Search Results

Table of Contents

Search History ........................................................................................................................................................... page 6

1. Quality of life impact of mental health conditions in England: Results from the adult psychiatric morbidity surveys .......................................................... page 7

2. Sequestered naltrexone in sustained release morphine or oxycodone-a way to inhibit illicit use? ............... page 8

3. Government policy is damaging people most vulnerable to alcohol misuse, warns leading doctor ............... page 9

4. Behavioral, biological, and chemical perspectives on targeting CRF1 receptor antagonists to treat alcoholism ............................................................................. page 10

5. Examining the association of NRXN3 SNPs with borderline personality disorder phenotypes in heroin dependent cases and socio-economically disadvantaged controls ........................................ page 13

6. A randomized trial of intensive outpatient (IOP) vs. standard outpatient (OP) buprenorphine treatment for African Americans .......................................................... page 14

7. Genetic analysis of AUTS2 as a susceptibility gene of heroin dependence ................................................. page 15

8. Time-varying effects of smoking quantity and nicotine dependence on adolescent smoking regularity ....... page 17

9. Stability of scores and correlations with drinking behaviors over 15 years for the self-report of the effects of alcohol questionnaire ....................................................... page 18

10. Separating intentional inhibition of prepotent responses and resistance to proactive interference in alcohol-dependent individuals .......................................................... page 19

11. An overview and evaluation of combining an addiction liaison nurse outpatient service with hepatitis C outpatient clinics in Glasgow, Scotland ........................................ page 20

12. The next generations of substance misuse expertise: an innovative GP specialty trainee scholarship in the Seven Deanery ........................................................................... page 20

13. Smoking mull: a grounded theory model on the dynamics of combined tobacco and cannabis use among adult men .................................................................................. page 21

14. Using Autopsy Brain Tissue to Study Alcohol-Related Brain Damage in the Genomic Age ........................ page 22

15. Doing it by numbers: A simple approach to reducing the harms of alcohol ................................................ page 23

16. Update on extended-release opioids in pain management ........................................................................ page 23


18. The effect of legal bans on poison control center contacts regarding 'legal highs' ....................................... page 25

19. Understanding tobacco industry pricing strategy and whether it undermines tobacco tax policy: the example of the UK cigarette market ................................................. page 26

20. Low incidence of hepatitis C virus among prisoners in Scotland ............................................................ page 27

21. An audit to evaluate the use of the alcohol fast screening tool in acute medical admissions in a district general hospital ........................................................................ page 28

22. Experience in a district general hospital of alcohol withdrawal management comparing symptom triggered with fixed dose regimen in acute medical ward ........................................................................ page 29

23. Perceived barriers to quitting smoking and seeking smoking cessation counselling amongst pregnant women: A qualitative study in Southeast England .................................................................................. page 30


25. Alcohol mixed with energy drinks: Methodology and design of the Utrecht Student Survey .................... page 32

26. Effect of offering different levels of support and free nicotine replacement therapy via an English national telephone quitline: Randomised controlled trial ........................................................................ page 33

