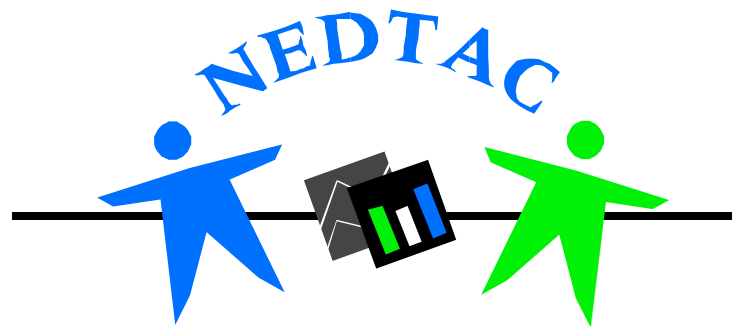
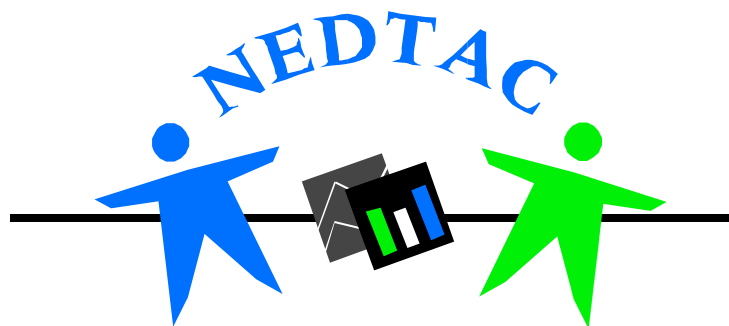


**NATIONAL EVALUATION DATA AND
TECHNICAL ASSISTANCE CENTER**



**SUBSTANCE ABUSE AND VIOLENCE:
AN ANNOTATED BIBLIOGRAPHY**

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SUBSTANCE ABUSE AND VIOLENCE: AN ANNOTATED BIBLIOGRAPHY

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CSAT
Center for Substance
Abuse Treatment
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FOREWORD

One of the missions of the Center for Substance Abuse Treatment is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works, for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation—including cost analysis and performance measurement—is an integral component of program management and part of an ongoing process of knowledge development, assessment, and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to advance the state of the art of evaluation in the field of substance abuse treatment.

A primary NEDTAC activity was to provide evaluation technical assistance and support to substance abuse treatment providers and evaluators. To this end, NEDTAC produced a series of bibliographies in key topic areas. This document belongs to that series. This annotated and selected bibliography lists books, articles, and research studies that focus on the correlation between violence and substance abuse. We hope this document will assist professionals within the substance abuse treatment community to consider effective and appropriate ways to serve diverse client populations and to increase their knowledge of the relationship between substance abuse and violence.

This bibliography, along with others in the series, was developed under the guidance and direction of Charlene S. Lewis, Ph.D., Branch Chief, and Ron Smith, Ph.D., the NEDTAC Government Project Officer, Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis. We also wish to thank the staff at the Center for Substance Abuse Research (CESAR) at the University of Maryland-College Park for compiling and reviewing this document.

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Technical Assistance Center (NEDTAC)

SUBSTANCE ABUSE AND VIOLENCE: AN ANNOTATED BIBLIOGRAPHY

Abram, K. and Teplin, L. (1990). Drug disorder, mental illness, and violence. In M. De La Rosa et al. (Eds.), Drugs and violence: Causes, correlates, and consequences (NIDA Research Monograph No. 103) (pp. 222-237). Rockville, MD: National Institute on Drug Abuse.

This research indicates the importance of controlling for co-occurring psychopathology, especially antisocial personality disorder (ASPD), when examining relations between drugs and violence. Many drug users also have ASPD. Although pure drug disorder is not predictive of violence, drug-disordered detainees who also meet criteria for ASPD are particularly at risk for committing violent crime.

Abram, K., Teplin, L., and McClelland, G. (1993). The effect of co-occurring disorders on the relationship between alcoholism and violent crime: A 3-year followup of male jail detainees. In G. Martin (Ed.), Alcohol and interpersonal violence: Fostering multidisciplinary perspectives (NIAAA Research Monograph No. 24) (pp. 237-251). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

One major finding stated that alcoholism alone did not predict arrest for violent crime postrelease, but the combination of alcoholism and ASPD did. The other major finding was that alcoholic detainees who also had a co-occurring drug use disorder had a lower probability of arrest for violent crime than did detainees who were only alcoholics.

American Psychological Association. (1993). Violence and youth: Psychology's response. Vol. I: Summary report of the American Psychological Association Commission on Violence and Youth. Washington, DC: Public Interest Directorate.

Violence refers to immediate or chronic situations that result in injury to the psychological, social, or physical well-being of individuals or groups. While acknowledging the multidimensional nature of violence, the APA Commission on Violence and Youth focused on interpersonal violence, which is defined as behavior by persons against persons that threatens, attempts, or completes intentional infliction of physical or psychological harm. Children who show aggressive behavior early require prompt intervention since the greatest predictor of future violent behavior is a previous history of violence. Without systematic intervention, early aggression commonly will escalate into later violence and broaden into other antisocial behavior.

Annis, H. (1979). Group treatment of incarcerated offenders with alcohol and drug problems: A controlled evaluation. Canadian Journal of Criminology, 21, 3-15.

The 1979 findings offer no support for the rehabilitative function of group therapy programs for incarcerated offenders with alcohol and drug problems. It might be argued that the treatment program was too brief to warrant the expectation of rehabilitative impact. The 224 program hours per inmate involved in the study is several times longer than most other programs reported in the 1979 literature.

Annis, H. and Chan, D. (1983). The differential treatment model: Empirical evidence from a personality typology of adult offenders. Criminal Justice and Behavior, 10, 159-173.

The interaction of offender type by treatment program was examined within a randomized control group design involving the assignment of 100 adult offenders with alcohol and drug problems to an intensive eight-week group therapy program, and 50 to routine institutional care. Two types of adult offenders were empirically identified by a clustering procedure using eleven personality measures. Although neither group treatment nor offender-type had a significant main effect on three measures of recidivism at one year following release, there was evidence of treatment by offender-type interaction on two of the recidivism measures. Offenders who were classified high in self-image showed greater improvement in the group therapy program, while offenders who were low in self-image did more poorly in group therapy than under institutional care. The results are discussed in terms of the need to develop differential treatment models in the design of correctional programming for adult offenders.

Asnis, S. and Smith, R. (1978). Amphetamine abuse and violence. Journal of Psychedelic Drugs, 10, 371-377.

An ethnography indicates that personality and environmental factors appear to contribute significantly to violent behavior. These cases emphasize the extremely high potential for unprovoked, random and often senseless violence which exists when amphetamines are abused over extended periods of time.

Beezley, D., Gantner, A., Bailey, D., and Taylor, S. (1987). Amphetamines and human physical aggression. Journal of Research in Personality, 21, 52-60.

Aggressive behavior was not found to increase as a function of amphetamine dosage. High-dose subjects were not significantly more aggressive than low-dose subjects. The findings suggest that amphetamines, in moderate, clinically appropriate doses do not facilitate aggressive responding.

Blount, W., Silverman, I., Sellers, C., and Seese, R. (1994). Alcohol and drug use among abused women who kill, abused women who don't, and their abusers. Journal of Drug Issues, 24, 165-177.

Controlling for demographic and other differences, analyses indicated that alcohol and other drug use ably distinguished between two groups of women (42 who had killed their intimates, and 59 who were in shelters for battered women) where alcohol use was more salient than other drug use. Alcohol counseling should be a significant part of programs for both battered women and for men who batter.

Blum, A. and Singer, M. (1983). Substance abuse and social deviance: A youth assessment framework. In R. Isralowitz and M. Singer (Eds.), Adolescent substance abuse: A guide to prevention and treatment (pp. 7-21). New York: Haworth.

The authors discuss adolescent substance abuse as a manifestation of social deviance. Theories of adolescent deviance are reviewed in light of their contributions to understanding troubled youth. A youth assessment framework is developed to provide a systematic means of linking theories to specific treatment strategies.

Brandsma, J., Maultsby, M., Jr., Welsh, R., and Heller, S. (1977). The court-probated alcoholic and outpatient treatment attrition. British Journal of Addiction, 72, 23-30.

In this study 168 chronic, male alcoholics between the ages of 25 to 50 were screened by several measures designed to indicate emotional or organic dysfunction or low intelligence for admission to one of five treatments for their alcoholism. Eighty-five of these were rejected because of obvious pathology. Approximately half of the men probated to the project exhibited serious psychopathology or brain dysfunction. Since most non-somatic treatment involves the learning of new coping skills, these disabilities would decrease the possible effects of almost any form of treatment. To be significantly effective, a treatment program for these persons would probably require a degree of external control in an institutional setting.

Bratter, T. (1980). The psychotherapist as a twelfth step worker in the treatment of alcoholism. In S. Davidson (Ed.), Alcoholism and health (pp. 143-170). Germantown, MD: Aspen Systems Corporation.

Reality Therapy differs importantly from traditional psychotherapies in that reality therapists do not stand back detached, analytical and uninvolved. The individuals receiving therapy are encouraged to take responsibility for their behavior. Since Alcoholics Anonymous (AA) has adopted a less active-directive approach, Reality Therapy is compatible with AA. The primary criticism ex-addict and twelve step workers make of the analytic approach is against the reluctance of its practitioners to abandon their noninvolvement.

Brody, S. (1990). Violence associated with acute cocaine use in patients admitted to a medical emergency department. In M. De La Rosa et al. (Eds.), Drugs and violence: Causes, correlates, and consequences (NIDA Research Monograph No. 103) (pp. 44-59). Rockville, MD: National Institute on Drug Abuse.

The association of acute cocaine intoxication and violent behavior appears to be primarily related to a state of intense cocaine intoxication. Other intoxicants, coingested with cocaine, may cause violent or aggressive behavior. Alcohol is rapidly metabolized so that studies that depend on drug screens may miss this confounding factor in violence.

Brownstein, H. (1991). The media and the construction of random drug violence. Social Justice, 18, 85-103.

This article discusses how the media, operating in a particular political context, effectively supported the movement of government policies toward the right. The relationship of that construction to public policy is discussed, as the grounding for erroneous premises and the potential for harmful social consequences.

Brunner, H., Nelen, X., Breakefield, H., Ropers, H., and Van Oost, B. (1993). Abnormal behavior associated with a point mutation in the structural gene for monoamine oxidase A. Science, 262, 578-580.

Isolated complete MAOA deficiency in a family is associated with a recognizable behavioral phenotype that includes disturbed regulation of impulsive aggression.

Bry, B. (1982). Reducing the incidence of adolescent problems through preventive intervention: One- and five-year followup. American Journal of Community Psychology, 10, 265-276.

The conceptual importance of preventive interventions rests upon the ability to produce effects across time, settings, and behaviors. The present studies investigate whether a school-based preventive intervention, for high-risk adolescents, which has shown short-term effects of reducing predisposing factors, will show long-term effects of reducing school and community delinquency problems and substance abuse. School records, interviews and arrest records one year and five years after the program all suggest that the intervention reduced delinquency problems. The evidence was less clear for substance abuse. It was concluded that a better method for detecting substance abuse is needed before that question can be answered. The paper also discusses processes that may have mediated the delinquency results and implications for future prevention research.

Bry, B. and George, F. (1980). The preventive effects of early intervention on the attendance and grades of urban adolescents. Professional Psychology, 11, 252-260.

Community mental health theory recommends prevention instead of rehabilitation. There are few data, however, that show that prevention is possible. This study addresses that issue. Forty urban adolescents with school adjustment problems were randomly assigned to either an early intervention or a control group. The program was conducted for two years. The program was found to prevent deterioration in attendance and grades. That is, while the attendance and grades of the control students deteriorated significantly, the attendance and grades of the program students remained the same. This preventive effect did not occur until the students had been in the program for two years.

Buka, S. and Earls, F. (1993). Early determinants of delinquency and violence. Health Affairs, 12, 46-64.

This paper reviews established risk factors for later delinquency and violence that are present prior to school age. The factors include characteristics of children (such as antisocial behavior or behavior problems and low verbal ability) and the characteristics of the families (such as family criminal behavior and poor marital relations). The results suggest that established population-based efforts in education and health should be expanded. More intensive intervention efforts that provide services for children are needed.

