

## **Presentación**

Su elaboración en formato electrónico, iniciada en julio de 2002, ha supuesto importantes ventajas de cara a ampliar y agilizar su difusión entre los profesionales del sector, permitiendo asimismo la localización de documentación relevante por parte de cualquier ciudadano interesado en el campo de las drogodependencias.

Como en los números anteriores, en el boletín de septiembre se recogen las principales novedades bibliográficas que, sobre los distintos aspectos relacionados con las adicciones, han tenido entrada en el Centro de Documentación e Información de la Delegación del Gobierno para el Plan Nacional sobre Drogas en los tres últimos meses. El contenido del Boletín está estructurado en tres grandes epígrafes: Novedades Bibliográficas (clasificadas por su temática), Legislación y Sumarios de Revistas.

Esperamos que el Boletín, cuya difusión se realiza a través de listas de distribución de correo electrónico y de su presencia permanente en la página web de la Delegación del Gobierno para el Plan Nacional sobre Drogas, sea de interés y quedamos a la espera de cualquier sugerencia y/o consulta que sobre el mismo queráis formular.

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*Peter D. Friedmann*

- Buprenorphine and Methadone: A Comparison of Patient Completion Rates During Inpatient Detoxification 3  
*Richard D. Blondell MD,*  
*Susan J. Smith MS,*  
*Timothy J. Servoss MA,*  
*Sonja K. DeVaul BS,*  
*Rebecca L. Simons BA*

*Buprenorphine and methadone are both effective for the control of the acute signs and symptoms of opiate withdrawal, but it is not known if there are differences between these two medications for other important clinical outcomes. This observational, non-randomized study evaluated completion rates of patients over a 13-month period when buprenorphine replaced methadone as the medication used for short-term inpatient opiate detoxification. Of the 644 patients in the study, the 303 treated with buprenorphine were more likely to complete detoxification than the 341 treated with methadone (89% vs. 78%;  $P < .001$ ). Improvement in completion rates coincided with the introduction of buprenorphine. We conclude that as compared to methadone, buprenorphine is associated with greater rates of completion of inpatient detoxification.*

KEYWORDS: Detoxification, buprenorphine, methadone, against medical advice, drugs, substance abuse, treatment completion

- Outcomes of Buprenorphine Maintenance in Office-based Practice 13  
*Stephen Magura*  
*Stephen J. Lee*  
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*Susan D. Whitley*  
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*Randy Seewald*  
*Herman Joseph*  
*Deborah J. Kayman*  
*Chunki Fong*  
*Lisa A. Marsch*  
*Andrew Rosenblum*

*Buprenorphine is an efficacious treatment for opioid dependence recently approved for office-based medical practice. The purpose of the study was to describe the background characteristics, treatment process, outcomes and correlates of outcomes for patients receiving buprenorphine maintenance in "real world" office-based settings in New York City, without employing the many patient exclusion criteria characterizing clinical research studies of buprenorphine, including absence of co-occurring psychiatric and non-opioid substance use disorders. A convenience sample of six physicians completed anonymous chart abstraction forms for all patients who began buprenorphine induction or*

who transferred to these practices during 2003-2005 ( $N = 86$ ). The endpoint was the patient's current status or status at discharge from the index practice, presented in an intent-to-treat analysis. The results were: male (74%); median age (38 yrs); White, non-Hispanic (82%); employed full-time, (58%); HCV+ (15%); substance use at intake: prescription opioids (50%), heroin (35%), non-opioids (49%); median length of treatment (8 months); median maintenance dose (15 mg/day); prescribed psychiatric medication (63%). The most frequent psychiatric disorders were: major depression, obsessive-compulsive and other anxiety, bipolar. At the endpoint: retained in the index practice (55%); transferred to other buprenorphine practice (6%); transferred to other treatment (7%); lost to contact or out of any treatment (32%). Outcomes were positive, in that 2/3 of patients remained in the index practice or transferred to other treatment. Patients living in their own home or misusing prescription opioids (rather than heroin) were more likely, and those employed part-time were less likely, to be retained in the index practice. At the endpoint, 24% of patients were misusing drugs or alcohol. Co-occurring psychiatric disorders and polysubstance abuse at intake were common, but received clinical attention, which may explain why their effect on outcomes was minimal.

