aschauer H; Hornik K. Efficacy of fluvoxamine in preventing relapse in alcohol dependence: A one-year, double-blind, placebo-controlled multicentre study
Patients with a diagnosis of alcohol dependence, detoxified and abstinent for 10-30 days, were randomly allocated to placebo or the serotonin reuptake inhibitor, fluvoxamine (up to 300 mg per day), plus counselling and support. In the intention to treat sample of 493, there was a trend for the fluvoxamine group to do worse than the placebo group on the primary outcome criteria: abstinence; and relapse defined as drinking greater than or equal to 5 units on an occasion and greater than or equal to 4 such occasions in a week, or greater than or equal to 12 units on an occasion (1 unit = 9 g ethanol). When typology of alcoholism was assigned by scores on the Tridimensional Personality Questionnaire, Types I and II had similar rates of survival without relapse on placebo (PLC I: 19.3%, n = 135; PLC II: 18.2%, n = 110), but on fluvoxamine Type II did worse than Type I (FLU I: 13.7%, n = 131; FLU II: 6.14%, n = 114) (P < 0.01). When typology was assigned on the basis of age of onset of alcohol problems (less than or equal to or > age 25), early-onset patients in the fluvoxamine group relapsed more frequently than late-onset patients in that group (no longer significant after adjustment for gender), as did those who commenced regular drinking before age 25 (both with and without adjustment for gender). One explanation for our finding could be that impulsivity in early-onset or Type II patients may be accentuated by serotonin enhancement.


The Adolescent Treatment Models initiative, a 10-site, multi modality, prospective study, was designed to evaluate adolescent substance abuse treatment outcomes and to assess the relative efficacy of different treatment models. Based upon longitudinal data gathered at multiple assessment points using a standardized instrument, treatment outcome trajectories were determined for a cohort of 1,057 adolescents from entry into substance abuse treatment until 12 months post-intake. Client outcomes on substance use and program effectiveness were explored across individual treatment programs and levels of care. Strong treatment effects, defined as a significant reduction in alcohol and other drug use at three months post-intake, were found. The reductions of greatest magnitude in relation to pretreatment use occurred among adolescents in residential treatment. Within level of care, few significant differences in treatment effects were found between programs. Relapse effects, defined as an increase in substance use at 12 months relative to three months, were observed across nearly all programs, but varied in relation to treatment modality. This is most evident among those entering residential treatment, with the highest rate of relapse occurring among adolescents in long-term residential treatment care. Despite strong evidence of treatment effectiveness, continuing care is vital to maintenance of treatment benefit.

Davidson D; Saha C; Scifres S; Fyffe J; O'Connor S; Selzer C. Naltrexone and brief counseling to reduce heavy drinking in hazardous drinkers. Addictive Behaviors 29(6): 1253-1258, 2004. (9 refs.)
The present study examined the utility of daily naltrexone for decreasing alcohol drinking in hazardous drinkers. Forty-one participants participated in a 10-week trial and received 30 min of brief counseling on the first and second week of treatment, as well as a daily dose of 50 mg of naltrexone throughout the trial. Overall, naltrexone-treated participants did not show the same degree of improvement on drinking outcomes as placebo-treated participants. The placebo group drank fewer drinks per drinking day and achieved more abstinence days than the naltrexone group. Craving was also lower for the placebo group. The groups were not balanced on gender or family history of alcoholism and this may explain the lack of effect of naltrexone on the drinking outcomes.

**Day A; Tucker K; Howells K. Coerced offender rehabilitation - A defensible practice? Psychology, Crime & Law 10(3 (Special Issue)): 259-269, 2004. (38 refs.)**

The use of the criminal justice system to force offenders to receive psychological treatment is one of the most controversial aspects of service provision for offenders. Coerced treatment needs to be distinguished from pressured treatment, both having objective and subjective dimensions. In this paper some arguments for and against coerced offender rehabilitation are discussed. We suggest that coercing offenders into attending rehabilitation programmes (or placing legal pressure on them to attend) is unlikely by itself to lead to poorer outcomes. Rather, the individual's perception of coercion will be more influential in determining how an offender approaches treatment. Even when offenders perceive they are being coerced, it is likely that pretreatment anti-therapeutic attitudes can change over the course of a programme, such that therapeutic gains (risk reduction) can occur. Coercion and its effects on treatment engagement and rehabilitation outcomes require further empirical research and conceptual analysis.


Objective: This study was conducted to describe the order of appearance and the progression of alcohol-related life events in Mission Indian men and women with a lifetime diagnosis of alcohol dependence. Method: A total of 407 participants completed a structured interview that gathered information on alcohol diagnoses, remissions, abstinences, and treatments as well as alcohol-related life events. Results: A total of 70% of the men and 50% of the women sampled met lifetime diagnostic criteria for alcohol dependence. The age at onset of alcohol dependence was younger (20 years) and the course proceeded more rapidly (6 years) than what has been described in other large studies of alcoholics. A high degree of similarity in the type and progression of alcohol-related life events was found between Mission Indian men and women and alcoholics from the Collaborative Study on the Genetics of Alcoholism (COGA). However, Mission Indians in this study were significantly more likely than alcoholics in the COGA to experience binge drinking, physical fighting, driving while intoxicated, and alcohol-related health problems and were less likely to consider themselves excessive drinkers, drinking where and when they had not intended to, and to experience guilt concerning
their drinking. Rates of abstention after an alcohol dependence diagnosis (61%) and remission from alcohol dependence symptoms (77%) were also high in Mission Indians. Conclusions: Understanding the course of Mission Indian alcoholism can help identify unique alcohol-related phenotypes as well as guide the development of treatment and prevention programs in this underserved population.

Ellis B; Bernichon T; Yu P; Roberts T; Herrell JM. Effect of social support on substance abuse relapse in a residential treatment setting for women. Evaluation and Program Planning 27(2): 213-221, 2004. (27 refs.)
This study looked at the influence of family functioning, activities of friends, and substance abuse by spouses or significant others on women's substance abuse relapse within 6 months following residential treatment. Data were from the Center for Substance Abuse Treatment's national cross-site evaluation of 6-month residential treatment programs for women with children and pregnant/postpartum women (RWC/PPW). At treatment admission 1758 RWC/PPW clients were interviewed, and 1181 were followed up 6 months after discharge from treatment. Relapse was defined as any use of alcohol or drugs other than nicotine. Positive activities such as families getting along and helping each other during the post-discharge period significantly decreased the likelihood of relapse, while negative activities such as family fights and drug use or criminal activity by friends increased the likelihood of relapse. Post-discharge alcohol and other drug abuse by spouses or significant others also significantly increased the likelihood of relapse.

Flannery BA; Morgenstern J; McKay J; Wechsberg WM; Litten RZ. Co-occurring alcohol and cocaine dependence: Recent findings from clinical and field studies. Alcoholism: Clinical and Experimental Research 28(6): 976-981, 2004. (7 refs.)
This article represents the proceedings of a symposium held at the 2003 annual meeting of the Research Society on Alcoholism in Ft. Lauderdale, FL. The organizer and chair was Barbara A. Flannery, and the discussant was Raye Z. Litten. The presentations were (1) Examining treatment trajectories of alcohol and cocaine dependent patients, by Jon Morgenstern; (2) Outcomes of alcoholics with and without cocaine dependence in a continuing care study, by James R. McKay; (3) Characteristics of non-treatment seeking cocaine and alcohol dependent African Americans, by Barbara A. Flannery; and (4) Cocaine and alcohol use among sex workers in South Africa, by Wendee M. Wechsberg.

Godley SH; Funk RR; Dennis ML; Oberg D; Passetti L. Predicting response to substance abuse treatment among pregnant and postpartum women. Evaluation and Program Planning 27(2): 223-231, 2004. (38 refs.)
The treatment response of 139 pregnant and postpartum women in gender-specific residential substance abuse treatment was investigated. These women were assessed with the Addiction Severity Index (ASI) at intake and six months after their discharge. A factor analysis performed with these women's ASI composite scores revealed two distinct
factors: a substance use severity factor primarily from the alcohol and drug composite scores, and a general life distress factor primarily from the medical, legal, family/social and psychiatric composite scores. A cluster analysis of the pre- and post-ASI factor scores revealed four main subgroups of women (ranging in size from 14 to 41%) that had different patterns of change in response to treatment. Patterns of change could accurately be predicted for 71% of the women based on intake ASI severity composite scores, history of prior treatment, and service bundle received.

