

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 marzo 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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Novedades Bibliográficas

Presentación

Novedades
Bibliográficas

Legislación

Sumarios de
Revistas

| | |
|---|----|
| Efectos de las drogas | 3 |
| Epidemiología..... | 3 |
| Factores de Riesgo | 4 |
| Aspectos Legales | 5 |
| Prevención-Familia..... | 5 |
| Prevención-Comunidad..... | 5 |
| Prevención-Escolar | 6 |
| Prevención-Formación | 6 |
| Control de la Oferta | 6 |
| Recursos | 7 |
| Cannabis | 8 |
| Alcohol..... | 9 |
| Hipnosedantes..... | 9 |
| Opiáceos | 9 |
| Cocaína | 9 |
| Tabaco | 10 |
| Farmacoterapia | 10 |
| Psicoterapia..... | 10 |
| Políticas de Actuación-Nacional | 10 |
| Políticas de Actuación-Internacional..... | 12 |
| Videos, CD-ROM y DVDs..... | 13 |

Efectos de las Drogas

Landa González N.; Fernández Montalvo J.; López Goñi J. ; Castillo A.; Lorea Conde I. (2006). Alteraciones neuropsicológicas en alcohólicos : un estudio exploratorio. *Adicciones*. v. 18; n. 1; p. 49-60.
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Bibliográficas

Legislación

Sumarios de
Revistas

Novedades Bibliográficas

Presentación

Novedades
Bibliográficas

Legislación

Sumarios de
Revistas

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Presentación

Novedades
Bibliográficas

Legislación

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Revistas

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Novedades
Bibliográficas

Legislación

Sumarios de
Revistas

Novedades Bibliográficas

Presentación

Novedades
Bibliográficas

Legislación

Sumarios de
Revistas

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Novedades
Bibliográficas

Legislación

Sumarios de
Revistas

Novedades Bibliográficas

Presentación

Novedades
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Legislación

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Novedades
Bibliográficas

Legislación

Sumarios de
Revistas

Novedades Bibliográficas

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Novedades
Bibliográficas

Legislación

Sumarios de
Revistas

Novedades Bibliográficas

Presentación

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Novedades
Bibliográficas

Legislación

Sumarios de
Revistas

Legislación

Presentación

Novedades
Bibliografías

Legislación

Sumarios de
Revistas

BOE, 20/10/2006

MINISTERIO DE SANIDAD Y CONSUMO

Real Decreto 1116/2006, de 2 de octubre, por el que se determina la composición y estructura del Grupo interministerial para el Plan Nacional sobre Drogas.

Páginas: 36641-36642

BOE, 22/11/2006

JEFATURA DEL ESTADO

Ley Orgánica 7/2006, de 21 de noviembre, de protección de la salud y de lucha contra el dopaje en el deporte.

Páginas: 40859-40879

BOE, 23/11/2006

MINISTERIO DE SANIDAD Y CONSUMO

Resolución de 2 de noviembre de 2006, de la Secretaría General de Sanidad, por la que se da publicidad al Convenio específico para el año 2006, del Protocolo general de colaboración entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y la Consejería de Salud de la Comunidad Autónoma de La Rioja.

Página. 41169

BOE, 23/11/2006

MINISTERIO DE SANIDAD Y CONSUMO

Resolución de 2 de noviembre de 2006, de la Secretaría General de Sanidad, por la que se da publicidad al Convenio específico para el año 2006, del Protocolo general de colaboración entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y la Consejería de Salud y Consumo de la Comunidad Autónoma de las Illes Balears.

Página. 41170

BOE, 23/11/2006

MINISTERIO DE SANIDAD Y CONSUMO

Resolución de 2 de noviembre de 2006, de la Secretaría General de Sanidad, por la que se da publicidad al Convenio específico para el año 2006, del Protocolo general de colaboración entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y el Departamento de Vivienda y Asuntos Sociales de la Comunidad Autónoma del País Vasco.

Páginas. 41170 - 41171

BOE, 23/11/2006

MINISTERIO DE SANIDAD Y CONSUMO

Resolución de 2 de noviembre de 2006, de la Secretaría General de Sanidad, por la que se da publicidad al Convenio específico para el año 2006, del Protocolo general de colaboración entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y la Consejería de Familia e Igualdad de Oportunidades de la Comunidad de Castilla y León.

Página: 41171

BOE, 23/11/2006

MINISTERIO DE SANIDAD Y CONSUMO

Resolución de 2 de noviembre de 2006, de la Secretaría General de Sanidad, por la que se da publicidad al Convenio específico para el año 2006, del Protocolo general de colaboración entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y la Consejería de Sanidad y Consumo de la Comunidad de Madrid.

Página: 41172

Legislación

Presentación

Novedades
Bibliografías

Legislación

Sumarios de
Revistas

BOE, 24/11/2006

MINISTERIO DE SANIDAD Y CONSUMO

Resolución de 2 de noviembre de 2006, de la Secretaría General de Sanidad, por la que se da publicidad al Convenio específico para el año 2006, del Protocolo general de colaboración entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y la Consejería para la Igualdad y el Bienestar Social de la Comunidad Autónoma de Andalucía.

Páginas: 41298-41299

BOE, 24/11/2006

MINISTERIO DE SANIDAD Y CONSUMO

Resolución de 3 de noviembre de 2006, de la Secretaría General de Sanidad, por la que se da publicidad al Convenio específico para el año 2006, del Protocolo general de colaboración entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y la Consejería de Sanidad y Consumo de la Comunidad Autónoma de Extremadura.

Página: 41299

BOE, 24/11/2006

MINISTERIO DE SANIDAD Y CONSUMO

Resolución de 2 de noviembre de 2006, de la Secretaría General de Sanidad, por la que se da publicidad al Convenio específico para el año 2006, del Protocolo general de colaboración entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y la Consejería de Sanidad de la Junta de Galicia.

Páginas: 41299 - 41300

BOE, 11/12/2006

MINISTERIO DE SANIDAD Y CONSUMO

Resolución de 22 de noviembre de 2006, de la Secretaría General de Sanidad, por la que se publica el Convenio específico para el año 2006, del protocolo general de colaboración entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y la Consejería de Sanidad de la Comunidad Autónoma de Canarias.

Página: 43432

BOE, 12/12/2006

MINISTERIO DE SANIDAD Y CONSUMO

Resolución de 20 de noviembre de 2006 de la Secretaría General de Sanidad, por la que se publica el Convenio específico para el año 2006 del Protocolo General de colaboración entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y la Consejería de Sanidad y Servicios Sociales de la Comunidad Autónoma de Cantabria.

Páginas: 43667-43668

BOE, 20/12/2006

MINISTERIO DE JUSTICIA

Resolución de 15 de noviembre de 2006, de la Secretaría de Estado de Justicia, por la que se publica el Convenio de colaboración entre el Ministerio de Justicia y la Consejería de Familia e Igualdad de Oportunidades de la Junta de Castilla y León en materia de drogodependencias.

Páginas: 44900-44903

BOE, 27/12/2006

MINISTERIO DE EDUCACIÓN Y CIENCIA

Resolución de 21 de diciembre de 2006, de la Presidencia del Consejo Superior de Deportes, por la que se aprueba la lista de sustancias y métodos prohibidos en el deporte

Páginas: 45782-45804

Sumarios de Revistas

Presentación

Novedades
Bibliográficas

Legislación

Sumarios de
Revistas

| | |
|---|----|
| Addiciones | 18 |
| Addiction | 21 |
| Addiction Research and Theory | 30 |
| Addictive Behaviors | 31 |
| CDD DDZ | 40 |
| Contemporary Drug Problems | 42 |
| Drug and Alcohol Dependence | 43 |
| Drug and Alcohol Review | 47 |
| Drugnet Europe..... | 48 |
| Drugs: Education, Prevention and Policy | 50 |
| European Addiction Research | 52 |
| Journal of Addictive Diseases..... | 53 |
| Journal of Drug Education | 61 |
| Journal of Drug Issues | 63 |
| Journal of Psychoactive Drugs | 64 |
| Journal of Studies on Alcohol | 65 |
| Journal of Substance Abuse Treatment | 67 |
| Prevención del Tabaquismo | 70 |
| Proyecto Hombre | 72 |
| Psychology of Addictive Behaviors..... | 73 |
| RET | 78 |
| Substance Use & Misuse..... | 79 |
| The American Journal of Drug and Alcohol Abuse..... | 80 |
| Tobacco Control | 81 |

adicciones

2006 - Vol. 18, n° 3

EDITA: SOCIDROGALCOHOL

Editorial

El problema del alcohol en el Reino Unido y lo que hace (y no hace) el gobierno al respecto.

Heather, N......225

Comentarios

Los problemas son globales, las políticas locales.

Gual, A......237

Visto desde Francia...

Morel, A.; Batel, P......239

Perspectivas sobre la prevención de los problemas relacionados con el alcohol.

Allamani;A......241

Editorial

Uso de fármacos psicoestimulantes en drogodependencias.

Roncero, G.; Casas, M......247

Originales

Evaluación de constructos relacionados con las Teorías del Aprendizaje Social-Cognitivo en drogodependientes en tratamiento:

Fiabilidad y validez.

Fernández Gómez, G.; Llorente del Pozo, J. M......251

La investigación en el tratamiento psicológico de las adicciones: en busca de la utilidad clínica.

Sánchez Hervás, E......259

Utilidad de la Escala Multidimensional de Craving de Alcohol (EMCA) en la práctica clínica.

Guardia Sereigni, J.; Luquero Vived, E.; Siñol Llosa, N.; Burguete, T.; María Cardús Moya, M......265

Sección Europea

El efecto de agregación entre el consumo de alcohol y la tasa de mortalidad por diabetes mellitus.

Razvodovsky, Yu. E......275

Comentario

Alcohol v diabetes: más evidencias sobre daños para la salud.

Pereiro, César......283

Sección Latinoamericana

Perfil de personalidad y consumo de drogas en adolescentes escolarizados.

Fatín, M.B......285

Boletín Socidrogalcohol

Otras noticias

Editorial

Britain's alcohol problem and what the UK government is (and is not) doing about it.

Heather, N......225

Commentaries

Problems are global, but politics are local.

Gual, A......237

Seen from France

Morel, A.; Batel, P......239

Perspectives on preventing alcohol related harms.

Allamani;A......241

Editorial

Psychoestimulants drugs use in dependence disorders.

Roncero, G.; Casas, M......247

Originals

Assessment of variables related to Social-Cognitive Learning Theories among drug-dependent people in treatment: Reliability and validity.

Fernández Gómez, G.; Llorente del Pozo, J. M......251

The investigation in psychological treatment of Addictions: in search of clinic utility.

Sánchez Hervás, E......259

Utility of the Multidimensional Alcohol Craving Scale (MACS) in the clinical practice.

Guardia Sereigni, J.; Luquero Vived, E.;

Siñol Llosa, N.;

Burguete, T.; María Cardús Moya, M......265

European Section

Aggregate Level association between alcohol and diabetes mellitus mortality rate

Razvodovsky, Yu. E......275

Commentary

Alcohol and diabetes: more evidence on health problems.

Pereiro, César......283

Latinamerican Section

Personality profile and drug use in school adolescents

Fatín, M.B......285

Socidrogalcohol bulletin

Other news

adicciones

Vol. 18, Suplemento 1 - 2006

Monografía patología orgánica en adicciones

INTRODUCCIÓN

SALUD Y CONSUMO DE DROGAS

Health and drugs consumption

Pereiro, C. 5

1. MORBIMORTALIDAD ASOCIADA AL CONSUMO DE DROGAS

Drug related morbidity and mortality

Brugal, M. T.; Rodríguez-Martos, A. 9

2. TABACO Y ENFERMEDAD PULMONAR OBSTRUCTIVA CRÓNICA (EPOC)

Tobacco and chronic obstructive pulmonary disease (COPD)

Pinet, M. C. 21

3. TABACO Y CÁNCER

Tobacco and cancer

Pinet, M. C 33

4. ALCOHOL Y APARATO DIGESTIVO

Alcohol and digestive tract

Parés, A.; Caballería, J. 51

5. ALCOHOL Y SISTEMA NERVIOSO CENTRAL

Alcohol and central nervous system

Lorenzo, A.; Castro, A. 71

6. SÍNDROME DE INMUNODEFICIENCIA ADQUIRIDA (SIDA)

Adquired immunodeficiency syndrome (AIDS)

Pedreira, J. D.; Castro, A. 93

7. HEPATITIS VÍRICAS EN USUARIOS DE DROGAS

Viral hepatitis among illegal drug users

Castro, A.; López, S.; Pedreira, J. 115

8. PATOLOGÍA ORGÁNICA EN ADICCIONES: OTRAS INFECCIONES ASOCIADAS AL CONSUMO DE DROGAS

Organic pathology in addictions: other infections associated with drugs dependence

Morano, L. E.; Vázquez, O. 137

9. AFECTACIÓN PULMONAR DE LAS DROGAS INHALADAS

The Respiratory Toxicity Of Inhaled Drugs

Guardiola, J. M. 161

| | |
|--|-----|
| 10. COCAÍNA Y ENFERMEDAD CARDIOVASCULAR <i>Cocaine and cardiovascular disease</i> | |
| Marzoa, R.; Ferrer, V.; Crespo, M. R.; Crespo, M. G. | 169 |
| 11. COMPLICACIONES NEUROLÓGICAS POR COCAÍNA <i>Neurological damages due to cocaine abuse</i> | |
| Torres, M. A.; Climent, B. | 179 |
| 12. AFECTACIÓN ORGÁNICA POR CONSUMO DE CANNABIS <i>Organic involvement from cannabis consumption</i> | |
| Otero, F.; Pino, C.; Sánchez, C.; Fontenla, A. | 197 |
| 13. PATOLOGÍA ORGÁNICA POR DROGAS DE SÍNTESIS <i>Organic pathology “caused” by synthesis drugs</i> | |
| González, R.; Fontela, E.; Pereiro, C. | 217 |
| 14. DROGAS Y DISFUCIÓN SEXUAL. <i>Sexual dysfunction and drugs</i> | |
| Pereiro, C.; Serrano, M. | 231 |
| 15. DROGAS Y TERATOGENIA <i>Drug of abuse and teratogenicity</i> | |
| Cruz, A.; Bouzas, C. A.; Cocheiro, M.; de Castro, A.; Quintela, O.; Bermejo, A. M.; Pereiro, C. | 245 |
| 16. VALORACIÓN DEL ENFERMO DROGODEPENDIENTE EN LOS SERVICIOS DE URGENCIAS <i>Valuation of the drug addict patient in Emergency services.</i> | |
| Mayán, P.; García, J. A..... | 263 |

Addiction

VOLUME 101 • NUMBER 1 • JANUARY 2006

EDITORIALS

- Stereotactic neurosurgical treatment of addiction: minimizing the chances of another 'great and desperate cure'
Wayne Hall (Australia) 1
Knitting together some ripping yarns
Keith Humphreys, Paula Wilbourne (USA) 4
Something about alcohol? Commentary on Haggård-Grann et al. (2006)
Kate Graham (Canada) 6

EDITORIAL NOTE

- A message from the Editor: *Addiction* in 2005, 2006 and beyond
Robert West (UK) 8

SCIENTIFIC SOCIETIES

- Association for Medical Education and Research in Substance Abuse
Jeffrey H. Samet, Marc Galanter, Carly Bridden, David C. Lewis (USA) 10

METHODS AND TECHNIQUES

- Measuring alcohol consumption—should the 'graduated frequency' approach become the norm in survey research?
Gerhard Gmel, Kathryn Graham, Hervé Kuendig, Sandra Kuntsche (Switzerland) 16

JOURNAL INTERVIEW 75

- Conversation with Sheila Blume 31

HORIZONS REVIEW

- Social control and coercion in addiction treatment: towards evidence-based policy and practice
T. Cameron Wild (Canada) 40

RESEARCH REPORTS

- Impulsivity in abstinent early- and late-onset alcoholics: differences in self-report measures and a discounting task
G. Dom, P. D'haene, W. Hulstijn, B. Sabbe (Belgium) 50
The clients' perspective on change during treatment for an alcohol problem: qualitative analysis of follow-up interviews in the UK Alcohol Treatment Trial
Jim Orford, Ray Hodgson, Alex Copello, Bev John, Melanie Smith, Rachel Black, Kate Fryer, Linda Handforth, Tina Alwyn, Cicely Kerr, Gill Thistlethwaite, Gary Slegg, UKATT Research Team (UK) 60

The relationship between patterns of alcohol use and mental and physical health disorders in two American Indian populations

- Joan O'Connell, Douglas K. Novins, Janette Beals, Calvin Croy, Anna E. Barón, Paul Spicer, Dedra Buchwald, the American Indian Service Utilization, Psychiatric Epidemiology, Risk and Protective Factors Project Team (USA)* 69

The extent of the 'prevention paradox' in alcohol problems as a function of population drinking patterns

Ingeborg Rossow, Anders Romelsjö (Norway) 84

Longitudinal trajectories of heavy drinking in adults in the United States of America

Arun Karlamangla, Kefei Zhou, David Reuben, Gail Greendale, Alison Moore (USA) 91

The role of alcohol and drugs in triggering criminal violence: a case-crossover study

Ulrika Haggård-Grann, Johan Hallqvist, Niklas Långström, Jette Möller (Sweden) 100

Family structure and substance use problems in adolescence and early adulthood: examining explanations for the relationship

Anne E. Barrett, R. Jay Turner (USA) 109

Financial stress, smoking cessation and relapse: results from a prospective study of an Australian national sample

Mohammad Siahpush, John B. Carlin (Australia) 121

Prospective prediction of children's smoking transitions: role of parents' and older siblings' smoking

Jonathan B. Bricker, Arthur V. Peterson Jr, Brian G. Leroux, M. Robyn Andersen, K. Bharat Rajan, Irwin G. Sarason (USA) 128

LETTERS TO THE EDITOR

Confrontation and resistance as chicken and egg: comment on Francis et al. (2005)

William R. Miller (USA) 137

Understanding Confrontation Through Experimental Study

Nick Francis, Jim McCambridge, Stephen Rollnick (UK) 137

Calling The 'Stages Of Change' Bluff

Diyankath Samarasinghe (USA) 138

NEW BOOKS 139

BOOK REVIEWS

- Treating Drinkers And Drug Users In The Community 142
Addiction At Work: Tackling Drug Use And Misuse In The Workplace 142
Dual Diagnosis: The Evolving Conceptual Framework 143
From Science To Action? 100 Years Later—Alcohol Policies Revisited 144

NEWS AND NOTES 146

Addiction

VOLUME 101 • NUMBER 2 • FEBRUARY 2006

EDITORIALS

- A 'perfect storm' in developing countries: economic growth and the alcohol industry
Raul Caetano, Ronaldo Laranjeira (USA) 149
- Medications to treat heavy drinking: are we there yet?
Henry Kranzler (USA) 153
- Alcohol and the so-called prevention paradox: how does it look today?
Ole-Jørgen Skog (Norway) 155

COMMENTARIES

- Comments On Skog (2006): The Prevention Paradox Always Looked To Me Like A Sleight Of Hand
Tim Stockwell (Australia) 159
- Issues For Further Reflections: Comments On Skog (2006)
Ingeborg Rossow (Norway) 160
- Understanding The Prevention Paradox: Drinkers And Drinking. A Comment On Skog (2006)
Paul J. Gruenewald, Andrew Treloar (USA) 162
- Many Important Alcohol Problems Are Widely Dispersed: Comment On Skog (2006)
Robin Room (Sweden) 163

ROOM WITH A VIEW

- The dangerousness of drugs
Robin Room (Sweden) 166

JOURNAL INTERVIEW 76

- Conversation with M. Douglas Anglin 169

REVIEWS

- Substance abuse and dependence in prisoners: a systematic review
Seena Fazel, Parveen Bains, Helen Doll (UK) 181
- A meta-analysis of voucher-based reinforcement therapy for substance use disorders
Jennifer Plebani Lussier, Sarah H. Heil, Joan A. Mongeon, Gary J. Badger, Stephen T. Higgins (USA) 192

METHODS AND TECHNIQUES

- Ethyl sulphate: a direct ethanol metabolite reflecting recent alcohol consumption
Friedrich Martin Wurst, Sebastian Dresen, John P. Allen, Gerhard Wiesbeck, Marc Graf, Wolfgang Weinmann (Switzerland) 204

RESEARCH REPORTS

- Rates and predictors of relapse after natural and treated remission from alcohol use disorders
Rudolf H. Moos, Bernice S. Moos 212
- Enforcing the minimum drinking age: state, local and agency characteristics associated with compliance checks and Cops in Shops programs
Jacob M. Montgomery, Kristie Long Foley, Mark Wolfson (USA) 223