KEYWORDS: Buprenorphine, opioids, substance misuse, office-based treatment, drug dependence treatment

## An Exploratory Study of Drug Abuse and Dependence Information in Package Inserts 25

*Lisa Burroughs Phipps*

*Robert L. Balster*

*Patricia W. Slattum*

*Cynthia K. Kirkwood*

*Information about drug abuse and dependence from package inserts of centrally acting drugs was evaluated for content. Of the 77 labels reviewed, 40 were opiate agonists, 18 were stimulants, and the remainder fell into other selected categories. The amount of information ranged from 0-66 sentences, with greatest variability found in the opiate agonists (range 9-66). Information amount was significantly correlated with the year of drug approval ( $p < 0.001$ ) but not with the latest label revision ( $p = 0.749$ ). Information amount did not differ significantly with warning strength or schedule. While most package inserts explain physical dependence, tolerance, and withdrawal, there is a lack of information about psychological dependence. Variability in information about abuse and dependence potential is high and can affect prescribing by physicians and counseling by pharmacists, underscoring the need for further studies.*

KEYWORDS: Drug abuse, drug dependence, package insert, addiction terminology

## Women Physicians and Addiction 35

*Martha J. Wunsch ,*

*Janet S. Knisely ,*

*Karen L. Cropsey*

*Eleanor D. Campbell*

*Sidney H. Schnoll*

*Nine hundred and sixty-nine impaired physicians (125 women and 844 men) enrolled in one of four state physician health programs were evaluated with comprehensive psychosocial, psychiatric and substance abuse/dependence profiles. When compared to male impaired physicians at time of entry to physician health programs, the 125 female impaired physicians were younger (39.9 vs. 43.7 years;  $p < .0001$ ), reported more medical (48.7% vs. 34.4%;  $OR = 1.81$ ) and psychiatric (76.5% vs. 63.9%;  $OR = 1.84$ ) problems at intake. They were more likely to report past (51.8% vs. 29.9%;  $OR = 2.51$ ) or current (11.4% vs. 4.8%;  $OR = 2.54$ ) suicidal ideation, and more likely to have made a suicide attempt under the influence (20.0% vs. 5.1%;  $OR = 4.64$ ) or not under the influence (14.0% vs. 1.7%;  $OR = 9.67$ ) of a substance. Although alcohol was the primary drug of abuse for all physicians studied, women physicians were more likely to abuse sedative hypnotics than men (11.4 vs. 6.4;  $OR = 1.87$ ). There were no gender differences in employment problems (65.3% vs. 67.5%; ns) or legal problems (15% vs. 21%;  $OR = .66$ ) due to addiction. These findings suggest different characteristics between male and female impaired physicians which may have implications for identification and treatment of this population.*

KEYWORDS: Women, physicians, addiction

## Patient-Provider E-mail Communication as an Adjunctive Tool in Addiction Medicine 45

*Gregory B. Collins,*

Mark S. McAllister,  
Donald B. Ford

*Frequent electronic mail communication between patients and their addiction specialist can be utilized as an adjunct in the treatment of alcohol or substance dependency. Selected patients benefit from mandatory daily electronic mail communications with their provider through enhanced accountability, frequent self-assessment, deterrents to isolation, and a sense of continuous access to care. Participants have found the experience easy and enjoyable and all have maintained continuous sobriety. We present our experience using this modality as a series of illustrative case reports and a discussion of the implications of using electronic mail with patients in addiction medicine*

KEYWORDS: Addiction specialists, electronic mail, patients, addiction medicine

Sociodemographic Characteristics Associated with Substance Use Status in a Trauma Inpatient Population 53

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Timothy J. Kerns  
Shiu M. Ho  
Kathleen M. Read  
David A. Gorelick