27. Mental illness among the homeless: Prevalence study in a Dublin homeless hostel ................................... page 35
28. At least 25% with a mental health problem is a conservative estimate ............................................................. page 36
29. "One in four" with a mental health problem: The anatomy of a statistic ............................................................... page 36
30. Alcohol and drug problems in older people ........................................................................................................... page 37
31. Don't forget tuberculosis ........................................................................................................................................... page 38
32. All about smoking cessation: Fundamental re-think on smoking is needed ............................................................ page 38
33. Save our pubs & clubs ................................................................................................................................................ page 39
34. What if the Daily Mail is correct? ............................................................................................................................... page 39
35. Facing up to the prescription opioid crisis ................................................................................................................ page 40
36. Phenazepam is currently being misused in the UK .................................................................................................. page 41
37. Alcohol marketing to children ...................................................................................................................................... page 42
38. Usage patterns of stop smoking medications in Australia, Canada, the United Kingdom, and the United States: Findings from the 2006-2008 International Tobacco Control (ITC) Four Country survey ................................................ page 42
39. Getting hooked ............................................................................................................................................................ page 44
41. Clashes between the government and its expert advisers ........................................................................................ page 45
42. Varenicline and suicidal behaviour: A cohort study based on data from the General Practice Research Database ................................................................. page 46
43. Alcohol use in South Asians in the UK ...................................................................................................................... page 47
44. The safety of propofol ................................................................................................................................................ page 47
45. Health outcomes of youth development programme in England: Prospective matched comparison study ....... page 48
46. Factors associated with mortality in Scottish patients receiving methadone in primary care: Retrospective cohort study ................................................................................................................................. page 49
47. The importance of brain banks for molecular neuropathological research: The new south wales tissue resource centre experience ................................................................................................................... page 50
48. Emergence of cocaine and methamphetamine injection among HIV-positive injection drug users in Northern and Western India ................................................................................................................................. page 51
49. Decision rules for GHB (gamma-hydroxybutyric acid) detoxification: A vignette study ....................................... page 53
50. Commitment strength, alcohol dependence and HealthCall participation: Effects on drinking reduction in HIV patients .................................................................................................................................................. page 54
51. Sex differences in the effects of estradiol in the nucleus accumbens and striatum on the response to cocaine: Neurochemistry and behavior ........................................................................................................ page 55
52. Childhood and current ADHD symptom dimensions are associated with more severe cannabis outcomes in college students .................................................................................................................................................. page 56
53. Item Response Theory analyses of DSM-IV and DSM-5 stimulant use disorder criteria in an American Indian community sample ............................................................................................... page 57
54. Predictors of non-prescribed opioid use after one year of methadone treatment: An attributable-risk approach (ANRS-Methaville trial) ........................................................................................................................................... page 58
55. 1 and 5 year survival estimates for people with cirrhosis of the liver in England, 1998-2009: A large population study .................................................................................................................................................. page 59
56. Medical specialists' views on the impact of reducing alcohol consumption on prognosis of, and risk of, hospital admission due to specific medical conditions: Results from a Delphi survey ................................................................................................................................. page 60
57. Legal controls on cannabimimetics: An international dilemma? ................................................................................................................................. page 61
58. Does training in motivational interviewing for community pharmacists improve outcomes for methadone patients? A cluster randomised controlled trial ........................................................................................................................................... page 62
59. Minimum alcohol pricing: A shameful episode .................................................................................................. page 64
60. Sodium oxybate in the treatment of alcohol dependence: From the alcohol withdrawal syndrome to the alcohol relapse prevention ......................................................................................................................... page 64
61. Opioids for the treatment of arthritis pain ..................................................................................................... page 65
62. The acceptability to Aboriginal Australians of a family-based intervention to reduce alcohol-related harms .............................................................................................................................................. page 66
63. AACR International Conference on Frontiers in Cancer Prevention Research 2011 .................................. page 68
64. Does take-home naloxone reduce non-fatal overdose? .................................................................................. page 68
65. The case of a prosthetic limb used to cause lethal intravaginal injuries: Forensic medical aspects in a case of intimate partner violence ............................................................................................................. page 69
66. Cognitive processes associated with compulsive buying behaviours and related EEG coherence ............ page 70
67. Dopamine transporter dysfunction in Han Chinese people with chronic methamphetamine dependence after a short-term abstinence ........................................................................................................ page 71
68. Group membership and social identity in addiction recovery: Bulletin of the society of psychologists in addictive behaviors: Bulletin of the society of psychologists in substance abuse ............................................................ page 72
69. Sulphoxythiocarbamates modify cysteine residues in HSP90 causing degradation of client proteins and inhibition of cancer cell proliferation ........................................................................................................ page 73
70. The politics of providing opioid pharmacotherapy ........................................................................................ page 74
71. Shouting through bullet-proof glass: Some reflections on pharmacotherapy provision in one Australian clinic ..................................................................................................................................................... page 75
72. Response to Chandler et al., Substance, structure and stigma: Parents in the UK accounting for opioid substitution therapy during the antenatal and postnatal periods ..................................................................................................... page 76
73. Substance, structure and stigma: Parents in the UK accounting for opioid substitution therapy during the antenatal and postnatal periods ..................................................................................................... page 77
74. Methadone diversion as a protective strategy: The harm reduction potential of ‘generous constraints’ .......... page 78
75. Work and the journey to recovery: Exploring the implications of welfare reform for methadone maintenance clients ................................................................................................................................................ page 80
76. Association between depression and non-fatal overdoses among drug users: A systematic review and meta-analysis ................................................................................................................................................ page 81
77. Neonatal outcomes and their relationship to maternal buprenorphine dose during pregnancy .................... page 82
78. Drinking motives as prospective predictors of outcome in an intervention trial with heavily drinking HIV patients ................................................................................................................................................ page 83
79. Does treatment fidelity predict client outcomes in 12-Step Facilitation for stimulant abuse? ....................... page 84
80. Predictive validity of the AUDIT for hazardous alcohol consumption in recently released prisoners .......... page 86
81. Exposure to the Lebanon War of 2006 and effects on alcohol use disorders: The moderating role of childhood maltreatment ........................................................................................................................................ page 87
82. Stigmatization of people with drug dependence in China: A community-based study in Hunan province ........ page 88
83. Changes in quality of life (WHOQOL-BREF) and addiction severity index (ASI) among participants in opioid substitution treatment (OST) in low and middle income countries: An international systematic review .......... page 89
84. Alcohol and substance screening and brief intervention for detainees kept in police custody. A feasibility study ................................................................................................................................................ page 90
85. DSM-5 cannabis use disorder: A phenotypic and genomic perspective ............................................................ page 91
86. Abstinence-related changes in sleep during treatment for cocaine dependence ................................................ page 93
87. The magnitude and reliability of cue-specific craving in nondependent smokers ............................................. page 94
88. Association between prescription drug misuse and injection among runaway and homeless youth .............. page 95
89. Psychiatric, psychosocial, and physical health correlates of co-occurring cannabis use disorders and nicotine dependence ....................................................................................................................................................... page 96
90. Excessive state switching underlies reversal learning deficits in cocaine users ................................................................. page 97