Trends in alcohol-related harms and offences in a liberalized alcohol environment

- Taisia Huckle, Megan Pledger, Sally Casswell (New Zealand)* 232

Economic and cultural correlates of cannabis use among mid-adolescents in 31 countries

- Tom ter Bogt, Holger Schmid, Saoirse Nic Gabhainn, Anastasios Fotiou, Wilma Vollebergh (Netherlands)* 241

Prevalence of HIV, hepatitis C and syphilis among injecting drug users in Russia: a multi-city study

- Tim Rhodes, Lucy Platt, Svetlana Maximova, Evgeniya Koskhina, Natalia Latishevskaya, Matthew Hickman, Adrian Renton, Natalia Bobrova, Tamara McDonald, John V. Parry (UK)* 252

A comparison of contingency management and cognitive-behavioral approaches for stimulant-dependent individuals

- Richard A. Rawson, Michael J. McCann, Frank Flaminio, Steven Shoptaw, Karen Miotti, Chris Reiber, Walter Ling (USA)* 267

Methadone versus buprenorphine in pregnant addicts: a double-blind, double-dummy comparison study

- Gabriele Fischer, Romana Ortner, Klaudia Rohrmeister, Reinhold Jagsch, Andjela Baewert, Martin Langer, Harald Aschauer (Austria)* 275

Prediction of adolescent smoking from family and social risk factors at 5 years, and maternal smoking in pregnancy and at 5 and 14 years

- Frances V. O'Callaghan, Michael O'Callaghan, Jake M. Najman, Gail M. Williams, William Bor, Rosa Alati (Australia)* 282

LETTERS TO THE EDITOR

What Came First? Comment On Dom Et Al. (2006)

- Warren K. Bickel, Richard Y (USA)* 291

Early-Onset Alcoholism: A Separate Or Unique Predictor Of Delay Discounting? Comment On Dom Et Al. (2006)

- Nancy Petry (USA)* 292

Delay Discounting And Early Onset Alcoholism:

- Reflections On The Comments By Bickel And Yi (2006) And Petry (2006)*

- Geert Dom, Peter D'haene, Wouter Hulstijn, Bernard Sabbe (Belgium)* 293

Comments On Rossow & Romelsjö (2006). Dispelling Illusions About The Prevention Paradox

- Paul J. Gruenewald, Andrew Treloar (USA)* 294

Comments On Rossow & Romelsjö (2006). The Prevention Paradox

- Gerhard Gmel (Switzerland)* 295

The Core Message In The Prevention Paradox: Response To Comments

- Ingeborg Rossow, Anders Romelsjö (Sweden)* 296

CLASSIC TEXTS REVISITED 298

NEWS AND NOTES 300

Addiction

VOLUME 101 • NUMBER 3 • MARCH 2006

EDITORIAL

Social marketing, smoking cessation and inequalities
Gerard Hastings, Neil Mclean (UK) 303

JOURNAL INTERVIEW 77

Conversation with Lou Harris 305

PAPERS FROM A SYMPOSIUM

What drug policies cost. Estimating government drug policy expenditures

Peter Reuter (USA) 315

What drug policies cost. Drug policy spending in the Netherlands in 2003

Henk Rigter (Netherlands) 323

What drug policies cost. Estimating drug policy expenditures in Sweden, 2002: work in progress

Mats Ramstedt (Sweden) 330

What drug policies cost. Does Europe know how much it is spending to face the drugs phenomenon?

Danilo Ballotta, Henri Bergeron (Portugal) 339

HORIZONS REVIEW SERIES

How much can treatment reduce national drug problems?

Peter Reuter, Harold Pollack (USA) 341

REVIEW

Neurotoxicity of methylenedioxymphetamines (MDMA; ecstasy) in humans: how strong is the evidence for persistent brain damage?

E. Gouzoulis-Mayfrank, J. Daumann (Germany) 348

METHODS AND TECHNIQUES

A comparison of the psychometric properties of three cigarette withdrawal scales

Jean-François Etter, John R. Hughes (Switzerland) 362

RESEARCH REPORTS

Alcohol-attributable mortality and potential years of life lost in Canada 2001: implications for prevention and policy

Jürgen Rehm, Jayadeep Patra, Svetlana Popova (Canada) 373

The three year course of alcohol use disorders in the general population: DSM-IV, ICD-10 and the Craving Withdrawal Model

Carla de Brujin, Wim van den Brink, Ron de Graaf, Wilma A. M. Vollebergh (Netherlands) 385

Local alcohol prohibition, police presence and serious injury in isolated Alaska Native villages

Darryl S. Wood, Paul J. Gruenewald (USA) 393

Effectiveness of drug and alcohol counselling during methadone treatment: content, frequency, and duration of counselling and association with substance use outcomes

Michael Gossop, Duncan Stewart, John Marsden (UK) 404

Substance use and other psychiatric disorders in first-degree relatives of opioid-dependent males: a case-controlled study from India

M. Phani Prasant, Surendra K. Mattoo, Debasish Basu (India) 413

An injection depot formulation of buprenorphine: extended biodelivery and effects

Stacey C. Sigmon, David E. Moody, Elie S. Nuwayser, George E. Bigelow (USA) 420

Highly active antiretroviral therapy (HAART) among HIV-infected drug users: a prospective cohort study of sexual risk and injecting behaviour

Colette Smit, Karen Lindenburg, Ronald B. Geskus, Kees Brinkman, Roel A. Coutinho, Maria Prins (Netherlands) 433

Helping smokers to decide on the use of efficacious smoking cessation methods: a randomized controlled trial of a decision aid

Marc C. Willemsen, Marieke Wiebing, Andrée van Emst, Grietje Zeeman (Netherlands) 441

LETTERS TO THE EDITOR

Problem Gambling Is Not Synonymous With Gambling Addiction: A Comment On Blaszczynski (2005)

David Marjot (France) 450

Open Letter To My Friends And Colleagues

Michel Craplet (UK) 450

Education, Persuasion And The Reduction Of Alcohol-Related Harm: A Reply To Craplet (2006)

Jürgen Rehm, Thomas Babor, Robin Room (Canada) 452

NEW BOOKS 454

BOOK REVIEWS

Alcoholism In America: From Reconstruction To Prohibition

Jessica Warner (Canada) 458

Injecting Drug Use

Don C. Des Jarlais (USA) 458

Licensed Premises: Law & Practice

Paul J. Gruenewald (USA) 459

Ethical Eye: Drug Addiction

Wayne Hall (Australia) 460

NEWS AND NOTES 462

Addiction

VOLUME 101 • NUMBER 4 • APRIL 2006

EDITORIALS

- The place of supervised injecting facilities within harm reduction: evidence, ethics and policy
Craig L. Fry, Stefan Cvetkovski, Jacqui Cameron (Australia) 465
Do antagonists have a role in the treatment of opioid dependence?
Jerome H. Jaffe (USA) 468

COMMENTARIES ON FERGUSSON ET AL. (2006)

- Testing The Gateway Hypothesis
Denise B. Kandel, Kazuo Yamaguchi, Laura Cousino Klein (USA) 470
Dissecting The Causal Anatomy Of The Link Between Cannabis And Other Illicit Drugs
Wayne Hall (Australia) 472
Competing Accounts Of The Gateway Effect: The Field Thins, But Still No Clear Winner
Robert J. Macoun (USA) 473
Testing The Cannabis Gateway Hypothesis: Replies To Hall, Kandel Et Al. And Macoun (2006)
David M. Fergusson, Joseph M. Boden, L. John Horwood (New Zealand) 474

NATIONAL EXPERIENCES

- Germany, alcohol and alcohol policy: oscillating between contemplation, action and relapse
Gerhard Bühringer (Germany) 477

JOURNAL INTERVIEW 77

- Conversation with Joseph Gusfield 481

REVIEWS

- Efficacy of maintenance treatment with naltrexone for opioid dependence: a meta-analytical review
Björn Axel Johansson, Mats Berglund, Anna Lindgren (Sweden) 491

METHODS AND TECHNIQUES

- A framework for reporting outcomes in problem gambling treatment research: the Banff, Alberta Consensus
Michael Walker, Tony Toneatto, Marc N. Potenza, Nancy Petry, Robert Ladouceur, David C. Hodgins, Nady el-Guebaly, Enrique Echeburua, Alex Blaszczynski (Australia) 504

RESEARCH REPORTS

- Childhood predictors of drunkenness in late adolescence among males: a 10-year population-based follow-up study
Solja Niemelä, Andre Sourander, Kari Poikolainen, Hans Helenius, Lauri Sillanmäki, Kai Parkkola, Jorma Piha, Kirsti Kumpulainen, Fredrik Almqvist, Irma Moilanen (Finland) 512

Is alcopop consumption in Switzerland associated with riskier drinking patterns and more alcohol-related problems?

- Matthias Wicki, Gerhard Gmel, Emmanuel Kuntsche, Jürgen Rehm, Esther Grichting (Switzerland)* 522

Neurocognitive functions in pathological gambling: a comparison with alcohol dependence, Tourette syndrome and normal controls

- Anna E. Goudriaan, Jaap Oosterlaan, Edwin de Beurs, Wim van den Brink (Netherlands)* 534

Some characteristics of early-onset injection drug users prior to and at the time of their first injection

- Jeanne Abelson, Carla Treloar, June Crawford, Susan Kippax, Ingrid van Beek, John Howard (Australia)* 548

Cannabis use and other illicit drug use: testing the cannabis gateway hypothesis

- David M. Fergusson, Joseph M. Boden, L. John Horwood (New Zealand)* 556

Risk of harm among gamblers in the general population as a function of level of participation in gambling activities

- Shawn R. Currie, David C. Hodgins, JianLi Wang, Nady el-Guebaly, Harold Wynne, Sophie Chen (Canada)* 570

Progression of oral snuff use among Finnish 13–16-year-old students and its relation to smoking behaviour

- Ari Haukkala, Erkki Vartiainen, Hein de Vries (Finland)* 581

Evaluating the effectiveness of proactive telephone counselling for smoking cessation in a randomized controlled trial

- Hazel Gilbert, Stephen Sutton (UK)* 590

A smoking cessation intervention for the methadone-maintained

- Michael D. Stein, Marjorie C. Weinstock, Debra S. Herman, Bradley J. Anderson, Jennifer L. Anthony, Raymond Niaura (USA)* 599

LETTERS TO THE EDITOR

Buprenorphine In Pregnancy: The Advantages

- James J. Nocon (USA)* 608

Why Not A Statutory Blood Alcohol Level For Drinking In Public Places?

- David Hawks (Canada)* 609

BOOK REVIEWS

The Taming Of Cocaine II

- Reginald Smart (Canada)* 610

A Biography Of Mrs Marty Mann: The First Lady Of Alcoholics Anonymous

- Bill White (USA)* 610

Clinical Manual of Addiction Psychopharmacology

- Falk Kiefer (Germany)* 611

Drugs Of Abuse: Body Fluid Testing

- David Cowan (UK)* 611

NEWS AND NOTES 613

CORRIGENDA 616

Addiction

VOLUME 101 • NUMBER 5 • MAY 2006

EDITORIALS

The trials of Alcoholics Anonymous

Keith Humphreys (USA) 617

Isn't it time we found out more about what the heck happens around American liquor stores?

Kathryn Graham (Canada) 619

COMMENTARIES ON WOOD ET AL. (2006)

Heroin Supply In The Long-Term And The Short-Term Perspectives: Comments On Wood Et Al. 2006

Jonathan P. Caulkins, Peter Reuter (USA) 621

A Little (More) Knowledge: Comments On Wood Et Al. (2006)

Michael Smithson (Australia) 622

The Cause Of The Australian Heroin Shortage: Time To Reconsider?

Evan Wood, Jo-Anne Stoltz, Kathy Li, Julio Montaner, Thomas Ker (Canada) 623

NATIONAL ALCOHOL EXPERIENCES

Sri Lanka: alcohol now and then

Diyanath Samarasinghe (Sri Lanka) 626

LECTURE

Addiction: a journal and its Invisible College

Griffith Edwards (UK) 629

COMMENTARIES

Bridging The Invisible Boundaries

Robin Room (Sweden) 638

It Is About People

Robert West (UK) 638

Addiction: A Publisher's Perspective

Jon Walmsley, Elaine Stott, Bob Campbell (UK) 639

Publish Or Perish: The Art Of Managing A Successful Scientific Journal

Thomas F. Babor (USA) 640

History Is Useful

Marc Schuckit (USA) 641

The Invisible College Of Non-English Addiction Journals

Amador Calafat (Spain) 641

The Making Of A Successful Addiction Speciality Journal; Vision, Passion And Courage: Comments On Edwards (2006)

Gerhard Bühringer (USA) 642

Some Day Hence

Jerome H. Jaffe

The Making Of Journals: A Response To The Commentaries

Griffith Edwards (UK) 644

HORIZONS REVIEW SERIES

Allocating treatment options to patient profiles: clinical art or science?

Gerhard Bühringer (Germany) 646

COMMENTARIES

Is Treatment-Matching Dead? Comments On Bühringer (2006)

Jim Orford (UK) 653

To Profit From The Variability Of The System: Comments On Bühringer (2006)

Kerstin Stenius (Finland) 654

Research On Treatment For Substance-Use Disorders: A Case For Evolution or Revolution? Reply To The Commentaries

Gerhard Bühringer (Germany) 655

REVIEWS

Opiate addiction in China: current situation and treatments

Yi-lang Tang, Dong Zhao, Chengzheng Zhao, Joseph F. Cubells (China) 657

RESEARCH REPORTS

Ecological models of alcohol outlets and violent assaults: crime potentials and geospatial analysis

Paul J. Gruenewald, Bridget Freisthler, Lillian Remer, Elizabeth A. LaScala, Andrew Reno (USA) 666

Intensive referral to 12-Step self-help groups and 6-month substance use disorder outcomes

Christine Timko, Anna DeBenedetti, Rachel Billow (USA) 678

Changes in Canadian heroin supply coinciding with the Australian heroin shortage

Evan Wood, Jo-Anne Stoltz, Kathy Li, Julio S. G. Montaner, Thomas Kerr (Canada) 689

Changes in cannabis use and its consequences over 3 years in a remote indigenous population in northern Australia

Alan R. Clough, Kim S. Kylie Lee, Sheree Cairney, Paul Maruff, Bridie O'Reilly, Peter d'Abbs, Katherine M. Conigrave (Australia) 696

Declared and undeclared substance use among emergency department patients: a population-based study

Ian R. H. Rockett, Sandra L. Putnam, Haomiao Jia, Gordon S. Smith (USA) 706

Subjective responses to initial experience with cocaine: an exploration of the incentive-sensitization theory of drug abuse

Nadine M. Lambert, Marsha McLeod, Susan Schenk (USA) 713

An outbreak of hepatitis B virus infection among methamphetamine injectors: the role of sharing injection drug equipment

Tara M. Vogt, Joseph F. Perz, Clayton K. Van Houten Jr, Robert Harrington, Tia Hansuld, Stephanie R. Bialek, Robert Johnston, Rachel Bratlie, Ian T. Williams (USA) 726

Can home-made injectable opiates contribute to the HIV epidemic among injection drug users in the countries of the former Soviet Union?

Nadia Abdala, Jean-Paul C. Grund, Yanis Tolstov, Andrei P. Kozlov, Robert Heimer (USA) 731

The economic impact of a smoke-free bylaw on restaurant and bar sales in Ottawa, Canada

Rita Luk, Roberta Ferrence, Gerhard Gmel (Canada) 738

OBITUARY

Genevieve Knupfer, 1914–2005

Robin Room (Sweden) 746

LETTERS TO THE EDITOR

Antisocial Personality Disorder And Gambling: Comments On Pietrzak & Petry (2005)

Xiangning Wang (USA) 748

Gambling And Antisocial Personality Disorder: A Reply To Wang (2006)

Nancy M. Petry, Robert H. Pietrzak (USA) 748

CLASSIC TEXTS REVISITED 750

NEW BOOKS 753

REFEREES 756

CORRIGENDUM 761

Addiction

VOLUME 101 • NUMBER 6 • JUNE 2006

EDITORIALS

- The power of local alcohol prevention and the Trelleborg Project in southern Sweden
Harold D. Holder (UK) 763
- The first Pan American Conference on Alcohol Public Policies and its significance for the region
Raul Caetano, (USA) 765

FURTHER COMMENTARIES ON WEST (2005)

- Moving Beyond The Transtheoretical Model
James O. Prochaska (USA) 768
- The Transtheoretical Model Of Behaviour Change And The Scientific Method
Robert West (UK) 774

COMMENTARIES ON AGRAWAL & LYNKEY (2006)

- Genetic Epidemiology Of Cannabis Use, Abuse And Dependence: A Comment On Agrawal & Lynkey (2006)
Jaakko Kaprio (Finland) 779
- The Genetics Of Cannabis Involvement In Humans: A Genetic Epidemiological Perspective
David A. Collier (UK) 780
- Genes, Environment And Cannabis Involvement: Response To Comments From Kaprio & Collier
Arpana Agrawal, Michael T. Lynskey (USA) 781

NATIONAL ALCOHOL EXPERIENCES

- Thailand: alcohol today
Thaksaphon Thamarangsi (New Zealand) 783

PHOTO HISTORY SERIES 4

- Images from the Brown University Alcohol and Addiction Studies collections
William L. White, Tovah Reis (USA) 788

JOURNAL INTERVIEW 79

- Conversation with Ragnar Hauge 793

REVIEW

- The genetic epidemiology of cannabis use, abuse and dependence
Arpana Agrawal, Michael T. Lynskey (USA) 801

RESEARCH REPORTS

- A community action programme for reducing harmful drinking behaviour among adolescents: the Trelleborg Project
Martin Stafström, Per-Olof Östergren, Stig Larsson, Björn Lindgren, Petter Lundborg (Sweden) 813

Estimating the effect of help-seeking on achieving recovery from alcohol dependence

Deborah A. Dawson, Bridget F. Grant, Frederick S. Stinson, Patricia S. Chou (USA) 824

Trends in alcohol-related mortality in Sweden 1969–2002: an age-period-cohort analysis

Måns Rosén, Bengt Haglund (Sweden) 835

A longitudinal evaluation of medical student knowledge, skills and attitudes to alcohol and drugs

Gavin Cape, Annette Hannah, Doug Sellman (New Zealand) 841

Violent victimization and drug involvement among Mexican middle school students

Luciana Ramos-Lira, Catalina Gonzalez-Forteza, Fernando A. Wagner (Mexico) 850

Public sector managed care: a comparative evaluation of substance abuse treatment in three counties

Martha Beattie, Patricia McDaniel, Jason Bond (USA) 857

The use of record linkage to examine illicit drug use in pregnancy

Lucy Burns, Richard P. Mattick, Margaret Cooke (Australia) 873

The effects of nicotine gum and counseling among African American light smokers: a 2 × 2 factorial design

Jasjit S. Ahluwalia, Kolawole Okuyemi, Nicole Nollen, Won S. Choi, Harsohena Kaur, Kim Pulvers, Matthew S. Mayo (USA) 883

Nicotine dependence is associated with compulsive alcohol craving

Thomas Hillemacher, Kristina Bayerlein, Julia Wilhelm, Helge Frieling, Norbert Thürauf, Marc Ziegenbein, Johannes Kornhuber, Stefan Bleich (Germany) 892

LETTERS TO THE EDITOR

Russia, Substance Misuse And Social Transition

Alexander V. Nemtsov (UK) 898

Dependence On Zopiclone

Adrian Flynn, David Cox (Russia) 898

BOOK REVIEWS

Mental Health: Facing The Challenges, Building Solutions)

Cees Goos (Austria) 901

Drugs And Money: Managing The Drug Trade And Crime-Money In Europe

Pierre Kopp (France) 902

Preventing Harmful Substance Use: The Evidence For Policy And Practice

Shane Darke (Australia) 902

Treating Drug Problems

Michael Soyka (Switzerland) 903

An Analytic Assessment Of U.S. Drug Policy

Dean Gerstein (USA) 903

NEWS AND NOTES 905

Addiction

VOLUME 101 • NUMBER 7 • JULY 2006

EDITORIALS

Are you a closet Fabian? Licensing schemes then and now

Jessica Warner (Canada) 909

Measuring effectiveness of needle and syringe exchange programmes for prevention of HIV among injecting drug users

Ellen J. Amundsen (Norway) 911

COMMENTARIES ON COSTENBADER ET AL. (2006)