*Substance use is significantly associated with physical injury, yet relatively little is known about the prevalence of specific substance use disorders among trauma patients, or their associated sociodemographic characteristics. We evaluated these issues in an unselected sample of 1,118 adult inpatients at the University of Maryland Shock Trauma Center, Baltimore, MD, who were interviewed with the psychoactive substance use disorder section of the Structured Clinical Interview for DSM-III-R. Among trauma inpatients, lifetime alcohol users (71.8% of subjects) were more likely male; users of illegal drugs (45.3%) were also more likely to be younger, unmarried, and poor. Patients with current drug abuse/dependence (18.8%) were more likely to be non-white, less educated, and poor; those with current alcohol abuse/dependence (32.1%) were also more likely male, unmarried, and older. These findings highlight the need for screening for substance use disorders in trauma settings and referral of patients to substance abuse treatment programs.*

KEYWORDS: Trauma patients, substance abuse, sociodemographic characteristics, treatment programs

Interest in Pharmacotherapy and Primary Care Alcoholism Treatment Among Medically Hospitalized, Alcohol Dependent Patients 63

Scott H. Stewart  
Gerard J. Connors

*This study assessed medically hospitalized alcoholics attitudes about pharmacotherapy and interest in primary care-based treatment. The survey included 50 medical inpatients with current alcohol dependence. Participants were asked to indicate their agreement with the following statements: (1) I need to stop drinking, (2) Some medications can help prevent drinking, (3) If a medication did help prevent drinking, I would like to receive this from a doctor, and (4) I would like a primary care doctor to treat or help treat my drinking problems. Eighty-four percent agreed they needed to stop drinking, 50% agreed that medications help prevent drinking, 66% agreed they would like to receive an effective medication to help prevent drinking, and 32% were interested in primary care treatment. Medically hospitalized patients with alcohol dependence were interested in effective medication for relapse prevention, but primary care follow-up alone may not adequately address patients' perceived treatment needs.*

KEYWORDS: Alcohol dependence, inpatients, hospitalization, pharmacotherapy

Two-Step Tuberculin Skin Testing in Drug Users	71
<i>Shobha Swaminathan</i> <i>Ellie E. Schoenbaum</i> <i>Robert S. Klein</i> <i>Andrea A. Howard</i> <i>Yungtai Lo</i> <i>Marc N. Gourevitch</i>	
<p><i>To assess the utility of booster testing and to identify factors associated with a positive booster test, two-step tuberculin testing was performed in drug users recruited from methadone treatment. Participants also received a standardized interview on demographics and testing for HIV and CD4+ lymphocyte count. Of 619 enrollees completing the protocol, 174 (28%) had a positive PPD and 24 of the remaining 445 (5%) had a positive booster test. On multivariate analysis, boosting was associated with older age (adjusted odds ratio [ORadj] 2.38/decade, 95% confidence interval [CI] 1.34-4.22), history of using crack cocaine (ORadj 2.61, 95% CI 1.10-6.18) and a history of working as a home health aide (ORadj 4.23, 95% CI 1.39-12.86). Two-step tuberculin skin testing increased the proportion of participants with latent tuberculosis infection from 22% to 25%. Given the effectiveness of chemoprophylaxis, booster testing should be considered when drug users are screened for tuberculosis infection</i></p>	
KEYWORDS: Tuberculosis, drug users, skin testing	
Impact of Role Induction on Long-Term Drug Treatment Outcomes	81
<i>Elizabeth C. Katz</i> <i>Barry S. Brown</i> <i>Robert P. Schwartz</i> <i>Stuart D. King</i> <i>Eric Weintraub</i> <i>Wardell Barksdale</i>	
<p><i>In prior research, Katz et al.<sup>1</sup> found that role induction (RI) improved engagement for substance dependent clients relative to standard outpatient treatment orientation. The current study replicates and extends these findings to an examination of long-term outcomes. Substance dependent clients entering outpatient drug-free treatment (N = 353) were randomly assigned to RI or to Standard (ST) orientation followed by routine clinic treatment. Measures of employment, crime, and substance use were collected at intake and at six and 12-months post-intake. Controlling for baseline differences in substance use, results partially replicated our earlier findings of better engagement for RI, as compared to ST participants; more RI than ST participants attended at least one post-orientation counselling session. RI improved 12-month substance use outcome relative to ST. The potential gain in retention and in reduced substance use at follow-up associated with a single RI session, recommend this strategy for further development and study.</i></p>	
KEYWORDS: Role induction (RI), substance use, drug treatment	
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- Accounting for the Social Triggers of Sexual Compulsivity 5  
*Jeffrey T. Parsons*  
*Brian C. Kelly*,  
*David S. Bimbi*  
*Frederick Muench*,  
*Jon Morgenstern*