The scope and types of nutrition services provided in substance abuse treatment programs has not been well defined nor has there been an attempt to determine if associations exist between the provision of nutrition services and substance abuse treatment outcomes. The objectives of this study were to assess the provision (use and extent) of nutrition education in substance abuse treatment programs in facilities that provide a single or two or more substance abuse treatment programs, and to determine the possible association between nutrition intervention and substance abuse treatment program outcome measures (defined as changes in Addiction Severity Index [ASI] composite scores). A descriptive, single, cross-sectional survey of registered dietitians with clinical nutrition program management responsibility (n=152) was used to define the use and extent of nutrition services in substance abuse treatment programs. Positive associations between nutrition services provided, particularly nutrition education services and substance abuse treatment program outcome measures, were detected. When group nutrition/substance abuse education was offered, ASI psychological and medical domain scores improved by 68% and 56%, respectively (P<.05). Individual nutrition/substance abuse education was a predictor of ASI family/social domain change scores improving by 99% (P<.05). In those programs where group nutrition/substance abuse education was offered, moderate to strong correlations with various nutrition education services were observed, specifically in individual nutrition/substance abuse education (r=0.51; P<.05), group normal/nutrition education (r=0.64; P<.01), and individual normal/nutrition education (r=0.46; P<.05). Substance abuse treatment programs offering group nutrition/substance abuse education offered significantly (P<.05) more nutrition services overall. Findings support the position that nutrition education is an essential component of substance abuse treatment programs and can enhance substance abuse treatment outcomes. Dietitians should promote and encourage the inclusion of nutrition education into substance abuse treatment programs.

Grant TM; Ernst CA; Stark K; Streissguth AP. 3-year intervention with alcohol and drug abusing pregnant women: Findings from 3 sites. (meeting abstract). Alcoholism: Clinical and Experimental Research 28(5 Supplement): 125A-125A, 2004. (0 refs.)
Green CA; Polen MR; Lynch FL; Dickinson DM; Bennett MD. Gender differences in outcomes in an HMO-based substance abuse treatment program. *Journal of Addictive Diseases* 23(2): 47-70, 2004. (41 refs.)

This study examined gender differences in treatment outcomes and outcomes predictors among 155 men and 81 women attending a gender-sensitive substance abuse treatment program. Bivariate analyses indicated women improved more than men in social/family and daily functioning domains, but differences disappeared after controlling for baseline characteristics. Multivariate models predicting treatment outcomes revealed that, across Addiction Severity Index domains, outcomes for men were predicted primarily by mental health and medical conditions, severity of the substance abuse problem, and treatment completion. For women, in addition to treatment completion, outcomes were more likely to be predicted by social, socio-demographic, and life-history characteristics. For abstinence outcomes, women who completed treatment were 9 times as likely to be abstinent at 7-month follow-up as other women; men who completed were 3 times more likely to be abstinent than other men. Women with more severe psychiatric status and those who felt their life was out of control were less likely to be abstinent, as were men who lived alone. Clinicians targeting such factors differentially for men and women may enhance the effectiveness of treatment.


Prior research on legally coerced treatment for substance abuse tends to find no difference between coerced and non-coerced clients with respect to treatment retention and treatment outcomes. There is less known about the relationship between coercion and a client's motivation to change. We considered the relationship of legal coercion and readiness to change among 295 consecutive admissions to five publicly funded outpatient treatment programs. A logistic regression analysis indicated that legal coercion was associated with greater readiness to change after controlling for addiction severity, prior treatment history, and gender. Persons entering treatment due to legal coercion were over three times more likely to have engaged in recovery-oriented behavior in the month preceding admission. Entering treatment more prepared to benefit from the experience could contribute to outcomes that are more positive.


Background: A 12-week, double-blind, randomized, parallel-group clinical trial, comparing olanzapine and placebo treatment together with cognitive-behavioral psychotherapy, was carried out to determine the efficacy, safety, and tolerability of olanzapine in the treatment of alcoholism. Methods: A total of 60 alcohol-dependent patients were assigned to 12 weeks' treatment with either olanzapine or placebo. The primary variable relapse to heavy drinking rate was evaluated by means of intention-to-
treat analyses. Alcohol consumption, craving, adverse events, and changes in the biochemical markers of heavy drinking and possible toxicity were also evaluated.

**Results:** We did not find significant differences in the survival analysis between placebo and olanzapine-treated patients (Kaplan-Meier log rank = 0.46, df = 1, p = 0.50). Eleven (37.9%) patients treated with olanzapine relapsed compared with 9 (29%) of those receiving placebo (chi(2) = 0.53, df = 1, p = 0.5). Although some adverse events (weight gain, increased appetite, drowsiness, constipation, and dry mouth) were found more frequently in the olanzapine group, differences did not reach statistical significance in comparison with the placebo group.

**Conclusions:** Olanzapine was well tolerated, as the rate of adverse events was low, and it was safe, because it did not interfere with the normalization of biochemical markers of heavy drinking or alter liver function markers. Alcohol-dependent patients showed good adherence and compliance with the treatment protocol, but we found no differences in relapse rate or other drinking variables when comparing olanzapine with placebo-treated patients.

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**Hall EA; Prendergast ML; Wellisch J; Patten M; Cao Y.** Treating drug-abusing women prisoners: An outcomes evaluation of the forever free program. *Prison Journal* 84(1): 81-105, 2004. (44 refs.)

Forever Free is an in-prison, residential, substance abuse treatment program employing a cognitive-behavioral curriculum designed for women. To assess this treatment model, 215 study volunteers in prison were recruited (119 treatment, 96 comparison); a 1-year follow-up was completed with 180 women (101 treatment, 79 comparison). Recidivism, drug use, and employment were examined. Bivariate analyses showed that treated women had significantly fewer arrests, less drug use, and greater employment. Cox regression analysis of time to reincarceration revealed that those with more lifetime arrests had a significantly increased risk of reincarceration; treatment group members and older subjects showed a trend toward decreased risk. Logistic regression analysis showed that treatment group membership and greater age predicted a lowered likelihood of drug use; heroin as the primary drug predicted a greater likelihood of use; and increased days in postrelease treatment and higher levels of education predicted employment.

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Aims: To compare two levels of psychosocial intervention in combination with acamprosate medication for the treatment of alcohol dependence. Methods: Patients (n = 70) were prescribed acamprosate and randomized to Minimal Psychosocial Intervention (MPI) or Extended Psychosocial Intervention (EPI). MPI patients met a psychiatrist for 20-30 min sessions on four occasions during a 6 month period. EPI patients were offered 10-15 sessions with a psychiatric nurse in addition to the visits to the psychiatrist. EPI patients were trained to use behavioural and cognitive coping skills to deal with high-risk situations in line with a manual developed for relapse prevention. Patients were assessed four times during the 24-week study by self-report and laboratory tests. Results: Patients on average reported a decline in days with heavy drinking and in cumulative number of
drinking days. No significant differences between patients in MPI and EPI were found with respect to heavy drinking, cumulative number of drinking days, number of days to first drink, or biomarkers of alcohol consumption. Higher age and lower level of education were significant predictors of treatment success. Conclusions: Adding more intensive individual treatments appears to add no extra improvement beyond that obtained by prescribing acamprosate and offering an infrequent consultation with a physician.

Changes in funding, clientele, and treatment practices of public and privately owned substance abuse treatment programs, compelled in part by increased cost containment pressures, have prompted researchers' investigations of the implications of organizational form for treatment programs. These studies primarily probe associations between ownership status, patient characteristics, and services delivered and do not empirically link organizational form or structure to treatment outcomes. Data from the National Treatment Improvement Evaluation Study (NTIES) were used to study the relationship of ownership and other dimensions of publicness" identified in the public management literature to patient outcomes, controlling for patient characteristics, treatment experiences, and other program characteristics. A few effects of organizational form and structure on substance abuse treatment outcomes are statistically significant (primarily improved social functioning), although the specific contributions of measures of ownership and publicness to explaining program-level variation are generally small.

Should we be surprised to find that men and women respond equally to brief alcohol interventions (Ballesteros et al. 2003)? Possibly today's women are drinking and reacting more like men, although this male-female convergence hypothesis has not been strongly confirmed. Women tend not to drink as excessively as men, but those who do drink heavily appear to develop problems more rapidly. These gender effects are absent in younger participants, which could signal a social sea change. Recent trends suggest that, in the United Kingdom, young women's drinking behaviour is becoming more similar to that of men. Perhaps alcohol treatment research may be trapped in the stereotypical belief that there is a powerful link between personality attributes and biological sex, whereas these characteristics are as likely to be socially as biologically constructed. Ballesteros and colleagues have produced a finding that has important practical implications. Women as well as men should be given the opportunity of receiving a brief intervention, especially as screening takes just 15 seconds. Nevertheless, key questions remain to be addressed: is gender role associated with differences in the effectiveness of brief interventions? Is this effect influenced by cultural factors, especially the perceived social pressure to desist from excessive drinking? What messages are most appropriate for different gender roles?
Hser YI; Evans E; Huang D; Anglin DM. Relationship between drug treatment services, retention, and outcomes. Psychiatric Services 55(7): 767-774, 2004. (36 refs.)