Change Your Friends

Richard Rothenberg (USA) 914

Inserting A Piece Of The Puzzle

Elizabeth C Costenbader USA) 916

COMMENTARIES ON DIJKSTRA ET AL. (2006)

Needed: More Match–Mismatch Studies Of Well-Specified Stage Theories. A Commentary On Dijkstra Et Al. (2006)

Stephen Sutton (UK) 915

Is Social Cognitive Theory Becoming A Transtheoretical Model? A Comment On Dijkstra Et Al. (2006)

James O. Prochaska (USA) 916

HORIZONS REVIEW SERIES

Extending the evidence hierarchy to enhance evidence-based practice for substance use disorders

Jalie A. Tucker, David L. Roth (USA) 918

REVIEWS

A review of the acute subjective effects of MDMA/ecstasy

Chelsea A. Baylen, Harold Rosenberg (USA) 933

Consequences of youth tobacco use: a review of prospective behavioural studies

Julia D. Grant, Jeffrey F. Scherer, Rosalind J. Neuman, M. Mathers, J. W. Toumbourou, R. F. Catalano, J. Williams, G. C. Patton (Australia) 948

METHODS AND TECHNIQUES

Flux and stability: individual fluctuations, regression towards the mean and collective changes in alcohol consumption

Ole-Jørgen Skog, Ingeborg Rossow (Norway) 959

RESEARCH REPORTS

Socio-environmental influences on adolescents' alcohol outcome expectancies: a prospective analysis

Steven C. Martino, Rebecca L. Collins, Phyllis L. Ellickson, Terry L. Schell, Daniel McCaffrey (USA) 971

Alcohol use in families: a 15-year prospective follow-up study

Sami Seljamo, Minna Aromaa, Leena Koivusilta, Päivi Rautava, Andre Sourander, Hans Helenius, Matti Sillanpää (Finland) 984

Acute alcohol use and the risk of non-fatal injury in sixteen countries

Guilherme Borges, Cheryl J. Cherpitel, Ricardo Orozco, Jason Bond, Yu Ye, Scott Macdonald, Norman Giesbrecht, Tim Stockwell, Mariana Cremonete, Jacek Moskalewicz, Grazyna Swiatkiewicz, Vladimir Poznyak (Mexico) 993

The dynamics of injection drug users' personal networks and HIV risk behaviors

Elizabeth C. Costenbader, Nan M. Astone, Carl A. Latkin (USA) 1003

An evaluation of a brief motivational intervention among young ecstasy and cocaine users: no effect on substance and alcohol use outcomes

John Marsden, Garry Stillwell, Helen Barlow, Annabel Boys, Colin Taylor, Neil Hunt, Michael Farrell (UK) 1014

The impact of a social network intervention on retention in Belgian therapeutic communities: a quasi-experimental study

Veerle Soyez, George De Leon, Eric Broekaert, Yves Rosseel (Belgium) 1027

A match–mismatch test of a stage model of behaviour change in tobacco smoking

Arie Dijkstra, Barbara Conijn, Hein De Vries (Netherlands) 1035

Tobacco use after experiencing a major natural disaster: analysis of a longitudinal study of 2063 young adults

Ruth A. Parslow, Anthony F. Jorm (Australia) 1044

The evolution of educational inequalities in smoking: a changing relationship and a cross-over effect among German birth cohorts of 1921–70

Alexander Schulze, Ute Mons (Germany) 1051

LETTERS TO THE EDITOR

What Do We Mean By Confrontation And Does The Social Context Matter?

Douglas L. Polcin, Thomas K. Greenfield (USA) 1057

Alcohol Education: Absence Of Evidence Or Evidence Of Absence

David Foxcroft (UK) 1057

BOOK REVIEWS

Theory Of Addiction

Maxine L. Stitzer (USA) 1060

Understanding Street Drugs. A Handbook Of Substance Misuse For Parents, Teachers And Other Professionals (2nd Edn)

Colin O'Gara (UK) 1060

Of Others Inside. Insanity, Addiction And Belonging In America

Jacek Moskalewicz (Poland) 1061

Mind-Altering Drugs: The Science Of Subjective Experience

Andrew McBride (UK) 1062

NEWS AND NOTES 1063

Addiction

VOLUME 101 • NUMBER 10 • OCTOBER 2006

EDITORIALS

Diageo, University College Dublin and the integrity of alcohol science: it's time to draw the line between public health and public relations

Thomas F. Babor (USA) 1375

Sickness absence as an alcohol-related problem

Esa Österberg (Finland) 1378

Cannabis use, depression and public health

Jan Copeland (Australia) 1380

Are books a thing of the past for the development of addiction science?

Harold D. Holder (USA) 1381

FOR DEBATE

Public injecting and the need for 'safer environment interventions' in the reduction of drug-related harm

Tim Rhodes, Jo Kimber, Will Small, John Fitzgerald, Thomas Kerr, Matthew Hickman, Greg Holloway (UK) 1384

COMMENTARIES ON BEYNON ET AL. (2006)

the ability of two commercially available quick test kits to detect drug-facilitated sexual assault drugs in beverages—a response by Bloomsbury Innovations Ltd

James G. Campbell, Graham F. Cope, Stanley Grossman (UK) 1394

Drink Detective: Comments On The Manufacturer's Response

C. Beynon, H. R. Sumnall, J. McVeigh, J. C. Cole, M. A. Bellis (UK) 1395

NATIONAL ALCOHOL EXPERIENCES

Alcohol use in the country with the world's highest per capita beer consumption – the Czech Republic

Luděk Kubička (Czech Republic) 1396

JOURNAL INTERVIEW 81

Conversation with Juha Partanen 1399

METHODS AND TECHNIQUES

Ethyl glucuronide in hair: is it a reliable marker of chronic high levels of alcohol consumption?

Lucia Politi, Luca Morini, Fabio Leone, Aldo Polettini (Italy) 1408

RESEARCH REPORTS

The ability of two commercially available quick test kits to detect drug-facilitated sexual assault drugs in beverages

C. M. Beynon, H. R. Sumnall, J. McVeigh, J. C. Cole, M. A. Bellis (UK) 1413

Per capita alcohol consumption and sickness absence

Thor Norström (Sweden) 1421

How many drinks does it take you to feel drunk? Trends and predictors for subjective drunkenness

William C. Kerr, Thomas K. Greenfield, Lorraine T. Midanik (USA) 1428

Alcohol dependence in relation to burnout among the Finnish working population

Kirsi Ahola, Teija Honkonen, Sami Pirkola, Erkki Isometsä, Raija Kalimo, Erkki Nykyri, Arpo Aromaa, Jouko Lönnqvist (Finland) 1438

Becker's rational addiction theory: an empirical test with price elasticities for distilled spirits in Denmark 1911–31

Ole-Jørgen Skog, Hans Olav Melberg (Norway) 1444

Naltrexone versus acamprosate in the treatment of alcohol dependence: a multi-centre, randomized, double-blind, placebo-controlled trial

Kirsten C. Morley, Maree Teesson, Sophie C. Reid, Claudia Sannibale, Clare Thomson, Nghi Phung, Martin Weltman, James R. Bell, Kylie Richardson, Paul S. Haber (Australia) 1451

Marijuana use and depression among adults: testing for causal associations

Valerie S. Harder, Andrew R. Morral, Jeremy Arkes (USA) 1463

The prevalence of psychotic symptoms among methamphetamine users

Rebecca McKitin, Jennifer McLaren, Dan I. Lubman, Leanne Hides (Australia) 1473

A randomized controlled pilot study of motivational interviewing for patients with psychotic and drug use disorders

Steve Martino, Kathleen M. Carroll, Charla Nich, Bruce J. Rounsville (USA) 1479

HIV prevalence among injection drug users in rural Guangxi China

Wei Liu, Jie Chen, Michelle Rodolph, Geetha Beauchamp, Benoît Mâsse, Shaoping Wang, Rongjian Li, Yuhua Ruan, Feng Zhou, Man-kit Leung, Shenghan Lai, Yiming Shao, J. Brooks Jackson (China) 1493

Incidence and risk factors for hepatitis C seroconversion in injecting drug users in Australia

Lisa Maher, Bin Jalaludin, Kerry G. Chant, Rohan Jayasuriya, Tim Sladden, John M. Kaldor, Penny L. Sargent (Australia) 1499

Cigarettes and oral snuff use in Sweden: prevalence and transitions

Helena Furberg, Paul Lichtenstein, Nancy L. Pedersen, Cynthia Bulik, Patrick F. Sullivan (USA) 1509

Smoking reduction and biomarkers in two longitudinal studies

Nina S. Godtfredsen, Eva Prescott, Jørgen Vestbo, Merete Osler (Denmark) 1516

LETTERS TO THE EDITOR

Mortality in a cohort of opiate and amphetamine users in Perth, Western Australia: Comment On Bartu et al. (2006)

Mark Stoové (Australia) 1523

Bartu et al. (2004): a Correction

Anne Bartu (Australia) 1524

NEWS AND NOTES 1525

ERRATA 1528

Addiction

VOLUME 101 • NUMBER 11 • NOVEMBER 2006

EDITORIALS

Avoiding potential misuses of addiction brain science

Wayne Hall (Australia) 1529

Digitizing and democratizing historical research

Virginia Berridge (UK) 1533

Contingency management and the addictions

Maxine Stitzer (USA) 1538

Hypothalamic-pituitary-adrenal axis and substance use: so many questions—and we can answer them

Gunter Schumann (UK) 1538

Matching clients' treatment goals with treatment oriented towards abstinence, moderation or harm reduction

John W. Finney, Rudolf H. Moos (USA) 1540

NATIONAL ALCOHOL EXPERIENCES

Sweden—is alcohol becoming an ordinary commodity?

Thor Norström, Mats Ramstedt (Sweden) 1543

REVIEW

Contingency management for treatment of substance use disorders: a meta-analysis

Michael Prendergast, Deborah Podus, John Finney, Lisa Greenwell, John Roll (USA) 1546

RESEARCH REPORTS

Topiramate reduces the harm of excessive drinking: implications for public health and primary care

Jennie Z. Ma, Nassima Ait-Daoud, Bankole A. Johnson (USA) 1561

Bad nights or bad bars? Multi-level analysis of environmental predictors of aggression in late-night large-capacity bars and clubs

Kathryn Graham, Sharon Bernards, D. Wayne Osgood, Samantha Wells (Canada) 1569

Hypothalamic-pituitary-adrenal axis activity and early onset of cannabis use

Anja C. Huizink, Robert F. Ferdinand, Johan Ormel, Frank C. Verhulst (Netherlands) 1581

Abstinence and moderate use goals in the treatment of marijuana dependence

Brian E. Lozano, Robert S. Stephens, Roger A. Roffman (USA) 1589

Enhanced recognition of facial expressions of disgust in opiate users receiving maintenance treatment

Louise Martin, Joanna Clair, Paul Davis, Dominic O'Ryan, Rosa Hoshi, H. Valerie Curran (UK) 1598

Cessation of injection drug use and change in injection frequency: the Chicago Needle Exchange Evaluation Study

Dezheng Huo, Susan L. Bailey, Lawrence J. Ouellet (USA) 1606

Stimulant effects of 3,4-methylenedioxymethamphetamine (MDMA) 75 mg and methylphenidate 20 mg on actual driving during intoxication and withdrawal

J. G. Ramaekers, K. P. C. Kuypers, N. Samyn (Netherlands) 1614

Use of crystal methamphetamine among gay men in London

Graham Bolding, Graham Hart, Lorraine Sherr, Jonathan Elford (UK) 1622

A prospective cohort study on orally administered heroin substitution for severely addicted opioid users

Ulrich Frick, Jürgen Rehm, Susanne Kovacic, Jeannine Ammann, Ambros Uchtenhagen (Switzerland) 1631

Doping in fitness sports: estimated number of unreported cases and individual probability of doping

Perikles Simon, Heiko Striegel, Fabian Aust, Klaus Dietz, Rolf Ulrich (Germany) 1640

Social influences and self-efficacy as predictors of youth smoking initiation and cessation: a 3-year longitudinal study of vocational high school students in Taiwan

Fong-Ching Chang, Ching-Mei Lee, Hsiang-Ru Lai, Jeng-Tung Chiang, Pi-Hsia Lee, Wen-Jau Chen (USA) 1645

A randomized controlled trial to assess the effects of reimbursing the costs of smoking cessation therapy on sustained abstinence

J. Kaper, E. J. Wagena, M. C. Willemsen, C. P. Van Schayck (Netherlands) 1656

Tobacco industry sponsorship of a book and conflict of interest

CASE REPORT

Addiction to apomorphine: a clinical case-centred discussion

Carlos Téllez, M. Leonor Bustamante, Pablo Toro, Pablo Venegas (UK) 1662

LETTERS TO THE EDITOR

Designer Drugs As A Cause Of Homicide

Toshihiko Matsumoto, Takayuki Okada (Japan) 1666

Canadian Heroin Supply And The Australian 'Heroin Shortage'

Louisa Degenhardt, Wayne Hall (Australia) 1667

BOOK REVIEWS

Cannabis Dependence: Its Nature, Consequences And Treatment

Kevin P. Hill (USA) 1669

Sons of Carr: Two Self-help Books Offering Cognitive Treatments for Smokers

Peter Hajek (UK) 1669

Monográfico Cannabis. Revista Española De

Drogodependencias

Luis San (Spain) 1670

Jailed For Possession: Illegal Drug Use, Regulation, And Power In Canada, 1920–61

David T. Courtwright (USA) 1671

NEWS AND NOTES 1673

ADDICTION RESEARCH & THEORY

Volume 14 - Number 4 - August 2006

CONTENTS

- 349 Visual data in addictions research: Seeing comes before words?**
Tim Rhodes and John Fitzgerald

- 365 Prevalence and correlates of youth gambling in Scotland**
Crawford Moodie and Frances Finnigan

- 387 Clinical reasoning, clinical trials and risky drinkers in everyday primary care: A qualitative study of British general practitioners**
Carl May, Tim Rapley, Eileen Kaner

- 399 A gender specific model of substance use**
Gebhard Hüslér and Bernard Plancherel

- 413 Religious, cultural and social cognitive correlates of alcohol use among Turks and Moroccans in The Netherlands**
Aafje Dotinga, Regina J.J.M. van den Eijnden, Willem Bosveld, Henk F.L. Garretsen

Book Reviews

- 433 Drug information made digestible**
Ira Unell

- 435 Where, Where is Love?**
Douglas Cameron

ADDICTIVE BEHAVIORS

AN INTERNATIONAL JOURNAL

(Incorporating Annual Review of Addictions Research and Treatment)

Contents

Vol. 31, No. 10, 2006

| Page | ORIGINAL ARTICLES | |
|------|---|---|
| 1731 | Predictors of the participation of smoking parents in a proactive telephone-based smoking cessation program | <i>Yim Wah Mak, Alice Yuen Loke, Tai Hing Lam Abu Saleh Abdullah</i> |
| 1744 | Autonomy (vs. sociotropy) and depressive symptoms in quitting smoking: Evidence for trait-congruence and the role of gender | <i>J. Lee Westmaas, Roberta Ferrence Cameron Wild</i> |
| 1761 | Associations between disordered eating behaviors and licit and illicit substance use and abuse in a university sample | <i>Niva Piran Shannon R. Robinson</i> |
| 1776 | Tobacco dependence, risk perceptions and self-efficacy among Korean American smokers | <i>Grace X. Ma, Carolyn Y. Fang, Cecily A. Knauer, Yin Tan and Steven E. Shive</i> |
| 1785 | Postpartum return to smoking: Identifying different groups to tailor interventions | <i>Jochen René Thyrian, Wolfgang Hannöver, Kathrin Röske, Hans-Jürgen Rumpf, Ulrich John Ulfert Hapke</i> |

Continued on page I

ADDICTIVE BEHAVIORS
Vol. 31, No. 10, 2006

Continued from outside back cover

- 1797 Substance abuse amplifies the risk for violence in schizophrenia spectrum disorder *Murat Erkiran,
Havva Özünlalan,
Cüneyt Evren,
Sema Aytaçlar,
Levent Kirisci
Ralph Tarter
Monica Ortendahl*
- 1806 Smoking as a decision among pregnant and non-pregnant women
- 1820 Incapacitated rape and alcohol use: A prospective analysis *Debra Kaysen,
Clayton Neighbors,
Joel Martell,
Nicole Fossos
Mary E. Larimer*
- 1833 Improvement in measures of psychological distress amongst amphetamine misusers treated with brief cognitive-behavioural therapy (CBT) *G.F.X. Feeney,
J.P. Connor,
R.McD. Young,
J. Tucker
A. McPherson*
- 1844 Who drinks and why? A review of socio-demographic, personality, and contextual issues behind the drinking motives in young people *Emmanuel Kuntsche,
Ronald Knibbe,
Gerhard Gmel
Rutger Engels*
- 1858 Social pressure, coercion, and client engagement at treatment entry: A self-determination theory perspective *T. Cameron Wild,
John A. Cunningham
Richard M. Ryan*
- 1873 Nicotine use and dependence and their association to psychiatric disorders in a large sample of adolescent psychiatric inpatients *Helinä Hakko,
Janne Lintunen,
Jaakko Lappalainen,
Taru Mäkipyrö,
Pirkko Räsänen,
Markku Timonen
STUDY-70 workgroup*

Continued on page II

ADDICTIVE BEHAVIORS

Vol. 31, No. 10, 2006

Page

- 1881 A preliminary report on the use of virtual reality technology to elicit craving and cue reactivity in cocaine dependent individuals *Michael E. Saladin, Kathleen T. Brady, Ken Graap, Barbara Olasov Rothbaum*
- 1895 Reported distress associated with concern about a cigarette smoker *Janet L. Thomas, Christi A. Patten, Kenneth P. Offord, Matthew M. Clark, Darrell R. Schroeder, Liza M. Nirelli, Carrie A. Bronars, Margaret L. Cowles*
- 1904 Does this patient really want treatment? Factors associated with baseline and evolving readiness for change among hospitalized substance using adults interested in treatment *Robin A. Pollini, Thomas P. O'Toole, Daniel Ford, George Bigelow*
- 1919 The consumption of alcohol by Australian adolescents: A comparison of revenue and expenditure *Christopher M. Doran, Michael B. Gascoigne, Anthony P. Shakeshaft, Dennis Petrie*

SHORT COMMUNICATIONS

- 1929 Gender differences in predictors of drinking behavior in adolescents *Mei-Yu Yeh, I-Chyun Chiang, Song-Yuan Huang*
- 1939 Initial evaluation of a real-world self-help smoking cessation programme for adolescents and young adults *Reiner Hanewinkel, Gudrun Wiborg*

ADDICTIVE BEHAVIORS

AN INTERNATIONAL JOURNAL

(Incorporating Annual Review of Addictions Research and Treatment)

Contents

Vol. 31, No. 11, 2006

Page

ORIGINAL ARTICLES

- | | | |
|------|--|---|
| 1947 | Use of pharmacotherapies for the management of addictive behaviours in Australian clinical practice | Christopher M. Doran, Katherine M. Duszynski, Justin J. Beilby Richard P. Mattick |
| 1959 | Risk factors for alcohol misuse: Examining heart rate reactivity to alcohol, alcohol sensitivity, and personality constructs | Lara A. Ray, John McGeary, Erin Marshall Kent E. Hutchison |
| 1974 | A 12-year follow-up study of psychiatric symptomatology among cocaine-dependent men | Diane M. Herbeck, Yih-Ing Hser, Ake T.H. Lu, M. Elena Stark Alfonso Paredes |
| 1988 | Relations among parental substance use, violence exposure and mental health: The national survey of adolescents | Rochelle F. Hanson, Shannon Self-Brown, Adrienne Fricker-Elhai, Dean G. Kilpatrick, Benjamin E. Saunders . Heidi Resnick |
| 2002 | Well-being, psychosocial factors, and side-effects among heroin-dependent inpatients after detoxification using buprenorphine versus clonidine | Alexander M. Ponizovsky, Alexander Grinshpoon, Anatoly Margolis, Rami Cohen and Paula Rosca |