91. CANDIS treatment program for cannabis use disorders: Findings from a randomized multi-site translational trial ........................................................................................................................................................................ page 98
92. Substance use and substance use disorders in recently deployed and never deployed soldiers ........................................... page 99
93. Working memory and affective decision-making in addiction: A neurocognitive comparison between heroin addicts, pathological gamblers and healthy controls ........................................................................................................................................................ page 100
94. Integration of health services improves multiple healthcare outcomes among HIV-infected people who inject drugs in Ukraine ........................................................................................................................................................ page 102
95. Achieving smoking abstinence is associated with decreased cocaine use in cocaine-dependent patients receiving smoking-cessation treatment ........................................................................................................................................................ page 103
96. Modafinil restores methamphetamine induced object-in-place memory deficits in rats independent of glutamate N-methyl-d-aspartate receptor expression ........................................................................................................................................................ page 104
97. The influence of depressive symptoms on alcohol use among HIV-infected Russian drinkers ...................................... page 105
98. Parental separation and early substance involvement: Results from children of alcoholic and cannabis dependent twins ........................................................................................................................................................ page 107
99. Healthcare professionals' regard towards working with patients with substance use disorders: Comparison of primary care, general psychiatry and specialist addiction services ........................................................................................................................................................ page 108
100. Continuous exposure to dizocilpine facilitates escalation of cocaine consumption in male Sprague-Dawley rats ........................................................................................................................................................ page 109
101. Cerebral gray matter volumes and low-frequency fluctuation of BOLD signals in cocaine dependence: Duration of use and gender difference ........................................................................................................................................................ page 110
102. Preparing to approach or avoid alcohol: EEG correlates, and acute alcohol effects ....................................................... page 111
103. Women-specific HIV/AIDS services: Identifying and defining the components of holistic service delivery for women living with HIV/AIDS ........................................................................................................................................................ page 112
104. Doctor and dentist contacts with an NHS occupational health service ........................................................................................................................................................ page 113
105. A randomized controlled trial of a smoking cessation intervention conducted among prisoners ................................ page 114
106. Employers should help prevent misuse of alcohol by employees ........................................................................................................................................................ page 115
107. The delivery of smoking cessation interventions to primary care patients with mental health problems ........................................................................................................................................................ page 116
108. Deaths from tramadol and legal highs reach new highs in England and Wales ................................................................. page 117
109. The epidemiology of assault-related hospital in-patient admissions and ED attendances ............................................. page 117
110. An alcohol-focused intervention versus a healthy living intervention for problem drinkers identified in a general hospital setting (ADAPTA): study protocol for a randomized, controlled pilot trial ........................................................................................................................................................ page 118
111. Smoking and absence from work: systematic review and meta-analysis of occupational studies .......................... page 119
112. Health-care reform provides an opportunity for evidence-based alcohol treatment in the USA: the National Institute for Health and Clinical Excellence (NICE) guideline as a model ........................................................................................................................................................ page 120
113. Conversation with Christine Godfrey ........................................................................................................................................................ page 120
115. Twenty-five years of volatile substance abuse mortality: a national mortality surveillance programme ................ page 122
116. Visual attention to health warnings on plain tobacco packaging in adolescent smokers and non-smokers ........................................................................................................................................................ page 123
117. Methadone dosing and prescribed medication use in a prospective cohort of opioid-dependent pregnant women ........................................................................................................................................................ page 124
118. Early life influences on the risk of injecting drug use: case control study based on the Edinburgh Addiction Cohort .......................................................... page 125
119. Graphic imagery is not sufficient for increased attention to cigarette warnings: the role of text captions .......................................................................................... page 126
120. ESCAPE: a randomised controlled trial of computer-tailored smoking cessation advice in primary care .......................................................... page 127
121. Early life socio-economic position and later alcohol use: birth cohort study ............................................................................................................ page 128
122. Alcohol education revisited: Exploring how much time we devote to alcohol education in the nursing curriculum .......................................................... page 129
123. The disonant care management of illicit drug users in medical wards, the views of nurses and patients: A grounded theory study ............................................................................................................ page 130
124. The impact of training and delivering alcohol brief intervention on the knowledge and attitudes of community pharmacists: A before and after study ............................................................................................................ page 131
125. Homemade heroin substitute causing hallucinations ............................................................................................................ page 132
126. Development and validation of a single LC-MS/MS assay following SPE for simultaneous hair analysis of amphetamines, opiates, cocaine and metabolites ............................................................................................................ page 133
127. Association of OPRD1 polymorphisms with heroin dependence in a large case-control series ............................................................................................................ page 134
128. Neurobiological mechanisms underlying relapse to cocaine use: Contributions of CRF and noradrenergic systems and regulation by glucocorticoids ............................................................................................................ page 135
129. High novelty-seeking rats are resilient to negative physiological effects of the early life stress ............................................................................................................ page 136
130. Stress-protective neural circuits: Not all roads lead through the prefrontal cortex ............................................................................................................ page 137
131. Prenatal buprenorphine exposure decreases neurogenesis in rats ............................................................................................................ page 138
132. L-Stepholidine, a natural dopamine receptor D1 agonist and D2 antagonist, inhibits heroin-induced reinstatement ............................................................................................................ page 139
133. Implementation of routine biochemical validation and an 'opt out' referral pathway for smoking cessation in pregnancy ............................................................................................................ page 140
134. Smokeless tobacco cessation in South Asian communities: a multi-centre prospective cohort study ............................................................................................................ page 141
135. Using text messaging to prevent relapse to smoking: intervention development, practicability and client reactions ............................................................................................................ page 142
136. Barriers and facilitators to a criminal justice tobacco control coordinator: an innovative approach to supporting smoking cessation among offenders ............................................................................................................ page 143
137. Tailored tobacco dependence support for mental health patients: a model for inpatient and community services ............................................................................................................ page 144
138. Evaluation of a programme to increase referrals to stop-smoking services using Children's Centres and smoke-free families schemes ............................................................................................................ page 145
139. Developing the evidence base for addressing inequalities and smoking in the United Kingdom ............................................................................................................ page 146
140. Cardiac asystole following cannabis (marijuana) usage - Additional mechanism for sudden death? ............................................................................................................ page 147
141. The association between psychosis proneness and sensory gating in cocaine-dependent patients and healthy controls ............................................................................................................ page 148
142. Does substance use disorder affect clinical expression in first-hospitalization patients with schizophrenia? Analysis of a prospective cohort ............................................................................................................ page 149
143. Relationship of internet addiction with impulsivity and severity of psychopathology among turkish university students ............................................................................................................................................ page 150
144. Prevalence and correlates of heavy smoking and nicotine dependence in adolescents with bipolar and cannabis use disorders ............................................................................................................................................ page 151
145. Increased rage, TLRS, and hmgb1 expression in the human alcoholic orbitofrontal cortex is linked to adolescent drinking ............................................................................................................................................ page 152
Search History