Objective: This longitudinal study conducted path analyses to examine the relationships between treatment processes and outcomes among patients in community-based drug treatment programs. Methods: A total of 1,939 patients from 36 outpatient drug-free and residential treatment programs in 13 California counties were assessed at intake, discharge, three months after admission, and nine months after admission. Path analyses were conducted to relate the quantity and quality of services that were received in the first three months of treatment to treatment retention and outcomes at the nine-month follow-up. Patients were determined to have a favorable outcome if for at least 30 days before the follow-up assessment they did not use drugs, were not involved in criminal activity, and lived in the community. The path analyses controlled for patients' baseline characteristics. Results: Greater service intensity and satisfaction were positively related to either treatment completion or longer treatment retention, which in turn was related to favorable treatment outcomes. Patients with greater problem severity received more services and were more likely to be satisfied with treatment. These patterns were similar for patients regardless of whether they were treated in outpatient drug-free programs or residential programs. Conclusions: The positive association between process measures -- that is, greater levels of service intensity, satisfaction, and either treatment completion or retention -- and treatment outcome strongly suggests that improvements in these key elements of the treatment process will improve treatment outcomes.


This study examined the longitudinal patterns of drug abuse treatment utilization over a 36-month period and the associated outcomes. The sample included 430 patients recruited from several treatment programs of different modalities; 335 patients in the single treatment group reported no additional treatment subsequent to the referent treatment, 65 patients in the consecutive treatment group continued in treatment after the referent treatment ended, and 30 patients in the non-consecutive treatment group reentered into treatment at least one month after the referent treatment ended. The three groups did not differ in terms of background characteristics and most of the drug use history and criminal history measures. The cumulative lengths of time in treatment over the 36 months were also similar across the three groups with the mean being 10-13 months. During the 36-month period, more than 60% of the patients across the three groups also reported treatment participation prior to the referent treatment. A logistic regression analysis was conducted to predict the positive outcome (defined as no drug use and no crimes committed while living in the community) at follow-up. Both longer stay in treatment cumulatively across the 36-month period and self-help group participation subsequent to the referent treatment were positively related to the favorable outcome, while prior treatment was negatively related to outcome. Relative to the non-consecutive
group, patients in the consecutive group and single treatment group were, respectively, 2.81 times, and 2.49 times more like to have a positive outcome. The study results suggest that continued participation in some kind of treatment or self-help group is critical for sustaining recovery.

Gender differences in longitudinal patterns of treatment utilization and outcomes over three yearly time points were examined among a sample of 511 patients recruited from drug treatment programs across Los Angeles County. Face-to-face interviews were conducted at baseline and one-year follow-up. Retrospectively recalled natural history data were collected at the follow-up interview. Over the three observational years, compared to men, women generally reported greater involvement in drug abuse treatment, lower levels of drug use and employment, and higher levels of drug use by their spouses. The path model showed that women's drug use and criminality were negatively related to formal treatment and self-help group participation, but positively related to their spouse's drug use. Fewer factors significantly impacted men's drug use and crime over time. Implications of these gender differences are discussed.

This study investigates gender differences in adolescent substance abuse behavior, treatment effectiveness, and the associated relationships with pre-, during-, and post-treatment groups of variables. Analyses were performed using 6-month post-treatment follow-up data from over two thousand subjects. T-test analysis showed that females exhibited more psychological difficulties, family-related problems, and sexual abuse experiences, whereas males exhibited worse school and legal problems before treatment. Females also showed better attendance in aftercare or self-help groups and better treatment outcomes than males. Discriminant function analyses indicated that school problems, legal problems, lack of religious involvement, and substance abuse before treatment could discriminate abstinence status for females at 6-month follow-up. Substance abuse before treatment, length of stay, and parental participation in treatment could differentiate abstinence status for males at 6-month follow-up. Limitations in applying research findings and implications for adolescent substance abuse treatment are also discussed.

This expert consensus statement reviews evidence on the effectiveness of drug and alcohol self-help groups and presents potential implications for clinicians, treatment
program managers and policymakers. Because longitudinal studies associate self-help group involvement with reduced substance use, improved psychosocial functioning, and lessened health care costs, there are humane and practical reasons to develop self-help group supportive policies. Policies described here that could be implemented by clinicians and program managers include making greater use of empirically-validated self-help group referral methods in both specialty and non-specialty treatment settings and developing a menu of locally available self-help group options that are responsive to client's needs, preferences, and cultural background. The workgroup also offered possible self-help supportive policy options (e.g., supporting self-help clearinghouses) for state and federal decision makers. Implementing such policies could strengthen alcohol and drug self-help organizations, and thereby enhance the national response to the serious public health problem of substance abuse.

Objective: Inconsistencies in outcome measures across studies of treatment efficacy have made comparisons among them difficult. As a result, there is interest in identifying one or more measures that might be recommended as universal indicators of outcome. The present article seeks to identify drinking, psychosocial and/or biological variables that could be candidates for use as universal indicators of change following alcoholism treatment. Method: The primary data set included 128 alcohol-dependent men and women who were randomly assigned to cognitive-behavioral or interactional group treatment for 26 weekly sessions. Results: The greatest changes following treatment were seen in measures of drinking and drinking consequences. Correlational analyses indicated that changes from baseline in drinking consequences were significantly associated with changes in drinking. Psychosocial and biological indicators showed much smaller changes from baseline, and these were only weakly associated with changes in drinking, indicating that they are not sensitive measures of treatment-related change. The overall pattern of these findings was replicated in the Project MATCH data set. Conclusions: It was concluded that drinking frequency and intensity measures, as well as a measure of drinking consequences, may be useful as universal indicators of alcohol treatment outcome, but that the other psychosocial and biological measures studied in these two data sets are not strong candidates for this purpose.

Kalman D; Kahler CW; Tirch D; Kaschub C; Penk W; Monti PM. Twelve-week outcomes from an investigation of high-dose nicotine patch therapy for heavy smokers with a past history of alcohol dependence. Psychology of Addictive Behaviors 18(1): 78-82, 2004. (30 refs.)
This study reports findings from an investigation of the efficacy of high-dose nicotine patch (NP) therapy for heavy smokers with a past history of alcohol dependence. One hundred thirty participants were randomly assigned to 42 mg or 21 mg of transdermal nicotine for 4 weeks, followed by an 8-week dose titration. Follow-up assessments were conducted at 4 and 12 weeks. Differences between dose conditions were nonsignificant, although unexpectedly, outcomes favored participants in the 21-mg NP condition.
Nicotine abstinence at follow-up was related to longer length of alcohol abstinence at time of enrollment. Future research should investigate ways to improve smoking quit rates in this population, including more frequent counseling sessions and/or other pharmacotherapies. These investigations should focus primarily on smokers in early alcohol recovery.

Objective: The purpose of this study was to estimate the outcomes and costs of day hospital and nonmedical community-based day treatment for chemical dependency.
Method: A community sample of 271 adults (179 men) dependent on alcohol and/or drugs was recruited and randomized to either a hospital-based (medical) day treatment program or to a community-based (nonmedical) day treatment program. The day hospital (DH) program lasted for 3 weeks. One community-based program (CP2) lasted 3 or 4 weeks, and the other (CP1) lasted for 6 weeks but with shorter treatment days and more criminal justice clients. Because of our concerns regarding treatment fidelity, we replaced CP1 with CP2 as the randomization site for the nonmedical, community-based arm of the trial halfway through the study. Results: Abstinence rates were similar between DH and CP2 subjects, with 53% and 60% of each group, respectively, reporting no drinking for the 30 days preceding both follow-up interviews. DH subjects were less likely than those in either of the nonmedical programs to report medical problems at both follow-ups. Average episode costs per client were significantly (p < .01) lower at CP1 ($526) than at DH ($1,274) or CP2 ($1,163). A pattern of weaker effects was observed at the less costly problematic community program (CP1), including less abstinence than was reported at CP2 (only 40% of CP1 subjects were alcohol free at both follow-ups) and worse psychiatric, family/friend and employment outcomes than were reported at DH or CP2. Conclusions: Our results not only demonstrate the clinical diversity that exists between nonmedical, community-based day treatment programs but also show that nonmedical programs can compete with DH treatment in cost as well as in most outcomes.


One hundred fifty-three problem drinkers were randomly assigned to receive naltrexone 50 mg or placebo on a daily or targeted (to high-risk drinking situations) basis. Using
structured nightly diaries, participants recorded negative and positive mood, desire to
drink, and alcohol consumption over 8 weeks. Results indicated that individuals engaged
in any drinking and heavy drinking more on days, characterized by relatively higher
levels of positive or negative mood states. Naltrexone attenuated the positive association
between heavy drinking and both positive and negative mood, and targeted
administration attenuated the positive association between heavy drinking and positive
mood. There was also evidence that desire to drink mediated the effect of targeted
administration on the relation between positive mood and any drinking that day. These
findings underscore the utility of daily measurement for understanding the processes that
underlie pharmacological interventions for problem drinking.