Continued on page 1

ADDICTIVE BEHAVIORS
Vol. 31, No. 11, 2006

Continued from outside back cover

- 2014 Alcohol and violence: Comparison of the psychosocial correlates of adolescent involvement in alcohol-related physical fighting versus other physical fighting *Monica H. Swahn
John E. Donovan*
- 2030 Genetic correlations between smoking initiation and smoking behaviors in a twin sample *Thomas L. Hardie,
Howard B. Moss
Kevin G. Lynch*
- 2038 The role of drug use outcome expectancies in substance abuse risk: An interactional-transformational model *Adam M. Leventhal
Joy M. Schmitz*
- 2063 The association of substance use disorders with trauma exposure and PTSD among African American drug users *Sharon D. Johnson,
Catherine Striley
Linda B. Cottler
Rachel Kimerling,
Jodie A. Trafton
Brian Nguyen*
- 2074 Validation of a brief screen for Post-Traumatic Stress Disorder with substance use disorder patients *Natasha Slesnick,
Suzanne Bartle-Haring,
Tatiana Glebova
Aaron Glade
Carla Edwards,
Douglas N. Dunham,
Anthony Ries and
Jerrold Barnett*
- 2080 Primary alcohol versus primary drug use among adolescents: An examination of differences *Eric R. Pedersen
Joseph LaBrie*
- 2094 Symptoms of traumatic stress and substance use in a non-clinical sample of young adults *Henri Chabrol,
Emeline Chauchard,
Joel Dacial Mabilan,
Régine Mantoulan,
Aurélie Adèle
Amélie Rousseau
Melissa A. Lewis
Clayton Neighbors*
- 2105 Drinking game participation among college students: Gender and ethnic implications *Shadi Nahvi,
Kimber Richter,
Xuan Li, Laxmi Modali
Julia Arnsten*

SHORT COMMUNICATIONS

- 2116 Contributions of social influences and expectations of use to cannabis use in high-school students *Henri Chabrol,
Emeline Chauchard,
Joel Dacial Mabilan,
Régine Mantoulan,
Aurélie Adèle
Amélie Rousseau
Melissa A. Lewis
Clayton Neighbors*
- 2120 Who is the typical college student? Implications for personalized normative feedback interventions *Shadi Nahvi,
Kimber Richter,
Xuan Li, Laxmi Modali
Julia Arnsten*
- 2127 Cigarette smoking and interest in quitting in methadone maintenance patients *Shadi Nahvi,
Kimber Richter,
Xuan Li, Laxmi Modali
Julia Arnsten*

Continued on page II

ADDICTIVE BEHAVIORS
Vol. 31, No. 11, 2006

2135 GHB use among gay and bisexual men

*Perry N. Halkitis
Joseph J. Palamar
Dana A. Cavallo,
Amy M. Duhig,
Sherry McKee and
Suchitra Krishnan-Sarin*

2140 Gender and weight concerns in adolescent smokers

ADDICTIVE BEHAVIORS

AN INTERNATIONAL JOURNAL

(Incorporating Annual Review of Addictions Research and Treatment)

Contents

Vol. 31, No. 12, 2006

| Page | ORIGINAL ARTICLES | |
|------|---|--|
| 2147 | Motives for drinking, alcohol consumption, and alcohol-related problems among British secondary-school and university students | <i>W. Miles Cox, Steven G. Hosier, Sophie Crossley, Becky Kendall and Katherine L. Roberts</i> |
| 2158 | Looking for boomerang effects: A pre–post experimental study of the effects of exposure of youth to television advertising for nicotine replacement therapy and Zyban | <i>Sarah Durkin, Melanie Wakefield and Matt Spittal</i> |
| 2169 | The influence of difficult temperament on alcohol-related aggression: Better accounted for by executive functioning? | <i>Peter R. Giancola, Dominic J. Parrott Robert M. Roth</i> |
| 2188 | Acculturation status and heavy alcohol use among Mexican American college students: Investigating the moderating role of gender | <i>Byron L. Zamboanga, Marcela Raffaelli and Nicholas J. Horton</i> |
| 2199 | Cognitive determinants of MDMA use among college students in Southern Taiwan | <i>Rwei-Ling Yu and Huei-Chen Ko</i> |

Continued on page I

ADDICTIVE BEHAVIORS
Vol. 31, No. 12, 2006

Continued from outside back cover

- 2212 The natural history of college smoking: Trajectories of daily smoking during the freshman year
*Craig R. Colder,
Elizabeth E. Lloyd-Richards,
Eisuke ,
Brian R. Flay
The Tobacco Etiology Research Network*
- 2223 Excuses to continue smoking: The role of disengagement beliefs in smoking cessation
*Marloes Kleinjan,
Regina J.J.M. van den Eijnden,
Rutger
Arie Dijkstra,
Johannes Brug
C.M.E. Engels*
- 2238 The Adolescent Cannabis Problems Questionnaire (CPQ-A): Psychometric properties
*Greg Martin,
Jan Copeland,
Stuart Gilmour,
Peter Gates
Wendy Swift*
- 2249 Development of a comprehensive measure to assess clinical issues in dual diagnosis patients: The Substance Use Event Survey for Severe Mental Illness
*Melanie E. Bennett,
Alan S. Bellack a
Jean S. Gearon*
- 2268 Cohort comparisons: Social learning explanations for alcohol use among adolescents and older adults
*Pamela Preston
Marianne Goodfellow*
- 2284 When children of problem drinkers grow old: Does the increased risk of mental disorders persist?
*Pim Cuijpers, Bas
Steunenberg
Annemieke van Straten*

SHORT COMMUNICATIONS

- 2292 Predicting craving among cocaine users
*Dartiu Xavier Da Silveira,
Evelyn Doering-Silveira,
Marcelo Niel
Miguel Roberto Jorge*
- 2298 Can home smoking restrictions influence adolescents' smoking behavior if their parents and friends smoke?
*Edith Szabo,
Victoria White
Jane Hayman*

Continued on page II

ADDICTIVE BEHAVIORS
Vol. 31, No. 12, 2006

Page

- 2304 Underreporting of illicit drug use by patients at emergency departments as revealed by two-tiered urinalysis
*Wei J. Chen,
Cheng-Chung Fang,
Ren-Shi Shyu
Kuo-Chien Lin*
- 2309 Differences in smoking-related variables based on phenylthiocarbamide "taster" status
*Sandy M. Snedecor,
Cynthia S. Pomerleau,
Ann M. Mehringer,
Raphaela Ninowski
Ovide F. Pomerleau*
- 2313 Tobacco use among medical professionals in Kerala, India: The need for enhanced tobacco cessation and control efforts
*Sailesh Mohan,
A.S. Pradeepkumar,
C.U. Thresia,
K.R. Thankappan,
W.S.C. Poston,
C.K. Haddock,
Megan M. Pinkston,
Myra L. Muramoto,
Mimi Nicther, Mark Nicther
Harry A. Lando
Sherry A. McKee,
Siphannay Nhean,
Riley E. Hinson
Tricia Mase*
- 2319 Smoking for weight control: Effect of priming for body image in female restrained eaters
*Chih-Ling Huang,
Hsi-Hui Lin
Hsiu-Hung Wang
Maria D'Alessio,
Roberto Baiocco
Fiorenzo Laghi
Joseph LaBrie,
Mitch Earleywine,
Toby Lamb
Kristin Shelesky*
- 2324 The psychometric properties of the Chinese version of the Fagerstrom Test for Nicotine Dependence
*Hsiu-Hung Wang
Maria D'Alessio,
Roberto Baiocco
Fiorenzo Laghi
Joseph LaBrie,
Mitch Earleywine,
Toby Lamb
Kristin Shelesky*
- 2328 The problem of binge drinking among Italian university students: A preliminary investigation
*Thémis Apostolidis,
Nicolas Fieulaineand
Florence Soulé
Jeffrey T. Parsons,
Brian C. Kelly
Brooke E. Wells*
- 2334 Comparing electronic-keypad responses to paper-and-pencil questionnaires in group assessments of alcohol consumption and related attitudes
*Thémis Apostolidis,
Nicolas Fieulaineand
Florence Soulé
Jeffrey T. Parsons,
Brian C. Kelly
Brooke E. Wells*
- 2339 Future time perspective as predictor of cannabis use: Exploring the role of substance perception among French adolescents
*Thémis Apostolidis,
Nicolas Fieulaineand
Florence Soulé
Jeffrey T. Parsons,
Brian C. Kelly
Brooke E. Wells*
- 2344 Differences in club drug use between heterosexual and lesbian/bisexual females
*Thémis Apostolidis,
Nicolas Fieulaineand
Florence Soulé
Jeffrey T. Parsons,
Brian C. Kelly
Brooke E. Wells*

CDD DDZ

Centro de Documentación
de drogodependencias

boletín

132

Septiembre 2006

INDICE

RESEÑAS

- El alcohol, ¿causante o protector frente a la demencia?.....2
 - Debilidades y fortalezas del discurso alternativo sobre el cannabis.....3
 - 'Disko-dantza' aldiak baten bltartekoz drogen kontsumitzearen Ikerketa.....3
 - Consumo de drogas y rituales religiosos en la Europa prehistórica.....4
 - Cómo mejorar la prevención del consumo de drogas por vía Intravenosa.....5
- ENCUENTROS.....6

LA CITA

- Hablemos del cannabis.....6

HERRAMIENTAS

- Buenas prácticas municipales en drogodependencias.....7

ESTUDIOS

- Las empresas españolas frente al problema de las drogodependencias.....8

EXPERIENCIAS

- Desmontando falsas creencias sobre los porros.....10

- BIBLIOGRAFÍA.....11

CDD DDZ

Centro de Documentación
de drogodependencias

boletín

134

Noviembre 2006

INDICE

RESEÑAS

- Cannabis y dependencia: ¿es cierto que los porros enganchan?.....2
- ¿Son el éxtasis y anfetaminas drogas de la violación?.....3
- - Los programas de intercambio de jeringuillas: ¿evitan riesgos o Incitan al consumo inyectado?.....3
- Edateko arrazoia eta izaera ezaugarriak. Prebentzio programa selektiboak garatzeko zenbait arrasto.....4
- Las claves de la intervención preventiva con menores vulnerables.....5

ENCUENTROS.....6

LA CITA

- Sociedad, familia y drogas.....6

HERRAMIENTAS

- - La María no te quiere.....7

ESTUDIOS

- El Estado español destinó en 2004 más de 325 millones de euros al tratamiento y la prevención de las drogodependencias.....8

EXPERIENCIAS

- Un balance de 25 años de comunidades terapéuticas en España.....10

BIBLIOGRAFÍA.....11

VOL. 33, NO. 1
SPRING 2006

CONTEMPORARY DRUG PROBLEMS

AN INTERDISCIPLINARY QUARTERLY

1

Notes on Contributors

3

Young Women's and Men's Different Worlds of Alcohol, Fear and Violence in Focus Group Discussions with 18- Year-Olds in Stockholm

MARIA ABRAHAMSON

29

A Big Night Out in Melbourne: Drinking as an Enactment of Class and Gender.

JO LINOSAY

63

Giving up on Drugs: Homeless Young People and Self-Reported Problematic Drug Use

OEBORAH KEYS, SHELLEY MALLETT AND OOREEN ROSENTHAL

99

Questions on the Interpretation of Drug Users' Autobiographies in a Country in the "Early" Phase of Drug Use

JÓZSEF RÁCZ

123

Gender Aspects of Affiliation with Alcoholics Anonymous (AA) after Treatment

MARIA BODIN

143

The Historical Roots of Ledermann's Theory of the Distribution of Alcohol Consumption

OLE-JORDEN SKOG

DRUG and ALCOHOL DEPENDENCE

Volume 84, issue 3, 1 October 2006

CONTENTS

Full length reports

| | | |
|---|---|-----|
| Interaction of lobeline and nicotinic receptor ligands with the discriminative stimulus properties of cocaine and amphetamine | C. S. Cunningham, J. E. Polston, J. R. Jany, I. L. Segert and D. K. Miller..... | 211 |
| When is a little knowledge dangerous?: Circumstances of recent heroin overdose and links to knowledge of overdose risk factors | P. Dietze, D. Jolley, C. L. Fry, G. Bammer and D. Moore..... | 223 |
| Psychophysiological determinants and concomitants of deficient decision making in pathological gamblers | A. E. Goudriaan, J. Oosterlaan, E. de Beurs and W. van den Brink..... | 231 |
| Neuropsychological functioning in opiate-dependent subjects receiving and following methadone maintenance treatment | J. Prosser, L. J. Cohen, M. Steinfeld, D. Eisenberg, E. D. London and I. I. Galynker..... | 240 |
| Memory functioning in polysubstance dependent women | K. L. Medina, P. K. Shear and J. Schafer, | 248 |
| A preliminary randomized, double-blind, placebo-controlled study of the safety and efficacy of ondansetron in the treatment of cocaine dependence | B. A. Johnson, J. D. Roache, N. Ait-Daoud, M. A. Javors, J. M. Harrison, A. Elkashef, J. Mojsiak, S.-Hua Li and D. A. Bloch,..... | 256 |
| Racial differences in marijuana-users' risk of arrest in the United States | R. Ramchand, R. L. Pacula and M. Y Iguchi..... | 264 |
| Employment experience in relation to alcohol, tobacco, and betel nut use among youth in Taiwan | C.-Y. Chen, W.-C. Chen, C.-Y Lew-Ting, C.-M. Lee, C.-F. Yen, D.-R. Chen., C. K. Hsiao, C. C.H. Lin, M.-J. Yang, T.-J. Lai and W. J. Chen..... | 273 |
| The relationship between past-year drinking behaviors and nonmedical use of prescription drugs: Prevalence of co-occurrence in a national sample | S. E. McCabe, J. A. Cranford and C. J. Boyd..... | 281 |

DRUG and ALCOHOL DEPENDENCE

Volume 85, issue 1, 15 October 2006

CONTENTS

Full length reports

| | |
|--|----|
| Inhalant use and disorders among adults in the United States L.-Tzy Wu and C. L. Ringwalt..... | 1 |
| Randomized, placebo-controlled trial of sertraline and contingency management for the treatment of methamphetamine dependence S. Shoptaw, A. Huber, J. Peck, X. Yang, J. Liu, J. Dang, J. Roll, B. Shapiro, E. Rotheram-Fuller and W. Ling..... | 12 |
| Substance abuse treatment providers' beliefs and objections regarding contingency management: Implications for dissemination K. C. Kirby, L. A. Benishek, K. L. Dugosh and M.L. E. Kerwin..... | 19 |
| A systems approach to care pathways into in-patient alcohol detoxification: Outcomes from a retrospective study T. Ryan, L. Webb and P. S. Meier..... | 28 |
| Behavioral economic analysis of opioid consumption in heroin-dependent individuals: Effects of unit price and pre-session drug supply M. K. Greenwald and S. R. Hursh..... | 35 |
| Tobacco smoking in relation to analgesic drug use in a national adult population sample U. John, D. Alte, M. Hanke, C. Meyer, H. Völzke and A. Schumann..... | 49 |
| The effectiveness of outreach case management in re-enrolling discharged methadone patients D. M. Coviello, D. A. Zanis, S. A. Wesnoski and A. I. Alterman..... | 56 |
| Reduced baroreflex sensitivity in acute alcohol withdrawal syndrome and in abstained alcoholics K.-J. Bär, M. K. Boettger, S. Boettger, M. Grotelüschen, R. Neubauer, T. Jochum, V. Baier, H. Sauer and A. Voss..... | 66 |
| Selective processing of cannabis cues in regular cannabis users M. Field, B. Eastwood, B. P. Bradley and K. Mogg..... | 75 |

Short Communications

| | |
|--|----|
| Drug and alcohol-impaired driving among electronic music dance event attendees D. Furr-Holden, R. B. Voas, T. Kelley-Baker and B. Miller..... | 81 |
| Concentration-dependent conditioned place preference to inhaled toluene vapors in rats D. E. Lee, M. R. Gerasimov, W. K Schiffer and A. N. Gifford..... | 87 |

DRUG and ALCOHOL DEPENDENCE

Volume 85, issue 2 , 8 November 2006

CONTENTS

Review

- Prevalence of DSM/ICD-defined nicotine dependence
J. R. Hughes, J. E. Helzer and S. A. Lindberg..... 91

Full Length Reports

- Interactions of buprenorphine and dipotassium clorazepate on anxiety and memory functions in the mouse
V.Lelong-Boulouard, T. Quentin, F. Moreaux, D. Debruyne, M. Boulouard and A. Coquerel..... 103
- Cognition and motor control as a function of Δ^9 -THC concentration in serum and oral fluid: Limits of impairment
J.G. Ramaekers, M.R. Moeller, P. van Ruitenbeek, E.L. Theunissen, E. Schneider and G. Kauert..... 114
- Trends in medical student use of tobacco, alcohol and drugs in an Irish university, 1973–2002
M. Boland, P. Fitzpatrick, E. Scallan, L. Daly, B. Herity, J. Horgan and G. Bourke..... 123
- A double-blind, placebo-controlled trial of amantadine, propranolol, and their combination for the treatment of cocaine dependence in patients with severe cocaine withdrawal symptoms
K. M. Kampman, C. Dackis, K. G. Lynch, H. Pettinati, C. Tirado, P. Gariti, T. Sparkman, M. Atzram
C. P. O'Brien..... 129
- Smoking status in the initial weeks of quitting as a predictor of smoking-cessation outcomes in pregnant women
S. T. Higgins, S. H. Heil, A. M. Dumeer, C. S. Thomas, L. J. Solomon I. M. Bernstein,..... 138
- Behavioral and neurochemical interactions between Group 1 mGluR antagonists and ethanol: Potential insight into their anti-addictive properties
K. D. Lominac, Z. Kapasova, R. A. Hannun, C. Patterson, L. D. Middaugh and K. K. Szumlinski. 142
- Pattern of use and subjective effects of *Salvia divinorum* among recreational users
D. González, J. Riba, J. C. Bouso, G. Gómez-Jarabo and M. J. Barbanoj..... 157
- Alcohol use and misuse in urban Mexican men and women: An epidemiologic perspective
L. B. Slone, F. H. Norris, F. Gutiérrez Rodriguez, J.de Jesús Gutiérrez Rodriguez, A. M. Murphy and
J. L. Perilla. 163
- Incidence and antecedents of nonmedical prescription opioid use in four US communities: The Coronary Artery Risk Development in Young Adults (CARDIA) prospective cohort study
M. J. Pletcher, S. G. Kertesz, S. Sidney, C. I. Kiefe and S. B. Hulley. 171

DRUG and ALCOHOL DEPENDENCE

Volume 85, Issue 3, 1 December 2006

CONTENTS

Full Length Reports

| | |
|--|-----|
| Randomized, placebo-controlled trial of baclofen and gabapentin for the treatment of methamphetamine dependence, K. G. Heinzerling, S. Shoptaw, J. A. Peck, X. Yang, J. Liu, J. Roll and W. Ling..... | 177 |
| Mast cell mediator tryptase levels after inhalation or intravenous administration of high doses pharmaceutically prepared heroin E.J. Rook, A.P. van Zanten, W. Van den Brink, J.M. van Ree and J.H. Beijnen..... | 185 |
| Double-blind, placebo-controlled trial of selegiline transdermal system (STS) for the treatment of cocaine dependence A. Elkashef, P. J. Fudala, L. Gorgon, S.-Hua Li, R. Kahn, N. Chiang, F. Vocci, J. Collins, K. Jones, K. Boardman and M. Sather..... | 191 |
| The relationship between crystalline methamphetamine use and methamphetamine dependence R. McKetin, E. Kelly and J. McLaren..... | 198 |
| Performance monitoring and stop signal inhibition in abstinent patients with cocaine dependence C.-s. R. Li, V. Milivojevic, K. Kemp, K. Hong and R. Sinha..... | 205 |
| Influence of abstinence and conditions of cocaine access on the reinforcing strength of cocaine in nonhuman primates P. W. Czoty, J. L. Martelle and M. A. Nader..... | 213 |
| Incidence and patterns of polydrug use and craving for ecstasy in regular ecstasy users: An ecological momentary assessment study. J. W. Hopper, Z. Su, A. R. Looby, E. T. Ryan, D. M. Penetar, C. M. Palmer and S. E. Lukas..... | 221 |
| Impaired cytokine production and suppressed lymphocyte proliferation activity in HCV-infected cocaine and heroin ("speedball") users E. Ríos-Olivares, L. M. Vilá, J. C. Reyes, J. W. Rodríguez, J. H. M. Colón, N. O. Pagán, A. Marrero, Z. M. Ríos-Orraca, N. M. Boukli, P. Shapshak and R. R. Robles | 236 |
| Relations between parent and adolescent problems among adolescents presenting for family-based marijuana abuse treatment J. L. Kamon, C. Stanger, A. J. Budney and L. Dumenci | 244 |
| Short communications | |
| Gender differences in the relationship between alcohol use and anxiety symptoms among Nigerian college students A. O. Adewuya, B. A. Ola and O. O. Aloba | 255 |
| Low bone density in patients receiving methadone maintenance treatment T. W. Kim, D. P. Alford, A. Malabanan, M. F. Holick and J. H. Samet | |
| News and views | |
| News and views..... | 263 |
| Calendar of forthcoming meetings..... | 265 |

DRUG AND ALCOHOL REVIEW

Volume 25 Number 5 September 2006

EDITORIAL

A.Ritter

391

ORIGINAL ARTICLES

The relationship of behavioural undercontrol to alcoholism in higher-functioning adults

Marc A. Schuckit and Tom L. Smith

393

Trends in morphine prescriptions, illicit morphine use and associated harms among regular injecting drug users in Australia

L. Degenhardt, E. Black, C. Breen, R. Bruno, S. Kinner, A. Roxburgh, C. Fry, R. Jenkinson, J. Ward, J. Fetherston, J. Weekley, J. Fischer

403

The reliability of drug use data collected in the classroom: what is the problem, why does it matter and how should it be approached?