1. EMBASE; exp ADDICTION/; 169546 results.
2. EMBASE; addict*.ti,ab; 38956 results.
3. EMBASE; 1 OR 2; 180141 results.
4. EMBASE; UNITED KINGDOM/; 253960 results.
5. EMBASE; "great britain".ti,ab; 8397 results.
6. EMBASE; "united kingdom".ti,ab; 22049 results.
7. EMBASE; "england".ti,ab; 28422 results.
8. EMBASE; "wales".ti,ab; 14505 results.
9. EMBASE; "scotland".ti,ab; 10561 results.
10. EMBASE; "UK".ti,ab; 83362 results.
11. EMBASE; "GB".ti,ab; 5370 results.
12. EMBASE; "ireland".ti,ab; 99981 results.
13. EMBASE; "british isles".ti,ab; 717 results.
14. EMBASE; "channel islands".ti,ab; 86 results.
15. EMBASE; IRELAND/ OR IRELAND,NORTHERN/; 262954 results.
16. EMBASE; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15; 434140 results.
17. EMBASE; 3 AND 16; 6853 results.
1. Quality of life impact of mental health conditions in England: Results from the adult psychiatric morbidity surveys

Citation: Health and Quality of Life Outcomes, January 2014, vol./is. 12/1, 1477-7525 (14 Jan 2014)

Author(s): Roberts J.; Lenton P.; Keetheruth A.D.; Brazier J.

Institution: (Roberts, Lenton) Department of Economics, University of Sheffield, Sheffield, United Kingdom; (Keetheruth, Brazier) School of Health and Related Research, University of Sheffield, Sheffield, United Kingdom

Language: English

Abstract: Background: The main objective is to present health state utility estimates for a broad range of mental health conditions including anxiety, depression, long-term depression, obsessive compulsive disorder, phobia, panic disorder, psychosis, alcohol and drug dependency that can be used in economic models. Methods: This study uses pooled data from the Adult Psychiatric Morbidity Surveys carried out in 2000 and 2007 of a representative sample of the general population in England. Health state utility values measured by the SF-6D and EQ-5D indices are the dependent variables. Independent variables include background characteristics, mental health and physical health conditions. Regression models were estimated using OLS for the SF-6D and tobit for EQ-5D. Further regressions were carried out to consider the impact of mental health and physical health morbidities and the impact of severity of conditions on utility values. Results: Mental health conditions tend to have a larger impact on health state utility values than physical health conditions. The mental health conditions associated with the highest decrements in utility are: depression, mixed anxiety and depressive disorders and long-term depression. Interaction terms used to model the effect of co-morbidities are generally found to be positive implying that simply adding the utility decrements for two mental health conditions overestimates the burden of the disease. Conclusions: This paper presents reliable and representative community based mean SF-6D and EQ-5D estimates with standard errors for health state utility values across a broad range of mental health conditions that can be used in cost effectiveness modelling. 2014 Roberts et al.; licensee BioMed Central Ltd.

Country of Publication: United Kingdom

Publisher: BioMed Central Ltd. (Floor 6, 236 Gray's Inn Road, London WC1X 8HB, United Kingdom)

Publication Type: Journal: Article

Subject Headings: adult
age
alcoholism
"*anxiety disorder/dm [Disease Management]"
article
comorbidity
"*depression/dm [Disease Management]"
disease severity
derug dependence
ear disease
eye disease
female
gastrointestinal disease
generalized anxiety disorder
health status
health survey
heart disease
hematologic disease
human
income
independent variable
long term depression
major clinical study
male
*mental health
mixed anxiety and depression
morbidity
musculoskeletal disease
neoplasm
obsessive compulsive disorder
"*panic/dm [Disease Management]"
personality disorder
"*phobia/dm [Disease Management]"
population research
*quality of life
respiratory tract disease
skin disease
United Kingdom
urinary tract disease

Source: EMBASE
Full Text: Available from ProQuest in Health and Quality of Life Outcomes; Note: ; Collection
notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop
down list of institutions.
Available from BioMedCentral in Health and Quality of Life Outcomes
Available from National Library of Medicine in Health and Quality of Life Outcomes

2. Sequestered naltrexone in sustained release morphine or oxycodone-a way to inhibit illicit use?

Citation: Expert Opinion on Drug Safety, February 2014, vol./is. 13/2(181-190),
1474-0338;1744-764X (February 2014)

Author(s): Raffa R.B.; Taylor Jr. R.; Pergolizzi Jr. J.V.

Institution: (Raffa) Temple University, School of Pharmacy, Department of Pharmaceutical Sciences,
Philadelphia, PA, United States; (Taylor Jr.) NEMA Research, Inc., 840 111th Ave. North,
Naples, FL 34108, United States; (Pergolizzi Jr.) Johns Hopkins University, School of
Medicine, Medicine, Baltimore, MD, United States; (Pergolizzi Jr.) Naples Anesthesia
and Pain Associates, Pain Medicine, 840 111th Ave North, Naples, FL 34108, United
States