Kranzler HR; Wesson DR; Billot L; DrugAbuse Sciences Naltrexo Depot Study.
Naltrexone depot for treatment of alcohol dependence: A multicenter, randomized,
placebo-controlled clinical trial. Alcoholism: Clinical and Experimental Research
Background: Studies of the efficacy of naltrexone for alcohol dependence have yielded
variable findings, which may be due, in part, to variation in compliance with oral
naltrexone. Efforts to improve naltrexone compliance have included the development of
injectable, long-acting depot formulations. Methods: We conducted a multicenter trial in
315 subjects who were randomly assigned to receive an intramuscular injection of a
depot formulation containing naltrexone (n = 158) or a placebo formulation (n = 157)
monthly for 3 months. All patients received five sessions of manual-guided motivational
enhancement therapy during the 12 weeks of the study. The outcomes of interest were
based on self-reported alcohol use and gamma-glutamyl transpeptidase level. Missing
data or data from subjects who discontinued the study were conservatively treated as
heavy-drinking days. Results: Groups were comparable on pretreatment demographic and
clinical measures. The medication was well tolerated; 73.7% of subjects received all
injections. The time to the first heavy-drinking day, the percentage of subjects with no
heavy drinking throughout the study, and gamma-glutamyl transpeptidase levels favored
the naltrexone depot, although the effects did not reach statistical significance. There was
a significant advantage for naltrexone depot treatment on the time to the first drinking
day. Naltrexone depot subjects also had significantly fewer drinking days during
treatment and a significantly greater abstinence rate than the placebo group (18% vs.
10%). Conclusions: This is the first multicenter study of a depot formulation of
naltrexone for the treatment of alcohol dependence. Using a conservative intent-to-treat
analysis, the study showed an advantage for the active medication. Further research with
this formulation is warranted.

Labbate LA; Sonne SC; Randal CL; Anton RF; Brady KT. Does comorbid anxiety
or depression affect clinical outcomes in patients with post-traumatic stress disorder
refs.)
Post-traumatic stress disorder (PTSD) is commonly comorbid with other psychiatric
disorders, including substance use disorders. In spite of this, pharmacologic treatment
trials for PTSD often exclude individuals with significant psychiatric comorbidity. This study is a post hoc analysis of a 12-week double-blind placebo-controlled trial investigating sertraline in the treatment of patients with comorbid PTSD and an alcohol use disorder. Individuals with additional anxiety and affective disorders were included. Patients (N = 93) were stratified into four groups depending on presence or absence of additional anxiety or depressive disorders and evaluated for the effects of comorbidity on PTSD symptoms, depressive symptoms, and drinking behaviors. We hypothesized that additional comorbidity would be associated with poorer outcomes. Patients in all four subgroups showed marked and clinically significant improvement in alcohol drinking behaviors over the course of the study. For the entire sample, over the course of the 12 weeks, mean drinks per drinking day fell from 13.0 +/- 8.4 (SD) to 3.0 +/- 5.0 (SD); t = 10.2, df = 92, P < .000. There were, however, no significant differences among groups. Patients in all four groups showed moderate improvement in Hamilton Depression Rating Scale (HAMD) scores and Clinician-Administered PTSD scale (CAPS) scores at endpoint. For the entire sample, mean CAPS scores fell from 59.3 +/- 19.4 (SD) to 40.8 +/- 26.0, t = 8.9, df = 92, P < .000. Mean HAMD scores fell from 17.9 +/- 6.7 (SD) at baseline to 11.8 +/- 9.4 (SD) at endpoint; t = 6.7, df = 92, P < .000. There were, however, no significant differences among groups for change in HAM-D or CAPS scores. Hence, contrary to our hypothesis, having additional anxiety or mood disorder comorbidity did not decrease treatment response in individuals with comorbid PTSD and an alcohol use disorder.

Lamb RJ; Kirby KC; Morral AR; Galbicka G; Iguchi MY. Improving contingency management programs for addiction. Addictive Behaviors 29(3): 507-523, 2004. (26 refs.)

Contingency management interventions effectively reduce or eliminate some individuals' problem substance use. Typically, those who do not benefit never experience the reward or planned contingency available through the intervention because they never produce the behavior (often abstinence) on which the reward is contingent. With two analog studies, we examine whether the effectiveness contingency management interventions improves when contingencies are arranged in ways that improve the likelihood of all participants experiencing the available reward. Participants were smokers not planning to quit. In Study 1, smokers were paid $0, 1, 3, 10, or 30 each day for 5 days for delivery of breath carbon monoxide (CO) levels either 4 ppm or below half the median of their baseline levels. Higher payment amounts and the easier target criterion resulted in a higher likelihood of participants meeting criterion. Once participants met the 4 ppm criterion, however, they often maintained this behavior even in the absence of payments for reduced breath CO levels. An ineffective contingency management system was made effective based on these results. Study 2 examined the effectiveness of percentile schedules at reducing breath CO levels. Percentile schedules shaped lower breath CO levels. The effectiveness of percentile schedules in shaping abstinence was tested in treatment seekers, and percentile schedules were found to be effective at shaping abstinence.

Although adherence to aftercare therapy in substance abuse treatment is associated with improved outcome, little research has explored the effects of adherence interventions on outcome. We compared 20 graduates of our 28-day intensive treatment program who received a standard aftercare orientation with 20 graduates who received this intervention plus social reinforcement of aftercare group therapy attendance. The social reinforcement group showed less alcohol use than the standard care group at a 6-month follow-up assessment as measured by the Addiction Severity Index (ASI), but not less drug use. Additionally, compared to standard care, the social reinforcement participants were more likely to be abstinent at the 6-month follow up (76% vs. 40%). The groups did not differ on hospital readmission rates over a 12-month follow-up period. Additionally, the social reinforcement group showed better long-term aftercare attendance compared to the standard care group.


This is a report on a sample of adolescent drug abusers in treatment (N = 220) to estimate the degree to which probable ADHD status increases the odds of posttreatment alcohol, marijuana, and other drug relapse during the initial 6 months following discharge. Drug abusing Youth with probable ADHD status exhibited 2.5 times the risk of posttreatment alcohol relapse when compared to youth without probable ADHD status while controlling for demographics, pretreatment conduct-disordered behavior, pretreatment alcohol use frequency, and treatment factors. A significant crude association between probable ADHD status and other drug relapse was not maintained when adjusted for pretreatment conduct-disordered behavior, pretreatment other drug use frequency, or treatment factors. Different conceptual models are offered to explain substance-specific associations between probable ADHD status and posttreatment relapse. The findings suggest that standard treatment approaches that do not directly address comorbid disorders may result in elevated posttreatment relapse rates among recovering youth with ADHD.

Macdonald S; Mann RE; Chipman M; Anglin-Bodrug K. Collisions and traffic violations of alcohol, cannabis and cocaine abuse clients before and after treatment. Accident Analysis and Prevention 36(5): 795-800, 2004. (27 refs.)

Prior research has shown that those with alcohol problems have significantly elevated rates of traffic events (i.e. traffic violations and collisions) than licensed drivers from the general population and that treatment is associated with reductions in alcohol-related collisions. However, very little research exists on traffic events and the impact of treatment for cannabis or cocaine clients. The objectives of this research are: (1) to determine whether clients in treatment for a primary problem of alcohol, cannabis or cocaine have significantly elevated rates of traffic events than a matched control group of
licensed drivers; and (2) to assess whether a significant reduction in traffic events occurs after treatment for each client group compared to a control group. Driver records of patients admitted to substance abuse treatment in 1994 for a primary problem of alcohol (17 = 117), cannabis (11 = 80) or cocaine (it = 169) were accessed from the Ministry of Transportation for Ontario, Canada. A comparison Group of 504 licensed drivers frequency matched by age, sex and place of residence, was also randomly selected. Data was collapsed into two 6-year time periods: 1988-1993 (i.e. before treatment) and 1995-2000 (i.e. after treatment). Six repeated measures analysis of variance tests were conducted where traffic violations and collisions of three treatment groups (i.e. alcohol, cannabis or cocaine) and a control group were compared before and after treatment. All three treatment groups had significantly more traffic violations than the control group and no significant interactions between time period and group membership were found. For collisions, there was a significant interaction between the alcohol and control groups and between the cocaine and control groups. The average number of collisions for the alcohol and cocaine groups decreased after completing treatment, whereas the number for the control group was stable over the same time periods. Neither the interaction term nor the between Group effect was significant in the comparison of the cannabis and control groups. When rates of collisions were calculated based on the period that each driver had a valid license, the interaction term was still significant for the comparison of the alcohol and control groups but not for the cocaine and control groups. The results contribute to existing literature by demonstrating that cocaine and cannabis clients have a higher risk of traffic violations than matched controls and that reductions in collision risk was found after treatment for the alcohol and cocaine groups. More research is needed to better understand the reasons for the higher risk of traffic events and to determine reasons for declines.