J. McCambridge and J. Strang

413

Engagement, reciprocity and advocacy: ethical harm reduction practice in research with injecting drug users

P. Higgs Research Officer, D. Moore, C. Aitken

425

Hair analysis underestimates heroin use in prisoners

J. Shearer, B. White, S. Gilmour, A. D. Wodak, K. A. Dolan

433

Drug use by incarcerated women offenders

Holly Johnson

439

Comparison of needle and syringe programme attendees and non-attendees from a high drug-using area in Sydney, New South Wales

Wen Cao and Carla Treloar

445

REVIEWS AND COMMENTARIES

Reflections on the development and implementation of an early warning system for ecstasy and related drug markets in Australia

S. A. Kinner and L. Degenhardt

451

BRIEF COMMUNICATIONS

Impact of HIV testing on uptake of HIV therapy among antiretroviral naive HIV-infected injection drug users

E. Wood, T. Kerr, R. S. Hogg, A. Palepu, R. Zhang, S. A. Strathdee, J. S. G. Montaner

455

Some costs and challenges of conducting follow-up studies of substance use in remote Aboriginal communities: an example from the Northern Territory

Alan R. Clough

451

Illicit tranquilliser use and dependence among female opiate users

G. Gilchrist Senior ,J. Atkinson, L. Gruer

455

HARM REDUCTION DIGEST

How quick to heroin dependence?

R. Coomber and C. Sutton

459

ASIA PACIFIC COLUMN

New challenges and opportunities in managing substance abuse in Malaysia

Mahmud Mazlan, Richard S. Schottenfeld, Marek C. Chawarski

463

BOOK REVIEWS

Assessment of Addictive Behaviors 479; Addiction at Work: Tackling Drug Use and Misuse in the Workplace 480; Risk and Risk Taking in Health and Social Welfare 481; Alcohol and Crime 482; Tackling Alcohol Problems 483

Nº 55 – July-September 2006

Drugnet Europe

Newsletter of the European Monitoring
Centre for drugs and Addiction

In this issue...

- 2** Monitoring the content of drug tablets
- 3** Cigarettes, alcohol and colonisation
- 4** Feature: World Drug Report 2006 — An overview of the world drug situation
- 5** Europe's diverse drug-driving laws
- 6** New German national standard for monitoring treatment
- 7** New EMCDDA products and services
- 8** EMCDDA priorities for 2007–2009

Nº 56 – October-December 2006

Drugnet Europe

**Newsletter of the European Monitoring
Centre for drugs and Addiction**

In this issue...

- 2 Drug treatment services for women still limited in Europe**
- 3 Surveys find club-goers over 10 times more likely to have tried stimulant drugs**
- 4 Feature: World Drug-related deaths – Downward trend may be faltering**
- 5 EU conference on drugs - 'Moving forward together'**
- 6 Global treatment capacity-building**
- 7 New EMCDDA products and services**
- 8 Cocaine - facts and figures**

Drugs: education, prevention and policy

Volume 13 Number 4 August 2006

Articles

- Rushing behind the wheel': Investigating the prevalence of 'drug driving' among club and rave patrons in Melbourne, Australia
Cameron Duff and Bosco Rowland 299

Assessing consequences of alcohol and drug abuse in a drinking driving population
Robert E. Mann, Dan B. Rootman, Rania Shuggi, Edward Adlaf 313

Substance use in urban and rural Texas school districts
Jane Carlisle Maxwell, Melissa Tackett-Gibson, James Dyer 327

Differences in substance use patterns among youths living in foster care institutions and in birth families
Dušan Backović, Jelena A. Marinković, Sandra Grujlčić-Šipetić, Miloš Maksimović 341

Adolescents in transition: The role of workplace alcohol and other drug policies as a prevention strategy
Ken Pidd, Robert Boeckmann & Mary Morrys 353

Deficit models and divergent philosophies: Service providers' perspectives on barriers and incentives to drug treatment
Carla Treloar and Martin Holt 367

Commentaries

Blueprint: A positive step toward strong evidence
David Foxcroft 383

Beyond 'just say no': Hopes and fears for Blueprint
Andrew Brown 387

Real life is messy
Richard Ives 389

Drugs: education, prevention and policy

Volume 13 Number 5 October 2006

Commentaries

- Tackling drugs together: Ten years on
Susanne MacGregor 393

- 'Tackling Drugs Together'* and the establishment of the principle
that 'treatment works'
Susanne MacGregor 399

- # Out of crime and into treatment?: The criminalization of contemporary drug policy since *Tackling Drugs Together*

Karen Duke 409

- Drug education and prevention: Has progress been made?
Niall Coogans 417

Reviews

- # Reviews

Will modifying inhalants reduce volatile substance misuse? A review *Sarah MacLean and Peter H. D'abbs*

- Volatile substance abuse: A review of findings in ESPAD 2003
Richard Ives 441

Articles

- ## **Articles**

Redeployable CCTV and drug-related crime: A case of implementation failure

Martin Gill, Anthea Rose, Kate Collins, Martin Hemming

- # The commodity and exchange value of housing in the domestic economy of drug users

Peter Clare 461

- # Beyond the end of the line: Case reports of conversion from dextromoramide to other opiates within addiction maintenance treatment

John Strang, Philip Robson, Neil Solomons 473

Book Review

- Tackling alcohol in Australian and South African Communities
Richard Ives 481

European Addiction Research

Vol. 12 / 4 / 06

Research Reports

169 Results of Two Emergency Room Studies

Moskalewicz.J.; Swiatkiewicz,G.(Warsaw); Cherpitel; C.J.;Ye, Y. (Berkley, Calif.)

176 Italian Survey of Organizational Functioning and Readiness for Change: A Cross-Cultural Transfer of Treatment Assessment Strategies

Rampazzo, L. (Venezia); De Angeli, M.; Serpelloni, G.(Verona); Simpson,D.D.; Flynn, P.M (Fort Worth, Tex)

182 Intercity Differences in Drug Use by Pre-Teenage School Children

McArdle, P.; Gilvarry, E.; McCarthy, S.;(Newcastle-upon-Tyne) McIntosh, J .; McKeganey, N (Glasgow)

187 Substance Use and Substance Use Disorders in a Community Sample of Adolescents and Young Adults: Incidence, Age Effects and Patterns of Use

Perkonigg, A.(Dresden/Munich); Pfister, H.; Höfler, M.(Munich); Fröhlich, C. ; Zimmermann, P.; Lieb, R.(Munich); Wittchen, H.-U.(Dresden/Munich)

197 The Relationship between Legal Status, Perceived Pressure and Motivation in Treatment for Drug Dependence: Results from a European Study of Quasi-Compulsory Treatment

Stevens,A.(Canterbury); Berto,D.(Padova); Frick, U.(Zurich); Hunt, N.(Canterbury); Kerschl, V.(Berlin); McSweeney, T.(London); Oeuvray, K. (Friburg); Puppo, I. (Firenze); Santa Maria,A. (Bari); Schaaf, S.(Zurich); Trinkl, B.(Wien); Uchtenhagen, A.(Zurich); Werdenich, W. (Wien)

210 Loss of Flexibility in Alcohol-Taking Rats: Promoting Factors

Turyabahika-Thyen, K. ; Wolffgramm, J.(Reutlingen)

222 Monitoring of Alcohol and Drugs under Scrutiny: Output and Shortcomings

van de Mheen, H.; Cruts, A.A.N.; Lempens, A.L.F.; Ketelaars, A.P.M.; van Laar, M.W.

230 Comparing Injecting and Non-Injecting Illicit Opioid Users in a Multisite Canadian Sample (OPICAN Cohort)

Fischer, B.; Manzoni, P.; Rehm, J. (Toronto)

239 Announcement

240 Acknowledgement

241 Author Index Vol. 12, 2006

242 Subject Index Vol. 12, 2006-12-2006-12-21

242 Contents Vol. 12, 2006

Journal of Addictive Diseases

Volume 25 Number 2 2006

CONTENTS

| | |
|--|---|
| Antagonist Treatment of Opioid Withdrawal: Translational Low Dose Approach | 1 |
|--|---|

Paolo Mannelli

Edward Gottheil

Elisabeth J. Van Bockstaele

Although antagonist drugs are receiving increasing attention in the treatment of opioid withdrawal, the mechanisms of interaction of opiate agonists and antagonists remain largely to be investigated. We focused on the effects of very low quantities of opiate antagonists for their potential utility in detoxification. Upon reviewing the evidence on the administration of small doses of naloxone and naltrexone in the presence of agonist drugs, the effects of low-dose naltrexone during opiate administration and withdrawal are described. The application of a translational methodology allowed completing the clinical design with behavioral and cellular information obtained from a specifically developed animal model.

The initial results indicate that low doses of naltrexone may help to reduce the manifestation of opioid withdrawal. They also offer suggestions for further investigations and confirm the utility of a translational research approach to the clinical neurobiology of drug addiction.

KEYWORDS. Inverse agonist, integrative research, cellular messengers, neural adaptation, detoxification

| | |
|---|---|
| Relationship Between Plasma Cortisol Levels, Withdrawal Symptoms and Craving in Abstinent and Treated Heroin Addicts | 9 |
|---|---|

Felice Nava

Emanuela Caldiroli

Stefania Premi

Alfio Lucchini

Twelve-month treatment of heroin addicts with methadone or buprenorphine normalized plasma cortisol levels and controlled withdrawal symptoms as well as craving. During treatment, the time course of plasma cortisol levels and craving was not strictly correlated: heroin craving was more elevated at 12 than at 3 months.

The results suggest a correlation between hypercortisolism, withdrawal symptoms and heroin use and suppose a more complex role for craving and its components in drug-taking behaviour. The main goal (1 the pharmacological treatment (1 opioid-dependence Should be addressed at the normalization of hypothalamic-pituitary-adrenocortical (HPA) axis more than at the control (1 craving.

KEYWORDS. Heroin, cortisol, withdrawal symptoms, craving, methadone, buprenorphine

Alcohol Withdrawal Pharmacotherapy for Inpatients with Medical Comorbidity

17

Michael F. Weaver

Heather J. Hoffman

Robert E. Johnson

Kimberly Mauck

Studies show that symptom-triggered dosing is best for treatment of alcohol withdrawal in patients on medical wards without other illness. On general medical hospital wards, withdrawal may be affected by comorbid medical illness. A clinical trial was undertaken to determine whether there is a difference between symptom-triggered (ST) and fixed-schedule (FS) dosing of lorazepam in patients hospitalized on general medical wards at a university medical center. One hundred eighty-three subjects were assessed by their nurses with the Revised Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) scale. Subjects in the ST arm received lorazepam doses based on CIWA-Ar score. Subjects in the FS arm received scheduled lorazepam with tapering over 4 days. Symptom-triggered dosing for alcohol withdrawal for general medicine inpatients results in less lorazepam given with similar reduction in CIWA-Ar scores for the first 2 days, but a higher proportion of protocol errors.

KEYWORDS. Alcohol, alcohol dependence, alcohol withdrawal, pharmacotherapy, benzodiazepine, symptom-triggered dosing, CIWA-Ar, clinical trial, inpatient detoxification

Hepatitis and Human Immunodeficiency Virus Co-Infection Among Injection Drug Users in Los Angeles County, California

25

Dennis G. Fisher

Grace L. Reynolds

Adi Jaffe

Mario J. Perez

This study examined the prevalence of hepatitis A (HAV), B (HBV), C (HCV), and Human Immunodeficiency Virus (HIV) co-infection among Injection Drug Users (IDUs) in Los Angeles County, California, and predictors of multiple infections in this population. Six hundred seventy-nine IDUs were recruited from October 2002 through June 2004. Participants completed questionnaires to elicit demographic, drug and sex risk information, and were tested for hepatitis A, B, C and HIV. A linear regression model predicting the total number of infections (0 to 4 possible) was constructed. Significant associations were found between HAV and HBV infection, HAV and HCV infection, and HBV and HCV infection. Predictors of total co-infections included age of first injection, lifetime years in jail, and Hispanic ethnicity. Latinos had the highest proportion of HAV and HBV co-infection with HCV. The total number of co-infections, especially those co-infected with all three of the hepatitis infections, was unexpectedly high.

KEYWORDS. Hepatitis, Human Immunodeficiency Virus, injection drug use, co-morbidity, Hispanic

Five-Year Outcomes of a Cohort of HIV -Infected Injection Drug Users in a Primary Care Practice

33

Michael Fingerhood

Darius A. Rastegar

Donald Jasinski

Overall mortality related to HIV infection has declined with the advent of highly active anti-retroviral therapy (HAART). The purpose of this study was to examine the five-year outcomes of a cohort of 75 consecutive patients with HIV infection and injection drug use followed at a primary care practice. Patients were seen for their first visit between June 1994 and May 1998. At five years from their initial visit, 53 patients (30.3%) had died, while 47 (26.9%) were still active patients in our primary care practice. Of those who died, HIV was the cause of death in a little over half of patients (55%) followed by liver disease (15%) and drug overdose (11%). Only 80 patients ever received highly active anti-retroviral therapy (HAART) and 52 (65%) of these achieved an undetectable viral load. Patients who never received HAART had a five-year mortality of 34.8%, compared to 25.0% in patients who ever received HAART, p < .001. Our data underscore the high burden of morbidity and mortality associated with HIV infection among IDUs despite the availability of effective treatment.

KEYWORDS. HIV infection, HAART, primary care practice, liver disease

Gender Differences and Pregnant Women in a Methadone Maintenance Treatment (MMT) Clinic

39

Einat Peles

Miriam Adelson

We prospectively compared gender outcome among 470 MMT patients admitted between June 1993 and Dec 2002. Urine samples were analyzed for drug abuse after one month and after one year. On admission females 131(27.9%) were significantly younger (34.5±1.7.5 years) than males 339(72.1%) (37.3±8.3 years) (ANOVA; F = 11, p = 0.001) and had significantly higher cocaine abuse (20% vs. 11.3%) (Fisher's Exact Test, p = 0.02). After one year, groups had: (a) similar retention in treatment (76.3%-females, 72.6%-males), (b) Stop in opiate abuse (65%-females, 65.3%-males), (c) a net decrease in cocaine abuse (% positive that became negative minus % negative that became positive) (68.0%-females, 51.6%-males). Females who were admitted to treatment while pregnant (n = 45) were significantly younger (31.5±5.4 years) compared to 86 non-pregnant (36.1±7.9, ANOVA F = 12.1, p = 0.001). We concluded that compared to males, females started MMT younger and had a higher proportion of cocaine abuse even though females' outcome were similar to the males'.

KEYWORDS. Methadone maintenance, opiates, pregnant women, gender differences

Antidepressant Treatment Patterns in a Novel Methadone Maintenance Clinic Targeting Young Adults: An Observational Study

47

David W Galarneau

Jedediah J. Teres

Andrew C. Leon

Dorothy Melia

Charles Lilly

Scott Kellogg

Elizabeth Khuri

Mary Jeanne Kreek

This observational study examined the antidepressant treatment patterns of a novel New York City methadone maintenance treatment program (MMTP), founded for the treatment of adolescents and now targeting young adults and older patients with special problems. The goal of the study was to investigate demographic or clinical characteristics that were associated with prescribing patterns, as well as whether antidepressant use was associated with sobriety. The method of data collection was a thorough chart review. Antidepressant treatment was significantly associated with gender, education, marital status, and relapse. However, after controlling for demographic and clinical characteristics, antidepressant treatment was not significantly associated with a reduction in relapse risk. Further research is needed to explore these relationships, as well as their generalizability to adult methadone clinics, and to examine the underlying factors that lead to similarities and distinctions in antidepressant prescribing practices between various types of clinics (i.e., general outpatient vs. methadone maintenance).

KEYWORDS. Methadone maintenance treatment program (MMTP), antidepressants, sobriety, prescribing patterns

The Diversion of Ultram®, Ultracet®, and Generic Tramadol HCI

53

James A. Inciardi

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Alvaro Muñoz

Edgar H. Adams

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Edward C. Senay

George E. Woody

Ultram®(tramadol HC) was approved by the Food and Drug Administration in 1994 as a non-scheduled drug Under the Controlled Substance Act. The non-scheduled status was contingent on the development and implementation of a comprehensive postmarketing surveillance program by an Independent Steering Committee external to Ortho-McNeil Pharmaceutical charged with monitoring abuse and recommending scheduling if unexpectedly high abuse occurred. The program developed by this committee was composed of a variety of studies, and the results of the first three years of the surveillance efforts revealed that the rate of Ultram abuse was low. At a meeting of the

FDA in 1998 to reexamine the scheduling status of Ultram, it was recommended that the scope of the postmarketing surveillance program be broadened to include data on diversion. After one-year pilot study, by January 2002, a nationwide diversion survey was fully operational. This brief communication describes the experiences of this diversion study, and compares the findings on the diversion of Ultram and other tramadol HCI products with that of more widely abused drugs. Survey data suggest that the diversion of Ultram and other tramadol products is low, and overall, diversion investigators did not consider tramadol to be a problem in their respective jurisdictions.

KEYWORDS. Ultram®. Ultracet®. tramadol. diversion

Using Routine Laboratory Tests to Detect Heavy Drinking in the General Population

59

Jim Harasymiw

Julie Seaberg

Pamela Bean

This article describes a new biomarker known as the Early Detection of Alcohol Consumption (EDAC) test, which has been steadily penetrating the U.S. market. The EDAC uses routine laboratory tests to make a prediction of heavy drinking in any given person. When tested in mainstream insurance populations, the EDAC has shown twice the specificity of the traditional liver enzyme tests and is significantly more sensitive than the CDT test, which is expected because the EDAC uses a combination of laboratory tests. Maximum diagnostic accuracy is achieved when the CDT test is used to confirm a positive EDAC test. Since brief interventions have proven successful, the early identification of alcohol problems becomes a vital role for physicians. Improved awareness of alcohol misuse can certainly be accomplished through an increased use of biomarkers, with and without concomitant self-report. The ultimate goal is to facilitate early intervention and the successful management of patients diagnosed with heavy drinking.

KEYWORDS. Heavy drinking, EDAC test, biomarker, CDT test

Paternal, Perceived Maternal, and Youth Risk Factors as Predictors of Youth Stage
of Substance Use: A Longitudinal Study

65

Felipe González Castro

Judith S. Brook

David W Brook

Elizabeth Rubenstone

This longitudinal study examined paternal, perceived maternal, and youth risk factors at Time 1 (T1) (e.g., substance use, violent victimization, parental rules) as predictors of the stage of substance use in the adolescent child at Time 2 (12). Participants (N = 296) consisted of drug-abusing fathers and one of their adolescent children, aged 12 to 20 years. Fathers and youths were each administered structured interviews separately and in private. Adolescents were re-interviewed approximately one year later. Pearson correlation analyses showed that the paternal, perceived maternal, and youth risk factors were significantly related to adolescent stage of substance use at T2. With an increase in risk factors, there was an increase in T2 stage of substance use in the child. Findings imply that father-oriented treatment programs should focus how paternal behaviors, such as illegal drug use, inadequate parenting skills, and a poor father-child relationship contribute to youth problem behaviors, including alcohol, tobacco, and illicit drug use.

KEYWORDS. Stage of substance use, father-youth relationship, parental drug use

Predictors of Rebellious Behavior in Childhood: Parental Drug Use, Peers, School
Environment, and Child Personality

77

Judith S. Brook

David W Brook

Elinor B. Balka

Gary Rosenberg

This study assesses the interrelationships among several sets of variables and rebellious behavior in a sample of Puerto Rican and African American elementary school-aged children. The independent sets of variable (domains) were child personality attributes, parental attributes, including parental marijuana use, peer factors, school environment, and ethnic identification and discrimination. The dependent or outcome variable was children's rebellious behavior. Children and their mothers were interviewed in their homes. Pearson correlations and hierarchical multiple regression analyses were used to assess the extent to which the independent variables were related to the children's rebellious behavior. Each of the domains was associated with children's rebellious behavior without control on the remaining domains.