Burt, M., Brown, B., and DuPont, R. (1980). Follow-up of former clients of a large multimodality drug treatment program. International Journal of the Addictions, 15, 391-408.

A follow-up study was conducted of a sample of 360 former clients of the Narcotics Treatment Administration Program in Washington, DC. Ninety-five percent of the persons sampled were located, and interviews were successfully completed with 81% of the total sample. Interviews were conducted one to three years following treatment. Findings indicate that a general decrease in drug use occurred between the period immediately preceding treatment and time of the interview. Improvements were also realized in arrests and in employment and other prosocial activities.

Cadoret, R., O'Gorman, T., Troughton, E., and Heywood, E. (1985). Alcoholism and antisocial personality. Archives of General Psychiatry, 42, 161-167.

In a sample of 127 male and 87 female adult adoptees, antisocial personality and alcohol abuse were related to biologic backgrounds and to environmental factors. In the men, alcohol abuse was increased by a background of problem drinking in first-degree biologic relatives and by drinking problems in the adoptive home. Antisocial personality occurred more frequently in men whose first-degree biologic relatives had antisocial behavior problems. In the women, alcohol abuse was increased in adoptees whose first-degree relatives had problem drinking. Increased

alcohol abuse in men and women was not predicted by biologic first-degree relatives with antisocial problems, nor did increased frequency of antisocial personality occur in adoptees with biologic relatives with problem drinking. The results suggest specificity of inheritance of antisocial and alcoholic conditions and the importance of environmental factors.

Catalano, R., Hawkins, J., Wells, E., and Miller, J. (1991). Evaluation of the effectiveness of adolescent drug abuse treatment, assessment of risks for relapse, and promising approaches for relapse prevention. International Journal of the Addictions, 25, 1085-1140.

A review of controlled evaluations of adolescent and other drug abuse treatment programs concludes that some treatment is better than no treatment, that few comparisons of treatment method have consistently demonstrated the superiority of one method over another, that posttreatment relapse rates are high, and that more controlled studies of adolescent treatment which allow evaluation of the elements of treatment are needed. In the absence of the clear superiority of specific treatment techniques, it is suggested that examination of factors related to relapse can provide an empirical base for identifying effective treatment approaches. Pretreatment, during-treatment, and posttreatment factors related to relapse are reviewed from existing studies of adolescent treatment. Program components are suggested which have been associated with higher relapse rates and increasing factors associated with lower relapse rates.

Chaiken, J. and Chaiken, M. (1990). Drugs and predatory crime. In M. Tonry and J. Wilson (Eds.), Drugs and crime (pp. 230-239). Chicago: University of Chicago Press.

There is strong evidence that predatory offenders who persistently and frequently use large amounts of multiple types of drugs commit crimes at significantly higher rates over longer periods than do less drug-involved offenders, and predatory offenders commit fewer crimes during periods in which they use no heroin. These findings suggest that criminal justice programs that focus resources on high-rate predatory offenders should include among their selection criteria evidence of persistent, frequent use of multiple types of illicit drugs.

Cherpitel, C. (1993). What emergency room studies reveal about alcohol involvement in violence-related injuries. Alcohol, Health and Research World, 17, 162-166.

Emergency room studies provide the best evidence linking alcohol use with violent injuries. When alcohol-related violent injuries also involve the use of other psychoactive drugs, determining the independent effects of alcohol may be complex.

Cherpitel, C., Flaminio, D., and Poldrugo, F. (1993). Alcohol and casualties in the emergency room: A US-Italy comparison of weekdays and weekend evenings. Addiction Research, 1, 223-238.

These and other findings reported here point to differences in the relationship of alcohol and casualties in a culture where alcohol consumption is a routine part of life's daily activities as compared to the US pattern of drinking primarily during leisure times.

Clayton, R., Cattarello, A., Day, L. E., and Walden, K. (1991). Persuasive communication and drug prevention: An evaluation of the DARE program. In L. Donohew et al., Persuasive communication and drug abuse prevention (pp. 295-313). Hillsdale, NJ: Lawrence Erlbaum Associates.

The ultimate criterion of DARE or any other primary prevention curriculum is whether those who received the intervention chose not to use drugs, significantly delayed the onset of use, or had a significantly lower probability of excessive use. Data show no significant differences between the DARE and non-DARE students in reported involvement with cigarettes, alcohol, or marijuana. Some significant differences in gain scores in the predicted direction emerged for the attitudes, but not for self-reported drug use.

Collins, J. (1986). The relationship of problem drinking to individual offending sequences. In A. Blumstein et al. (Eds.), Criminal careers and career criminals (pp. 89-120). Washington, DC: National Academy Press.

This paper examines the empirical association and etiological relevance of problem drinking to the onset, continuation, and pattern of criminal careers. A robust finding justified by the works reviewed and other evidence is that problem drinkers who have criminal careers or offenders with drinking problems are disproportionately likely to have official records for, and to self-report involvement in, violent crime. The connection between problem drinking and violent behavior is considered robust, also, because the finding is replicated in the literature that examines assaultive criminal events.

Collins, J. (1988, Spring). Suggested explanatory frameworks to clarify the alcohol use/violence relationship. Contemporary Drug Problems, 107-118.

Four perspectives that suggest promising directions for research regarding the relationship between drinking and expressive interpersonal violence are the pathological, cultural, deviance disavowal and situational frameworks. The names of the frameworks identify the central causal mechanisms in explaining the relationship between drinking and expressive interpersonal violence.

Collins, J. (1990). Summary thoughts about drugs and violence. In M. De La Rosa et al. (Eds.), Drugs and violence: Causes, correlates, and consequences (NIDA Research Monograph No. 103) (pp. 265-275). Rockville, MD: National Institute on Drug Abuse.

The pharmacologic effects of drugs, not including alcohol, are not major factors accounting for interpersonal violence when demographic and other correlates of violence are controlled. The most appropriate conceptual model for understanding the drug and violence relationship is one that incorporates multiple factors including social, economic, and cultural variables.

Collins, J. (1993). Drinking and violence: An individual offender focus. In G. Martin (Ed.), Alcohol and interpersonal violence: Fostering multidisciplinary perspectives (NIAAA Research Monograph No. 24) (pp. 221-235). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

The drinking-violence relationship is strongest for young adult males. The likelihood of violence after drinking is higher for individuals with some co-occurring disorders or conditions. Individuals who drink a lot can be expected to be more likely involved in violence.

Collins, J. and Allison, M. (1983). Legal coercion and retention in drug abuse treatment. Hospital and Community Psychiatry, 34, 1145-1149.

The criminal justice system is increasingly referring offenders who have mental health problems to the community mental health system for treatment. The effects of such referrals on treatment outcome and on the mental health and criminal justice systems are not well understood. Because the length of time an individual remains in the drug abuse treatment program is an important indicator of treatment effectiveness, this paper assesses the impact of court referrals by examining the relationship between the drug abuser's length of stay in treatment and his referral by legal and nonlegal sources. Regression analyses on data for more than 2,200 individuals indicate that clients who are legally induced to seek treatment stay in treatment longer than, and so at least as well as, those who seek treatment voluntarily. The implications of these findings for drug abuse treatment and policy are discussed.

Collins, J. and Messerschmidt, P. (1993). Epidemiology of alcohol-related violence. Alcohol, Health and Research World, 17, 93-101.

Various types of interpersonal violence involve alcohol consumption by the offender, the victim, or both. Although the relationship between alcohol and violence is complex, its study is important to achieving a general understanding of violence as well as alcohol-related behavior.

Collins, J. and Schlenger, W. (1988). Acute and chronic effects of alcohol use on violence. Journal of Studies on Alcohol, 49, 516-521.

The findings were interpreted as being consistent with the hypothesis that alcohol affects violence directly, acting through the acute effects of use, rather than indirectly through the effects of underlying or mediating factors.

Cook, P. and Moore, M. (1993). Economic perspectives on reducing alcohol-related violence. In G. Martin (Ed.), Alcohol and interpersonal violence: Fostering multidisciplinary perspectives (NIAAA Research Monograph No. 24) (pp. 197-212). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

The authors question the rational choice approach of some researchers. Given what is known about drinking, the usefulness of this approach may be questioned. Alcohol impairs and distorts cognitive processes, causing confusion and shortsightedness. Still, the rational choice approach received some support from a recent study. Much alcohol-related violence is not random or mindless, but rather can be characterized as instrumental.

Cox, W. M. (1987). Personality theory and research. In H. Blane and K. Leonard (Eds.), Psychological theories drinking and alcoholism (pp. 55-89). New York: Guilford Press.

For certain people, drinking alcohol is especially reinforcing, and affective control with alcohol is very salient for them. However, when people habitually drink alcohol in large quantities in order to control their affect, negative affective consequences, occur. Besides the negative acute reactions alcohol causes in heavy drinkers, alcohol causes the drinkers' chronic negative affect to mount when they are sober. Thus, as these individuals' drinking careers continue, drinking alcohol to regulate positive affect becomes progressively less salient, whereas drinking alcohol to regulate negative affect become progressively more salient. This analysis is not intended to apply to all persons who develop problems with alcohol but it does seem typical for a substantial subset of male alcoholics. Far fewer data are available on the personality correlates of alcohol use and abuse among females than among males, but the authors conclude tentatively that a different model applies to males and females.

Cullen, F. and Gendreau, P. (1989). The effectiveness of correctional rehabilitation: Reconsidering the "nothing works" debate. In L. Goodstein and D. Mackenzie (Eds.), The American prison: Issues in research and policy (pp. 23-33). New York: Plenum Press.

The authors do not claim that correctional rehabilitation is without problems or that it offers a panacea to the crime problem, but they are firm in the belief that the "nothing works" doctrine is a socially constructed reality that lacks an empirical base. A growing body of data suggests not only that many interventions are successful but also that it is becoming increasingly possible to decipher the principles of effective correctional treatment. It appears that despite treatment's

persistent criticism over the past decade, much of the American public continues to believe that rehabilitation should be an integral goal of the correctional process.

Dawson, J. and Langan, P. (1994). Murder in families: Bureau of Justice Statistics Special Report. Washington, DC: US Department of Justice, Office of Justice Programs.

A survey of murder cases disposed in 1988 in the courts of large urban counties indicated that 16% of murder victims were members of the defendant's family. The remainder were murdered by friends or acquaintances (64%) or by strangers (20%). These findings are drawn from a representative sample survey of state and county prosecutors' records. The survey covered disposed charges against nearly 10,000 murder defendants, whose murder cases accounted for over 8,000 victims.

De La Rosa, M. and Soriano, F. (1992). Understanding criminal activity and use of alcohol and cocaine derivatives by multi-ethnic gang members. In R. Cervantes (Ed.), Substance abuse and gang violence (pp. 24-39). Newbury Park, CA: Sage.

The results obtained on drug use patterns of serious juvenile delinquents in Dade County, Florida, suggested that cocaine, followed by marijuana, were the drugs preferred most. Anglo males and females and African-American females preferred to drink alcohol at a much higher rate than Hispanic or African-American males. Hispanic males and African-American females were more likely to have tried cocaine powder, crack cocaine, and cocaine paste at an early age, compared to Anglo males and females and African-American males.

Dembo, R., Williams, L., Fagan, J., and Schmeidler, J. (1994). Development and assessment of a classification of high risk youths. Journal of Drug Issues, 24, 25-53.

Cluster analysis is applied to substance use and delinquency data collected in a longitudinal study of juvenile detainees to empirically derive five groups of youths from information gathered at their initial interviews. The validity of the typology was supported by a variety of other initial interview and follow-up interview alcohol and other drug use and delinquency data, and by recidivism information, including data on arrests during the three and a half years following the date of the youths' first interviews. Results were consistent with the growing body of literature which has found that delinquent and criminal behavior increase following involvement in illicit drug use, and that arrests for drug offenses and property offenses decline with the decreasing frequency of drug use. Findings stress the importance of early intervention with the high-risk youths.

Dembo, R., Williams, L., and Schmeidler, J. (1994). Psychosocial, alcohol and other drug use, and delinquency differences between urban black and white male high risk youth. International Journal of the Addictions, 29, 461-483.

Using data collected on 186 black and white male youths entering a juvenile detention center, the authors examine differences in the psychosocial functioning, substance use and delinquency and crime. Comparison is made on a wide range of variables, including sociodemographic characteristics, family problems, records of contact with the juvenile court, physical abuse or sexual victimization history, alcohol or other drug use, friends' involvement in substance use and crime, and emotional and psychological functioning problems. Implications of the results for understanding the youths' involvement in the juvenile justice system, and for the development of, and linkage with, appropriate services, are drawn.