Language: English

Abstract:
Introduction: Under the growing concern about prescription opioid misuse, abuse,
addiction, tampering and diversion, stakeholders (e.g. governments, pharmaceutical
companies and health care providers) are developing opioid formulations that they hope
are less attractive to those seeking to misuse or abuse pain medications. However, these
products must maintain their therapeutic effectiveness and safety. Many abusers tamper
with formulations in an effort to convert the active ingredient into a form suitable for
alternative and more abuse-desirable routes of administration, such as snorting, inhaling
or injecting. Areas covered: A tamper-deterrent strategy is to embed opioid antagonists
into the opioid agonist formulation. Upon tampering, the opioid antagonist is released and
binds to the opioid receptors in sufficient amount to impede access of the agonist. This
approach is intended to reduce the opioid subjective rewarding effects such as euphoria
which are prominent following swallowing the dosage form without tampering.
Sequestered naltrexone in sustained-release morphine or oxycodone is an example of this.
We performed a comprehensive literature search using available databases to identify
clinical studies utilizing an opioid agonist in combination with naltrexone. Efficacy,
safety and abuse potential studies were identified for the developed products containing
morphine and naltrexone as well as oxycodone and naltrexone. Expert opinion: The
clinical impact of such combined formulations on tampering for abuse/misuse potential
has not yet been determined, but long-term epidemiological studies are currently being
conducted in order to answer these questions. Until these studies are complete, it seems
prudent to remain cautious and assume that all formulations of prescription opioids might
be abusable and that, similar to other opioids, the best current practice is to adhere to the principles of opioid risk management. Informa UK, Ltd.

3. Government policy is damaging people most vulnerable to alcohol misuse, warns leading doctor

Author(s): Wise J.
Institution: (Wise) London.
Language: English
Country of Publication: United Kingdom
Publication Type: Journal: Note
Subject Headings: *alcoholic beverage
"*alcoholism/pc [Prevention]"
*commercial phenomena
economics
4. Behavioral, biological, and chemical perspectives on targeting CRF1 receptor antagonists to treat alcoholism

Citation: Drug and Alcohol Dependence, 2013, vol./is. 128/3(175-186), 0376-8716;1879-0046 (2013)

Author(s): Zorrilla E.P.; Heilig M.; de Wit H.; Shaham Y.

Institution: (Zorrilla) Committee on the Neurobiology of Addictive Disorders, The Scripps Research Institute, La Jolla, CA 92037, United States; (Heilig) Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD 20892, United States; (de Wit) Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, IL 60637, United States; (Shaham) Behavioral Neuroscience Branch, Intramural Research Program, National Institute on Drug Abuse, National Institutes of Health, Baltimore, MD 21224, United States

Language: English

Abstract:
Background: Alcohol use disorders are chronic disabling conditions for which existing pharmacotherapies have only modest efficacy. In the present review, derived from the 2012 Behavior, Biology and Chemistry " Translational Research in Addiction" symposium, we summarize the anti-relapse potential of corticotropin-releasing factor type 1 (CRF<sub>1</sub>) receptor antagonists to reduce negative emotional symptoms of acute and protracted alcohol withdrawal and stress-induced relapse to alcohol seeking.

Methods: We review the biology of CRF<sub>1</sub> systems, the activity of CRF<sub>1</sub> receptor antagonists in animal models of anxiolytic and antidepressant activity, and experimental findings in alcohol addiction models. We also update the clinical trial status of CRF<sub>1</sub> receptor antagonists, including pexacerfont (BMS-562086), emicerfont (GW876008), verucerfont (GSK561679), CP316311, SSR125543A, R121919/NB130775, R317573/19567470/CRA5626, and ONO-2333Ms. Finally, we discuss the potential heterogeneity and pharmacogenomics of CRF<sub>1</sub> receptor pharmacotherapy for alcohol dependence. Results: The evidence suggests that brain penetrant-CRF<sub>1</sub> receptor antagonists have therapeutic potential for alcohol dependence. Lead compounds with clinically desirable pharmacokinetic properties now exist, and longer receptor residence rates (i.e., slow dissociation) may predict greater CRF<sub>1</sub> receptor antagonist efficacy. Functional variants in genes that encode CRF system molecules, including polymorphisms in Crhr1 (rs110402, rs1876831, rs242938) and Crhbp genes (rs10055255, rs3811939) may promote alcohol seeking and consumption by altering basal or stress-induced CRF system activation. Conclusions: Ongoing clinical trials with pexacerfont and verucerfont in moderately to highly severe dependent anxious alcoholics may yield insight as to the role of CRF<sub>1</sub> receptor antagonists in a personalized medicine approach to treat drug or alcohol dependence. 2013 Elsevier Ireland Ltd.
Publication Type: Journal: Review