*Aims. To examine the social triggers of sexual compulsivity amongst a diverse sample of gay and bisexual men.*

*Design and Participants. Qualitative interviews were conducted with 180 gay and bisexual men in the United States who self-identified that their sex lives were spinning out of control. The data were analyzed using a grounded theory approach to explore the range of social triggers that were driving sexual compulsions.*

*Measurement. An open-ended interview and a structured clinical interview were conducted with each participant. The interviews examined their experiences with sexual compulsivity over time and the impact of their problematic sexual behaviors on their lives.*

*Findings. Two types of social triggers emerged from the data: event-centered triggers and contextual triggers. Event-centered triggers arise from sudden, unforeseen events. Two major event-centered triggers were identified: relationship turmoil and catastrophes. Contextual triggers, on the other hand, have a certain element of predictability, and included such things as location, people, the use of drugs, and pornography.*

*Conclusions. This framework of triggers has clinical implications for the prevention and treatment of sexual compulsivity. Clinicians can utilize the framework of social triggers in the therapeutic process to provide insight into ways to effectively work through symptoms of sexual compulsivity. Awareness of the contextual aspects of sexual compulsivity may be critical to understanding the behaviors of sexually compulsive clients. Thus, therapeutic assessments should focus upon the social context in addition to the psychological components of the disorder.*

**KEYWORDS:** Sexual compulsivity, gay and bisexual men, triggers

- Primary Medical Care and Reductions in HIV Risk Behaviors in Adults with Addictions 17  
*Carolina Takizawa*,  
*Debbie Cheng*,  
*Jeffrey Samet*,  
*Michael Winter*  
*Mary Jo Larson*,  
*Richard Saitz*

*Human immunodeficiency virus (HIV) risk behaviors are prevalent in persons with addictions.*

*Objectives: To assess whether exposure to primary medical care is associated with decreases in HIV risk behaviors.*

*Design: Prospective 2-year cohort of 298 adults with addictions.*

*Outcomes: Sex and drug-related HIV risk behaviors, measured by the Risk Assessment Battery.*

Predictors: *Cumulative number of primary care visits (0, 1, ≥ 2). Associations were tested using regression models for correlated data.*

Results: *In women, receipt of primary care was associated with less sex risk behavior (mean decrease 2.1,  $p \leq 0.1$ ). Among women and men,  $\geq 2$  primary care visits was associated with lower odds of any drug risk behavior (OR = 0.37,  $p = 0.03$ ).*

Conclusions: *Exposure to primary care can impact HIV risk behavior favorably among adults with addictions.*

KEYWORDS: Primary care, HIV, risk behavior, addictions

## Addiction Treatment Services and Co-Occurring Disorders: The ASAM-PPC-2R Taxonomy of Program Dual Diagnosis Capability 27

*Mark P. McGovern,  
Haiyi Xie,  
Stephanie Acquilano,  
Samuel R. Segal,  
Lauren Siembab,  
Robert E. Drake*

Background. *The ASAM-PPC-2R taxonomy of addiction treatment program dual diagnosis capability provides a conceptual model of services for persons with co-occurring substance use and psychiatric disorders. However, no objective study of this model has been conducted.*