Dembo, R., Williams, L., Schmeidler, J., and Christensen, C. (1993). Recidivism in a cohort of juvenile detainees: A three-and-a-half year follow-up. International Journal of the Addictions, 28, 631-658.

The authors report some results from a longitudinal study of juvenile detainees. In extending previous analyses, they sought to determine whether the youths' alcohol or other drug use and their emotional-psychological problems at entry into the detention center predicted subsequent arrests for new offenses during the 36 months and 42 months following their initial interviews. Statistically significant relationships were found between the youths' demographic characteristics (age, race, gender) and cocaine use at initial interview (as measured by urinalysis), and recidivism. The policy implications of these findings are discussed.

Deren, S. (1986). Parents in methadone treatment and their children (New York State Division of Substance Abuse Services, Treatment Issue Report No. 50). New York: DSAS Bureau of Research and Evaluation.

The research literature on children of methadone-maintained mothers indicates that these children are more likely to have deficits in cognitive skills, school performance, relationships with others, delinquency and substance abuse. Literature has also indicated the need for parenting training for these mothers.

Deren, S., Frank, B., and Schmeidler, J. (1990, Winter). Children of substance abusers in New York State. New York State Journal of Medicine, 179-184.

It is conservatively estimated that close to a half million children in New York State aged 17 years and under--about one out of every ten children in the state--are children of substance abusers. Given the fact that the majority of children of substance abusers are under the age of 12 years and are children of parents who are not receiving treatment services, many of these children may need services for many years to come.

Deren, S. and Kott, A. (1987). Parents in residential drug free treatment and their children (New York State Division of Substance Abuse Services, Treatment Issues Report No. 55). New York: DSAS Bureau of Research and Evaluation.

This report is based on a survey of clients in state-funded residential drug-free treatment programs. The survey was conducted to provide answers to questions raised by the division's Task Force on Children of Substance Abusers. Based on this study and other research on children of substance abusers, the major recommendations are: Parenting skills training and groups for parents should be provided to clients while they are in treatment; follow-up support to parents should be provided after discharge, either at their programs or at central locations; linkages with appropriate community agencies should be established so that children's needs for counseling services, or assistance with school problems can be assessed and addressed with the participation of the parents while they are still in treatment.

Deren, S. and Reilly, P. (1986). Children of substance abusers: A review of the literature (New York State Division of Substance Abuse Services, Treatment Issues Report No. 49). New York: DSAS Bureau of Research and Evaluation.

The proportion of women in substance abuse treatment programs or in need of substance abuse treatment has been increasing. Concern with female substance abuse treatment has led to increased attention on identifying the problems and needs of children of substance abusers, particularly on neonates. This literature review summarizes the contents of the research on children of substance abusers available through 1985.

DiLalla, L. F. and Gottesman, I. I. (1991). Biological and genetic contributors to violence: Widom's untold tale. Psychological Bulletin, 109, 125-129.

In her review of the literature on the intergenerational transmission of violent behaviors, Widom (1989a) addressed the social issues but omitted all references to the relevant biological and genetic literature. This addition to her review introduces studies of criminality, delinquency, and violence from a behavioral genetic standpoint. There is clear evidence for a genetic role in criminality and for a physiological basis for violent behavior. The inclusion of such genetic and biological evidence is necessary for a more complete understanding of the transmission of violence from one generation to another.

Donovan, D. M. (1988). Implications of an emerging biopsychosocial model. In D. Donovan and G. A. Marlatt (Eds.), Assessment of addictive behaviors (pp. 3-49). New York: Guilford Press.

Addictions are seen as complex behavioral patterns having multiple causes. The addictive experience is determined by equally complex interactions among biological, psychological, and social variables. It appears that a biopsychosocial model, which is emerging within the

areas of behavioral medicine, provides a heuristic framework within which to understand and assess addictive behaviors. These include factors common to addictive behaviors, those specific to a given addictive experience, the particular response system under consideration, the degree of thoroughness required, the phase of the addictive disorder, and the stage of the change process. Within this context, assessment is seen as the initial step in a longer-range therapeutic process. The clinician, both through motivating the client's commitment to change and through reaching clinical decisions based on assessment, will facilitate the individual's movement into an active stage of change.

Ellinwood, E. (1971). Assault and homicide associated with amphetamine abuse. American Journal of Psychiatry, 127, 1170-1175.

Case histories of 13 persons who committed homicide while intoxicated with amphetamines. In most of the cases, the events leading to the homicidal act were directly related to amphetamine-induced paranoid thinking, panic, emotional liability, or lowered impulse control. The most important variables associated with the cases included predisposing personality, environmental circumstances, and the use of other drugs.

Fagan, J. (1990). Intoxication and aggression. In M. Tonry and J. Wilson (Eds.), Drugs and crime (pp. 241-320). Chicago: University of Chicago Press.

Adolescent drug abuse has been cited as a predictor of violent adult crime and criminal careers. Both official and self-reported crime rates are highest for heroin or cocaine users. Rates of violence are associated with more frequent and abusive drug use. Problems of accurate recall of temporal order or specific experiences in most retrospective studies pose threats to the validity of their results. Intoxication reduces the ability to perceive the negative consequences of an aggressive act or at least interferes with individuals' abilities to process information about behavioral contingencies. Intoxicated subjects more often failed to consider the possible consequences of their behavior, and responded aggressively to provocations regardless of the level of retaliatory threat. These studies suggest that intoxication either intensifies or diminishes perceptions of the social contexts of drinking situations.

Fagan, J. (1993). Interactions among drugs, alcohol, and violence. Health Affairs, 12, 65-79.

This paper identifies five research dilemmas in associating violence with substance abuse: difficulty in establishing causal linkages; problems associated with the legal status of substances; ecological and individualistic fallacies; measurement issues and problems with data sources; research design problems. The author then discusses social context and the role of rational choice as frameworks to explain the interaction among drugs, alcohol, and violence.

Fagan, J. (1993). Set and setting revisited: Influences of alcohol and illicit drugs on the social context of violent events. In S. Martin (Ed.), Alcohol and interpersonal violence: Fostering multidisciplinary perspectives (NIAAA Research Monograph No. 24) (pp. 161-191). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

The variation in intoxicated behaviors within social contexts suggests that the context itself exerts a powerful influence on the violence outcomes of drinking situations, one that is far greater than the effects of the substance itself. Ethnographic research tends to downplay the significance of alcohol. However these perspectives overlook the individual-level effects of alcohol and other intoxicants, ignore person-substance and place-substance interactions, and accordingly suffer from several theoretical shortcomings.

Fagan, J. (1993). The social control of spouse assault. In F. Adler and W. Laufer (Eds.), New Directions in Criminological Theory (pp. 187-235). New Brunswick: Transaction Publishers.

The social control of spouse assault is mediated by the efficacy of the law and legal institutions, the viability of extralegal sources of social control, and the larger context of the natural history of assaults within intimate relationships.

Falkin, G., Wexler, H., and Lipton, D. (1992). Drug treatment in state prisons. In D. Gerstein and H. Harwood (Eds.), Treating drug problems (pp. 89-131). Washington, DC: National Academy Press.

The trend in corrections during recent years has been for more prisoners to receive some form of drug treatment. Because policymakers and the public are concerned about drug abuse and crime, it is likely that this trend will continue. The complexity of the problem and the limitations in both the current state of knowledge and practice suggest that a period of experimentation with treatment interventions is needed and that new techniques should be thoroughly evaluated. A logical starting point is to increase the number of chronic polydrug abusers in intensive prison-based treatment programs and enable them to continue their recovery in residential programs after they are released. In addition, new program innovations should be attempted. Regardless of the specific innovations that are attempted, they must all be properly tested. Evaluation research should search especially for cost-effective strategies for reducing recidivism.

Farley, E., Santo, Y., and Speck, D. (1979). Multiple drug-abuse patterns of youth treatment. In G. Beschner and A. Friedman (Eds.), Youth drug abuse: Problems, issues and treatment (pp. 149-169). Lexington, MA: Lexington Books, D. C. Heath and Company.

An indicator of the extent of multiple drug abuse among youth admitted to federally funded drug treatment programs can be found in the analysis of the youth subsample on the Client Oriented Data Acquisition Process (CODAP). CODAP data are routinely provided by all

federally-funded drug treatment programs. The National Youth Polydrug Study (NYPS) is a recent national survey of youth 12 to 19 years of age admitted to treatment for drug abuse during the period of September 1976 to March 1977. On the average, five different substance types were reported as ever being used by a client on a lifetime basis, while slightly more than three different substances were being used currently; almost four different substances had been used on a regular basis sometime during their young drug-using lives. Marijuana, hashish, and alcohol are the most frequently mentioned substances in both data sources. Combined, they account for over half the drug mentions in both NYPS and CODAP.

Field, G. (1985). The Cornerstone Program: A client outcome study. Federal Probation, 49, 50-55.

With Cornerstone, drug-free living is probably as important a goal as crime-free living. While alcohol or drug use after treatment is certainly an important outcome variable, it is extremely difficult to measure reliably (NIDA, 1981). Recent critiques of the Sobells' study (Sobell and Sobell, 1976), for example, have demonstrated that both identified clients and their significant others profoundly minimize the identified client's drug use (Penery, et al., 1982). Therefore, reported use of alcohol or drugs posttreatment is not seen as a reliable measure of substance abuse, especially with the Cornerstone population, despite the limitations of this study due to a lack of experimental design, available results indicate that the Cornerstone program successfully impacts the lives of chemically dependent, recidivist offenders. Program evaluation data show changes from the client's perspective, the staff or clinical perspective, and positive changes from societal value perspectives.

Friedman, A. and Beschner, G. (Eds.) (1985). Treatment services for adolescent substance abusers (Treatment Research Monograph Series). Rockville, MD: National Institute on Drug Abuse.

The purpose of this book is to highlight and integrate what is currently known about adolescent substance abusers, their drug and drug-related problems, the programs that serve them, and the treatment methods and approaches that have proven to be most effective. This book is intended to serve as a guide for those who are currently involved or who plan to become involved in the treatment of adolescent substance abusers. Much of the material is based on recent research findings and the special efforts of the chapter authors to gather relevant data from experts in the field and from different localities.

Gabel, S. and Shindledecker, R. (1993). Parental substance abuse and its relationship to severe aggression and antisocial behavior in youth. American Journal of Addictions, 2, 48-58.

Parental abuse of nonalcohol substances appears to be more important than parental alcohol abuse in predicting severe aggressive and antisocial behavior. Substance abuse in fathers, especially abuse of substances other than alcohol, also seems more important than substance abuse in mothers in predicting severe aggression and conduct disorder.

Goldstein, P. (1985). The drugs-violence nexus: A tripartite conceptual framework. Journal of Drug Issues, 3, 493-506.

Drug use and drug trafficking are examined as etiological factors in the creation of violence. A conceptual framework is presented for examining the drugs-violence nexus. Drugs and violence are seen as being related in three possible ways: the psychopharmacological, the economically compulsive, and the systemic. Each of these models is examined in depth.

Goldstein, P. (1989). Drugs and violent crime. In N. Weiner and M. Wolfgang (Eds.), Pathways to criminal violence (pp. 16-48). Newburg Park, CA: Sage.

The nature and scope of the relationship between drugs and violent crime is presently a matter of great concern in America. The existing literature sheds some light on the subject but mainly points to the need for further research. This chapter reviews some is known about the etiological role played by drugs in the occurrence of violence, places that knowledge within a conceptual framework, and focuses attention on those areas that require additional inquiry. Among his conclusions, Goldstein points out that during the prohibition era there was a great deal of violence surrounding the illicit liquor trade. But the repeal of prohibition, however, virtually eliminated alcohol-related systemic violence. The current availability and widespread use of alcohol have made it a major contributor to psychopharmacological violence. The study of alcohol's transition may have important implications for the current debate over how to handle marijuana, cocaine, and other substances.

Goldstein, P., Bellucci, P., Spunt, B., and Miller, T. (1991). Frequency of cocaine use and violence: A comparison between men and women. In S. Schober and C. Schade (Eds.), The epidemiology of cocaine use and abuse (Research Monograph No. 110) (pp. 113-138). Rockville, MD: National Institute on Drug Abuse.

