Drug Treatment Must Be Flexible, British Study Finds

BY JONATHAN GARDNER London Bureau

Increasing numbers of drug users seeking ad-
diction treatment in one region in England
have led to a decrease in the proportion of
addiction patients who are discharged drug-
free and an increase in the proportion who drop out, a new study has found.

The investigators examined outcomes for
drug treatment in 26,415 patients in Cheshire and
Merseyside in England from 1997 to 2003 to
identify those who were in treatment from 1998
through 2002 (BMJ Public Health 2006;6:205
[doi:10.1186/1471-2458-6-
205]). The period exam-
ned coincided with the launch of a national drug
strategy that increased the number of treatment personnel and reduced waiting times.

In Cheshire and Merseyside, the number of patients rose from 7,594 in 1998 to 11,530
in 2004/2005, mirroring an increase in the health care system’s capacity to treat addiction.

Over the course of the longitudinal study, the researchers found that the proportion of indi-
viduals who completed their course of treat-
methadone-free decreased from 5.8% in 1998 to
1.9% in 2001/2002 (record keeping, changed
from a calendar-year basis to a fiscal-year basis
in 2000), and the percentage of dropouts in-
creased from 7.2% to 8.6%.

Younger patients were more likely to drop
out, as were patients seen in the later years of
the study.

The researchers also found an increase in the
percentage of patients who had been dis-
charged drug-free and returned for treatment
the following year: up from 27.8% in 1998 to
44.5% in 2001/2002. The percentage of pa-
tients who dropped out and then returned
the following year also increased: 22.9% in 1998
to 48.6% in 2001/2002.

Older patients were more likely to return for
further treatment, as were patients who had prior ad-
diction treatment histories.

Patients who were referred to treatment through the
criminal justice system were much less likely
to complete treatment, the researchers found.
In 2001/2002, for example, 14% of the patients who came in from the criminal justice system were discharged drug-free, compared with 30.9% of those who came from other sources.

The researchers argued that the drug users re-
ferred to treatment in exchange for a lighter sen-
tence in court may not have the same motiva-
tion as those who enter treatment voluntarily.

“One time in treatment, practitioners therefore
face the challenge of shifting a drug user’s mo-
tivation from external to internal incentives," wrote the researchers. "If measures to make
uptake become more coercive, treatment must
be flexible to adapt to drug users who may be
very different from ones who voluntarily seek assistance.”

Movie Villains Who Smoke More Influential on Teens

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — Several
studies have shown that depictions of
smoking in films influence ado-
cents to begin smoking them-
selves, but a new study appears to
to show that teens are more influ-
cenced when the bad guys smoke
than when the good guys do.

After adjusting for number of
covariates, Dr. Susanne E. Tanski
and Dr. James D. Sargent of Dart-
mouth Medical School, Lebanon, N.H., determined that every 20 ex-
posures to smoking by villains in-
creased the odds that the child
would begin smoking by 10%, and
every 20 exposures by a “mixed” character increased the
odds of smoking initiation by 12%.

Both those increases were statisti-
cally significant, but there was no
statistically significant increase in
the odds that exposures to smoking by heroes would lead a child to
begin smoking.

The study, presented in a poster
session at the annual meeting of the
Pediatric Academic Societies, in-
volved a telephone survey of 6,521
U.S. adolescents who were inter-
viewed in 2003 by random digit
dialing. About 73% of them were followed
up both 8 months and 16 months
later. At each survey, the adoles-
cents were asked whether they had
tried smoking and whether they had
seen 50 movies randomly se-
lected from a list of 500 popular
movies that were released between

In all, 48% of the adolescents
had tried smoking by the 16-month
follow-up.

Trained coders identified 3,630
characters in those 500 movies, as-
seed smoking status, and classi-
fied each character as positive, nega-
tive, or mixed/neutral. In all, 64% of
the characters were classified as
good guys. 14% of the characters
were classified as bad guys, and the
remaining 22% were classified as
mixed or neutral.

Only about 3% of the good guys
were observed smoking, compared with
22% of the bad boys and 20% of
the mixed or neutral characters.

Given the much larger numbers of
good guys in movies, however, the
typical adolescent had far greater
exposure to bad-guy smoking than
to bad-guy smoking.

The odds ratios were adjusted for
social demographics, other so-
cial influences, personality factors,
and parenting style.

Smoking initiation also was sig-
nificantly associated with increasing
age, male gender, school perfor-
mance, friend or parent smoking,
and rebelliousness.

C O N T E N T S

Tobacco Use and Dependence

The U.S. government’s guidelines for the
treatment of tobacco dependence are due
for a checkup, and clinicians can help.

An updated version of the government-
sponsored publication, “Treating Tobacco Use and Dependence,” will be published
in 2008, Dr. Michael C. Fiore said at a con-
fERENCE on tobacco control sponsored by
the American Cancer Society.

“The guidelines will remain treatment-
based; this will not be a soup-to-nuts re-
write,” said Dr. Fiore, a professor of med-
icine at the University of Wisconsin,
Madison, and chair of the panel charged
courtroom minutes later.

The panel welcomes input from inside
and outside the medical community on
significant research in tobacco dependence
and issues that were not ad-
dressed in the current guidelines (pub-
lished in 2000). Dr. Fiore said.

Topics submitted so far include the clin-
cial efficacy of the “Five A’s” (a method
of assessing willingness to change behavior),
the effectiveness of telephone hotlines,
and the safety and efficacy of combination
therapy.

The updated version of the guidelines
likely will be addressed in the current
guidelines (published in 2000). Dr. Fiore said.

Topics submitted so far include the cli-
cial efficacy of the “Free A’s” (a method of
assessing willingness to change behavior),
the effectiveness of telephone hotlines,
and the safety and efficacy of combination
drug therapies. The update will address
counseling and pharmaceutical treatment
for pregnant smokers and smokers with comorbid
mental illness. Suggested topics for or
improvements to the guidelines should be
sent before October 2006 to guidelineup-
date@ctri.medicine.wisc.edu. Research
references should be included.

—Heidi Splete