Method. *This paper describes a survey of addiction treatment providers ( $n = 453$ ) who were asked to identify their program as Addiction Only Services (AOS), Dual Diagnosis Capable (DDC) or Dual Diagnosis Enhanced (DDE). The survey also queried providers on prevalence estimates, clinical practices, and perceived barriers to treating persons with co-occurring substance use and psychiatric disorders.*

Results. *With brief definitions available to respondents, 92.9% of providers surveyed categorized their program as: AOS (23.0%), DDC (65.3%) or DDE (11.6%). Patient characteristics, clinical practices, and barriers to effective treatments varied by program dual diagnosis capability.*

Conclusions. *The findings support the utility of the ASAM dual diagnosis capability taxonomy, and suggest specific avenues for system and program assessment and future research*

KEYWORDS: Psychiatric disorders, addiction treatment programs, Addiction Only Services (AOS), Dual Diagnosis Capable (DDC), Dual Diagnosis Enhanced (DDE)

## Correlates of "Non-Problematic" and "Problematic" Substance Use Among Depressed Adolescents in Primary Care 39

*Risë B. Goldstein  
Joan R. Asarnow  
Lisa H. Jaycox  
Steven Shoptaw  
Pamela J. Murray*

*Substance use and related problems were assessed in a sample of primary care patients ( $n = 450$ ) ages 13-21 who screened positive for depression at a clinic visit. Patients were classified as having no substance use ( $n = 248$ ), non-problematic use (substance use without reported school, work, social, or family problems,  $n = 90$ ), or use that reportedly caused problems in at least one area ( $n = 112$ ). In logistic regression models, older age, externalizing symptoms, and not being African American were significantly associated with non-problematic use; older age, male gender, externalizing symptoms, Caucasian/White ethnicity/race, and more friends were associated with problematic use. Odds ratios were similar for patients reporting non-problematic and problematic use, suggesting that, in the presence of depression, any substance use merits evaluation and monitoring to determine treatment needs and to prevent escalation of dysfunction.*

KEYWORDS: Depression, adolescents, primary care, substance abuse

## An Exploration of Readiness to Change Processes in a Clinical Sample of Military Service Members 53

*Damon Mitchell,  
D. J. Angelone  
Stephen M. Cox*



*The purpose of this project was to examine readiness to change (RTC) processes in a sample of substance dependent military service members who completed an intensive substance abuse treatment program. The patients completed the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), which is an RTC assessment instrument, at intake and completion of the treatment program. It was predicted that patients would show positive changes in their RTC from intake to treatment completion. Scores on two of the three SOCRATES subscales were significantly improved. The findings suggest that RTC processes measurably change during treatment and further suggest that the SOCRATES is an appropriate tool for assessing short term changes in*

KEYWORDS: SOCRATES Stages of Change Readiness and Treatment Eagerness Scale, readiness to change, substance abuse treatment

Correlates of Violence History Among Injured Patients in an Urban Emergency Department:  
Gender, Substance Use, and Depression 61

*Maureen A. Walton*  
*R. M. Cunningham*  
*S. T. Chermack*  
*R. Maio DO, F. C. Blow*  
*J. Weber DO*

*This study surveyed consecutive injured patients (n = 320) in an urban emergency department (ED) regarding past year violence, substance use, and depression. Victimization and aggression variables (none = N, partner only = P, non-partner only = NP, and generalized/both partner and non-partner = G) were compared on gender, depression, and substance use/consequences. Findings were similar for victimization and aggression variables. Depression was significantly related to violence for women but not for men; women in the P group reported the most depression. Substance variables were significantly related to violence by gender groups. Men in NP and G groups reported the most binge drinking; men in the G group reported the most consequences and drug use. Women in P and G groups reported the most binge drinking and consequences; women in the P group reported the most drug use. Screening urban ED patients for violence is warranted, with interventions addressing both partner and non-partner violence*

KEYWORDS: Violence, substance use, gender, depression, non-partner

Factors Associated with Pretreatment and Treatment Dropouts Among Clients Admitted to Medical  
Withdrawal Management 77