The relationship between drug use, distribution and violence in general, and between cocaine and violence specifically, is clearly very complex. Important differences were found between males and females. Regular cocaine use among males was more strongly associated with the perpetration of violence. Regular cocaine use among females was more strongly associated with violent victimization. Cocaine related violence was almost always related to psychopharmacological violence. Cocaine and heroin were most often related to both systemic and psychopharmacological violence. Economic-compulsive violence appeared relatively rarely, with the exception of cocaine-related economic-compulsive violence among male regular cocaine users.

Goldstein, P., Brownsein, H., and Ryan, P. (1992). Drug-related homicide in New York: 1984 and 1988. Crime and Delinquency, 38, 459-476.

This article reports findings from two studies. Both addressed the need for routine and systematic collection of data about the drug-relatedness of homicide. Comparing the findings of

the studies reveals that existing police records are generally inadequate for providing insight into the complexities of the drugs-crime-violence nexus.

Goldstein, P., Brownstein, H., Ryan, P., and Bellucci, P. (1989, Winter). Crack and homicide in New York City, 1988: A conceptually based event analysis. Contemporary Drug Problems, 651-687.

Using a tripartite conceptual framework (psychopharmacological, systemic and economic compulsive), the authors attempt to classify the homicides in an eight-month period in New York City. The majority (52.7%) of homicides which occurred during this period were found to be drug-related. A preponderance of systemic homicides existed in every drug category, with the exception of alcohol. All alcohol-related homicides were classified as being psychopharmacological and addressed the need for routine and systematic collection of data about the drug-relatedness of homicide. Comparing the findings of the studies reveals that existing police records are generally inadequate for providing insight into the complexities of the drugs-crime-violence nexus.

Goldstein, P., Brownstein, H., Spunt, B., and Fendrich, M. (1992). Drug relationships in murder (DREIM). In NDRI, A final report to the National Institute on Drug Abuse (pp. 141-146). New York: Narcotic and Drug Research, Inc. (NDRI).

The DREIM data show that homicide perpetrators incarcerated for their offenses are likely to have had previous experience with drugs (especially alcohol) and crime (often violent). The predominance of alcohol use, alone or in combination with other drugs, both throughout the lives of the interviewees and during the period just prior to the homicide is striking.

Goodwin, D. W. (1979). Alcoholism and heredity. Archives of General Psychiatry, 36, 57-61.

Recent evidence for a hereditary factor in alcoholism is reviewed, followed by speculation about how genetic variation combined with conditioning might promote or prevent the development of alcoholism. Familial alcoholism may be valuable as a diagnostic category.

Goodwin, D. W. (1985). Alcoholism and genetics: The sins of the fathers. Archives of General Psychiatry, 42, 171-174.

There is considerable biologic variability in the response to alcohol. Most people are probably neither protected nor particularly vulnerable. Alcoholism runs in families even when the children are separated from the alcoholic parents and are raised by nonalcoholic adoptive parents. This observation applies primarily to men. For methodologic reasons, adoption studies have been less illuminating with regard to genetic factors in women. Twin data are equivocal but support somewhat the existence of genetic factors in alcoholism. Even without knowledge of specific causes, the ability to identify risk factors for alcoholism in adolescents would be

valuable. The major known risk factor is a family history of alcoholism. Hyperactive children may also be susceptible to alcoholism. Beyond this there is little information to help health professionals and parents anticipate which portion of the adolescent population is particularly vulnerable.

Gottfredson, D., Bernstein, M., and Koper, C. (1994). Delinquency. College Park, MD: University of Maryland, Department of Criminal Justice and Criminology.

Treatment effectiveness research parallels prevention effectiveness research in suggesting that treatment can reduce delinquency but that it is not yet effective for controlling crime. Treatment research favors behavioral-cognitive approaches and approaches which build commitment to conventional goals. Treatment strength and integrity appear to be major issues in treatment effectiveness. In order to increase the effective prevention and treatment of delinquency, the authors stress improving the rigor and the appropriateness of program evaluations, improving the design of prevention and treatment strategies, and enhancing the strength and fidelity of program implementation.

Grube, J. (1993). Alcohol portrayals and alcohol advertising on television. Alcohol, Health and Research World, 17, 61-66.

Alcohol portrayals on television and alcohol advertising often show drinking as glamorous and without any serious consequences. Although television portrayals have not been shown to have a great effect on young people's drinking habits and attitudes, alcohol advertising seems to increase youth's positive drinking attitudes and likelihood to drink.

Harruffk, R., Francisco, J., Elkins, S., and Phillips, A., et al. (1988). Cocaine and homicide in Memphis and Shelby County: An epidemic of violence. Journal of Forensic Science, 33, 1231-1237.

In homicide cases in which an abuse drug was detected, cocaine accounted for the entire increase in 1986. Police records indicated that cocaine directly contributed to the homicide in 39% of the cases in which the drug was found. In other cases, the authors speculate that cocaine-altered behavior may have contributed to the victim's being murdered either during the drug "high" or during the post euphoric depression or withdrawal phase.

Hawkins, D. (1993). Inequality, culture, and interpersonal violence. Health Affairs, 12, 80-96.

Policymakers often disagree over what strategies will be most effective at reducing violence in high-risk populations. Beginning with the position that social theory and public policy are inextricably linked, the author examines the policy implications of the long-standing debate in the social sciences over the relative contributions of socioeconomic inequality versus cultural differences as causes of violence. Although scholarly evidence favors neither of these

explanations, both existing and proposed policies often reflect a preference for the importance of culture. The author advocates alternative policies that consider the importance of both sets of etiological factors.

Hingson, R. (1993). Prevention of alcohol-impaired driving. Alcohol, Health and Research World, 17, 28-34.

During the past decade, the United States has made strides in decreasing the number of drunk driving fatalities. It is thought that the decrease is due in part to prevention efforts aimed at decreasing the number of impaired drivers.

Inciardi, J. (1990). The crack-violence connection within a population of hard-core adolescent offenders. In M. De La Rosa et al. (Eds.), Drugs and violence: Causes, correlates and consequences (NIDA Research Monograph No.103) (pp. 92-111). Rockville, MD: National Institute on Drug Abuse.

These data address a number of points about the relationship between crack, crime, and violence in Miami and elsewhere. In particular, recent media reports appear to be correct in their assessment of the involvement of youth in crack distribution and violent crime as significant trends in some locales. These reports, however, may be overreporting some aspects of the crack-violence connection while underreporting others, yet, at the same time, profoundly underestimating the significance of the whole crack-crime connection. Data presented indicate that a somewhat more deviant group of youths is drawn into crack distribution, and that participation in the crack trade facilitates crack addiction.

Ireland, T. and Widom, C. S. (1994). Childhood victimization and risk for alcohol and drug arrests. International Journal of the Addictions, 29, 235-274.

Using data from a prospective cohorts design study, this paper examines the relationship between early childhood victimization and subsequent arrest for alcohol-, or drug-related offenses, or both. Complete official criminal histories are compared for cases of childhood physical and sexual abuse and neglect (n=908) and a control sample (n=667). After controlling for relevant demographic characteristics, logistic regression analyses indicate that childhood maltreatment is a significant predictor of adult, but not juvenile, arrests for alcohol- and-or drug-related offenses. Differential responses to maltreatment by race and gender are discussed as well as limitations of the findings and future directions for research.

Johnson, V. (1980). I'll quit tomorrow. New York: Harper and Row.

The most significant characteristics of alcoholism are that it is primary, progressive, chronic, and fatal. It is primary in the sense that it effectively blocks any care or treatment delivered to any other medical or emotional problem. It is clear that it was not only pointless but dangerous to

wait until the alcoholic hit bottom. The symptoms found are present in victims addicted to other chemicals. In observing the effects of alcohol, the authors have inevitably been forced to evaluate the effects of mood-changing chemicals such as amphetamines, barbiturates, and minor tranquilizers. Persons dependent on these chemicals go through the same disintegration as the alcoholic. Treatment was developed in the light of this reality, and is effective with multiple-chemical use.

Kantor, G. (1993). Refining the brushstrokes in portraits of alcohol and wife assaults. In S. Martin (Ed.), Alcohol and interpersonal violence: Fostering multidisciplinary perspectives (NIAAA Research Monograph No. 24) (pp. 281-290). Rockville, MD: National Institute on Alcohol and Alcoholism.

Substantial literature now exists establishing alcohol as a major risk factor in family violence. The author does not dismiss the significance of alcohol to marital violence for two reasons: the constancy with which alcohol emerges as a significant predictor of marital violence and attributing alcohol's effects on marital aggression to disinhibition understates the complexity of the psychopharmacologic relationship. The author concludes that researchers should continue to examine whether the etiology and the process of alcohol-linked aggression differ for various research samples or according to the research design. His discussion indicates that multiple paths and multiple factors can lead to aggressive outcomes.

Kellerman, A. L. (1993). Obstacles to firearm and violence research. Health Affairs, 12, 142-161.

The economic and public health impact of violence in the United States is staggering. Violence played a role in more than one-third of the estimated 19 million crimes against individuals that occurred in 1991. Homicide is the 11th leading cause of death in the U.S. and the 5th leading cause of years of potential life lost before age 65. In this article, the author discusses six formidable obstacles to work in this field: inadequate funding for violence research, an inadequate pool of experienced researchers, critical gaps in available data, fatalistic attitudes about violence prevention, barriers to interdisciplinary research, and opposition from powerful interest groups.

Kotulak, R. (1993, December 25). Violence: What role the brain? Genetic defects, environment may both play a part. Atlanta Journal-Constitution, F-1.

Many types of violence, especially impulsive violence, may be like other mental disorders--a dysfunction of the brain--that can be treated and prevented.

Laudergan, J. C. (1982). Easy does it: Alcoholism treatment outcomes, Hazelden and Minnesota model. Minnesota: The Hazelden Foundation.

Most alcoholism services in Minnesota are based on what may be called the Minnesota Model of Chemical Dependence Intervention and Treatment. The Minnesota Model has emerged as a comprehensive model of rehabilitation supported by key underlying assumptions that alcoholism: can be described and identified, is an involuntary disablement, and is responsive to treatment. As it has evolved, the Minnesota Model has taken the form of a multidisciplinary approach utilizing medical personnel, psychologists, clergy, lay counselors and, more recently, recreation specialists, aftercare planners and an assortment of resource persons called upon as needed. Today, treatment personnel trained in the Minnesota Model approach to chemical dependency treatment are found in many states. The challenge for members of the helping professions is to devise innovative and effective primary prevention, early identification, and intervention strategies.

Leonard, K. (1993). Drinking patterns and intoxication in marital violence: Review, critique, and future directions for research. In S. Martin (Ed.), Alcohol and interpersonal violence: Fostering multidisciplinary perspectives (NIAAA Research Monograph No. 24) (pp. 253-280). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Research needs and therefore opportunities with respect to the impact of alcohol on marital violence are immense. Such research must be guided by a solid theoretical perspective and shaped by an appreciation of the complex interactional and contextual influences on marital conflict behavior and marital aggression. While the overall prevalence of aggression is high, the nature of general population surveys has obscured the truly alarming rates among certain subgroups. In particular, the rates among younger newly married adults may be several times as large as the rates of older adults.

Leukefeld, C. and Clayton, R. (1979). Drug abuse and delinquency: A study of youths in treatment. In G. Beschner and A. Friedman (Eds.), Youth drug abuse: Problems, issues, and treatment (pp. 213-227). Lexington, MA: Lexington Books, D. C. Heath and Company.

Some 2,750 youths under 19 years of age from 97 drug-abuse treatment programs nationwide were interviewed as part of the National Youth Polydrug Study. Among the variables included in the interview schedule were those which measured drug use and abuse, source of referral to treatment, and involvement with criminal activities and criminal justice authorities. Regardless of the criminal offense examined (that is, public or private property, drug use, possession, or drug sales), those youths who had used any of the substances examined were more likely to report involvement in criminal behaviors, arrest for that behavior, and conviction. These findings, though tentative, bring to light the challenges for members of the helping professions to devise innovative and effective primary prevention, early identification, and intervention strategies.

Ligon, J. and Thyer, B. (1993). The effects of a Sunday liquor sales ban on DUI arrests. Journal of Alcohol and Drug Education, 38, 33-40.

A Sunday ban on the sales of alcohol resulted in reducing the incidence of DUIs. These results illustrate a further extension of behavior analysis to the evaluation of public policy.

Lipton, D. (1994). The correctional opportunity: Pathways to drug treatment for offenders. Journal of Drug Issues, 24, 331-348.