Comorbidity in alcohol research refers to the presence of alcohol dependency and another major psychiatric disorder. The existence of additional disorders may have consequences for treatment planning and success. The aims of this paper are therefore: 1) to give an overview on prevalence rates in studies with representative cohorts and hospital-based samples; 2) to report results on gender differences and 3) to determine the impact of comorbidity on treatment outcome. Comorbidity was examined with the Composite International Diagnostic Interview (CIDI) in N = 118 (61 male and 57 female) alcohol-dependent patients who were socially well integrated. Results show that 65% of the female patients but only 28% of the male patients had a lifetime history of additional psychiatric disorders. Significantly more phobic/anxiety disorders, mood disorders occur in female patients. One year after inpatient treatment, overall 39% had suffered a relapse. More detailed analysis revealed that 55% of the non-comorbid but only 28% of the comorbid women suffered a relapse, thus contradicting our initial hypothesis that comorbid patients have a poorer prognosis with regard to their alcohol dependence. Male comorbid (40.9%) and non-comorbid (35.3%) patients showed no significant differences regarding relapse rates.

Background: A number of clinical trials have been undertaken to determine the efficacy of acamprosate in the maintenance of abstinence in alcohol-dependent individuals. However, the reported differences in patient populations, treatment duration, and study endpoints make comparisons difficult. An assessment of the efficacy of treatment with acamprosate was, therefore, undertaken using meta-analytical techniques. Methods: All randomized, placebo-controlled trials (RCTs) that fulfilled predetermined criteria were identified using (1) a language unrestricted search of 10 electronic databases; (2) a manual search of relevant journals, symposia, and conference proceedings; (3) cross-referencing of all identified publications; (4) personal communications with investigators; and (5) scrutiny of Merck-Sante's internal reports of all European trials. Study quality was assessed, independently, by three blinded workers. Key outcome data were identified; some outcome variables were recalculated to ensure consistency across trials. The primary outcome measure was continuous abstinence at 6 months; abstinence rates were determined by estimating Relative Benefit (RB).

Results: A total of 19 published 1 unpublished RCTs were identified that fulfilled the selection criteria; 3 were excluded because the documentation available was insufficient to allow adequate assessment. The remaining 17 studies, which included 4087 individuals, 53% of whom received active drug, were of good quality and were otherwise reasonably comparable. There was no evidence of publication bias. Continuous abstinence rates at 6 months were significantly higher in the acamprosate-treated patients (acamprosate, 36.1%; placebo, 23.4%; RB, 1.47; 95% confidence intervals (CI): 1.29-1.69; p < 0.001). This effect was observed independently of the method used for assigning missing data. The effect sizes in abstinent rates at 3, 6, and 12 months were 1.33, 1.50, and 1.95, respectively. At 12 months, the overall pooled difference in success rates between acamprosate and placebo was 13.3% (95% CI, 7.8-18.7%; number needed to treat, 7.5). Acamprosate also had a modest but significant beneficial effect on retention (6.01%; 95% CI, 2.90-8.82; p = 0.0106).

Conclusion: Acamprosate has a significant beneficial effect in enhancing abstinence in recently detoxified, alcohol-dependent individuals.


Aim: To test whether a single session of motivational interviewing (discussing alcohol, tobacco and illicit drug use) would lead successfully to reduction in use of these drugs or in perceptions of drug-related risk and harm among young people. Design: Cluster
randomized trial, allocating 200 young people in the natural groups in which they were recruited to either motivational interviewing (n = 105) or non-intervention education-as-usual control condition (n = 95). Setting: Ten further education colleges across inner London. Participants: Two hundred young people (age range 16-20 years) currently using illegal drugs, with whom contact was established through peers trained for the project. Intervention: The intervention was adapted from the literature on motivational interviewing in the form of a 1-hour single-session face-to-face interview structured by a series of topics. Measurements: Changes in self-reported cigarette, alcohol, cannabis and other drug use and in a range of drug-specific perceptions and other indicators of risk and harm. Measurement at recruitment and follow-up interview 3 months later. Findings: A good follow-up rate (89.5%; 179 of 200) was achieved. In comparison to the control group, those randomized to motivational interviewing reduced their use of cigarettes, alcohol and cannabis, mainly through moderation of ongoing drug use rather than cessation. Effect sizes were 0.37 (0.15-0.6), 0.34 (0.09-0.59) and 0.75 (0.45-1.0) for reductions in the use of cigarettes, alcohol and cannabis, respectively. For both alcohol and cannabis, the effect was greater among heavier users of these drugs and among heavier cigarette smokers. The reduced cannabis use effect was also greater among youth usually considered vulnerable or high-risk according to other criteria. Change was also evident in various indicators of risk and harm, but not as widely as the changes in drug consumption. Conclusions: This study provides the first substantial evidence of non-treatment benefit to be derived among young people involved in illegal drug use in receipt of motivational interviewing. The targeting of multiple drug use in a generic fashion among young people has also been supported.

McCrary BS. To have but one true friend: Implications for practice of research on alcohol use disorders and social networks. Psychology of Addictive Behaviors 18(2): 113-121, 2004. (71 refs.)
Although social networks play an integral role in the recognition and resolution of drinking problems, social network influences may be positive, negative, or mixed. The author reviewed empirical literature on positive and negative aspects of the structure of problem drinkers' social networks, the impact of the social network on problem recognition, social network predictors of treatment outcomes, treatments that involve the social network in treatment, and posttreatment changes in social network structure and functioning. Future directions for research and clinical implications of research findings are discussed.

Objective: This study examined the clinical problems and treatment outcomes of homeless people with severe mental illness and a history of incarceration. Methods: Between May 1994 and June 1998, a total of 5,774 people entered assertive community treatment case management services in the Access to Community Care and Effective Services and Supports (ACCESS) demonstration program at IS sites in nine states. This
study used data from reassessments at 12 months after program entry. Analysis of variance was used to compare baseline status and 12-month outcomes for clients with a lifetime incarceration history of less than six months, of six months or more, and no incarceration history. The outcomes assessed were housing status, employment status, psychiatric problems, alcohol problems, drug problems, and criminal justice involvement. Results: Two-thirds of the ACCESS clients had a history of incarceration, with about one-third having less than six months of incarceration and about one-third having six months or more of incarceration. Clients with a long-term incarceration history had higher psychiatric symptom scores, higher drug use and alcohol use scores, and higher levels of dual diagnosis than those with a short-term incarceration history or those with no history of incarceration. The same order of differences was found on measures of childhood abuse, family-of-origin stability, and childhood conduct disorder. Clients with an incarceration history of six months or more reported higher levels of long-term homelessness than the group without an incarceration history. The group with an incarceration history of less than six months showed less improvement at the 12-month follow-up evaluation than the group with no incarceration history on only one outcome measure, psychiatric problems. The group with an incarceration history of six months or more had poorer outcomes than the group with no incarceration history on only two of six outcomes, psychiatric problems and number of days in jail. Conclusions: This study found that among homeless clients with severe mental illness, clients with a history of incarceration have more serious problems and show somewhat less improvement in some community adjustment domains.

McKay JR; Foltz C; Leahy P; Stephens R; Orwin RG; Crowley EM. Step down continuing care in the treatment of substance abuse: Correlates of participation and outcome effects. Evaluation and Program Planning 27(3): 321-331, 2004. (34 refs.) This study examined the predictors of participation in step down continuing care in publicly funded substance abuse treatment programs, and the relation between participation in step down care and alcohol and crack cocaine use outcomes over a 36-month follow-up. The sample included patients in residential/inpatient programs (IP; N = 134) and intensive outpatient programs (TOP; AT = 370). About one-third of patients in the IP sample received step down TOP or standard outpatient (OP) continuing care, and less than a quarter of those in the TOP sample received step down OP care. Patients who received step down continuing care following IP had greater social support at intake and were more likely to be female and White than those who did not receive continuing care. Patients who received continuing care following TOP were more likely than those who did not to be female and employed, and were older, had higher self-efficacy, and shorter lengths of stay in TOP. Participation in step down care was not associated with other factors assessed at intake. In the IP sample, receiving step down continuing care was not associated with better alcohol or crack cocaine use outcomes over the 36-month follow-up. In the TOP sample, there were also no main effects favoring continuing care for either alcohol or crack cocaine use outcomes. However, patients who received continuing care did have less crack cocaine use in the first six months of the follow-up. These findings suggest that new models of continuing care are needed that are more acceptable to patients, produce better outcomes, and are cost-effective.