*Xin Li,*  
*Huiying Sun*  
*Ajay Puri*  
*David C. Marsh,*  
*Aslam H. Anis*

*The aims of this study were to identify factors associated with pretreatment and treatment dropouts among individuals accessing an inpatient medical withdrawal management program (Vancouver Detox). Two thousand five hundred sixty-six unique clients, who were referred to Vancouver Detox over two-year period, were assessed. Demographic and drug related variables were analyzed as possible risk factors, and two multivariate logistic regression analyses were conducted. We found that being male, being aboriginal, having no children, no fixed address, alcohol as a preferred substance, and being on methadone maintenance treatment at referral were significantly associated with high pretreatment dropout. Significant risk factors for treatment dropout were: being younger, having HCV infection, having a preferred substance other than alcohol, having opiates as a preferred substance, and being discharged on welfare check issue periods or weekends. These findings may help clinicians and decision-makers to initiate corresponding preventive measures to decrease unnecessary attritions and improve utilization of treatment resources.*

KEYWORDS: Pretreatment dropout, treatment dropout, withdrawal management, substance use disorders, detoxification

Diagnostic Value of Self-Report of Alcohol Use in Patients Enrolled in a Methadone Maintenance  
Treatment Program (MMTP) 87

*Jeff Daiter*

David Teplin  
Michael Varenbut  
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Barak Raz

*Screening for ethanol use amongst the methadone maintained population has been the subject of some debate over recent years. Of particular concern is the diagnostic value of self report of alcohol use in patients enrolled in a methadone maintenance program (MMTP). This study demonstrates unequivocally that denial of alcohol use by MMTP patients is completely unreliable when compared to urine testing. Conversely, admission of alcohol use by this same population has some value. This study concludes that routine ethanol screening is justified at baseline and at frequent intervals thereafter for all patients enrolled in a methadone maintenance program.*

KEYWORDS: Methadone maintenance treatment program, MMTP, alcohol use, diagnostic value

## Buprenorphine 101: Treating Opioid Dependence with Buprenorphine in an Office-Based Setting

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Matthew Torrington  
Catherine P. Domier  
Maureen Hillhouse  
Walter Ling

*This clinical observation provides a first look at differences between two patient subgroups, prescription opiate (PO) abusers and heroin abusers, presenting for office-based buprenorphine treatment. Medical and drug use histories, medication dose, treatment outcome, and demographic information were collected from the first 101 opiate-dependent adults entering treatment. The results indicate that PO abusers (n = 42) and heroin abusers (n = 59) differed in several demographic characteristics, drug use history, and treatment outcome. Physicians may benefit from this information by using it to tailor comprehensive treatment and medical care plans for opioid-dependent patients taking buprenorphine.*

KEYWORDS: Drug dependence, opioid, buprenorphine, treatment

## Tobacco Awareness in Three U.S. Medical Schools

101

Joshua G. Schkrohowsky  
Bindu Kalesan  
Anthony J. Alberg

*Purpose: To evaluate the attitudes, knowledge, and beliefs of future physicians regarding smoking cessation and tobacco-related issues and the development of these attributes during the course of medical education.*

*Methods: In a cross-sectional survey, questionnaires were completed by 298 first and fourth-year medical students at three medical schools from 2003 through 2004. The primary outcomes were knowledge of the health effects of tobacco and smoking cessation strategies, attitudes toward smoking cessation, and anticipated clinical behavior with respect to addressing smoking behavior and cessation with future patients.*

*Results: Fourth-year medical students had knowledge scores that were 13% higher than first-year students for smoking-caused morbidity and mortality and understanding the physician's role in smoking cessation. The average proportion of correct responses for specific knowledge of smoking cessation was only 64% and did not differ significantly between fourth and first-year medical students. Three-quarters of fourth-year students felt they needed further training in counseling patients to stop smoking.*

*Conclusion: In this study, medical students had not received adequate education to provide effective and appropriate smoking cessation counseling to their patients. In general, this indicates a need for medical schools to place greater emphasis on developing the knowledge-base and skills required for future physicians to effectively guide their nicotine-dependent patients to stop smoking.*