The incarceration of persons found guilty of various crimes who are chronic substance abusers presents an important opportunity for treatment. It is an important opportunity because they would be unlikely to seek treatment on their own, and without treatment they are likely to continue their drug use and criminality after release, and cost effective drug abuse treatment methods are now available to treat them while in custody. Correctional authorities should now feel optimistic that chronic heroin and cocaine users with predatory criminal histories can be treated effectively. This article shares the success of two prison-based drug treatment programs that have been successful with serious drug abusing offenders, and the factors that make for success. It is the proper program components joined by thoughtful leadership in the right setting. These principles are generalizable and transferrable to many locations.

Lipton, D., Martinson, R., and Wilks, J. (1975). The effectiveness of correctional treatment: A survey of treatment evaluation studies. New York: Praeger Publishers.

This landmark survey reviews various kinds of treatment strategies for offenders over a 25-year period.

Luntz, B. K. and Widom, C. S. (1994). Antisocial personality disorder in abused and neglected children grown up. American Journal of Psychiatry, 151, 670-674.

Children who had experienced substantiated child abuse or neglect from 1967 to 1971 in a midwestern metropolitan were located and participated in an interview consisting of a series of structured and semistructured questions, rating scales, and a psychiatric assessment using the National Institute of Mental Health Diagnostic Interview Schedule. Childhood victimization was a significant predictor of the number of lifetime symptoms of antisocial personality disorder and of a diagnosis of antisocial personality disorder, despite the fact that controls for demographic characteristics and arrest history were introduced. These findings suggest the importance of inquiring about a patient's childhood history of abuse or neglect when antisocial symptoms are evident. In addition to speculations about a possible saturation model for the consequences of childhood victimization, these findings also reinforce a multiple causation model of antisocial personality disorder.

Martin, S. (1992). The epidemiology of alcohol-related interpersonal violence. Alcohol, Health and Research World, 16, 230-237.

A relationship between the consumption of alcohol and the incidence of violence is evident yet whether alcohol plays a direct, causal role in violent episodes remains unclear. Studies cited here point to the complexity of the relationship between alcohol and violence. The author says that the mechanisms and processes by which alcohol may lead to violence remain unclear. The relationship between alcohol and violence is shaped in as yet undetermined ways by combinations of individual, situational, and sociocultural factors that mediate the physiological effects of alcohol consumption and the behavioral expectations associated with it. Explanations generally have been of two overly simplistic types: the pharmacological approach and the sociocultural approach.

Martinez, F. (1992). The impact of gangs and drugs in the community. In R. Cervantes (Ed.), Substance abuse and gang violence (pp. 60-73). Newbury Park: Sage.

The author concludes that neither the presence of gangs in the community nor the criminal activity they are involved in will be dissolved by police putting gang members in jail.

Max, W. and Rice, D. (1993). Shooting in the dark: Estimating the cost of firearm injuries. Health Affairs, 12, 171-185.

The cost of firearm injuries in the United States in 1990 was an estimated \$20.4 billion. This includes \$1.4 billion for direct expenditures for health care and related goods, \$1.6 billion in lost productivity resulting from injury-related illness and disability, and \$17.4 billion in lost productivity from premature death. While these are the best available national estimates, it is likely that they underestimate the economic impact of firearm injuries because they are based on relatively old data and on many assumptions necessitated by data gaps. The need for better data and improved estimates, and their policy relevance, are discussed.

McBride, D. and Swartz, J. (1990). Drugs and violence in the age of crack cocaine. In R. Weisheit (Ed.), Drugs, crime and the criminal justice system (pp. 141-169). Cincinnati: Anderson Publishing Company.

Demand reduction through treatment and interdiction effort can only be effective if the developed world is willing to make the commitment to provide economic opportunities for their own citizens and for developing countries that include options other than coca growing and cocaine distribution.

McCord, J. (1993). Considerations of causes in alcohol-related violence. In S. Martin (Ed.), Alcohol and interpersonal violence: Fostering multidisciplinary perspectives (NIAAA Research Monograph No. 24) (pp. 71-79). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Egocentrism and aggression, in their different ways, tend to increase the probability of antisocial behavior. People who are antisocial are also likely to drink heavily. It seems plausible to hypothesize, that if alcohol reduces the ability to reason about the future, egocentric people may take into account only their short-term benefits, and aggressive people may increase their perceptions that situational cues justify injuring others.

McCord, W. and McCord, J. (1960). Origins of alcoholism. Stanford, CA: Stanford University Press.

Egocentrism and aggression, in their different ways, tend to increase the probability of antisocial behavior. People who are antisocial are also likely to drink heavily. It seems plausible to hypothesize that if alcohol reduces the ability to reason about the future, egocentric people may take into account only their short-term benefits, and aggressive people may increase their perceptions that situational cues justify injuring others.

McLaren, K. (1992). Reducing reoffending: What works now. New Zealand: Department of Justice Penal Division.

The last two decades have seen heated debate over the existence of correctional interventions which are effective in reducing reoffending. For the purposes of this paper, the starting point of that debate is taken as being a 1974 article by Marinson entitled "What Works: Questions and Answers About Prison Reform." On the basis of the results of the last 15 years of research, there is now agreement that some interventions exist which succeed in reducing recidivism. In this paper, the term intervention refers to any course of action undertaken with an offender which includes in its goals the reduction of reoffending. In addition, a sophisticated technique of statistical analysis known as meta-analysis was developed which allowed large groups of studies to be analysed for overall effectiveness. Finally, many more individual studies were carried out, with increasing levels of experimental rigour, and these showed a trend of effectiveness for a significant subgroup of interventions.

Mercy, J., Rosenberg, M., Powell, C., and Broome, C., et al. (1993). Public health policy for preventing violence. Health Affairs, 12, 7-29.

The current epidemic of violence in America threatens not only our physical health but also the integrity of basic social institutions such as the family, the communities, and the health care system. Public health brings a new vision of how Americans can work together to prevent violence. This view emphasizes the prevention of violence before it occurs, making science integral to identifying effective policies and programs, and integrating the efforts of diverse

scientific disciplines, organizations, and communities. A sustained effort at all levels of society will be required to successfully address this complex and deeply rooted problem.

Miller, B. (1993). Investigating links between childhood victimization and alcohol problems. In S. Martin (Ed.), Alcohol and interpersonal violence: Fostering multidisciplinary perspectives (NIAAA Research Monograph No. 24) (pp. 315-323). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

In this article, the author responds to another researcher (Widom) who has raised methodological issues with regard to a 1989 study by Miller. Widom emphasized the importance of prospective designs, but Miller responds that there are some issues regarding the importance of retrospective and that prospective studies have limitations. Finally, according to Miller, both prospective and retrospective studies have problems with self-report data and with repression of child abuse, particularly childhood sexual abuse, regardless of what methodologies are used.

Miller, B. (1993). Investigating links between childhood victimization and alcohol problems. In M. De La Rosa et al. (Eds.), Drugs and violence: Causes, correlates, and consequences (NIDA Research Monograph No. 103) (pp. 177-207). Rockville, MD: National Institute on Drug Abuse.

The relationships between family violence and alcohol and drug problems are multidimensional and complex. For example, family violence may occur when the perpetrator has been using or abusing alcohol, drugs, or both, or the experiences of family violence may lead both to short- and long-term consequences that include alcohol and drug problems. Three forms of family violence are considered: child abuse, childhood sexual abuse, and spousal violence. Alcohol abuse and sexual abuse are interrelated, and the intergenerational aspects of these phenomena cannot be ignored. The two studies discussed in this article found that experiences of child abuse are related to the development of alcohol problems. Both studies also found that experiences of spousal violence are linked to alcohol problems.

Miller, B. and Downs, W. (1993). The impact of family violence on the use of alcohol by women. Alcohol, Health and Research World, 17, 137-143.

Research indicates that women with alcohol problems have experienced high rates of violence during their childhoods and as adults.

Miller, T., Cohen, M., and Rossman, S. (1993). Victim costs of violent crime and resulting injuries. Health Affairs, 12, 186-197.

In 1987 physical injury to people age 12 and older resulting from rape, robbery, assault, murder, and arson caused about \$10 billion in potential health-related costs, including some unmet mental health care needs. It led to \$23 billion in lost productivity and almost \$145 billion in

reduced quality of life (in 1989 dollars). If associated deaths and cases resulting in psychological injury only are included, costs average \$47,000 for rape, \$19,000 for robbery, \$15,000 for assault, and \$425,000 for arson. Considering only survivors with physical injury, rapes cost \$60,000, robberies \$25,000, assaults \$22,000 and arson \$50,000. Costs are almost \$2.4 million per murder. Lifetime costs for all intentional injuries totaled \$178 billion during 1987-1990.

Moffitt, T. (1993). Adolescence-limited and life-course-persistent antisocial behavior: a developmental taxonomy. Psychological Review, 100, 674-701.

A dual taxonomy is presented to reconcile two incongruous facts about antisocial behavior: It shows impressive continuity over age, but its prevalence changes dramatically over age, increasing almost ten-fold temporarily during adolescence. This article suggests that delinquency conceals two distinct categories of individuals, each with a unique natural history and etiology: A small group engages in antisocial behavior of one sort or another at every life stage, whereas a larger group is antisocial only during adolescence. According to the theory of life-course-persistent antisocial behavior, children's neuropsychological problems interact cumulatively with their criminogenic environments across development, culminating in a pathological personality. According to the theory of adolescence-limited antisocial behavior, a contemporary maturity gap encourages teens to mimic antisocial behavior in ways that are normative and adjustive.

Moore, M. (1993). Violence prevention: Criminal justice or public health? Health Affairs, 12, 34-45.

The author writes that for the foreseeable future the public health approach should be seen as an important complement to, not a substitute for, the more traditional criminal justice approaches to the problem of violence prevention. He notes that there is a tension between two slightly different models of violence prevention programs. One model he calls the social research and development model. In this model a few programs judged to be particularly promising and robust are identified by experts and selected as the programs to be systematically tested. A second model, the clinical model, encourages everyone to experiment with whatever seems reasonably promising. Frequent reports are issued about both ideas and results in the hope of stimulating new experiments.

Murdoch, D., Pihl, R., and Ross, D. (1991). Alcohol and crimes of violence: Present issues. International Journal of the Addictions, 25, 1065-1081.

Alcohol is associated with violent crime at a greater than chance level and at a significantly higher level than is associated with nonviolent crime. It is the precipitator of the altercation who is more likely to be intoxicated. Alcohol and aggression are more strongly related than expected with violent offenders demonstrating psychopathology. Marital violence appears related to alcohol independent of other marital problems.

National Criminal Justice Association (1993). DARE evaluations lacking, effectiveness uncertain, studies show. NCJA Juvenile Justice, 11, 3-6.

The most popular drug prevention program for youths in the nation has received mixed reviews from researchers, according to published reports and evaluations.

Newcomb, M. and Bentler, P. (1988). Impact of adolescent drug use and social support on problems of young adults: A longitudinal study. Journal of Abnormal Psychology, 97, 64-75.

The authors obtained data from 654 teenagers in early and late adolescence and used it to evaluate resultant problems reported by this same group of youngsters when they were young adults. General, or polydrug, use increased drug and alcohol, health, and family problems. Specific use of cannabis increased health and family problems. Alcohol use, which was not reflected in general drug use, had no specific negative effects, but it reduced loneliness in romantic relationships, self-derogation, and family problems. General social support during adolescence provided a significant amelioration of all seven young-adult problem areas. In contrast to the effects of specific drugs, specific areas of social support had minimal impact on young-adult functioning. Results are discussed in regard to theory development and prevention strategies.

O'Donnell, J., Voss, H., Clayton, R., and Slatin, C., et al. (1976). Young men and drugs: A nationwide survey. Rockville, MD: National Institute on Drug Abuse.

The author examines four prominent theories: subculture of violence theory; economic deprivation theory; deterrence theory; and routine activity or life-style theory. Through both deduction and induction, each contains the factor of alcohol in the theories. For example, the author states that alcohol consumption can be seen as interacting with the deterrent effect of capital punishment, as it would affect the ability of actors to calculate rationally. It would thus lead to the prediction that in places with capital punishment and high levels of consumption, deterrence theory would be short circuited, resulting in little or no deterrent effect of capital punishment rates.