Objective: This study examined the results of two previous studies that evaluated African Americans and whites who were undergoing treatment for cocaine dependence to determine whether the groups differed in pretreatment characteristics, treatment retention, compliance, and cocaine use outcome. Methods: Data were taken from two trials (N=111 in each), in which patients were randomly assigned to groups that used different behavioral treatments (cognitive-behavioral treatment and 12-step facilitation) and pharmacotherapies. (desipramine and disulfiram). Results: Few differences between African Americans and whites were found in terms of demographic characteristics, reasons for seeking treatment, or expectations of treatment. In both studies African Americans and whites did not differ significantly with respect to cocaine use outcomes, but African-American participants completed significantly fewer days of treatment than white participants. In study 2, which was not placebo controlled, African Americans who received disulfiram remained in treatment significantly longer than African Americans who did not receive disulfiram. However, in study 1, in which patients took either desipramine or a placebo, no interactions of ethnicity by medication were found. Among patients who expected improvement to take a month or longer in study 1, African Americans remained in treatment for fewer days than whites. Conclusions: The behavioral therapies evaluated did not significantly differ in effectiveness for African Americans and whites, suggesting that they are broadly applicable across these ethnic groups. Findings also suggest possible strategies for improving retention of African Americans in treatment. Such strategies might include offering treatment with a, medication component and better addressing participants' treatment expectations.


This study examined the influence of the duration and frequency of a baseline episode of participation in Alcoholics Anonymous (AA) among 473 individuals with alcohol use disorders on 1-year and 8-year outcomes and the effect of additional participation and delayed participation on outcomes. Compared with individuals who did not participate, individuals who affiliated with AA relatively quickly, and who participated longer, had better 1-year and 8-year alcohol-related outcomes. Individuals who continued to participate, and those who continued longer, had better alcohol-related outcomes than did individuals who discontinued participation, but individuals who delayed participation in AA had no better outcomes than those who never participated. In general, the frequency of participation was independently associated only with a higher likelihood of abstinence.

Background: The impact of disease on health-related quality of life is now well recognized, as is the importance of this variable as a measure of treatment efficacy.

Methods: Patients from five European countries were enrolled in an open, multicenter, prospective study designed to observe outcome in dependent drinkers treated for 6 months with acamprosate and psychosocial support. Version 1 of the 36-item Short Form Health Profile (SF-36v1) questionnaire was administered at inclusion and at 3 and 6 months. Responses were described as handicaps compared with an appropriately matched, healthy reference population. One-way fixed ANOVA and simultaneous stepwise linear regression analysis were used to identify potential predictors of quality of life at baseline and after treatment. Results: Baseline SF-36v1 data were obtained from 1216 patients (mean age, 43 +/- 9 years; 77% male). Mean values for all SF-36v1 dimensions were significantly lower in the patient population than in the normative reference population; the most important deficits were observed in physical and emotional role limitations and in social functioning. The most important predictors of baseline quality of life were severity of alcohol dependence, employment status, psychiatric history, quantity and frequency of alcohol consumption, attendance at Alcoholics Anonymous, global alcohol health status, age, gender, and education. SF-36v1 data were obtained from 686 patients at 3 months and from 497 at 6 months. Significant improvements were observed in all SF-36v1 dimensional and summary scores after 3 months of treatment (p < 0.001); further marginal improvements were observed between 3 and 6 months. The most important predictors of quality of life following treatment were the SF-36v1 profile at baseline, followed by abstinence duration; patients who completed the trial and remained abstinent throughout showed the greatest improvement. Conclusions: Health-related quality of life is severely impaired in dependent drinkers. Treatment with acamprosate and psychosocial support, by promoting abstinence, improves the quality of life profile to levels comparable to those observed in healthy individuals.

Murphy JG; Benson TA; Vuchinich RE; Deskins MM; Eakin D; Flood AM et al. A comparison of personalized feedback for college student drinkers delivered with and without a motivational interview. Journal of Studies on Alcohol 65(2): 200-203, 2004. (19 refs.)

Objective: This study evaluated the relative efficacy of personalized drinking feedback (PDF) delivered with and without a motivational interview (MI) for college student drinkers. Method: Heavy-drinking college students (N = 54; 69% female) were identified from a large screening sample and randomly assigned either to receive PDF during a single MI session or to receive PDF without an MI. Of these participants, 51 (94%) completed a 6-month follow-up assessment that included measures of alcohol consumption and alcohol-related problems. Results: At 6-months postintervention, participants in both groups showed significant, small to moderate reductions in alcohol consumption, but the groups did not differ. Women showed larger reductions than men.
Rates of alcohol-related problems remained relatively unchanged. Conclusions: The hypothesis that an MI would enhance the efficacy of PDF was not supported.

From a large consecutive sample (n = 1,312) of hospital-treated alcoholics with multiaxial ratings, 105 were chosen for personal examination two decades after the subjects' first admission (1949-1969) for alcohol problems. To study patterns of successful adjustment, 70 were chosen on the basis of a good social adjustment (health insurance data) at follow-up, whereas the control subjects had been granted a disability pension. The first follow-up was carried through in 1982-1983. In 1998-1999, the same 105 subjects were studied concerning mortality rate and adjustment patterns. In the good social adjustment group, 33% had deceased as compared with 63% in the control group (p < 0.01). Twenty-three out of 44 surviving subjects accepted a personal interview. Favourable adjustment was generally reported as being stable over the follow-up period. Several subjects reported stable non-problem drinking and others a change between abstinent and non-abstinent adjustment patterns.

O'Farrell TJ; Murphy CM; Stephan SH; Fals-Stewart W; Murphy M. Partner violence before and after couples-based alcoholism treatment for male alcoholic patients: The role of treatment involvement and abstinence. Journal of Consulting and Clinical Psychology 72(2): 202-217, 2004. (54 refs.)
This study examined partner violence before and after behavioral couples therapy (BCT) for 303 married or cohabiting male alcoholic patients and used a demographically matched nonalcoholic comparison sample. In the year before BCT, 60% of alcoholic patients had been violent toward their female partner, 5 times the comparison sample rate of 12%. In the 1st and 2nd year after BCT, violence decreased significantly from the year before BCT, and clinically significant violence reductions occurred for patients whose alcoholism was remitted after BCT. Structural equation modeling indicated that greater treatment involvement (attending BCT sessions and using BCT-targeted behaviors) was related to lower violence after BCT and that this association was mediated by reduced problem drinking and enhanced relationship functioning.

Objective. To examine the impact of managed care on the number and types of services offered by substance abuse treatment (SAT) facilities. Both the number and types of services offered are important factors to analyze, as research shows that a broad range of services increases treatment effectiveness. Data Sources. The 2000 National Survey of Substance Abuse Treatment Services (NSSATS), which is designed to collect data on service offerings and other characteristics of SAT facilities in the United States. These
data are merged with data from the 2002 Area Resource File (ARF), a county-specific database containing information on population and managed care activity. We use data on 10,513 facilities, virtually a census of all SAT facilities. Study Design. We estimate the impact of managed care (MC) on the number and types of services offered by SAT facilities using instrumental variables (IV) techniques that account for possible endogeneity between facilities' involvement in MC and service offerings. Due to limitations of the NSSATS data, MC and specific services are modeled as binary variables. Principal Findings. We find that managed care causes SAT facilities to offer, on average, approximately two fewer services. This effect is concentrated primarily in medical testing services (i.e., tests for TB, HIV/AIDS, and STDs). We also find that MC increases the likelihood of offering substance abuse assessment and relapse prevention groups, but decreases the likelihood of offering outcome follow-up. Conclusion. Our findings raise policy concerns that managed care may reduce treatment effectiveness by limiting the range of services offered to meet patient needs. Further, reduced onsite medical testing may contribute to the spread of infectious diseases that pose important public health concerns.

We previously established that Babor Type A "lower-risk/severity" alcoholics (n = 55) had better treatment response to fourteen weeks of sertraline (200 mg/day) than placebo, a finding not present for Type B "higher-risk/severity" alcoholics (h = 45). This exploratory study tended these results by examining the original sample for gender differences in response to sertraline pharmacotherapy. Type A alcoholic men, but not Type A alcoholic women, had consistently better outcomes with sertraline compared to placebo on several common drinking measures: time to relapse, days drinking, days drinking heavily, drinks per drinking day, and number of those continually abstinent. There were no significant differences in drinking with sertraline compared to placebo in Type B alcoholic men or women.

Pfefferbaum A; Rosenbloom MJ; Serventi KL; Sullivan EV. Brain volumes, RBC status, and hepatic function in alcoholics after 1 and 4 weeks of sobriety: Predictors of outcome. American Journal of Psychiatry 161(7): 1190-1196, 2004. (24 refs.)
Objective: The authors asked if hematological indices of RBC status and hepatic function in newly sober alcoholic men are related to abnormalities in brain morphology, change with normalization of brain function during short-term sobriety, and predict prolonged sobriety. Method: Alcoholic men received brain magnetic resonance imaging and laboratory assessments on admission and before discharge from an inpatient treatment program. Healthy comparison men were similarly tested. Results: On admission, RBC count, hemoglobin level, and hematocrit were significantly lower in alcoholic subjects than comparison subjects; mean corpuscular volume, SGOT, SGPT, and gamma-glutamyl transpeptidase were significantly higher. By discharge, all measures had improved, although RBC count, mean corpuscular volume, and gamma-glutamyl
transpeptidase levels remained significantly different from those of comparison subjects. Upon admission, alcoholic men had smaller cortical white and gray matter and larger lateral and third ventricle volumes, with reduced lateral ventricle and increased anterior cortical gray matter volumes by discharge. Lower RBC count, hemoglobin level, and hematocrit were associated with lower white matter and higher ventricular volumes at admission. Change in these measures was related to reduction in ventricular volume with treatment. By discharge, associations among RBC count, hemoglobin level, and hematocrit and white matter and ventricular volumes were less marked than at admission. Discharge hemoglobin value and hematocrit discriminated patients who maintained sobriety from those who relapsed. Hepatic function showed limited association with brain measures at admission and discharge. Conclusions: Hemograms reflect alcohol-related abnormalities in brain morphology, improvement over short-term sobriety, and liability to relapse after treatment.