With control on the remaining domains, child personality accounted for the most variance in childhood rebellious behavior. With control on child personality, only the school environment remained significant. Children with personality traits that are associated with rebellious behavior may have parents who exhibit antisocial behavior and use, marijuana. Furthermore, these children may be a risk for other problem behaviors, including legal drug use, and would benefit from interventions which address primarily their personality characteristics, but also their school environments.

KEYWORDS. Rebellious behavior, tobacco use, drug use, child personality traits, parental attributes, peer factors, school environment, ethnic identity, ethnic discrimination

Preference for Spirituality and Twelve-Steps-Oriented Approaches Among Adolescents
in a Residential Therapeutic Community

89

Romulo A. Aromin, Jr.

Mare Galanter

Ramon Solkhah

Helen Derillatis

Gregory Bunt

This study sought to determine which adolescents being treated for substance use in a residential Therapeutic Community (TC) would endorse spirituality and Twelve-Step-oriented approaches as part of their treatment. By identifying individual difference characteristics associated with preference for spirituality and Twelve-Step-oriented approaches, integrated substance abuse treatments can be targeted to appropriate subgroups of adolescents. A total of 181 adolescents completed a survey assessing their substance use and attitudes toward spirituality and Twelve-Step-oriented approaches that was similar to a survey completed by 322 adults in the same residential TC program. In the adolescent sample, three spirituality-related characteristics—perceived connectedness to others, frequency of prayer, and spiritual orientation to life—were associated with preference for both spirituality and twelve step oriented approaches being featured more in TC treatment. Adolescents were less likely than adults to express a preference that both approaches be featured more in TC treatment.

KEYWORDS. Therapeutic community (TC), Twelve Steps, spirituality

Journal of Addictive Diseases

Volume 25 Number 3 2006

CONTENTS

| | |
|--|----|
| EDITORIAL: Stay Tuned and Find Out <i>Donald R. Wesson</i> | 1 |
| Methadone Induction Doses: Are Our Current Practices Safe? <i>Anita Srivastava Meldon Kahan</i> Purpose: To review the literature on methadone deaths and propose evidence-based dosing guidelines. Methods: A literature search was conducted on overdose deaths during the induction phase. Data on methadone deaths from the Ontario coroner's office, as well as prescribing guidelines from different countries and jurisdictions, were reviewed. The information was collectively considered and, using the best available evidence, translated into safe dosing guidelines for methadone induction. Results: A literature review found high death rates during the methadone induction period. Data from the Ontario coroner's office revealed that of deaths that were felt to be attributable to methadone overdose, the majority occurred in those who had consumed diverted methadone: of those deaths within a registered program, the majority occurred during the initial dosing phase. Despite high death rates during induction onto methadone treatment, many jurisdictions do not have prescribing guidelines that take this evidence into account. Conclusions: Safer prescribing guidelines are needed to reduce deaths during induction onto methadone treatment. Recommendations are made for safe methadone induction doses. KEYWORDS. Methadone, overdose, guidelines, literature search, induction dose | 5 |
| Adolescent and Young Adult Heroin Patients: Drug Use and Success in Methadone Maintenance Treatment <i>Scott Kellogg Dorothy Melia Elizabeth Khuri Amy Lin Ann Ho Mary Jeanne Kreek</i> <i>This study examined the impact of methadone maintenance treatment on an inclusive group of adolescent and young adult opiate-dependent patients, ages 15-23, admitted over a 6-year period, during their first year in the program. Retention in treatment was the primary outcome variable, and at 12 months, 48% were still in treatment. The findings were: (a) a stepwise discriminant function analysis revealed that patients who consistently used heroin were at a greater risk of leaving treatment within the first 12 months; (b) the use of cocaine was an indicator of higher levels of heroin use in those who reached the one-year mark; (c) among patients who stayed in treatment for one year, there was a significant reduction in heroin use, a trend toward a reduction in cocaine use, and no significant impact on benzodiazepine use; and (d) the group that stayed in treatment was slightly younger than the group that left before the first year ended. There were no gender or ethnic differences between the two groups. Suggestions for interventions that might improve treatment outcome are presented.</i> KEYWORDS. Methadone, adolescents, addiction treatment, heroin | 15 |
| A Chart Review Comparing Paregoric to Methadone in the Treatment of Neonatal Opioid Withdrawal <i>Martha J. Wunsch</i> <i>Neonatal opioid withdrawal often requires treatment but there have been few recent studies of current pharmacological interventions to guide treatment. This retrospective chart review provides an exploratory examination of newborns treated with either methadone or paregoric for opioid withdrawal and outlines dosage ranges and intervals, side effects, and clinical outcomes of the two regimens. The outcome variables examined were time to resolution of withdrawal symptoms, rate of decrease in symptom severity, and length of hospital stay. There were no</i> | 27 |

observed differences in outcome variables between the two treatment groups and side effect profiles were similar. Dosages, dosage intervals, and tapering regimens were consistent with American Academy of Pediatrics recommendations.

Although the sample size is small and standardized regimens were not used, this study provides preliminary data about dosing levels and dosing intervals of these two pharmacologic treatment agents. Both groups of infants had favorable outcomes, although given the variation in treatment regimens it is difficult to draw an equation of equivalency. These results are applicable to the design of future studies of pharmacological interventions.

KEYWORDS. Opioid withdrawal, neonatal, pharmacological interventions, American Academy of Pediatrics

Within Treatment Drinking and Surreptitious Drinking During Brief Substance Abuse Treatment

35

Damon Mitchell

Richard Hirschman

This project examined the frequency of within treatment drinking and surreptitious drinking among patients who attended a brief substance abuse treatment program that mandated within treatment abstinence. We defined surreptitious drinking as within treatment drinking that is kept hidden from treatment staff. Data for this project came from the anonymous exit surveys of 275 patients. Forty-eight patients (17.45%) indicated that they engaged in within treatment drinking at least once. Forty-one of those patients (87%) kept the drinking hidden from treatment staff. The most common reason for patients keeping their drinking hidden was a fear of discharge from treatment. Within treatment drinkers were compared to within treatment abstainers in the extent to which their treatment was coerced, the extent to which treatment was perceived as helpful, and their posttreatment intentions for substance use and follow-up care. Differences between these two groups, and their implications, are discussed.

KEYWORDS. Substance abuse, surreptitious drinking, therapeutic intervention, treatment programs

Complicated Hypertension Related to the Abuse of Ephedrine and Caffeine Alkaloids

45

Jeffrey A. Berman

Arathi Setty

Matthew J. Steiner

Kenneth R. Kaufman

Christine Skotzko

Ephedra containing products (ECPs), which most often contain additional sources of caffeine alkaloids, may be an under-recognized cause of hypertension. ECPs, especially when used in combination or at higher than recommended doses, can cause life-threatening cardiovascular and neurological complications. We present a case of hypertensive encephalopathy with new onset generalized tonic-clonic seizure secondary to concomitant use of two OTC supplements containing a mixture of ephedrine and caffeine alkaloids.

KEYWORDS. Ephedra, ephedrine, caffeine alkaloids, hypertensive encephalopathy, hypertension, seizure, dietary supplement, over the counter (OTC)

Dual Psychiatric Diagnosis and Substance Abuse in Pathological Gamblers:

A Preliminary Gender Comparison Study

49

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Katherine Lowengrub

Bosmat Shalgi

Marina Sasson

Lali Tuson

Yafa Saphir

Moshe Kotler

Background: Pathological Gambling (PG) is a highly prevalent and disabling impulse control disorder. Recent studies have consistently shown that PG patients have responded well to treatment with SSRIs, mood stabilizers, and opioid antagonists. These findings have supported the observation that PG is strongly associated with both mood and anxiety disorders as well as substance abuse. The aim of the study is to evaluate the comorbid psychiatric diagnoses in our sample of pathological gamblers.

Methods: Thirty-six female, and forty-two male PGs were enrolled in our study. A comprehensive psychiatric diagnostic evaluation was performed on all patients, and patients were screened for symptoms of depression and anxiety using the Hamilton Depression Rating Scale, the Hamilton Anxiety Rating Scale, the Yale-Brown Obsessive Compulsive Scale, and the Frost Multidimensional Perfectionism Scale. In addition, the patients completed self-report questionnaires about their demographic status and substance abuse.

Results: The majority of patients were married with full or part-time employment. The study results demonstrated that PG in males is correlated with substance and alcohol abuse. Diagnoses, which were prevalent among our cohort of female PGs included major depression, affective disorders, anxiety disorders, and eating disorders.

Conclusion: In our sample of PGs, the men and women had different patterns of psychiatric comorbidity. The different patterns of psychiatric comorbidity seen in our male versus female PGs raises the question of whether the underlying etiopathology in PG may differ according to gender.

KEYWORDS. Pathological gambling, alcohol abuse, substance abuse, mood disorders, and anxiety disorders

Forgiveness and Alcohol Problems Among People Entering Substance Abuse Treatment 55

Jon R. Webb

Elizabeth A. R. Robinson

Kirk J. Brower

Robert A. Zucker

Forgiveness is argued to be highly relevant to problematic substance use, yet supportive empirical evidence is lacking. Findings are presented from a longitudinal study exploring the relationship between religiousness and spirituality (RS) variables and alcohol use disorders. We examined forgiveness of self (ForSelf), of others (ForOthers), and by God (ByGod), hypothesizing positive relationships with RS and negative relationships with alcohol use and consequences, at both baseline ($N = 157$) and six-month follow-up ($N = 126$). ForSelf scores were significantly lower than ForOthers and ByGod scores, and ForOthers scores increased modestly over time. ByGod was most consistently associated with other RS variables. ForSelf and ForOthers were associated with alcohol-related variables at both time points, and baseline ForSelf and ForOthers were associated with fewer drinking consequences at follow-up, but not after controlling for other pertinent variables. ForSelf may be most difficult to achieve and thus most important to recovery, thereby preventing full recovery and fostering relapses.

KEYWORDS. Forgiveness, spiritual beliefs, alcohol problems, addiction, substance abuse treatment

Evaluation of a Model for the Treatment of Combined Mental Illness and Substance Abuse: The Bellevue Model for Peer-Led Treatment in Systems Change

69

Helen Dermatis

Marc Galanter

Manuel Trujillo

Claudia Rahman-Dujarric

Kimberly Ramaglia

Dorothea LaGressa

The present study evaluated a model program at Bellevue Hospital Center incorporating a peer-led self-help (PLSH) approach which can be applied to bring about systems-level change in a variety of settings where persons with dual diagnosis are encountered. A total of 461 consecutive MICA inpatient admissions were evaluated to compare the PLSH unit with two standard psychiatric units. The PLSH program was associated with a higher rate of acceptance of aftercare referral (93% vs. 74%) and aftercare attendance (52% vs. 30%) among patients with no prior psychiatric hospitalizations ($N = 111$). In addition, the PLSH program appeared to benefit chronically impaired MICA patients ($N = 350$) or those with a history of prior psychiatric hospitalizations, as they were more likely to accept referral to aftercare treatment than were chronic patients discharged from the standard psychiatric units (96% vs. 81%). Such a program, when more widely applied, could yield decreased recidivism and considerably lower medical, psychiatric, and economic cost.

KEYWORDS. Substance abuse, mental illness, peer-led self-help (PLSH), mental illness and chemical abuse (MICA)

Heroin and Cocaine Dependence and the Risk of Accidental Non-Fatal Drug Overdose 79

Sandro Galea

Ari Nandi

Phillip O. Coffin

Melissa Tracy

Tinka Markham Piper

Danielle Ompad

David Vlahov

The relation between illicit drug dependence and the likelihood of drug overdose is unclear. We recruited 1,066 habitual drug users for this analysis through street-based outreach in New York City. In this sample, 99.3% of respondents used heroin in the past year and 87.1% of respondents used cocaine; 819 (77.5%) heroin users and 735 (79.2%) cocaine users were severely dependent on either drug, respectively. In multivariable models, among heroin users, persons who were severely heroin dependent were less likely ($OR = 0.6$; 95% CI = 0.4-0.9) to have overdosed on any drug in the past year; among cocaine users, those who were severely cocaine dependent were more likely ($OR = 1.6$; 95% CI = 1.0-2.6) to have overdosed in the past year. The relation between illicit drug dependence and risk of overdose may vary for different patterns of drug dependence. These observations suggest that overdose prevention interventions, perhaps even those specifically targeting opiate overdose, may be more efficiently directed at individuals exhibiting cocaine dependence.

KEYWORDS. Drug dependence, overdose, heroin, cocaine

Prescribing Naloxone to Actively Injecting Heroin Users: A Program to Reduce Heroin Overdose Deaths

89

Sarz Maxwell

Dan Bigg

Karen Stanczykiewicz

Suzanne Carlberg-Racich

Heroin overdose deaths have increased alarmingly in Chicago over the past decade. Naloxone, an opioid antagonist with no abuse potential, has been used to reverse opiate overdose in emergency medical settings for decades.

We describe here a program to educate opiate users in the prevention of opiate overdose and its reversal with intramuscular naloxone. Participant education and naloxone prescription are accomplished within a large comprehensive harm reduction program network. Since institution of the program in January 2001, more than 3,500 10 ml (0.4 mg/ml) vials of naloxone have been prescribed and 319 reports of peer reversals received. The Medical Examiner of Cook County reported a steady increase in heroin overdose deaths since 1991, with a four-fold increase between 1996 and 2000. This trend reversed in 2001, with a 20% decrease in 2001 and 10% decreases in 2002 and 2003.

KEYWORDS. Opiate addiction, injection drug user, opiate overdose

Less Pain, More Gain: Buprenorphine-Naloxone and Patient Retention in Treatment

97

Cara M. Renzelli

Neil A. Capretto

Research indicates that persons addicted to opiates are likely to relapse following treatment or are at risk of terminating treatment early. The withdrawal experience may be one factor underlying early treatment discharge and several medications, including buprenorphine-naloxone, have been used to reduce withdrawal symptoms during detoxification. This retrospective study sought to determine whether patients who received buprenorphine-naloxone were retained in treatment longer than those who did not receive the medication. Data were collected on 170 patients admitted to the detoxification unit who either received (n = 85) or did not receive (n = 85) the medication. Differences in lengths of stay were found between the groups, thus warranting future research on the usefulness of buprenorphine-naloxone during detoxification and subsequent treatment. The importance of detoxification as an initial phase of treatment in relation to patient retention is discussed.

KEYWORDS. Detoxification, opiate dependence, buprenorphine-naloxone, treatment retention

Anabolic-Androgenic Steroid Abuse by Physicians

105

Mark S. McAllister

Gregory B. Collins

Physicians are not immune to the rising popularity of anabolic-androgenic steroid (AAS) abuse. We present three cases of physician-patients who recently required inpatient substance abuse treatment stemming from the abuse of AAS or related compounds. These individuals shared a number of clinical and psychological features that led to or resulted from their abuse of ergogenic substances. Each incurred severe professional, legal, domestic and/or health consequences as a result of their abuse. The common features identified in these patients suggest the presence of an overriding "risk behavior syndrome" that may predispose susceptible individuals to AAS abuse. The reinforcing properties of AAS and the potential for dependence remains an active area of research. Effective treatment of these individuals requires recognition of the causative factors as well as the high likelihood of other substance abuse that must also be addressed. With proper support and monitoring, these individuals can resume productive professional careers.

KEYWORDS. Anabolic steroids, physicians, substance abuse, AAS

**JOURNAL OF
DRUG
EDUCATION**

CONTENTS

| | |
|---|----|
| Having Fun In The Second Modernization <i>Riia A. Palmqvist</i> | 1 |
| Influencing Alcohol Control Policies And Practices At Community Festivals <i>Traci L. Toomey, Lindsey A. Fabian, Darin J. Erickson, Alexander C. Wagenaar, Linda Fletcher, Kathleen M. Lenk,</i> | 15 |
| Prescription Drug Abuse Information In D.A.R.E. <i>Melissa C. Morris, M.P.H., Rebecca J. Welch Cline, Ph.D., Robert M. Weiler, M.P.H., S. Camille Broadway,</i> | 33 |
| The Five-Factor Model Of Personality And Smoking: A Meta-Analysis <i>John M. Malouff, Einar B. Thorsteinsson, Nicola S. Schutte</i> | 47 |
| The Effects Of Fatal Vision Goggles On Drinking And Driving Intentions In College Students <i>Dwight A. Hennessy, Elizabeth Lanni-Manley, Nicole Maiorana</i> | 59 |
| Alcohol-Related Incident Guardianship And Undergraduate College Parties: Enhancing The Social Norms Marketing Approach <i>Troy A. Gilbertson</i> | 73 |
| Heavy Alcohol Use Compared To Alcohol And Marijuana Use: Do College Students Experience A Difference In Substance Use Problems? <i>Audrey M. Shillington, Ph.D. And John D. Clapp</i> , | 91 |

Volume 36, Number 2 - 2006

**JOURNAL OF
DRUG
EDUCATION**

CONTENTS

| | |
|--|-----|
| Exploring Racial And Ethnic Differences In Recreational Drug Use Among Gay And Bisexual Men In New York City And Los Angeles <i>Christian Grov, David S. Bimbi, José E. Nanin, Jeffrey T. Parsons</i> | 105 |
| Evaluation Of A Measure Of Incidental Legal Risk Behaviors In College Students Who Use Alcohol <i>Melissa J. Leedy, Ms And Thad R. Leffingwell,</i> | 125 |
| Hepatitis C Knowledge Among Staff In U.S. Drug Treatment Programs <i>Shiela M. Strauss, Janetta M. Astone-Twerell, Corrine Munoz-Plaza, Don C. Des Jarlais, Marya Gwadz, Holly Hagan, Andrew Osborne, Ms, Andrew Rosenblum,</i> | 141 |
| The Cultural Tailoring Of A Substance Use Prevention Curriculum For American Indian Youth Chris Ringwalt, And Kappie Bliss, | 159 |
| Life Events And Peer Substance Use And Their Relation To Substance Use Problems In College Students <i>Jeanette Taylor,</i> | 179 |

JOURNAL OF DRUG ISSUES

SUMMER 2006 Volume 36, Number 3

CONTENTS

- 485 **Social Risks For At-Risk Drinking In Young Workers: Application Of Work-Life Border Theory**
Joel B. Bennett, Camille R. Patterson, Wyndy L. Wiitala, Ada Woo
- 515 **Can Social Psychological Delinquency Theory Explain The Link Between Marijuana And Other Illicit Drug Use? A Longitudinal Analysis Of The Gateway Hypothesis**
Cesar J. Rebellon, Karen Van Gundy
- 541 **The Risk Avoidance Partnership: Training Active Drug Users As Peer Health Advocates**
Margaret R. Weeks, Julia Dickson-Gómez, Katie E. Mosack, Mark Convey, Maria Martinez, Scott Clair
- 571 **Adolescent Predictors Of Generalized Health Risk In Young Adulthood: A 10-Year Longitudinal Assessment**
Laura M. Bogart, Rebecca L. Collins, Phyllis L. Ellickson, David J. Klein
- 597 **Cross-National Differences In Drugs And Violence Among Adolescents: Preliminary Findings Of The Davi Study**
Edward M. Adlaf, Dirk J. Korf, Lana Harrison, Patricia Erickson
- 619 **State Drug Policy Reform Movement: The Use Of Ballot Initiatives And Legislation To Promote Diversion To Drug Treatment**
Curtis J. Vanderwaal, Jamie F. Chriqui, Rachel M. Bishop, Duane C. McBride, Douglas Y. Longshore
- 649 **Long-Term Predictors Of Hiv Risk Behaviors Among IDUs**
Karen F. Corsi, Carol F. Kwiatkowski, Robert E. Booth
- 667 **Providers' Perceptions Of Gender-Specific Drug Treatment**
Michael Fendrich, Amy Hubbell, Arthur J. Lurigio
- 687 **Protecting Alabama Students From Alcohol And Drugs: A Multi-Level Modeling Approach**
Celia C. Lo, Anita S. Anderson,
- 719 **Street-Level Drug Market Activity In Sydney's Primary Heroin Markets: Organization, Adulteration Practices, Pricing, Marketing And Violence**
Ross Coomber, Lisa Maher

Journal of Psychoactive Drugs

Volume 38 (3), September 2006

CONTENTS

Comparing Treatments of Alcoholism on Craving and Biochemical Measures of Alcohol Consumptions