Parker, R. (1993). Alcohol and theories of homicide. In R. Adler and W. Laufer (Eds.), New directions in criminological theory: Advances in criminological theory (Vol. 4, pp. 113-141). New Brunswick, NJ: Transaction Publishers.

The author examines four prominent theories: subculture of violence theory; economic deprivation theory; deterrence theory (especially involving capital punishment); and routine activity or life-style theory; and through both deduction and induction, brings alcohol as a concept into the theories. For example, he states that alcohol consumption can be seen as interacting with the deterrent effect of capital punishment, as it would affect the ability of actors to calculate rationally, thus leading to the prediction that in places with capital punishment and

high levels of consumption, deterrence theory would be short circuited, resulting in little or no deterrent effect of capital punishment rates.

Parker, R. (1993). The effects of context on alcohol and violence. Alcohol, Health and Research World, 17, 117-123.

Alcohol use may lead to violent behavior within the contexts of certain drinking cultures, divorce, and poverty. Risk factors for violence may be identified within the contexts of certain social settings. The coexistence of wet and dry drinking culture--mixed drinking cultures--is associated with increased violence. Increased divorce rates are associated with violence in mixed drinking cultures. Alcohol consumption increases violence within the context of poverty, and violent behavior may be perceived as a rational and acceptable choice in some contexts. Alcohol may also interfere with a person's ability to correctly perceive the meaning of the behavior of others.

Pernanen, K. (1991). The presence of alcohol in episodes of violence. In K. Pernanen, Alcohol in human violence (pp. 94-128). New York: Guilford Press.

Alcohol was noted to have been used prior to 42% of (police-reported) violent crimes. In comparison, generally milder forms of violence in the interview study had a total alcohol involvement of 54%. Alcohol played a major role in violence in this community; this is probably also true of many other similar communities and wider geographical areas.

Pernanen, K. (1993). Research approaches in the study of alcohol-related violence. Alcohol, Health and Research World, 17, 101-108.

Research on the relationship between alcohol use and violence must account for sociological, psychological, and biological factors. Present research tends to examine these factors separately. However, an integration of research approaches could help improve understanding of the alcohol-violence relationship.

Pihl, R. (1993). Alcohol, serotonin, and aggression. Alcohol, Health and Research World, 17, 113-117.

Deficiencies in the brain chemical serotonin are associated with increased tendency to violence and victimization. Alcohol consumption interacts with serotonin levels to increase the likelihood of aggression. Persons with reduced serotonin activity may be more likely to use aggression to attain rewards or deter punishment, and they may be less sensitive to social control of such behavior. The addition of alcohol to existing low serotonin levels profoundly affects the manifestation of aggression. Alcohol transiently enhances serotonin function, perhaps thereby initially moderating violent tendencies. However, serotonin activity may subsequently decrease below baseline levels. This decrease leads to increased impulsivity and reduced

threat-induced control of behavior. Furthermore, alcohol can increase the capacity for aggression by reducing anxiety and by enhancing motivated psychomotor activity.

Post, R. (1975). Cocaine psychoses: A continuum model. American Journal of Psychiatry, 132, 225-231.

Under specified conditions, cocaine can produce different clinical syndromes that occur in a regular sequence (euphoria, dysphoria, psychosis) with increasing cocaine administration. Such a progression has clinical and biological implications. Cocaine may play a role in the definition and integration of biochemical, anatomical, physiological, and host interactions in the spectrum of psychoses.

Reiss, A. J. and Roth, J. A. (Eds.) (1993). Alcohol, other psychoactive drugs, and violence. In Panel on the Understanding and Control of Violent Behavior, Committee on Law and Justice, Commission on Behavioral and Social Sciences and Education, National Research Council, Understanding and preventing violence (pp. 182-220). Washington, DC: National Academy Press.

This chapter suggests four kinds of interventions that should be considered for reducing levels of violence related to alcohol and other psychoactive drugs: biological interventions (e.g., methadone), developmental interventions (e.g., community and school prevention programs), individual-level interventions for adults (e.g., incarceration and treatment) and community-level interventions (e.g., alcohol and excise taxes and police disruption of illegal drug markets).

Rivera, B. and Widom, C. S. (1990). Childhood victimization and violent offending. Violence and Victims, 5, 19-35.

The relationship between childhood victimization and violent offending is examined using a prospective cohorts design. Official criminal histories for a large sample of substantiated and validated cases of physical and sexual abuse and neglect (n=908) from the years 1967 through 1971 were compared to those of a matched control group (n=667) of individuals with no official record of abuse or neglect. Sex- and race-specific effects of childhood victimization increased overall risk for violent offending and particularly increased risk for males and blacks. In comparison to controls, abused and neglected children began delinquent careers earlier. Temporal patterns of violent offending were examined and childhood victims did not differ in age of arrest for first violent offense, nor were they more likely to continue offending. The findings and their limitations are discussed, as well as directions for future research.

Roizen, J. (1993). Issues in the epidemiology of alcohol and violence. In S. Martin (Ed.), Alcohol and interpersonal violence: Fostering multidisciplinary perspectives (NIAAA Research Monograph No. 24) (pp. 3-36). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

This piece focuses on alcohol use in violent events as opposed to the chronic alcohol problems of those who are violent or the relationship between alcohol use and abuse and criminal careers. The author also states that drug use is now present in violent behavior, especially criminal behavior, to a degree that makes it questionable whether it is sensible to look at alcohol and violence apart from other drugs. She raises more questions than she answers. She states that the problem remains of explaining the very great proportion of violent acts of all kinds in which alcohol is present and which have intoxicated actors. She points out that general population samples, even very good ones, miss large numbers of people; indeed, this is often true even of censuses. These very missing individuals are likely to be those who have many of the problems in which we are interested.

Ross, R. and Lightfoot, L. (1985). Treatment of the alcohol-abusing offender. Illinois: Charles C. Thomas.

The focus of the research has been on identifying programs which have been demonstrated in methodologically adequate research to be effective in reducing alcohol abuse and-or the criminal behavior of offenders. Programs which have not been adequately evaluated are given short shrift. This does not mean that they do not "work" but only that the authors cannot determine if they do. Many of the programs currently being provided may be highly efficacious; some may be harmful. Without evaluation, it is too easy to mistake one for the other. Accordingly, in the final chapter suggestions for evaluating correctional alcohol abuse programs are presented.

Roth, J. (1994). Firearms and violence. Washington, DC: National Institute of Justice.

Approximately 60% of all murder victims in the US in 1989 (about 12,000 people) were killed with firearms. According to estimates, firearm attacks injured another 70,000 victims. The cost of shootings was estimated to be more than \$14 billion nationwide for medical care.

Roth, J. (1994). Psychoactive substances and violence. Washington, DC: National Institute of Justice.

Research has uncovered strong correlations between violence and psychoactive substances, including alcohol and illegal drugs, but the underlying relationships differ by drug. Of all psychoactive substances, alcohol is the only one whose consumption has been shown to commonly increase aggression. Alcohol drinking and violence are linked through pharmacological effects on behavior. The most promising strategies for reducing alcohol-related violence are to reduce underage drinking through substance abuse preventive education, taxes, law enforcement, and peer pressure. The most promising strategy for reducing violence related

to illegal drugs appears to be reducing demand. Promising tactics include preventive education, pretrial monitoring of arrestees through urinalysis and prison-based therapeutic communities with postrelease treatment followup.

Roy, A. (1993). Risk factors for suicide among adult alcoholics. Alcohol, Health and Research World, 17, 133-136.

Alcoholics have an increased risk of suicide compared with the general population. An epidemiologic study of the risk factors for suicide among alcoholics suggests that many of these deaths can be prevented.

Rua, J. (1990). Treatment works: The tragic cost of undervaluing treatment in the "drug war," a review of 15 years of research findings on alcohol and other drug abuse treatment outcomes. Washington, DC: National Association of State Alcohol and Drug Abuse Directors.

The National Association of State Alcohol and Drug Abuse Directors examined the evidence of more than 15 years of research on the effectiveness of substance abuse treatment. The evidence decisively demonstrates that alcohol and other drug abuse treatment is effective. Drug treatment: reduces drug abuse, increases employment, improves psychological adjustment, decreases crime as well as other negative behaviors. The evidence also shows that public expenditures for substance abuse treatment are wise and prudent investments, despite the fact that substance abuse is a chronic condition which typically requires multiple treatment episodes for individuals affected.

Ryan, P., Goldstein, P., Brownstein, H., and Bellucci, P. (1990). Who's right: Different outcomes when police and scientists view the same set of homicide events. In M. De La Rosa et al. (Eds.), Drugs and violence: Causes, correlates, and consequences (NIDA Research Monograph No. 103) (pp. 239-264). Washington, DC: National Institute on Drug Abuse.

The authors state that the police rarely if ever record information about criminal events in a way that would be useful to a sociologist or criminologist. A 1986 prison survey found that 28% of incarcerated murderers were under the influence of a drug (excepting alcohol) at the time they killed. Prior to the design of the UCR (1985) the subject matter of drugs was not specified in major national data collection efforts which is a major concern to those who study crime and drugs. Studies and reports suggest a strong association between drug use and criminal violence. However, these studies suffer from a lack of consistency in operational definitions and theoretical conceptualizations. It is important that data be collected in a manner that is consistent and standard.

Sasao, T. (1992). Substance abuse among Asian and Pacific Islander Americans. In R. Cervantes (Ed.), Substance abuse and gang violence (pp. 3-23). Newbury Park: Sage.

A California study indicated that the alcohol drinking pattern of young Asian males is very similar to that found for a national sample of young adult males, and that certain Asian groups had a high proportion of heavy drinkers. It appears that Asian alcohol use has been underestimated. There is some evidence that suggests a major substance abuse problem for older Asian groups may involve the use of barbiturates, tranquilizers, and pain drugs. Finally, it is highly likely that the estimates provided by these data will soon be outdated and grossly underestimated because many of the groups with the highest risk factors (i.e., Southeast Asian refugees, Koreans and Filipinos) are the fastest growing groups in the Asian population. Whereas, the Japanese and Chinese constituted the largest groups in 1970, it is estimated that by the year 2000 the Filipinos will be the largest group, followed by the Chinese, Vietnamese, Koreans, and Japanese.

Schuckit, M. (1983). Alcoholism and other psychiatric disorders. Hospital and Community Psychiatry, 34, 1022-1026.

Primary alcoholics may display symptoms of affective or psychotic disorders, while mentally ill patients may develop persistent alcohol-related problems. The author discusses the importance of distinguishing alcoholic psychosis from schizophrenia and alcohol-induced confusion from organic brain syndrome. He then outlines the diagnosis and treatment of other alcohol-induced conditions such as alcoholic dementia, antisocial behavior, and drug abuse. After stressing that primary alcoholism can mimic almost any psychiatric disorder, and secondary alcohol abuse can exacerbate any psychiatric symptoms, the author asserts that physicians should routinely include substance abuse as part of the differential diagnosis of psychiatric patients.

Shalala, D. E. (1993). Addressing the crisis of violence. Health Affairs, 12, 30-33.

Shalala states federal strategy for breaking the cycle of violence: improve antiviolence curricula and mediation training in schools; create youth development initiatives that connect adolescents to adult mentors and role models; improve intervention and alternative sentencing mechanisms for youth on the brink of serious trouble, since research shows that a full continuum of community-based programs tailored to meet individual needs offers more promise of preventing chronic patterns of problem behavior than does institutionalization; support community-based efforts to prevent violence and to heal racial and cultural divisions; prevent family violence; support strategies to reduce gun violence; enlist both the news and the entertainment media to reexamine their depiction of violence and to deliver antiviolence messages; examine more closely the connection between substance abuse and violence.

Spunt, B., Goldstein, P., Bellucci, P., and Miller, T. (1990). Race-ethnicity and gender differences in the drugs-violence relationship. Journal of Psychoactive Drugs, 22, 293-303.

This article examines the drug relatedness of violent events reported by White, Black, and Hispanic male and female street drug users from New York City. The primary purpose is to determine if the drugs-violence relationship varies for these different populations of drug abusers. Significant race-ethnicity and gender differences were found in regard to the number of violent events manifesting specific drug-related dimensions of violence, the drugs associated with these events, and the primary reasons for the occurrences of these events.

Spunt, B., Goldstein, P., Bellucci, P., and Miller, T. (1990). Drug relationships in violence among methadone maintenance treatment clients. Advances in Alcohol and Substance Abuse, 9, 81-99.