This paper summarizes outcome findings from an evaluation of residential treatment projects funded by the Center for Substance Abuse Treatment (CSAT), in the Substance Abuse and Mental Health Services Administration, under its Residential Women and Children and Pregnant and Postpartum Women demonstration programs. It first examines client-level treatment outcomes as indicated by pre-post changes in drug and alcohol use, criminal involvement, economic well-being, parenting success, and other important outcome dimensions. Post-treatment status was assessed through interviews administered 6 months after discharge to a sample of approximately 1200 former clients from 32 treatment sites. The paper also examines projects' success in obtaining continuation funding after the initial 5-year CSAT grant ended. Project sustainability provides another major indicator of the perceived value and effectiveness of the treatment program's services. Key findings were that a majority of former clients (61%) reported being completely drug- and alcohol-free throughout the follow-up period, large pre-post improvements were noted in other important areas of client and family functioning, and most of the projects begun with CSAT seed-money support (92%) were able to continue operations after the grant support ended.

Rohsenow DJ. What place does naltrexone have in the treatment of alcoholism? CNS Drugs 18(9): 547-560, 2004. (40 refs.)
Despite two recent negative trials, most controlled clinical studies have found that when naltrexone is added to substance abuse treatment or counselling, significantly less heavy drinking is done by the patients who are willing to take most of the prescribed naltrexone. Naltrexone also reduces urges to drink and makes any slips back into drinking less pleasant. Therefore, naltrexone can be a useful adjunct to substance abuse counselling or rehabilitation programmes, as one of many tools that clinicians and patients use. However, beneficial effects are limited in scope. Naltrexone mostly does not increase the chance of staying completely abstinent but rather reduces the intensity or frequency of
any drinking that does occur. Many alcohol-dependent individuals are medically ineligible or are unwilling to take naltrexone, many who start naltrexone do not continue with it and many who comply with it do not benefit. Compliance is greater for individuals who experience fewer adverse effects and who have stronger beliefs in the benefits of naltrexone, suggesting that clinicians can increase compliance by helping patients to manage adverse effects and by bolstering patients' beliefs in the benefits of naltrexone. Alcohol-dependent individuals who are most likely to benefit from naltrexone seem to be those with close relatives who also had alcohol problems, or who have stronger urges to drink or who are more limited in cognitive abilities. Some individuals may benefit from a higher dose, particularly people with lower blood concentrations of the medication, and individuals who achieve good results may benefit from a longer course of treatment with naltrexone. In these ways, treatment can be targeted to increase the likelihood of beneficial outcomes with naltrexone.

**Rohsenow DJ; Monti PM; Martin RA; Colby SM; Myers MG; Gulliver SB et al.**


Aims: This clinical trial investigated effects of motivational enhancement treatment (MET) and group coping-skills training (CST) tailored for cocaine dependence. Effects of MET were hypothesized to be greater with CST and for less motivated patients. Design and interventions: A 2 × 2 design investigated two individual sessions of MET compared to meditation-relaxation (MRT), followed by four group sessions of CST versus drug education (ED), as daily adjuncts to intensive treatment. Setting: The substance abuse program provided full-day treatment with a learning-theory and 12-Step orientation. Participants: Cocaine-dependent patients were recruited. Measurements: Assessment included treatment retention; change in cocaine-related urge, self-efficacy, pros and cons, and motivation; substance use and problems during 12-month follow-up. Findings: Of 165 patients, follow-up status is known for 90% (n = 149). Patients in MET with low initial motivation to change reported less cocaine and alcohol relapse and use days and fewer alcohol problems than MET patients with higher initial motivation. MET produced more employment improvement than MRT, with no other significant benefit for MET. Patients with higher motivation had more cocaine use and alcohol problems after MET than MRT. Group CST reduced cocaine and alcohol use during follow-up for women only and reduced alcohol relapse for men and women. Conclusions: MET is more beneficial for patients with lower initial motivation than for patients with high initial motivation. CST reduced cocaine and alcohol use for women only and reduced alcohol relapses, in contrast to results with lengthier individual CST.

**Sacks S; Sacks JY; McKendrick K; Pearson FS; Banks S; Harle M.**


A women's therapeutic community (TC) designed to prevent homelessness was evaluated rising a quasi-experimental process. Propensity analysis selected comparable experimental (E) and comparison (C) participants. Significant improvements were found
for the E group at the domain level, both in "psychological" dysfunction on symptoms (e.g., depression), and in "health," including ratings of health and adherence to medication regimens. No significant difference was found at the domain level for "parenting" or "housing stabilization," but specific outcomes did differ. For example, a greater number of children resided with the E group mothers who also assumed financial responsibility for more of their children.


This editorial addresses the Addiction Severity Index, and addresses the problems outlined by Makela (article in the same issue, "Studies of the reliability and validity of the Addiction Severity Index") and potential inappropriate use of the index in devising "evidence-based" treatments. The author suggests that what is needed is a discussion of what measures based on what parts of the ASI can be used in what populations and for what purposes.

Stevens SJ; Estrada B; Murphy BS; McKnight KM; Tims F. Gender differences in substance use, mental health, and criminal justice involvement of adolescents at treatment entry and at three, six, twelve and thirty month follow-up. Journal of Psychoactive Drugs 36(1): 13-25, 2004. (31 refs.)
Many adolescents entering substance abuse treatment have coexisting mental health problems and are criminally involved. Examination of the complexities of substance use, mental health, and criminal justice involvement along with changes in these issues following treatment is needed. This study includes 941 males and 266 females enrolled in seven drug treatment programs located in geographically diverse areas of the United States. Comparisons between males and females at treatment entry and three, six, and 30 months later were examined with regard to substance use, mental health, and criminal justice involvement. Results indicate that females showed significantly greater severity in substance use, problems associated with use, and mental health related variables at intake while males had significantly more days on probation/parole. With respect to change over time, the rate of change in mental health and days on probation/parole differed between the sexes. Results indicate that while rate of change is different for males and females on most variables, there was positive change following treatment for both groups with regard to substance use, mental health, and probation/parole status. The high severity levels of females at intake calls for gender-specific outreach and identification along with gender-specific treatments.
Tait RJ; Hulse GK; Robertson SI. Effectiveness of a brief-intervention and continuity of care in enhancing attendance for treatment by adolescent substance users. Drug and Alcohol Dependence 74(3): 289-296, 2004. (34 refs.)

Aims: To evaluate the effectiveness of a brief intervention enhanced by a consistent support person in facilitating attendance for substance use treatment following a hospital alcohol or other drug (AOD) presentation. Participants: We recruited 127 adolescents (aged 12-19 years) from hospital emergency departments, 57 were female. Sixty were randomly assigned to receive the intervention and 67 to receive standard hospital care. For the purpose of comparison, normative data were also collected (at baseline) from 122 non-AOD presenting adolescents. Intervention: The brief intervention involved identifying impediments to treatment service attendance and facilitating attendance via a consistent support person. Results: At 4 months, a significantly greater proportion of the intervention group, both daily and "occasional" drug users, had attended treatment than the usual care group. Regardless of attendance at the treatment service the intervention group showed a greater improvement in GHQ-12 scores than the usual care group. Across groups, a greater proportion of those who attended treatment moved to "safer" drug use behaviour (non-hazardous alcohol consumption and/or non-injecting drug use (IDU)), and showed a greater decline on a composite total drug use score. Conclusions: Adolescent attendance for treatment can be improved by brief intervention with harmful substance use behaviours reduced for both "occasional" and daily users. Improvements in psychosocial well-being is observed regardless of attendance at a treatment service.


Coping is important for preventing relapse, but may be utilized differently depending on the individual's level of cognitive functioning. Impaired reasoning, attention, and memory are commonly observed in alcohol-dependent individuals. This study describes the prospective relationship between neuropsychological functioning and utilization of coping strategies in predicting outcome one year after discharge from an inpatient alcohol treatment program. Male veterans (n = 43) hospitalized in an alcohol treatment facility were given structured interviews, coping questionnaires, and neuropsychological testing, and were followed three and 12 months after discharge. Neuropsychological ability moderated the relationship between coping and drinking outcomes one year after treatment. This was particularly true for patients with better neuropsychological functioning. Specifically, patients with higher neuropsychological performances and more maladaptive coping responses, such as self-blame, had a greater percentage of drinking days at follow-up. Alcohol-dependent adults with good neuropsychological functioning may be able to benefit more from coping skills training. For those with neuropsychological deficits, coping skills training may need to take cognitive limitations into consideration.