- *Felice Nava, M.D., PhD.; Stefania Premi, M.D.; Ezio Manzato, M.D. & Alfio Lucchini, M:D:*.....211

Differences in Drug Treatment Services Based on Profit Status

- *Isaac D. Montoya, PhD., CMC, CLS.....*.....219

Knowledge, Attitudes and Practices of Pharmacists Concerning Prescription Drug Abuse

- *Lynn Lafferty, Pharm. D., M.B.A.; Tracy S. Hunter, R.Ph, Ph. D & Wallace A. Marsh, Ph. D., M.B.A.....*.....229

Staff Perspectives on Facilitating the Implementation of Hepatitis C Services at Drug Treatment Programs

- *Corrine E. Muñoz-Plaza, M.P.H: Shiela M. Strauss, PH.D.; Janetta M. Astone-Twerwll, Ph.D.; Do n C. Des Jarlais, Ph.D & Holly Hagan, Ph. D.....*..... 233

Variations in Drug Users' Accounts of the Connection Between Drug Misuse And Crime

- *Professor Trevor Bennet & Dr. Katy Holloway.....*..... 243

Life Stress, Coping and Comorbid Youth: An Examination of the Stress-Vulnerability Model for Substance Relapse

- *Kristen G. Anderson, M.Ed., Ph.D.; Danielle E. Ramo, M.S. & Sandra A. Brown, Ph.D.;*.....263

Integrated Residential Treatment for Persons with Severe and Persistent Mental Illness Lessons in Recovery

- *Kristin E. Davis, Ph.D.; Timothy Devitt, M.S., C.A.D.C.; Angela Rollins, Ph.D. Sheila O'Neil, L.C.S.W.; Debra Pavick, M.S.W.; L.C.S.W. & Brian Harding. M.A.....*.....263

An Extended Nondrug MDMA-Like Experience Evoked Throgh Posthypnotic Suggestion

- *Arthur Hastings, Ph.D.....*.....273

A Comparison of Plants Utilized in Ritual Healing by Two Brazilian Cultures: Quilombolas and Krahô Indias

- *Eliana Rodriguez & E.A. Carlini, M.Sc., M.D.. ..:*..... 285

Juvenile Offences Among Hospitalized Adolescent Inhalant Users in Istanbul: A Comparison Regarding

- *Kültegin ogel, M.D.; Sevil Taner, M.A.; Musa Tosun, M.D.; Olcay Zliman, B.A. & Turkay Demir, M.D...297*

SHORT COMMUNICATION

Changing Patterns of cocaine Use and HIV Risks in the South of Brazil

- *James A. Inciardi, Ph.D.; Hilary L. Surratt, Ph.D.; Flavio Pechansky, M.D., Ph.D.; Felix Kessler, M.D., M.Sc.; Lisia von Diemen, M.D.; Elisabeth Meyer da Silva, B.a., M.Sc. & Steven. S. Martin, M.Sc. M.A.....*..... 305

Good and Bad Times for Treating Cigarette Smoking in Drug Treatment

- *Kimber P. Richter, Ph D., M.P.H*.....311

BOOK REVIEW

Ecstasy: In and About Altered States

- *Reviewed by Marlene Dobkin De Rios, Ph.D.....*..... 307

COVER ART

- *QuicksilverLight by Frank Pietronigro (www.pietronigro.com)*

Journal of Studies on Alcohol

VOLUME 67

NUMBER 6

NOVEMBER 2006

CONTENTS

| | |
|---|-----|
| EDITOR'S CORNER: The Future Is Now | 801 |
| HARFORD, T.C., YI, H.-Y., AND HILTON, M.E. Alcohol Abuse and Dependence in College and Noncollege Samples: A Ten-Year Prospective Follow-Up in a National Survey | 803 |
| WHITE, H.R., McMORRIS, B.J., CATALANO, R.F., FLEMING, C.B., HAGGERTY, K.P., AND ABBOTT, R.D. Increases in Alcohol and Marijuana Use During the Transition Out of High School Into Emerging Adulthood: The Effects of Leaving Home, Going to College, and High School Protective Factors | 810 |
| MAISTO, S.A., CLIFFORD, P.R., STOUT, R.L., AND DAVIS, C.M. Drinking in the Year After Treatment as a Predictor of Three-Year Drinking Outcomes | 823 |
| SVIKIS, D.S., MILES, D.R., HAUG, N.A., PERRY, B., HOEHN-SARIC, R., AND MCLEOD, D. Premenstrual Symptomatology, Alcohol Consumption, and Family History of Alcoholism in Women With Premenstrual Syndrome | 833 |
| O'DONNELL, K., WARDLE, J., DANTZER, C., AND STEPTOE, A. Alcohol Consumption and Symptoms of Depression in Young Adults From 20 Countries | 837 |
| SCHUCKIT, M.A., SMITH, T.L., WAYLEN, A., HORWOOD, J., DANKO, G.P., HIBBELN, J.R., DAVIS, J.M., AND PIERSON, J. An Evaluation of the Performance of the Self-Rating of the Effects of Alcohol Questionnaire in 12- and 35-Year-Old Subjects | 841 |
| BELL, M.C. AND RILEY, E.P. Memory and Perseveration on a Win-Stay, Lose-Shift Task in Rats Exposed Neonatally to Alcohol | 851 |
| BERESFORD, T.P., ARCINIEGAS, D.B., ALFERS, J., CLAPP, L., MARTIN, B., BERESFORD, H.F., DU, Y., LIU, D., SHEN, D., DAVATZIKOS, C., AND LAUDENSLAGER, M.L. Hypercortisolism in Alcohol Dependence and Its Relation to Hippocampal Volume Loss | 861 |
| DEJONG, W., SCHNEIDER, S.K., TOWVIM, L.G., MURPHY, M.J., DOERR, E.E., SIMONSEN, N.R., MASON, K.E., AND SCRIBNER, R.A. A Multisite Randomized Trial of Social Norms Marketing Campaigns to Reduce College Student Drinking | 868 |
| PERKINS, H.W. AND CRAIG, D.W. A Successful Social Norms Campaign to Reduce Alcohol Misuse Among College Student-Athletes | 880 |
| CHERPITEL, C.J., YE, Y., BOND, J., REHM, J., CREMONTE, M., NEVES, O., MOSKALEWICZ, J., SWIATKIEWICZ, G., AND GIESBRECHT, N. The Effect of Alcohol Consumption on Emergency Department Services Use Among Injured Patients: A Cross-National Emergency Room Study | 890 |

| | |
|---|-----|
| C'DE BACA, J., MCMILLAN, G.P., AND LAPHAM, S.C. Reclassifying DIS-III-R Alcohol Use Disorders to DSM-IV Criteria in a Sample of Convicted Impaired Drivers | 898 |
| SLATER, M.D., LONG, M., AND FORD, V.L. Alcohol, Illegal Drugs, Violent Crime, and Traffic-Related and Other Unintended Injuries in U.S. Local and National News | 904 |
| LEE, C.M., MAGGS, J.L., AND RANKIN, L.A. Spring Break Trips as a Risk Factor for Heavy Alcohol Use Among First-Year College Students | 911 |
| AUERBACH, K.J. AND COLLINS, L.M. A Multidimensional Developmental Model of Alcohol Use During Emerging Adulthood | 917 |
| PALFAI, T.P. Activating Action Tendencies: The Influence of Action Priming on Alcohol Consumption Among Male Hazardous Drinkers | 926 |
| PONICKI, W.R. AND GRUENEWALD, P.J. The Impact of Alcohol Taxation on Liver Cirrhosis Mortality | 934 |
| SHOLOMSKAS, D.E. AND CARROLL, K.M. One Small Step for Manuals: Computer-Assisted Training in Twelve-Step Facilitation | 939 |
| EDITORIAL REFEREES, 2006 | 946 |
| ANNUAL INDEX, VOLUME 67 | |
| AUTHORS | 948 |
| SUBJECTS | 951 |
| VOLUME 67 TITLE AND CONTENTS | 968 |

Journal of Substance Abuse Treatment

Volume 31/Number 2

Contents

September 2006

SPECIAL SECTION: MANDATING NALTREXONE AMONG COURT-REFERRED PATIENTS: IS IT ETHICAL?

Introduction

- 107** Naltrexone for probationers and parolees
Charles O'Brien and James W. Cornish

Special Articles

- 113** Research on naltrexone in the criminal justice system

- 117** Ethical issues surrounding forced, mandated, or coerced treatment
Arthur L. Caplan

- 121** Judicially mandated naltrexone use by criminal offenders: A legal analysis
Richard J. Bonnie

Commentary

- 129** Naltrexone as a "mandate" or as a choice: criminal offenders: A legal analysis
Louis J. Presenza

Special Article

- 131** Depot naltrexone in lieu of incarceration: A behavioral analysis of coerced treatment for addicted offenders
Douglas B. Marlowe

Commentary

- 141** Naltrexone as negative reinforcement: Comments on "A behavioral analysis of coerced treatment for addicted offenders"
David Farabee

REGULAR ARTICLES

- 143** Physical health as a motivator for substance abuse treatment among medically ill adults: Is it enough to keep them in treatment?
Thomas P. O'Toole, Robin A. Pollini, Daniel Ford and George Bigelow

- 151** Trends in opioid-related fatal overdoses in Massachusetts
William Fernandez, Holly Hackman, Loreta McKeown, Teresa Anderson and Beth Hume

- 157** Therapeutic alliance and the relationship between motivation and treatment outcomes in patients with alcohol use disorder
Mark A. Ilgen, John McKellar, Rudolf Moos and John W. Finney

- 163** Behavioral HIV risk reduction among people who inject drugs: Meta-analytic evidence of efficacy
Michael M. Copenhaver, Blair T. Johnson, I-Ching Lee, Jennifer J. Harman, Michael P. Carey and the SHARP Research Team

- 173** Counselor emotional exhaustion and turnover intention in therapeutic communities
Hannah K. Knudsen, Lori J. Ducharme and Paul M. Roman

- 181** Beliefs about alcohol use among university students
Michaela Bitarello do Amaral, Lélio M. Lourenço and Telmo M. Ronzani

- 187** HIV risk behaviors during pharmacologic treatment for opioid dependence: A comparison of levomethadyl acetate hydrochloride, buprenorphine, and methadone
David C. Lott, Eric C. Strain, Robert K. Brooner, George E. Bigelow and Rolley E. Johnson

- 195** Hepatitis C virus infection among methamphetamine-dependent individuals in outpatient treatment
Rachel Gonzales, Patricia Marinelli-Casey, Steven Shoptaw, Alfonso Ang and Richard A. Rawson

- 203** Controlled trial of prescribed heroin in the treatment of opioid addiction
Joan Carles March, Eugenia Oviedo-Joekes, Emilio Perea-Milla, Francisco Carrasco and the PEPSA Team

Journal of Substance Abuse Treatment

Volume 31/Number 3

October 2006

Contents

SPECIAL SECTION: COMAT 1—THE BUSINESS OF ADDICTION TREATMENT

Introduction

- 213 The business of addiction treatment: A research agenda

John R. Kimberly and A. Thomas McLellan

Special Articles

- 221 The role of organization and management in substance abuse treatment: Review and roadmap

Thomas D'Aunno

- 235 Patterns of organization and management in private and public substance abuse treatment programs

Paul M. Roman, Lori J. Ducharme and Hannah K. Knudsen

- 245 Does America spend enough on addiction treatment? Results from public opinion surveys

Michael T. French, Jenny F. Homer and Amie L. Nielsen

- 255 Industry evolution through consolidation: Implications for addiction treatment

Rafael A. Corredoira and John R. Kimberly

REGULAR ARTICLES

- 267 Addiction treatment services and co-occurring disorders: Prevalence estimates, treatment practices, and barriers

Mark P. McGovern, Haiyi Xie, Sam R. Segal, Lauren Siembab and Robert E. Drake

- 277 The contribution of consensus within staff and client groups as well as concordance between staff and clients to treatment engagement

Gerald Melnick, Harry K. Wexler, Michael Chaple and Steven Banks

- 287 Screening for serious mental illness in populations with co-occurring substance use disorders: Performance of the K6 scale

James A. Swartz and Arthur J. Lurigio

- 297 A modified version of the Drug Abuse Screening Test among undergraduate students

Sean Esteban McCabe, Carol J. Boyd, James A. Cranford, Michele Morales and Janie Slayden

- 305 A systematic review of college student-athlete drinking: Prevalence rates, sport-related factors, and interventions

Matthew P. Martens, Kristen Dams-O'Connor and Niels C. Beck

- 317 Erratum

Journal of Substance Abuse Treatment

Volume 31/Number 4

December 2006

Contents

REGULAR ARTICLES

- 319** Naltrexone with or without fluoxetine for preventing relapse to heroin addiction in St. Petersburg, Russia
Evgeny M. Krupitsky, Edwin E. Zvartau, Dmitry V. Masalov, Marina V. Tsoy, Andrey M. Burakov, Valentina Y. Egorova, Tatyana Y. Didenko, Tatyana N. Romanova, Eva B. Ivanova, Anton Y. Bespalov, Elena V. Verbitskaya, Nikolai G. Neznanov, Alexandr Y. Grinenko, Charles P. O'Brien, and George E. Woody

- 329** Using motivational interviewing with smokers:
Do therapist behaviors relate to engagement and therapeutic alliance?
Thuy Boardman, Delwyn Catley, James E. Grobe, Todd D. Little, and Jasjit S. Ahluwalia

BRIEF ARTICLE

- 341** Relapse-onset factors in Project MATCH: The Relapse Questionnaire
William H. Zywiak, Robert L. Stout, Richard Longabaugh, Ingrid Dyck, Gerard J. Connors, and Stephen A. Maisto

REGULAR ARTICLE

- 347** Employed men and women substance abusers: Job troubles and treatment outcomes
Valerie J. Slaymaker and Patricia L. Owen

BRIEF ARTICLE

- 355** Heroin and cocaine craving and use during treatment: Measurement validation and potential relationships
Adrienne J. Heinz, David H. Epstein, Jennifer R. Schroeder, Edward G. Singleton, Stephen J. Heishman, and Kenzie L. Preston

REGULAR ARTICLES

- 365** Contextual barriers to successful reentry of recovering drug offenders
Hung-En Sung and Linda Richter

- 375** Access barriers to substance abuse treatment for persons with disabilities: An exploratory study
Gloria Krahm, Nancy Farrell, Roy Gabriel, and Dennis Deck

- 385** A 12-month controlled trial of methadone medical maintenance integrated into an adaptive treatment model
Van L. King, Michael S. Kidorf, Kenneth B. Stoller, Robert Schwartz, Kenneth Kolodner, and Robert K. Brooner

- 395** A family consultation intervention for health-compromised smokers
Varda Shoham, Michael J. Rohrbaugh, Sarah E. Trost, and Myra Muramoto

- 403** Does co-occurring social phobia interfere with alcoholism treatment adherence and relapse?
Mauro Barbosa Terra, Helena Maria Tannhauser Barros, Airton Tetelbom Stein, Ivan Figueira, Luciana Dias Athayde, Lucas Spanemberg, Marianne de Aguiar Possa, Ledo Daruy Filho, and Dartiu Xavier da Silveira

- 411** Substance abuse treatment and receipt of liver specialty care among persons coinfected with HIV/HCV who have alcohol problems
Anita Palepu, Debbie M. Cheng, Theresa Kim, David Nunes, John Vidaver, Julie Alperen, Richard Saitz, and Jeffrey H. Samet

- 419** Brief intervention for prenatal alcohol use: The role of drinking goal selection
Grace Chang, Tay K. McNamara, E. John Orav, and Louise Wilkins-Haug

- 425** Substance use and treatment seeking in young offenders on community orders
Christopher John Lennings, Dianna T. Kenny, and Paul Nelson

- 433** A 5-year evaluation of a methadone medical maintenance program
Kenneth A. Harris Jr, Julia H. Arnsten, Herman Joseph, Joe Hecht, Ira Marion, Patti Juliana, and Marc N. Gourevitch

- 439** Factors affecting detoxification readmission: Analysis of public sector data from three states
Tami L. Mark, Rita Vandivort-Warren, and Leslie B. Montejano

- 447** Substance abuse treatment for mothers: Treatment outcomes and the impact of length of stay
Nicola A. Conners, April Grant, Cynthia C. Crone and Leanne Whiteside-Mansell

- 457** AUTHOR AND KEYWORD INDEXES TO VOLUME 31, 2006

Prevención del Tabaquismo

Vol. 8 Núm 3

Julio- Septiembre 2006

SUMARIO

EDITORIALES

Tratamiento farmacológico del tabaquismo. ¡Cuánto nos queda por aprender!

C.A. Jiménez Ruiz, A. Pérez Trullén, M. Barrueco Ferrero

85

Resiliencia y tabaquismo en adolescentes

A. Vellisco García

87

ORIGINALES

Control de la abstinencia tabáquica con bupropión mediante determinación de la cotinina acumulada en sudor en parche dérmico. Estudio preliminar.

M. Martínez-Ruiz, M.E. Martínez-Galdámez, M. Martínez-Galdámez, C. Elizalde, J. Doadrio, C. Gutiérrez

89

Resiliencia y consumo de tabaco en jóvenes.

E. Becoña Iglesias, M.C. Míguez Varela, A. López Durán, M.J. Vázquez Domínguez, M.C. Lorenzo Pontevedra

98

Contribución del tabaquismo como factor de riesgo cardiovascular en la aparición de un segundo evento isquémico.

E. Moreno Esteban, A. Pérez Trullén, I. Herrero, J. Azúa Romeo, T. Usón Bouthelier, L. Placer

108

REVISIÓN

De la neurobiología de la adicción a la nicotina al tratamiento del tabaquismo. Progresos terapéuticos.

J.I. de Granda Orive, S. Solano Reina, J. Jareño Esteban, A. Pérez Trullén, M. Barrueco Ferrero, C.A. Jiménez Ruiz

116

CARTAS AL DIRECTOR

129

Prevención del Tabaquismo

Vol. 8 Supl. 1

Octubre 2006

SUMARIO

INTRODUCCIÓN

Un nuevo planteamiento del tratamiento del tabaquismo.

C.A. Jiménez Ruiz, K.O. Fagerström

1

ORIGINALES

Epidemiología del tabaquismo: efectos sobre la salud, prevalencia de consumo y actitudes.

Estrategias de prevención y control.

B. Alonso de la Iglesia, H. Ortiz Marrón, E. Saltó Cerezuela, J. Toledo Pallarés 2

Tratamientos actuales del tabaquismo: revisión. Necesidades de nuevas vías de abordaje.

J.I. de Granda Orive, V. López García-Aranda, F. Camarelles Guillem

11

Reducción en el consumo del tabaco como paso previo a la cesación. Concepto. Razones que lo explican.

C.A. Jiménez Ruiz, K.O. Fagerström, B. Iglesias Sanz, M.D. Galán Parra 23

Reducción en el consumo de tabaco como paso previo a la cesación: evidencias científicas disponibles.

J.M. Ramón, J.A. Riesco, J.L. Domínguez, J.L. Díaz-Maroto Muñoz 28

Reducción hasta dejarlo: árbol de decisión.

C.A. Jiménez Ruiz, K.O. Fagerström 34

Reducción del consumo de tabaco. Principales limitaciones.

S. Solano Reina, V. García 38

Reducción para dejarlo. Aspectos prácticos.