Subject Headings:
- alcohol consumption
- alcohol withdrawal
- "*alcoholism/dt [Drug Therapy]"
- "*alcoholism/th [Therapy]"
- antidepressant activity
- anxiety
- "behavior disorder/dt [Drug Therapy]"
- CRHBP gene
- CRHR1 gene
- "depression/dt [Drug Therapy]"
- detoxification
- drug bioavailability
- drug clearance
- drug distribution
- drug efficacy
- drug half life
- drug identification
- drug potency
- drug seeking behavior
- drug selectivity
- drug sensitivity
- drug targeting
- "generalized anxiety disorder/dt [Drug Therapy]"
- genetic polymorphism
- genetic variability
- human
- hypothalamus
- IC 50
- "irritable colon/dt [Drug Therapy]"
- loading drug dose
- "major depression/dt [Drug Therapy]"
- nonhuman
- "panic/dt [Drug Therapy]"
- pharmacogenomics
- pharmacophore
- phenotype
- priority journal
- relapse
- review
- "social phobia/dt [Drug Therapy]"
- "suicidal ideation/dt [Drug Therapy]"
- "tobacco dependence/dt [Drug Therapy]"
- tranquilizing activity
- "unspecified side effect/si [Side Effect]"
- "withdrawal syndrome/dt [Drug Therapy]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/ae [Adverse Drug Reaction]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/ct [Clinical Trial]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/an [Drug Analysis]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/cm [Drug Comparison]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/dt [Drug Therapy]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/pd [Pharmacology]"
"4 (2 chloro 4 methoxy 5 methylphenyl) n [2 cyclopropyl 1 (3 fluoro 4 methoxyphenyl)ethyl] 5 methyl n (2 propynyl) 2 thiazolamine/ct [Clinical Trial]"
"4 (2 chloro 4 methoxy 5 methylphenyl) n [2 cyclopropyl 1 (3 fluoro 4 methoxyphenyl)ethyl] 5 methyl n (2 propynyl) 2 thiazolamine/dt [Drug Therapy]"
"4 (2 chloro 4 methoxy 5 methylphenyl) n [2 cyclopropyl 1 (3 fluoro 4 methoxyphenyl)ethyl] 5 methyl n (2 propynyl) 2 thiazolamine/pd [Pharmacology]"
"4 [4 (3 fluorophenyl) 1 2 3 6 tetrahydro 1 pyridinyl] 2 [n ethyl n (4 isopropyl 2 methylthiophenyl)amino] 6 methylpyrimidine/pd [Pharmacology]"
"8 (2 4 dichlorophenyl) 4 [2 methoxy 1 (methoxymethyl)ethylamino] 2 7 dimethylpyrazolo[1 5 a][1 3 5]triazine/pd [Pharmacology]"
"antalarmin/dt [Drug Therapy]"
"antalarmin/pd [Pharmacology]"
"benzodiazepine derivative/cm [Drug Comparison]"
"bms 561388/cm [Drug Comparison]"
"bms 561388/po [Oral Drug Administration]"
"bms 561388/pk [Pharmacokinetics]"
"bms 561388/pd [Pharmacology]"
"butyl[2 5 dimethyl 7 (2 4 6 trimethylphenyl) 7h pyrrolo[2 3 d]pyrimidin 4 yl]ethylamine/dt [Drug Therapy]"
"butyl[2 5 dimethyl 7 (2 4 6 trimethylphenyl) 7h pyrrolo[2 3 d]pyrimidin 4 yl]ethylamine/pd [Pharmacology]"
"candesartan/cm [Drug Comparison]"
"candesartan/pd [Pharmacology]"
"*corticotropin releasing factor antagonist/ct [Clinical Trial]"
"*corticotropin releasing factor antagonist/an [Drug Analysis]"
"*corticotropin releasing factor antagonist/cm [Drug Comparison]"
"*corticotropin releasing factor antagonist/dt [Drug Therapy]"
"*corticotropin releasing factor antagonist/pd [Pharmacology]"
"corticotropin releasing factor receptor 1/ec [Endogenous Compound]"
"cp 316311/ct [Clinical Trial]"
"cp 316311/an [Drug Analysis]"
"cp 316311/cm [Drug Comparison]"
"cp 316311/dt [Drug Therapy]"
"cp 316311/pd [Pharmacology]"
cra 5626
"dmp 904/pd [Pharmacology]"
"emicerfont/ct [Clinical Trial]"
"emicerfont/an [Drug Analysis]"
"emicerfont/dt [Drug Therapy]"
"emicerfont/po [Oral Drug Administration]"
"emicerfont/pk [Pharmacokinetics]"
"emicerfont/pd [Pharmacology]"
jnj 19567470
"losartan/cm [Drug Comparison]"
"losartan/pd [Pharmacology]"
"lwh 234/pd [Pharmacology]"
"ono 2333ms/ct [Clinical Trial]"
"ono 2333ms/cm [Drug Comparison]"
"ono 2333ms/dt [Drug Therapy]"
"ono 2333ms/pd [Pharmacology]"
"pexacerfont/an [Drug Analysis]"
"pexacerfont/cm [Drug Comparison]"
"pexacerfont/dt [Drug Therapy]"
"pexacerfont/po [Oral Drug Administration]"
"pexacerfont/pk [Pharmacokinetics]"
"pexacerfont/pd [Pharmacology]"
pf 00572778/ae [Adverse Drug Reaction]"
placebo
"r 278995/dt [Drug Therapy]"
"r 278995/pd [Pharmacology]"
5. Examining the association of NRXN3 SNPs with borderline personality disorder phenotypes in heroin dependent cases and socio-economically disadvantaged controls

Citation: Drug and Alcohol Dependence, 2013, vol./is. 128/3(187-193), 0376-8716;1879-0046 (2013)


Institution: (Panagopoulos, Glowinski, Lysnkey, Heath, Agrawal, Todorov, Madden, Nelson) Department of Psychiatry, Washington University, School of Medicine, St. Louis, MO, United States; (Trull) Department of Psychological Sciences, University of Missouri, 219 Psychology Building, 200 South 7th Street, Columbia, MO 65211, United States; (Henders, Wallace, Martin, Montgomery) Queensland Institute of Medical Research, Royal Brisbane Hospital Post Office, Brisbane, QLD 4029, Australia; (Moore) New South Wales Health, Justice Health and Forensic Mental Health Network, Suite 302, Westfield Office Tower, 152 Bunnerong Road, Pagewood, NSW 2036, Australia; (Degenhardt) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia; (Degenhardt) Centre for Health Policy, School of Population Health, University of Melbourne, Parkville, VIC 3010, Australia