Objective: This study of dual diagnosis patients examined the associations of the intensity of acute care services and 12-step self-help group attendance with substance use and mental health outcomes. Method: Participants (n = 230; 96% men) received treatment in one of 14 residential programs and were evaluated with the Addiction Severity Index at discharge (98%) and at 1-year follow-up (80%). Results: High service intensity in acute treatment was associated with better substance use and family/social outcomes both at discharge and at 1 year when patients' intake status was controlled. More attendance at 12-step self-help groups was also associated with better patient substance use and psychiatric outcomes, both during and following treatment. The benefits of more 12-step group attendance, however, depended on whether acute treatment was of low or high service intensity. More 12-step group attendance during treatment was associated with better alcohol and drug outcomes at discharge only among patients treated in low-service-intensity programs; and more attendance postdischarge was associated with better psychiatric and family/social functioning at 1 year only among patients receiving low-service-intensity care. Conclusions: We suggest potential means by which high-service-intensity acute care programs might better facilitate patients' postdischarge use of 12-step self-help groups to benefit outcomes.


Treatment outcomes of 126 adolescents (13-18 years old) with comorbid substance use disorders (SUDs) and Axis I psychiatric disorders (mood, anxiety, conduct, and attention-deficit/hyperactivity disorders) were compared to 81 SUD adolescents with no additional Axis I disorder. Participants completed structured interviews and symptom measures while participating in an adolescent treatment program and at 6 months following treatment. Results indicated that comorbid youth received more treatment during the outcome period; despite this, more comorbid SUD-Axis I disordered adolescents used substances following treatment than SUD-only youth, even after controlling for socioeconomic status and ethnicity. Among comorbid youth, internalizing disordered adolescents were less likely to use substances during the follow-up period, and externalizing disordered youth returned to substance use most rapidly after discharge from treatment.


This study investigated variables associated with help-seeking for drinking problems and with long-term drinking outcomes. In a 3’2 design, problem drinkers (N=167) were selected according to their help-seeking history [no assistance (NA), Alcoholics Anonymous (AA) only, or treatment plus AA (TxAA)] and current drinking status...
resolved abstinent (RA) for >2 years or nonresolved (NR) active drinkers]. Drinking practices and problems, influences on help-seeking, and life events were assessed retrospectively during structured interviews. Participant reports were verified through collateral or reliability interviews. Stable resolution was associated with heavier drinking and greater negative life events before resolution. Seeking help, especially from treatment, was associated with greater psychosocial problems and higher dependence levels. The results indicate that different dimensions of drinking problems are associated with help-seeking and drinking outcomes, and suggest ways to increase help-seeking.

Verdejo A; Orozco-Gimenez C; Sanchez-Jofre MM; de Arcos FA; Perez-Garcia M. The impact exerted by the severity of recreational drug abuse on the different components of the executive function. Revista de Neurologia 38(12): 1109-1116, 2004. (49 refs.)

Introduction. A number of neuropsychological studies have shown the relationship between severity of drug abuse and the executive functioning of substance abusers, along with its negative impact on treatment results. Aim. The aim of this study is to examine the relationship between severity of consumption of alcohol, cannabis, cocaine, heroin, amphetamines and ecstasy on the executive processes of fluency, working memory, response inhibition, concept formation and decision-making. Patients and methods. Forty poly-substance abusers participated in this study. In a series of setwise regression analyses we introduced the standardized scores of a severity index as predictor variables, and the raw scores of five indexes sensitive to executive functioning as dependent variables: the Ruff Figural Fluency Test (RFFT), the Letter Number Sequencing subtest (LyN), the 5 Digit Test (5DT), the Category Test (TC) and the Gambling Task (GT). Best subsets of predictors for each dependent variable were included in multiple regression models. Results and conclusions. We obtained significant relationships between severity of heroin and ecstasy abuse and RFFT performance; between severity of alcohol, cocaine, heroin and amphetamines and LyN performance; between severity of alcohol, cannabis, cocaine, heroin and ecstasy and 5DT performance; and between severity of heroin and amphetamines and TC performance. These results show the significant influence of severity of drug abuse on executive impairment, which may have a negative impact on treatment results.


Program graduation, even after controlling for length of stay, may predict for improved outcomes in some substance abuse treatment settings. We investigated the role of program graduation by comparing social outcomes and inpatient utilization the years before and after treatment among graduates and dropouts of a Veterans Administration substance abuse intensive outpatient program. At enrollment, graduates and dropouts were similar in all spheres measured. Patients who completed the treatment program used significantly fewer psychiatric inpatient bed days of care the year after they completed the program, both in comparison to their own prior use and in comparison to program
dropouts. Graduates were more likely to be abstinent and less likely to fully relapse or be incarcerated at 6-month followup. Further research is needed to discern optimal treatment length that which maximizes both length of stay and completion rates, while optimizing use of limited treatment resources.

The current study replicates and refines earlier findings concerning the role of risk factors as predictors of reincarceration following prison substance abuse treatment. Findings confirm that risk factors predict recidivism 3 years postprison and that positive treatment effects are more likely to be found among the higher risk participants. However care must be taken in adopting this conclusion for policy as it does not hold when the powerful effects of aftercare are introduced. Specifically, impressive reductions in recidivism were also found for the lower risk offenders who completed aftercare. Therefore, caution is urged in assuming that low-risk individuals would not benefit from continued treatment.

Relapse prevention, based on the cognitive-behavioral model of relapse, has become an adjunct to the treatment of numerous psychological problems, including (but not limited to) substance abuse, depression, sexual offending, and schizophrenia. This article provides an overview of the efficacy and effectiveness of relapse prevention in the treatment of addictive disorders, an update on recent empirical support for the elements of the cognitive-behavioral model of relapse, and a review of the criticisms of relapse prevention. In response to the criticisms, a reconceptualized cognitive-behavioral model of relapse that focuses on the dynamic interactions between multiple risk factors and situational determinants is proposed. Empirical support for this reconceptualization of relapse, the future of relapse prevention, and the limitations of the new model are discussed.

Woodall WG; Kunitz SJ; Zhao HW; Wheeler DR; Westerberg V; Davis J. The prevention paradox, traffic safety, and driving-while-intoxicated treatment. American Journal of Preventive Medicine 27(2): 106-111, 2004. (9 refs.)
Background: In San Juan County, New Mexico, a 28-day jail/treatment program for first-time driving-while-intoxicated (DWI) offenders was established in 1994 to reduce both DWI recidivism and alcohol-related crashes. This paper assesses the impact of the program on both outcomes. Methods: The data are composed of driving records of all people arrested for DWI in San Juan County from August 1994 through December 2001. Subsequent re-arrests and crashes were analyzed to compare people who had been sentenced to the jail/treatment program and those who had not. Kaplan-Meier survival curves and Cox proportional hazards regression analyses were used. Covariates included
age, gender, blood alcohol content (BAC), number of prior arrests, and ethnicity (Native American, non-Hispanic white, and Hispanic). Results: Re-arrest rates were significantly lower for the treatment than the nontreatment group. Each of the three major ethnic groups showed similar effects. This was not observed for subsequent alcohol-related crashes, possibly as a result of insufficient numbers. BAC and number of previous arrests were, however, significant risk factors for subsequent crashes. Finally, although BAC and previous arrests were important risk factors for subsequent crashes, the vast majority of subsequent alcohol-related crashes occurred among people in the intermediate risk ranges. Conclusions: The jail/treatment program is effective in reducing the probability of DWI re-arrests. The evidence with respect to crashes is equivocal. That most crashes occur to people in the intermediate risk range exemplifies the prevention paradox, and means that the courts, which deal most severely with high-risk individuals, cannot be expected to have a major impact on alcohol-related crashes.

Wu E; El-Bassel N; Gilbert L; Piff J; Sanders G. Sociodemographic disparities in supplemental service utilization among male methadone patients. Journal of Substance Abuse Treatment 26(3): 197-202, 2004. (40 refs.)

The high prevalence of health and psychosocial needs among methadone treatment patients has prompted efforts to supplement methadone treatment with additional services. Research has generally focused on linking supplemental service utilization to drug treatment outcomes, with fewer studies aimed at understanding supplemental service utilization itself. This study with randomly selected male methadone maintenance treatment program (MMTP) patients examined associations between sociodemographic factors and supplemental service utilization while controlling for need for services and treatment duration. Findings indicate that MMTP patients who are African American, Latino, uninsured, or have less education were less likely to report any supplemental service utilization. Hypotheses positing sociodemographic differences in regular vs. occasional service utilization were not supported. There is a need to improve access to supplemental services for minority and disadvantaged MMTP patients, and MMTPs may represent an important venue to address health disparities in general. [END]