A. Baena, I. Nerín 43

Manejo clínico de los fumadores en proceso de reducción hasta dejarlo. Protocolo clínico. 48

A. Baena, I. Nerín, K.O. Fagerström, B. Alonso de la Iglesia, H. Ortiz Marrón, E. Saltó Cerezuela, J. Toledo Pallarés, J.I. de Granda Orive, V. López García-Aranda, F. Camarelles Guillem, B. Iglesias Sanz, M.D. Galán Parra, J.M. Ramón, J.A. Riesco, J.L. Domínguez ,J.L. Díaz-Maroto Muñoz, S. Solano Reina, V. García, C.A. Jiménez Ruiz (Coordinador del grupo de trabajo)

Nº 59 Septiembre 2006

PROYECTO HOMBRE

SUMARIO

| | | | |
|--|----------|--|-----------|
| EDITORIAL | 4 | NOTICIAS | 26 |
| GEOPOLÍTICA DE LAS DROGAS | | | |
| GEOPOLÍTICA DE LAS RUTAS DE LAS DROGAS | 5 | DOSSIER | |
| <i>Alain Labrousse</i> | | CAMBIOS FAMILIARES: | |
| | | UN NUEVO ESCENARIO PARA | |
| | | LA PREVENCIÓN..... | 27 |
| | | <i>Emiliano Martín</i> | |
| VOLUNTARIADO | | | |
| ¿PUEDE SER LA SOLIDARIDAD UNA EXPERIENCIA DE OCIO?..... | 9 | NUEVAS TERAPIAS | |
| <i>Manuel Cuenca</i> | | EL HUMOR EN LAS RELACIONES: | |
| | | HACIA UNATERAPIA EFICAZ | 39 |
| | | <i>Begoña Carbelo</i> | |
| TERAPIA | | | |
| INTELIGENCIA EMOCIONAL: EL VALOR DE LA ACEPTACIÓN Y EL COMPROMISO..... | 15 | ONGs | |
| <i>Ramiro Álvarez</i> | | LA CALIDAD EN UNA ONG..... | 42 |
| | | <i>Fernando Pérez del Río</i> | |
| NEUROBIOLOGÍA | | | |
| USO DE DROGAS Y POSIBILIDADES DE INTERVENCIÓN | | FORMACIÓN | |
| FARMACOLÓGICA DESDE UN ENFOQUE INTEGRAL (II)..... | 19 | CURSO DE VOLUNTARIADO Y EDUCADORES..... | 45 |
| <i>Jorge Sánchez-Mejorada</i> | | <i>Adela Ríos</i> | |
| COCÍNA | | | |
| DAÑOS CEREBRALES DERIVADOS DEL CONSUMO DE COCAÍNA ... | 23 | PREVENCIÓN | |
| <i>Autores varios</i> | | PROYECTO HOMBRE ANDALUCÍA SIGUE APOSTANDO POR LA | |
| | | PREVENCIÓN..... | 47 |
| | | <i>Juan José Soriano Valero</i> | |
| CRÓNICA | | | |
| VIII JORNADAS MENORES, FAMILIA Y DROGAS | 25 | ADIÓS A ASUN BALZOLA..... | 48 |
| <i>Adela Ríos</i> | | INTERNACIONAL..... | 49 |
| | | PLAN NACIONAL SOBRE DROGAS (PNSD) | 54 |
| | | CITAS Y HECHOS | 58 |
| | | <i>Seleccionadas por B. Nicolau</i> | |
| | | PUBLICACIONES..... | 60 |
| | | AGENDA..... | 62 |

PSYCHOLOGY OF ADDICTIVE BEHAVIORS

Volume 20, Number 1

March 2006

Articles

- 1 Conceptual Model for Maternal Behavior Among Polydrug Cocaine-Using Mothers:
The Role of Postnatal Cocaine Use and Maternal Depression
Rina D Eiden,.;Arianne Stevens; Schuetze Pamela; Dombkowski Laura E.
- 11 Examination of Ethnicity in Controlled Treatment Outcome Studies Involving Adolescent Substance Abusers: A Comprehensive Literature Review.
Strada Marilyn J.; Donohue Brad; Lefforge Noelle L.
- 28 Overlap of Clusters of Psychiatric Symptoms Among Clients of a Comprehensive Addiction Treatment Service.
Castel Saulo; Rush Brian; Urbanoski Karen; Toneatto Tony
- 36 Elevated Positive Mood: A Mixed Blessing for Abstinence.
Doran Neal; Sprin Bonnie; Borrelli Belinda; McChargue Dennis; Hitsman Brian; Niaura Raymond; Hedeker Donald
- 44 Motivational Enhancement Therapy and Self-Help Treatment for Binge Eaters..
Dunn Eric C.; Neighbors Clayton; Larimer Mary E..
- 53 Heart Rate Increase to Alcohol Administration and Video Lottery Terminal Play Among Probable Pathological Gamblers and Nonpathological Gamblers.
Stewart Sherry H.; Peterson Jordan B.; Collins Pamela; Eisnor Shondalee; Ellery Michael
- 62 Does Learning About the Mathematics of Gambling Change Gambling Behavior?
Robert J Williams and Dennis Connolly.

Brief Reports

- 69 Use of Warning Messages to Modify Gambling Beliefs and Behavior in a Laboratory Investigation.
Floyd Kim; Whelan James P.; Meyers Andrew W.
- 75 Convergent Validity of Measures of Cognitive Distortions, Impulsivity, and Time Perspective With Pathological Gambling.
MacKillop James; Anderson Emily J.; Castelda, Bryan A.; Mattson Richard E.; Donovick Peter J.
- 80 Evaluating Smokers' Reactions to Advertising for New Lower Nicotine Quest Cigarettes.
Shadel, William G.; Lerman Caryn; Cappella Joseph; Strasser Andrew A.; Pinto Angela; Hornik Robert
- 85 Individual Differences in the "Greek Effect" on Risky Drinking: The Role of Self-Consciousness.
Park, Aesoon; Sher, Kenneth J.; Krull, Jennifer L.
- 91 Evaluating Social-Cognitive Mechanisms That Regulate Self-Efficacy in Response to Provocative Smoking Cues: An Experimental Investigation.
Shadel William G.; Cervon Daniel

Other

- ii American Psychological Association Subscription Claims Information
52 E-Mail Notification of Your Latest Issue Online!
iii Instructions to the Authors

PSYCHOLOGY OF ADDICTIVE BEHAVIORS

Volume 20, Number 2

June 2006

Special Section: Parents, Parenting, and Substance Misuse

- 97 Parent Psychopathology, Parenting, and Child Internalizing Problems in Substance-Abusing Families.
Burstein, Marcy; Stanger, Catherine; Kamon Jody; Dumenci Levent.
- 107 Parental Attachment, Parental Control, and Early Development of Alcohol Use: A Longitudinal Study.
van der Vorst Haske; Engels Rutger C. M. E.; Meeus Wim; Dekovic Maja, and Ad Vermulst
- 117 College Drinking Behaviors: Mediational Links Between Parenting Styles, Impulse Control, and Alcohol-Related Outcomes.
Patock-Peckham Julie A.; Morgan-Lopez Antonio A
- 126 Parental Drinking as a Risk Factor for Children's Maladjustment: The Mediating Role of Family Environment.
Bijttebier Patricia; Goethals Eveline
- 131 College Student Drinking and Meaning in the Pursuit of Life Goals.
Palfai Tibor P.; Weaver Jessica.
- 135 Parents and Families as Contexts for the Development of Substance Use and Substance Use Disorders.
Chassin Laurie; Handley Elizabeth D.
- 138 Parenting and Other Influences on the Alcohol Use and Emotional Adjustment of Children, Adolescents, and Emerging Adults.
Fromme Kim
- 140 Family Factors and Adolescents' Alcohol Use: A Reply to Chassin and Handley (2006) and Fromme (2006).
van der Vorst, Haske; C. M. E. Engels Rutger; Meeus Wim; Dekovic Maja; Vermulst Ad
- 143 College Student Alcohol Use in Context: The Utility of Goal Constructs..
Palfai, Tibor P.

Articles

- 145 Gender Differences Among Recreational Gamblers: Association With the Frequency of Alcohol Use.
Desai Rani A.; Maciejewski, Paul K.; Pantalon, Michael V.; Potenza, Marc N.
- 154 The Self-Control Costs of Fighting the Temptation to Drink.
Muraven Mark; Shmueli Dikla
- 161 The Changing Influences of Self-Worth and Peer Deviance on Drinking Problems in Urban American Indian Adolescents.
Radin Sandra M.; Neighbors Clayton; Walker Patricia Silk; Walker R. Dale; Marlatt, G. Alan; Larimer Mary.
- 171 Alcohol-Related Attentional Bias in Problem Drinkers With the Flicker Change Blindness Paradigm.
Jones Barry T.; Bruce Gillian; Livingstone Steven; Reed Eunice

178 Perceived Alcohol Use Among Friends and Alcohol Consumption Among College Athletes.
Martens Matthew P.; Dams-O'Connor Kristen; Duffy-Paiement Christy; Gibson Justin T.

185 A Theory-Based Dual-Focus Alcohol Intervention for Preadolescents: The Strong African American Families Program.
Gerrard Meg; Gibbons Frederick X.; Brody Gene H.; Murry Velma McBride; Cleveland Michael J.; Wills Thomas A.

196 Spontaneous Cognition and HIV Risk Behavior.
Stacy Alan W.; Ames Susan L.; Ullman Jodie B.; Zogg Jennifer B.; Leigh Barbara C.

207 Family and Peer Interventions for Adults: Past Approaches and Future Directions.
Fernández Anne C.; Begley Ellen A.; Marlatt G. Alan

Brief Reports

214 The Addiction Severity Index as a Predictor of the Use of Mental Health Care.
Reelick, N. F.; Wierdsma, A. I.

219 Smokers' Narrative Accounts of Quit Attempts: Aids and Impediments to Success.
Helvig, Todd M.; Sobell, Linda Carter; Sobell, Mark B.; Simco, Edward R.

Other

125 American Psychological Association Subscription Claims Information

134 E-Mail Notification of your Latest Issue Online!

iii Instructions to Authors

PSYCHOLOGY OF ADDICTIVE BEHAVIORS

Volume 20, Number 3

September 2006

Articles

- 225 A prospective test of the negative affect model of substance abuse: Moderating effects of social support.
Measelle Jeffrey R.; Stice Eric; Springer David W.
- 234 Predicting intentions for long-term anabolic-androgenic steroid use among men: A covariance structure model..
Hildebrandt Tom; Langenbucher James, Carr Sasha, Sanjuan Pilar, Park Steff.
- 241 Cognitive impairment influences drinking outcome by altering therapeutic mechanisms of change..
Bates Marsha E.; Pawlak Anthony P.; Tonigan J. Scott; Buckman Jennifer F.
- 254 Short-term effects of a brief motivational intervention to reduce alcohol and drug risk among homeless adolescents.
Peterson Peggy L.; Baer John S.; Wells Elizabeth A.; Ginzler Joshua A.; Garrett Sharon B.
- 265 Behavioral and emotional self-control: Relations to substance use in samples of middle and high school students..
Wills Thomas A.; Walker Carmella Mendoza, Don Ainette, Michael G.
- 279 Substance Use by College students: The role of intrinsic versus extrinsic motivation for athletic involvement..
Bradley D. Rockafellow and Karen K. Saules
- 288 Personality predictors of the development of elementary school children's intentions to drink alcohol: The mediating effects of attitudes and subjective norms.
Hampson Sarah E.; Andrews Judy A.; Barckley Maureen; Severson Herbert H..
- 298 Sensation seeking, alcohol use, and sexual behaviors among sexually transmitted infection clinic patients in Cape Town, South Africa.
Kalichman Seth C.; Simbayi Leickness C.; Jooste Sean; Cain Demetria; Cherry Charsey
- 305 Children's internalization of rules of conduct: Role of parenting in alcoholic families.
Eiden, Rina D.; Edwards, Ellen P.; Leonard, Kenneth E.

Brief Reports

- 316 Psychometric evaluation of the Quality of Life Interview, Brief Version, in injection drug users..
Wasserman David A.; Sorensen James L.; Delucchi, Kevin L.; Masson Carmen L.; Hall Sharon M.
- 322 Compelled to consume: The Implicit Association Test and automatic alcohol motivation.
Ostafin Brian D.; Palfai, Tibor P.
- 328 Sexual risk behaviors among substance users: Relationship to impulsivity.
Hayaki Jumi; Anderson Bradley; Stein Michael
- 333 Reliability of Lifetime Drinking History among alcohol dependent men.
Jacob Theodore; Seilhamer Ruth Ann; Bargeil Kay; Howell Donelle N.

- 338 The thin ideal and body image: An experimental study of implicit attitudes.
Ahern Amy L.; Hetherington Marion M.
- 343 Mindfulness meditation and substance use in an incarcerated population. Other
Bowen Sarah; Witkiewitz Katie; Dillworth Tiara M.; Chawla Neharika; Simpson Tracy L.; Ostafin Brian D.; Larimer Mary E.; Blume Arthur W.; Parks George A.; Marlatt G. Alan
- 348 Incorporating social anxiety into a model of college problem drinking: Replication and extension.
Ham Lindsay S.; Hope Debra A.
- 356 Understanding smoking cessation: The role of smokers' quit history.
Yzer Marco C.; van den Putte Bas

Other

- 264 E-Mail Notification of Your Latest Issue Online!
- 315 Experimental and clinical Psychopharmacology Call for Papers: Special Issue on Recent Advances in Psychopharmacology and Mental Health
- 362 Instructions to the Authors
- 327 Low Publication Prices for APA Members and Affiliates

SUMARIO

Pág. 3 **Extasis**

Pág. 15 **TDHA y trastornos por consumo de drogas**

Pág. 21 **Diagnóstico y tratamiento del trastorno de déficit de atención con hiperactividad**

Substance Use & Misuse

Volume 41. Number 10-12. 2006

Special Issue on Sexually Transmitted Disease (STD), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS)

Contents

Articles

Addiction and Sexually Transmitted Disease (STD), Human Immunodeficiency Virus, (HIV), and Acquired Immune Deficiency Syndrome (AIDS): Their Mutual Interactions

Manuella Adrian.....1337

Behavior Change and Health-Related Interventions for Heterosexual Risk Reduction Among Drug Users

Salaam Semaan, Don C. Des Jarlais, Rob Malow1349

Beyond Needle Sharing: Meta-Analyses of Social Context Risk Behaviors of Injection Drug Users Attending Needle Exchange Programs

Kate Ksobiech1379

Drug Interactions Between Psychoactive Substances and Antiretroviral Therapy in Individuals Infected With Human Immunodeficiency and Hepatitis Viruses

Manuela G. Neuman, Maristela Monteiro, Jürgen1395

Expanding Research on the Role of Alcohol Consumption and Related Risks in the Prevention and Treatment of HIV/AIDS

Kendall J. Bryant.....1465

The Relationship Between HIV/Sexually Transmitted Infection Risk and Alcohol Use During Commercial Sex Episodes: Results From the Study of Female Commercial Sex Workers in the Philippines

Chi Chiao, Donald E. Morisky, Rhonda Rosenberg, Kate Ksobiech, Robert Malow.....1509

Comparison of Sexual and Drug Use Behaviors Between Female Sex Workers in Tijuana and Ciudad Juarez, Mexico

Thomas L. Patterson, Shirley J. Semple, Miguel Fraga, Jesus Bucardo, Adela De La Torre, Juan Salazar, Prisci Orozovich, Hugo Staines, Hortensia Amaro, Carlos Magis-Rodríguez, Steffanie A. Strathdee.....1535

Club Drugs as Causal Risk Factors for HIV Acquisition Among Men Who Have Sex with Men: A Review

Lydia N. Drumright, Thomas L. Patterson, Steffanie A. Strathdee1551

Impact of a Harm-Reduction Policy on HIV and Hepatitis C Virus Transmission Among Drug Users: Recent French Data—The ANRS-Coquelicot Study

M. Jauffret-Rouste, J. Emmanuelli, M. Quaglia, F. Barin, P. Arduin, A. Laporte, J.-C. Desenclos1603

Age Shift in Patterns of Injection Drug Use Among the HIV/AIDS Population in Miami-Dade County, Florida

Spencer Lieb, Rhonda Rosenberg, Paul Arons, Robert M. Malow, Thomas M. Liberti, Lorene M. Maddox, Linda Friedlander, Marlene Lalota, Nisha Farrell, Becky Grigg.....1623

Complex Emergencies, HIV, and Substance Use: No “Big Easy” Solution

Steffanie A. Strathdee, Julie A. Stachowiak, Catherine S. Todd, Wael K. Al-Delaimy, Wayne Wiebel, Catherine Hankins, Thomas L. Patterson1637

International Abstracts.....1653

THE AMERICAN JOURNAL ON ADDICTIONS

VOLUME 15 . NUMBER 5. September-October 2006

REGULAR ARTICLES

327 Serotonin Transporter Genotype and Acute Subjective Response to Amphetamine

David C. Lott, MD, 500-Jeong Kim, MD, Edwin H. Cook, Jr., MD, Harriet de Wit, PhD

336 Integrating Tobacco Cessation Treatment into Mental Health Care for Patients with Posttraumatic Stress Disorder

Miles McFall, PhD, David C. Atkins, PbD, Dan Yoshimoto, MA, Charles E. Thompson, MD, Evan Kanter, MD, Carol A. Matte, MSW, Andrew J. Saxon, MD

345 Comorbid Schizophrenia and Substance Abuse: A Review of Epidemiology and Course

joseph Westermeyer, MD, MPH, PhD

356 Exploration of the Relationship between Drinking Intensity and Quality of Life

Scott H. Stewart, MD, Alan Hutson, PhD, Gerard J. Connors, PhD

362 Using Addiction Severity Profiles to Differentiate Cocaine-Dependent Patients with and without Comorbid Major Depression

Adam M. Leventhal, MA, Marc E. Mooney, PhD, Katherine A. DeLaune, PhD, Joy M. Schmitz PhD

370 Substance Abuse Treatment and Criminal Justice Involvement for SSI Recipients: Results from Washington State

Bill Luchansky; PhD, Dan Nordlund, PbD, Sharon Estee, PhD, Peter Lund, MA, Antoinette Krupski, PbD, Kenneth Stark, MBA

380 A Gendered Analysis of Canadian Aboriginal Individuals Admitted to Inpatient Substance Abuse Detoxification: A Three-Year Medical Chart Review

Russell C. Callaghan, PhD, Randi Cull, MA, Lisa C. Vettese, PhD, Lawren Taylor

387 The Relationship Between Perceived Exposure to Promotional Smoking Messages and Smoking Status among High School Students

Ronald J. Peters, Jr., DrPH, Steven H. Kelder, PhD, Alexander Prokhorov MD, PhD, Andrew E. Springer; DrPH, George S. Yacoubian, Jr., PhD, Carolyn A. Agurcia, MA, Charles Amos, PhD

392 Self-Harm and Suicidal Behavior in Women with Comorbid PTSD and Substance Dependence

Melanie S. Harned, PhD, Lisa M. Negavits, PhD, Roger D. Weiss, MD

396 Readiness to Quit Cigarette Smoking, Intimate Partner Violence, and Substance Abuse among Arrested Violent Women

Gregory L. Stuart, PhD, Jeffry Meehan, PhD, Jeff R. Temple, PbD, Todd M. Moore, PhD, Julianne Hellmuth, BA, Katherine Follansbee, BA, Meghan O'regan, SeB

DEPARTMENTS

400 Letters

407 Book Review

TOBACCO CONTROL

October 2006 - Vol 15 - N° 5

Contents

Editorial

345 How much of the decrease in cancer death rates in the United States is attributable to reductions in tobacco smoking? *M J Thun, A Jemal*

News analysis

348 Russia: rushing to beat the ban • Mexico: backroom deal blunts health warnings • India: oral tobacco kite ads • India: "low_risk" launch • Sweden: low tech, hi smell • India: blood money

Review

352 Effects of preoperative smoking cessation on the incidence and risk of intraoperative and postoperative complications in adult smokers: a systematic review *A Theadom, M Cropley*

Research papers

359 Finding the Kool Mixx: how Brown & Williamson used music marketing to sell cigarettes *N Hafez, P M Ling*

367 US news media coverage of tobacco control issues *M Long, M D Slater, L Lysengen*

373 Use of nicotine replacement therapy in socioeconomically deprived young smokers: a community-based pilot randomised controlled trial *E Roddy, N Romilly, A Challenger, S Lewis, J Britton*

377 Tobacco point_of_purchase promotion: examining tobacco industry documents *A M Lavack, G Toth*

385 Smoking in immigrants: do socioeconomic gradients follow the pattern expected from the tobacco epidemic? *V Nierkens, H de Vries, K Stronks*

392 Adolescent snus use in Finland in 1981–2003: trend, total sales ban and acquisition *H S A Huhtala, S U Rainio, A H Rimpelä*

398 Smokers and non_smokers talk about regulatory options in tobacco control *S M Carter, S Chapman*

Commentary

405 The consequences of the unregulated cigarette *N Gray*

Brief reports

409 Observed smoking in cars: a method and differences by socioeconomic area *J Martin, R George, K Andrews, P Barr, D Bicknell, E Insull, C Knox, J Liu, M Naqshband, K Romeril, D Wong, G Thomson, N Wilson*

412 Tobacco imagery on New Zealand television 2002–2004 *R McGee, J Ketchel*

Letters

415 Environmental tobacco smoke exposure in motor vehicles: a preliminary study *C I Vardavas, M Linardakis, A G Kafatos*

415 Stopping smoking: carpe diem? *J R Hughes, M J Carpenter*

Miscellanea

351, 358, 366, 372, 376, 391, 397, 404, 414
The Lighter Sides