Among the major findings reported in this article were that while events reported by the methadone treatment group were less likely than those reported by the not-in-treatment group to be related to heroin, total alcohol and cocaine related dimensions of violence were similar for the two groups. There was no difference between these groups in terms of the proportion of events that were drug related or the proportion of drug related events that could be attributed to each of the three posited models of drug relatedness (systemic, psychopharmacological and economic-compulsive).

Spunt, B., Goldstein, P., Brownstein, H., and Fendrich, M., et al. (1994). Alcohol and homicide: Interviews with prison inmates. Journal of Drug Issues, 24, 143-163.

In this article the authors report on data obtained in self-report interviews with 268 homicide offenders incarcerated in New York State correctional facilities for homicides that occurred in 1984. These researchers focus on the relationship between alcohol and homicide. They find that 19% of the homicides were related to alcohol use and that in about half of these the respondent was high on at least one other substances.

Sterk, C. and Elifson, K. (1990). Drug-related violence and street prostitution. In M. De La Rosa et al. (Eds.), Drugs and violence: Causes, correlates, and consequences (NIDA Research Monograph No. 103) (pp. 208-221). Rockville, MD: National Institute on Drug Abuse.

In discussing prostitution and related violence, the existence of male hustlers cannot be ignored. They are less common, but they form an important part of the prostitution business. These data reveal that men often enter prostitution prior to becoming drug abusers, but women are already using illicit drugs before becoming prostitutes. In general, street prostitution has become more unpredictable and dangerous. More drug treatment is needed, as well as educational opportunities and job alternatives for prostitutes. Also needed is additional research on

drug-related violence among street prostitutes, given the increased involvement of prostitutes in the drug-using and drug-dealing subculture.

Steward, M., Weimholt, V., Heberle, B., and Glick, B., et al. (1994). Violence stoppers: Prevention pays peace dividends for Missouri, New York and Washington. State Government News, 8, 28-33.

Missouri pairs juvenile delinquents with college students and everyone benefits. In a program that has captured worldwide attention, New York is teaching young people how to solve problems without violence. Washington State got the jump on youth violence by helping communities tackle the problem at its source.

Swanson, J. (1993). Alcohol abuse, mental disorder, and violent behavior. Alcohol, Health and Research World, 17, 123-132.

The data presented here offer the first large-sample estimates of the prevalence of violent behavior among people with and without diagnosable mental illness and substance abuse disorders in the community.

Taylor, S. (1993). Experimental investigation of alcohol-induced aggression in humans. Alcohol, Health and Research World, 17, 108-113.

An experimental method known as the competitive reaction-time paradigm provides the most direct approach for testing alcohol's role in aggression. Under highly controlled conditions, alcohol was observed to have potent effects on aggression. The results reviewed in this article demonstrate that the level of aggressive responding was related to the quantity of alcohol ingested, that alcohol could facilitate intense levels of aggression.

Teplin, L., Abram, K., and McClelland, G. (1994). Does psychiatric disorder predict violent crime among released jail detainees: A six year longitudinal study. American Psychologist, 49, 335-342.

The findings do not support the stereotype that mentally ill criminals invariably commit violent crimes after they are released. Many detainees with schizophrenia or major affective disorders also have substance abuse or antisocial personality disorder. Alcohol intoxication and antisocial personality disorder have been linked to violence. Psychopathology is much less important in predicting crime than are the disorders that often co-occur with severe disorders, antisocial personality and substance abuse.

Teret, S. and Wintemute, G. (1993). Policies to prevent firearm injuries. Health Affairs, 12, 96-108.

Firearm-related injuries are a substantial public health problem. A wide array of policies designed to prevent these injuries have been discussed, but few are enacted into legislation. Even fewer have undergone scientific evaluation for their effectiveness. This article offers a nosology for categorizing existing and future gun policies. A brief review of the effectiveness of existing gun policies is presented, and an argument is made for redirecting gun policy.

Tobler, N. (1986). Meta-analysis of 143 adolescent drug prevention programs: Quantitative outcome results of program participants compared to a control or comparison group. Journal of Drug Issues, 16, 537-576.

Presented is a meta-analysis of the outcome results for 143 adolescent drug prevention programs to identify the most effective program modalities for reducing teenage drug use. Five major modalities were identified and their effect sizes computed for five distinctly different outcomes: Knowledge, Attitudes, Use, Skills, and Behavior measures. The magnitude of the effect size was found dependent on the outcome measure employed and the rigor of the experimental design. Peer programs were found to show a definite superiority for the magnitude of the effect size obtained on all outcome measures. Recommendations are made concerning the effectiveness of the underlying theoretical assumption for the different program modalities. Future programming implications are discussed as peer programs were identified as effective for the average school-based adolescent population but the alternatives programs were shown to be highly successful for the at-risk adolescents.

Tobler, N. (1992). Analyses of school-site strategies: Updated meta-analysis of adolescent drug prevention programs. Evaluating school-linked prevention strategies: Proceedings of a conference held in San Diego, CA, March 1993 (pp. 96-108). San Diego, CA: UCSD Extension, University of California.

The aim of this presentation is to compare, both quantitatively and qualitatively, the relative efficacy of different approaches to school-based drug prevention programs. This report is based on a systematic examination of the drug prevention literature for experimental and quasi-experimental research studies of school-based drug prevention programs conducted in the United States and Canada between 1978 and 1990.

Tobler, N. (1992). Drug prevention programs can work: Research findings. Journal of Addictive Diseases, 11, 1-28.

This paper reports findings of a subset of 91 programs, which included drug use measures from the database previously reported in the author's meta-analysis of 143 adolescent drug prevention programs. Treatment components of strategies successful in decreasing drug use by adolescents are discussed with regard to both the developmental stages of adolescents and the current

etiology of drug abuse. This meta-analysis questions the validity of using knowledge and attitude measures as the only outcome measures. Successful program strategies require innovative planning and close attention to implementation factors. Answers to implementation questions require continued quality research. Implication for future planning may lie in the public policy arena.

Tremblay, R., Pihl, R., Vitaro, F., and Dobkin, P. (1994). Predicting early onset of male antisocial behavior from preschool behavior. Archives of General Psychiatry, 51, 732-739.

The behavioral activating system appears to be the major dimension underlying the propensity toward early onset of antisocial behavior, but both the behavioral inhibition system and the need for social rewards play important roles. The behavioral style (personality) that results from the interplay of these systems is clearly in place by the kindergarten year. Preventive efforts should target preschool children with at-risk behavior profiles. However, longitudinal-experimental studies with at least yearly assessments between birth and school-entry age are needed to understand the extent to which the behavioral styles are antecedent to preschool disruptive behavior disorders.

Trunkey, D. (1993). Impact of violence on the nation's trauma care. Health Affairs, 12, 162-170.

Although the delivery of trauma care to the victims of violence does not address any of the underlying social causes of that violence, the trauma care system is an essential component of a unified response to violence. The authors offers the view on the state of trauma care and suggestions to improve this link in the nation's response to violence. The assessment of the strengths and weaknesses of the current trauma care system is based on nearly three decades of experience in the field. It is unlikely that there will be a significant reduction in violence by the year 2000. Gun control may finally be sensibly addressed by Congress, but inner-city violence likely will continue unabated because of underlying social problems. Preventive care activities will increase dramatically as violence becomes a public health concern. Federal legislators will continue to build more jails to address increased drug use.

Truscott, D. (1992). Intergenerational transmission of violent behavior in adolescent males. Aggressive Behavior, 18, 327-335.

The purpose of this study was to examine the intergenerational influence of experiencing parental violence on the expression of violent behavior in adolescent males and to attempt to assess the importance of psychological mechanisms in this transmission. Sixty-five consecutive male admissions to a Young Offenders Unit and 25 high school boys were administered the Minnesota Multiphasic Inventory, the Culture-Free Self-Esteem Inventory, an intelligence test, and a violence questionnaire. Violent behavior in adolescence was found to be associated with experiencing paternal violence. This transmission was also found to be associated with higher levels of psychotic symptomatology. Violent behavior in adolescence was not found to be

associated with maternal violence experienced or parental violence witnessed or with low self-esteem, externalizing defenses, or internalizing defenses.

Vaillant, G. (1984). The natural history of alcoholism: Causes, patterns, and paths to recovery. Cambridge, MA: Harvard University Press.

This book contains chapters on alcoholism, patterns of recovery, methodology, and treatment and a comprehensive overview of alcoholism and related issues.

Van Kammen, W. and Loeber, R. (1994). Are fluctuations in delinquent activities related to the onset and offset in juvenile illegal drug use and drug dealing? Journal of Drug Issues, 24, 9-24.

Previous involvement in property offenses increased the risk of the onset of illegal drug use, while previous involvement in both property and person-related offenses increased the risk of the onset of drug dealing. The onset of drug use of drug dealing was associated with an increase in person-related offenses and carrying a concealed weapon. Discontinuation of illegal drug use or drug dealing was associated with a decrease in delinquency. Intervention and treatment programs should include efforts to find alternate ways to deal with the limiting circumstances of inner-city life, as well as create opportunities for youngsters to find more conventional ways of earning a living.

Vernick, J., Teret, S., Howard, K., and Teret, M., et al. (1993). Public opinion polling on gun policy. Health Affairs, 12, 198-208.

This article reports that the public has an erroneous perception of the Second Amendment as broadly protecting the individual's right to bear arms. However, Supreme Court opinions make clear that the Second Amendment to the US Constitution does not confer a right upon individuals to own any firearms they desire. There is no constitutional prohibition to federal legislation restricting access to firearms, other than those laws that might affect state militias. The Second Amendment places no restrictions whatever on state laws. Educational efforts to improve voters' and legislators' understanding of the Second Amendment could greatly improve our society's chances of reducing the unacceptable toll of gun violence.

Webster, D. (1993). The unconvincing case for school-based conflict resolution programs for adolescents. Health Affairs, 12, 126-141.

Many adolescent conflict resolution curricula are based on the following premises, which lack empirical support. (1) Violent behavior is similar to other health behavior, and models of individual health behavior change can be readily applied to the problem of violence. (2) The violence prevention training needs of each student are similar enough that all would benefit from participation in a standardized program. (3) Adolescents who engage in violent behavior do so

because of deficiencies in social information processing or other skills needed to solve social conflicts nonviolently. (4) The most important social skill needed to reduce the risk of violence is how to negotiate one's way through conflicts. This writer offers several recommendations to prevent adolescent violence, including: Fund long-term evaluations. Restructure program content. Intensify and broaden interventions. Focus on broader environment. Reduce availability of guns.

Wetli, C. and Fishbain, D. (1985). Cocaine-induced psychosis and sudden death in recreational cocaine users. Journal of Forensic Sciences, 30, 873-880.

Fatal cocaine intoxication presented as an excited delirium is described in seven recreational cocaine users. Symptoms began with the acute onset of an intense paranoia, followed by bizarre and violent behavior necessitating forcible restraint. The symptoms were frequently accompanied by unexpected strength and hyperthermia. Five of the seven died while in police custody. Police, rescue personnel, and emergency room physicians should be aware that excited delirium may be the result of a potentially fatal cocaine intoxication; its appearance should prompt immediate transport of the victim to a medical facility.

Wexler, H. (1994). Progress in prison substance abuse treatment: A five year report. Journal of Drug Issues, 24, 349-360.

Within recent years there has been a paradigmatic shift in the direction of correctional policy--movement away from an exclusive concern with security and control toward a more comprehensive approach that includes rehabilitation and treatment. Looking for ways to reduce recidivism and to control overcrowding (and recognizing the close connection between substance abuse and crime), correctional authorities have begun expanding prison-based drug treatment programs. This movement toward a corrections-treatment perspective has been based upon a growing body of research that has indicated that intensive prison-based drug treatment programs are an effective means of controlling recidivism. Recommendations for the future of correctional drug treatment and some critical cautions are presented as well.

Wexler, H., Falkin, G., and Lipton, D. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. Criminal Justice and Behavior, 17, p 71.

Some persons in the fields of substance abuse and corrections still believe that prison-based rehabilitation is ineffective and treatment efforts should be reserved for the community. While correctional institutions are generally hostile environments that impede attempts at both treatment and research, both can be accomplished successfully, even though it is highly difficult to maintain the integrity of treatment programs and research studies within correctional facilities. This study reports treatment findings for the Stay 'N Out therapeutic community (TC) which has operated in the New York State Correctional system for over twelve years. This is the first large scale study (N>1500) that provides convincing evidence that prison-based TC treatment can produce significant reductions in recidivism rates for males and females.