Language: English

Abstract: Background: Borderline personality disorder (BPD) and substance use disorders frequently co-occur; their dual presence predicts poor prognosis. The genetic underpinnings of BPD have not been well-characterized and could offer insight into comorbidity. The current report focuses on the association of neurexin 3 (NRXN3) single nucleotide polymorphisms (SNPs) with BPD symptoms in heroin dependent cases and controls. Methods: The sample of the Comorbidity and Trauma Study, a genetic association study of heroin dependence, consists of Australian heroin dependent cases ascertained from opioid replacement therapy clinics and controls ascertained in nearby economically disadvantaged neighborhoods. The assessment included a screening instrument for BPD, used previously in Australian population surveys. Genotypic and BPD phenotypic data were available for 1439 cases and 507 controls. We examined the association of 1430 candidate gene SNPs with BPD phenotypes. Results: One or more NRXN3 SNPs were nominally associated with all BPD phenotypes; however, none met the conservative significance threshold we employed to correct for multiple testing. The most strongly associated SNPs included rs10144398 with identity disturbance (p=4.9x10^-5) and rs10151731 with affective instability (p=8.8x10^-5). The strongest association with screening positive for BPD was found for the NRXN3 SNP, rs10083466 (p=.0013). Neither the correlation of BPD phenotypes nor the linkage disequilibrium relationships of the SNPs account for the number of observed associations involving NRXN3 SNPs. Conclusions: Our findings provide intriguing preliminary evidence for the association of NRXN3 with BPD phenotypes. The strongest associations were found for traits (i.e., affective instability; identity disturbance) also observed with other disorders. 2012 Elsevier Ireland Ltd.
6. A randomized trial of intensive outpatient (IOP) vs. standard outpatient (OP) buprenorphine treatment for African Americans

Background: Buprenorphine is increasingly being used in community-based treatment programs, but little is known about the optimal level of psychosocial counseling in these settings. The aim of this study was to compare the effectiveness of OP and IOP level counseling when provided as part of buprenorphine treatment for opioid-dependent African Americans. Methods: Participants were African American men and women starting buprenorphine treatment at one of two community-based clinics (N= 300). Participants were randomly assigned to OP or IOP. Measures at baseline, 3- and 6-month
included the primary outcome of DSM-IV opioid and cocaine dependence criteria, as well as additional outcomes of illicit opioid and cocaine use (urine test and self-report), criminal activity, retention in treatment, Quality of Life, Addiction Severity Index composite scores, and HIV risk behaviors. Results: Participants assigned to OP received, on average, 3.67 (SD = 1.30) h of counseling per active week in treatment. IOP participants received an average of 5.23 (SD = 1.68) h of counseling per active week (less than the anticipated 9. h per week of counseling). Both groups showed substantial improvement over a 6-month period on nearly all measures considered. There were no significant differences between groups in meeting diagnostic criteria for opioid (p = .67) or cocaine dependence (p = .63). There were no significant between group differences on any of the other outcomes. A secondary analysis restricting the sample to participants meeting DSM-IV criteria for baseline cocaine dependence also revealed no significant between-group differences (all ps > .05). Conclusions: Buprenorphine patients receiving OP and IOP levels of care both show short-term improvements.

7. Genetic analysis of AUTS2 as a susceptibility gene of heroin dependence
Citation: Drug and Alcohol Dependence, 2013, vol./is. 128/3(238-242), 0376-8716;1879-0046 (2013)

Author(s): Chen Y.-H.; Liao D.-L.; Lai C.-H.; Chen C.-H.

Institution: (Chen, Lai, Chen) Division of Mental Health and Addiction Medicine, Institute of Population Health Sciences, National Health Research Institutes, Zhunan, Taiwan (Republic of China); (Liao) Bali Psychiatric Center, Department of Health, Executive Yuan, Taipei, Taiwan (Republic of China); (Chen) Department of Psychiatry, Chang Gung Memorial Hospital at Linkou and Chang Gung University School of Medicine, Taoyuan, Taiwan (Republic of China); (Chen) Institute of Medical Sciences, Tzu-Chi University, Hualien, Taiwan (Republic of China)

Language: English

Abstract: Background: Both alcoholism and heroin dependence are common substance use disorders with a high genetic basis. A recent genetic study reported that the autism susceptibility candidate 2 gene (AUTS2) was involved in regulating the alcohol drinking behavior. In our previous total gene expression profiling study, we found that the AUTS2 transcript was significantly down-regulated in lymphoblastoid cell lines (LCL) in heroin dependent individuals compared with control subjects, which prompted us to investigate whether AUTS2 is associated with heroin dependence. Methods: We compared the AUTS2 transcript level of LCL between 124 heroin dependent males and 116 control males using real-time quantitative PCR, and conducted a genetic association study of the rs6943555 of AUTS2 with heroin dependence using a sample of 546 heroin dependent males and 373 control males. Results: We first verified that the average transcript level of AUTS2 in the heroin dependent group was significantly lower than that in the control group (p= 0.017). In the genetic association analysis, we found that AA homozygotes of rs6943555 were significantly over-represented in the heroin dependent subjects compared with the control subjects (odds ratio = 1.7, 95% confidence interval: 1.08-2.74, p= 0.017). Analyzing the sample from the AUTS2 transcript experiment, we found that AA carriers (n= 19) had significantly lower AUTS2 mRNA levels in their LCL compared to TT carriers (n= 97, p= 0.002) and AT carriers (n= 91, p= 0.005). Conclusions: Our data indicate that the AUTS2 gene might be associated with heroin dependence, and reduced AUTS2 gene expression might confer increased susceptibility to heroin dependence. 2012 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine)
Publication Type: Journal: Article
Subject Headings: adult article *auts2 gene controlled study down regulation drinking behavior gene gene expression gene expression profiling gene sequence *genetic analysis genetic association *genetic susceptibility genetic transcription genotype *heroin dependence homozygote human lymphoblastoid cell line major clinical study
8. Time-varying effects of smoking quantity and nicotine dependence on adolescent smoking regularity

Citation: Drug and Alcohol Dependence, 2013, vol./is. 128/3(230-237), 0376-8716;1879-0046 (2013)

Author(s): Selya A.S.; Dierker L.C.; Rose J.S.; Hedeker D.; Tan X.; Li R.; Mermelstein R.J.