KEYWORDS: Smoking cessation, medical education, nicotine-dependent patients

## RAPID COMMUNICATIONS

### Abuse of Buprenorphine in the United States: 2003-2005

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*Meredith Y. Smith  
J. Elise Bailey  
George E. Woody  
Herbert D. Kleber*

*This study examines trends in the reported abuse of two sublingual buprenorphine products, Subutex® and Suboxone®, in the United States. Quarterly counts of abuse cases were obtained from 18 regional poison control centers (PCCS) for 2003-2005. Seventy-seven abuse cases were reported, of which 7.8 percent involved Subutex® and 92.2 percent involved Suboxone®. The average quarterly ratio of abuse cases per 1,000 prescriptions dispensed was 0.08 (SD ± 0.09) for Subutex®, and 0.16 (SD ± 0.08) for Suboxone®. Findings suggest that these sublingual buprenorphine formulations have a low rate of abuse based on toxico-surveillance data.*

**KEYWORDS:** Sublingual buprenorphine, Subutex®, Suboxone®, opioid analgesics, prescription drug abuse, opioid dependence, buprenorphine-naloxone, substitution therapy

### A Marked Increase in Cocaine-Related Deaths in the State of Florida: Precursor of an Epidemic?

113

*Bruce A. Goldberger  
Noni A. Graham  
Stephen J. Nelson  
Jean Lud Cadet  
Mark S. Gold*

*The history of cocaine misuse includes a destructive epidemic during the 1980s. While recent surveys suggest cocaine use is stable or decreasing, we have observed increasing trends of cocaine-related death through analysis of medical examiner data collected by the Florida Department of Law Enforcement (FDLE). Florida's per capita cocaine-related death rates nearly doubled from 2001 to 2005. Electronic collection of data such as that collected by the FDLE nationally and in real-time would greatly advance understanding of drug-use patterns and consequences. For example, results from Florida suggest that high school and college students, and members of higher socioeconomic status, appear to be at increased risk of cocaine abuse. Public health interventions are necessary to prevent another full-fledged epidemic.*

**KEYWORDS:** Cocaine abuse, epidemic, Florida, public health intervention

# JOURNAL OF CHILD & ADOLESCENT SUBSTANCE ABUSE

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**Social and Individual Predictors of Substance Use for Native American Youth**    1

*Renee V. Galliher ,  
Colette M. Evans ,  
Desmond Weiser*

*Substance abuse is a primary concern for youth worldwide and increasingly so for Native American youth. Guided by theoretical models of the socialization of substance use in children and adolescents, we conducted a preliminary examination of socialization factors specific to Native American youth. Strong, pro-social bonds with three primary socialization sources (family, school, and peer networks) were hypothesized to facilitate child self-efficacy and refusal skills and predict drug use. Participants were 84 Native American children between the ages of 9 and 11, living on or near a northern reservation. Structural path analysis results indicated that self-efficacy was predicted from school bonding and peer social skills, while refusal skills were predicted from parent support/involvement and school bonding. Both self-efficacy and refusal skills predicted child drug use/experimentation. This preliminary study expands the limited research available for substance abuse prevention projects specific to rural, reservation-based Native American communities.*

KEYWORDS: Substance use, American Indian, children, primary socialization theory

**Moving the Risk and Protective Factor Framework Toward Individualized  
Assessment in Adolescent Substance Abuse Prevention**    17

*Matthew J. Corrigan  
Barry Loneck  
Lynn Videka,  
M. Craig Brown*

*The field of substance abuse prevention has evolved towards a risk and protective factor paradigm in explaining the onset and escalation of adolescent substance use. This framework for understanding the problem has been developed and employed by researchers at the University of Washington, under Doctors Hawkins and Catalano, to assess communities for high-risk and low protection. Currently, there are no individual instruments to assess adolescents on these risk and protective factors. This article argues for the need of such an instrument, one that is time manageable and comprehensive. It is suggested that using a two-step method for assessment could meet these goals.*