Wexler, H. and Williams, R. (1986). The Stay 'N Out Therapeutic Community: Prison treatment for substance abusers. Journal of Psychoactive Drugs, 18, 221-230.

This article describes obstacles to the development of meaningful rehabilitation within prisons and Stay 'N Out, a successful prison-based TC. The success of Stay 'N Out strongly suggests that a dedicated and experienced TC staff who can maintain their autonomy and integrity can provide the psychological safety necessary for successful treatment. There is a great need for effective prison rehabilitation programs and the TC approach appears to be especially suited to meet the problem. The evaluation research has indicated that the effectiveness of the Stay 'N Out prison TC (Wexler, Lipton and Foster, 1985; Wexler and Chin, 1981). This article provides a description of the program and some of the insight gleaned over the years of its operation. The establishment of a successful prison TC requires considerable dedication and flexibility to modify the traditional TC approach.

White, H., Brick, J., and Hansell, S. (1993). A longitudinal investigation of alcohol use and aggression in adolescence. Journal of Studies on Alcohol, 11, 62-77.

Findings did not support the hypothesized reciprocal relationship between alcohol use and aggressive behavior, but rather suggest that early aggression leads to increased alcohol use. These data are consistent with retrospective studies that have shown childhood aggressive behavior to be related to the development of alcoholism in adulthood, and clinical and community-based studies showing an association between antisocial disorders and alcoholism. The findings suggest that early intervention with aggressive children could help prevent later problems with alcohol and alcohol-related aggression.

White, H., Hansell, S., and Brick, J. (1993). Alcohol use and aggression among youth. Alcohol, Health and Research World, 17, 144-150.

Although alcohol use and aggression are related, few studies have examined this relationship among youth; those that have, found mixed results. A recent analysis of a community sample of male and female alcohol users ages 12 to 24 found that among males, earlier levels of aggressive behavior as compared with levels of alcohol use are better predictors of later alcohol-related aggression, whereas for females, the reverse is true.

Widom, C. S. (1989). Child abuse, neglect, and adult behavior: Research design and findings on criminality, violence, and child abuse. American Journal of Orthopsychiatry, 59, 355-367. Using a prospective cohorts design, a large sample of physical and sexual abuse cases was compared to a matched control group. Overall, abused and neglected subjects had higher rates than did controls for adult criminality and arrests for violence offenses, but not for adult arrests for child abuse or neglect. Findings are discussed in the context of intergenerational transmission of violence, and directions for future research are suggested.

Widom, C. S. (1989). Child abuse, neglect, and violent criminal behavior. Criminology, 27, 251-271.

Using a prospective cohorts design, official criminal histories for a large sample of substantiated and validated cases of physical and sexual abuse and neglect from the years 1967 through 1971 (n=908) were compared with those of a matched control group (n=667) of individuals with no official record of abuse or neglect. Abused and neglected subjects had higher rates of having an adult criminal record than controls and a larger number of arrests as an adult. Based on a logic analysis, a model using four explanatory variables (age, sex, race and abuse-neglect status) provided a good fit. In comparison with controls, abused and neglected subjects also had a higher frequency of arrests for violent offenses as adults; however, this was due primarily to significantly more adult violent offenses by abused males. Support for the cycle of violence is discussed as well as sex differences in the results, limitations of the findings, and implications for further research.

Widom, C. S. (1989). Does violence beget violence? A critical examination of the literature. Psychological Bulletin, 106, 3-28.

This article critically examines the violence breeds violence hypothesis as it is broadly defined. Organized into seven sections, the literature review includes the abuse breeds abuse hypothesis; reports of small numbers of violent-homicidal offenders; studies examining the relationship of abuse and neglect to delinquency, to violent behavior, and to aggressive behavior in infants and young children; abuse, withdrawal, and self-destructive behavior; and studies of the impact of witnessing or observing violent behavior. A detailed discussion of methodological considerations and shortcomings precedes the review. The author concludes that existing knowledge of the long-term consequences of abusive home environments is limited and suggests that conclusions about the strength of the cycle of violence be tempered by the dearth of convincing empirical evidence. Recommendations are made for further research.

Widom, C. S. (1989). The cycle of violence. Science, 244, 160-166.

Despite widespread belief that violence begets violence, methodological problems substantially restrict knowledge of the long-term consequences of childhood victimization. Empirical evidence for this cycle of violence has been examined. Findings from a cohort study show that being abused or neglected as a child increases one's risk for delinquency, adult criminal behavior, and violent criminal behavior. However, the majority of abused and neglected children do not become delinquent, criminal, or violent. Caveats in interpreting these findings and their implications are discussed in this article.

Widom, C. S. (1991). A tail on an untold tale: Response to "Biological and genetic contributors to violence: Widom's untold tale." Psychological Bulletin, *109*, 130-132.

DiLalla and Gottesman's article calls attention to the literature on the biological bases of criminal behavior that was not addressed in the review of "Does violence beget violence? A critical examination of the literature." The focus was on child abuse and neglect and its consequences, not on the more general question of the intergenerational transmission of antisocial behavior. Scant research exists on the role of biological factors, genetic factors, or both in relation to child abuse or neglect. Although physiological factors contribute, on the basis of existing literature, DiLalla and Gottesman may have overstated the strength of the connection, particularly in relation to violent behavior. In theory and research on social problems such as child abuse and violence, there is agreement that scholars need to look beyond disciplinary boundaries.

Widom, C. S. (1991). Childhood victimization: Risk factor for delinquency. In M. E. Colten and S. Gore (Eds.), Adolescent stress: Causes and consequences (pp. 201-221).

This chapter describes research begun in 1986, which was explicitly designed to examine the link between child abuse and neglect and later delinquent, adult criminal, and violent criminal behavior. The focus here is on the period of adolescence and on officially recorded delinquent behavior. Despite widespread belief in the relationship between child abuse and neglect and later delinquency, conceptual and methodological limitations have substantially restricted our knowledge of the long-term consequences of early childhood victimization (Widom, 1989b). The purpose of the present research was threefold: to identify a large sample of substantiated and validated cases of child abuse and neglect from approximately 20 years ago, to establish a matched control group of nonabused children, and to determine the extent to which these individuals and the matched control group subsequently engaged in delinquent and adult criminal and violent criminal behavior.

Widom, C. S. (1992). The cycle of violence. Washington, DC: National Institute of Justice.

The "cycle of violence" hypothesis suggests that a childhood history of physical abuse predisposes the survivor to violence in later years. This study reveals that victims of neglect are also more likely to develop later criminal violent behavior as well. This finding gives powerful support to the need for expanding common conceptions of physical abuse. If it is not only violence that begets violence, but also neglect, far more attention needs to be devoted to the families of children whose "beatings" are forms of abandonment and severe malnutrition.

Widom, C. S. (1993). Child abuse and alcohol use and abuse. In S. Martin (Ed.), Alcohol and interpersonal violence: Fostering multidisciplinary perspectives (NIAAA Research Monograph No. 24) (pp. 291-314). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

There may be a connection between child abuse and alcohol abuse. It may take the form of alcohol abuse in parents or alcohol intoxication at the time of the abuse incident. Abused and-or neglected children may grow up to become alcoholics or to have alcohol problems at a higher rate than comparison children. Given the extent of both problems (child abuse and alcohol abuse), it is clear that there is a tremendous need for methodological research that addresses the ways in which child abuse and alcohol abuse are connected.

Widom, C. S. (1994). Childhood victimization and adolescent problem behaviors. In M. Lamb and R. Ketterlinus (Eds.), Adolescent problem behaviors (pp.). New York: Erlbaum.

Part I of this chapter briefly defines childhood victimization and reviews a number of methodological limitations characteristic of some research in the area. Part II examines the connections between childhood victimization and six kinds of adolescent problem behaviors: delinquency and violence; running away from home; sexual promiscuity and teenage pregnancy; alcohol use and abuse; illicit drug use and abuse; and self-destructive behaviors, such as depression and suicide attempts. Part III speculates on potential mechanisms linking childhood victimization to later problem behaviors, and Part IV describes a number of possible protective factors which might act to buffer some children from experiencing negative consequences of victimization during childhood. Finally, Part V draws conclusions and suggests directions for future research, policy, and interventions.

Widom, C. S. and Ames, M. A. (1994). Criminal consequences of childhood sexual victimization. Child Abuse and Neglect, 18, 303-318.

Using a prospective cohorts design, the authors assess the long-term criminal consequences of childhood sexual abuse through an examination of official criminal histories for a large sample of validated cases of childhood sexual abuse, compared to cases of physical abuse and neglect and a control group matched for age, race, sex, and approximate family socioeconomic status. Compared to other types of abuse and neglect, early childhood sexual abuse does not uniquely increase an individual's risk for later delinquent and adult criminal behavior. The findings suggest an association for males between physical abuse and arrests for violent sex crimes (rape, sodomy, or both). Caution is needed in interpreting these findings because of exclusive reliance on official record data and the possible impact of agency intervention.

Wish, E. (1986). PCP and crime: Just another illicit drug?. In D. Clouet (Ed.), Phencyclidine: An update (NIDA Research Monograph No. 64) (pp. 174-189). Rockville, MD: National Institute of Drug Abuse.

The author found that PCP use is concentrated in young offenders under age 25. Far from finding a preponderance of charges for bizarre, violent offenses in PCP-positive arrestees, they unexpectedly found that their most frequent offense was robbery. The findings indicate that many PCP users are apprehended for goal-oriented, income-generating crimes.

Wish, E., Cuadrado, M., and Martorana, J. (1986). Estimates of drug use in intensive supervision of probationers: Results from a pilot study. Federal Probation, 50, 4-16.

This article presents the findings from a pilot study designed to estimate the prevalence of illicit drug use in probationers assigned to the New York City Intensive Supervision Probation Program (ISP) in Brooklyn. All of the information obtained from the study could be used by the Department of Probation to document the need for urine testing, to determine if the recent increase in cocaine use was reflected in the offender population, and to determine the feasibility of administering a computerized interview with probationers. The study confirmed that many probationers were using drugs. Research needs to be conducted to ascertain which of the available interventions (urine monitoring, residential therapeutic community, outpatient treatment, detoxification, methadone, and incapacitation) are best suited for specific offenders.

Wish, E. and Johnson, B. (1986). The impact of substance abuse on criminal careers. In A. Blumstein et al., Criminal careers and "career criminals" (Volume II, pp. 52-88). Washington, DC: National Academy Press.

This paper reviews what is known about how illicit drug use affects the parameters of criminal careers, especially crime rates, and suggest directions that future research should take to fill the gaps in current knowledge about drug use and crime.

Wright, A. (1992). Public policy approaches to alcohol-related problems: The Los Angeles County community model. In R. Cervantes (Ed.), Substance abuse and gang violence (pp. 74-82). Newbury Park: Sage Publications.

This chapter synthesizes what has been written about the social-community model of alcoholism recovery and describes an ideal alcohol recovery program for Los Angeles County, termed the Community Recovery Center (CRC). The CRC represents an alternative paradigm to the conventional treatment approaches that rely on the medical, clinical, or case management models. The concepts, philosophy, and practices of Alcoholics Anonymous (AA) create the framework for the program. While there is no research yet to show that services under the social-community model are more effective than traditional clinical services, there is nothing to demonstrate that they are any less effective. A major advantage of the social-community model,

however, is that it is more efficient. For a given amount of money, it is possible for the CRC to reach a much larger number of people.

Wright, K. (1993). Alcohol use by prisoners. Alcohol, Health and Research World, 17, 157-161.

Prisoners tend to have a higher than average rate of alcohol use prior to incarceration, and for some criminals, alcohol often accompanies their crimes. Alcoholism treatment program within prisons may help prevent relapse to both criminal activity and alcohol use.

Zimring, F. (1993). Policy research in firearms and violence. Health Affairs, 12, 109-122.

The connection between firearms and violence has not received adequate research attention in the past. This paper proposes a research agenda that should explore the effects of firearm use on the costs of violence; the extent to which particular interventions can reduce the cost of violence by limiting use of firearms; and the extent to which the benefits derived from firearm interventions are worth their public and private costs. The author identifies three priority research issues: the relationship between firearms and suicide; how to design interventions to reduce firearm use in violence; and how to evaluate the long range cost and benefits of gun controls. Public health researchers can investigate many of the key issues in firearms and violence, but only if they expand their knowledge about guns and gun controls.

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