KEYWORDS: Substance abuse, prevention, risk and protective factors, assessment

**Computer-Assisted, Counselor-Delivered Smoking Cessation Counseling for  
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*Alexander V. Prokhorov  
Rachel T. Fouladi  
Carl de Moor  
Carla L. Warneke  
Mario Luca  
Mary Mullin Jones  
Carol Rosenblum  
Karen M. Emmons  
Karen Suchanek Hudmon  
Tracey E. Yost  
Ellen R. Gritz*

*This report presents the experimental approach and baseline findings from "Look at Your Health," an ongoing study to develop and evaluate a computer-assisted, counselor-delivered smoking cessation program for community college students. It describes the expert system software program used for data collection and for provision of tailored feedback, individualized quitting strategies, and personalized newsletters. The transtheoretical model of change, the health belief model, and motivational interviewing provided the theoretical framework for the experimental cohort. Intervention participants received individual counseling, completed computerized questionnaires, performed measures of spirometric lung functioning and carbon monoxide levels, and were given a calculated lung age. At baseline, participants exhibited measurable tobacco-related health problems and an optimism bias. Addressing this optimism bias appropriately might lead smokers to progress through the stages of smoking cessation toward complete abstinence.*

KEYWORDS: Smoking cessation, prevention, interviews, behavioral medicine

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*Laurie A. Drapela  
Clayton Mosher*

*The effect of parental deviance on adolescent deviance has been a source of considerable debate in the criminological literature. Classic theoretical explanations of the relationships between parental and adolescent deviance posit additive effects of parental deviance on youth behavior. Proponents of the Social Development Model have hypothesized that parental deviance interacts with parent-child attachment to increase adolescent antisocial behavior. Using data from a household survey of drug use in Washington State, we find that youth who are strongly attached to fathers in households where parents frequently use drugs are more likely to use both licit and illicit drugs than adolescents strongly bonded to nondrug-using parents. Adolescents' perceptions of drug availability and associations with drug-using peers are also significantly higher among youth strongly attached to fathers in households where parent drug use is present.*

KEYWORDS: Social development model, parental drug use, parental bonding, adolescent drug use

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Program** 89

*Mary Lou Bell  
Alison Padget  
Tara Kelley-Baker  
Raameses Rider*

*Protecting You/Protecting Me (PY/PM) is a classroombased, alcohol use prevention and vehicle safety program for elementary students from first through fifth grades developed by Mothers Against Drunk Driving (MADD). PY/PM is one of the first alcohol prevention programs to target children as early as first grade. The focus of this study is on the youngest students receiving PY/PM, the first and second graders, who were surveyed over a three-year period. Results indicate that, relative to comparison students from matched classes, PY/PM students increased their knowledge of vehicle safety, media awareness, growth and development, and dangers of alcohol to young persons. This study demonstrates that despite the inherent difficulties of surveying very young children, these children can benefit from an alcohol use prevention program that is carefully designed, implemented, and evaluated*

**KEYWORDS:** Alcohol, prevention, early intervention, children, vehicle safety, elementary school, evaluation

## **The Impact of Motivation to Change on Substance Use Among Adolescents in Treatment**

109

*Carolyn S. Breda  
Craig Anne Heflinger*

*Clinicians emphasize the importance of motivation to change for effecting recovery from substance abuse disorders. However, little is known about motivation to change substance-abusing behavior among adolescents or its impact on treatment outcomes. The present research examines motivation to change among youth admitted to publicly funded substance abuse services and its influence on treatment outcomes. Data are based on interviews with 129 youth between 12 and 18 years of age. Multilevel (HLM) analyses are used to assess the relationship between substance use and motivation to change at the time of treatment admission and roughly one year later. Results suggest that more serious substance users are motivated better to change at the outset of treatment and experience more rapid declines in substance use after treatment begins.*

**KEYWORDS:** Adolescents, substance abuse, motivation, treatment outcomes

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*James R. Ciesla  
Sherilynn F. Spear*

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**KEYWORDS:** Adolescents, substance abuse treatment, nonresponse bias, missing at random

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# trastornos adictivos

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