Institution: (Selya, Dierker, Rose) Psychology Department, Wesleyan University, Middletown, CT 06459, United States; (Hedeker, Mermelstein) Institute for Health Research and Policy, University of Illinois at Chicago, Chicago, IL 60608, United States; (Tan) The Research Institute of the McGill University Health Centre, Montreal, QC, H3H 2R9, Canada; (Li) Department of Statistics and the Methodology Center, Penn State University, State College, PA 16801, United States

Language: English

Abstract: Background: Little is known about time-varying effects of smoking quantity and nicotine dependence on the regularity of adolescent smoking behavior. Methods: The sample was drawn from the Social and Emotional Contexts of Adolescent Smoking Patterns Study which followed adolescent smokers over 5 assessment waves spanning 48 months. Participants included former experimenters (smoked <100 cigarettes/lifetime but did not smoke in past 90 days), recent experimenters (smoked <100 cigarettes/lifetime and smoked in past 90 days), and current smokers (smoked >100 cigarettes/lifetime and smoked in past 30 days). Mixed-effects regression models were run to examine the time-varying effects of smoking quantity and nicotine dependence on regularity of smoking behavior, as measured by number of days smoked. Results: Smoking quantity and nicotine dependence were each found to be significantly associated with regularity of adolescent smoking and the size of each effect exhibited significant variation over time. The effect of smoking quantity decreased across time for each smoking group, while the effect of nicotine dependence increased across time for former and recent experimenters. By the 48-month follow-up, the effects of smoking quantity and nicotine dependence had each stabilized across groups. Conclusions: This study reveals that smoking quantity and nicotine dependence are not static risk factors for the development of more regular smoking patterns. At low levels of smoking when nicotine dependence symptoms are less common, smoking quantity is a stronger predictor of increased regularity of smoking, while for more experienced smokers, nicotine dependence predicts further increases in regularity. 2012 Elsevier Ireland Ltd.
9. Stability of scores and correlations with drinking behaviors over 15 years for the self-report of the effects of alcohol questionnaire

Citation: Drug and Alcohol Dependence, 2013, vol./is. 128/3(194-199), 0376-8716;1879-0046 (2013)

Author(s): Schuckit M.A.; Smith T.L.

Institution: (Schuckit, Smith) University of California, San Diego, Department of Psychiatry, 8950 Villa La Jolla Drive, Suite B-218, La Jolla, CA 92037, United States

Language: English

Abstract: Background: The low level of response (LR) to alcohol is an endophenotype that predicts future heavy drinking and alcohol use disorders (AUDs). LR can be measured by laboratory-based alcohol challenges or by the retrospective Self-Report of the Effects of Alcohol (SRE) questionnaire. This paper reports the relationships among these two measures and how each related to both recent and future drinking quantities and problems across 15 years in 235 men. Methods: Probands from the San Diego Prospective Study (SDPS) participated in alcohol challenges to determine their LR at age 20, and subsequently at ages 35, 40, 45 and 50 filled out an SRE regarding the number of standard drinks needed for up to four effects early in life (SRE5) and across early, recent, and heaviest drinking life epochs (SRET). Changes in SRE scores across time were evaluated with ANOVAs and Pearson correlations were used to evaluate how SRE5, SRET and earlier alcohol challenge-based LRs related to prior five-year drinking histories and future alcohol involvement. Results: While SRE scores decreased 9% over the 15 years, the relationships between SRE values with prior five-year drinking parameters and with future alcohol intake and problems remained robust, and even improved with advancing age. A similar pattern was seen for correlations between SRE and alcohol challenge-based LRs 15-30 years previously. Conclusions: Alcohol challenge and SRE-based LRs related to each other, to alcohol use patterns, and to future alcohol problems across age 35-50 in the men studied here. 2012 Elsevier Ireland Ltd.
10. Separating intentional inhibition of prepotent responses and resistance to proactive interference in alcohol-dependent individuals

Citation: Drug and Alcohol Dependence, 2013, vol./is. 128/3(200-205), 0376-8716;1879-0046 (2013)

Author(s): Noel X.; Van der Linden M.; Brevers D.; Campanella S.; Verbanck P.; Hanak C.; Kornreich C.; Verbruggen F.

Institution: (Noel, Brevers, Campanella, Verbanck, Hanak, Kornreich) Psychological Medicine Laboratory, Universite Libre de Bruxelles, Brugmann Campus, CP403/21, Place Van Gehuchten, 4, 1020 Brussels, Belgium; (Van der Linden) Department of Cognitive Psychopathology, University of Geneva, 40, Boulevard du Pont-d'Arve, 1211 Geneva, Switzerland; (Verbruggen) Psychology, College of Life and Environmental Sciences, University of Exeter, Washington Singer Laboratories, Psychology, EX4 4QG Exeter, United Kingdom

Language: English

Abstract: Background: Impulsivity is a hallmark of addictive behaviors. Addicts' weakened inhibition of irrelevant prepotent responses is commonly thought to explain this association. However, inhibition is not a unitary mechanism. This study investigated the efficiency of overcoming competition due to irrelevant responses (i.e., inhibition of a prepotent response) and overcoming competition in memory (i.e., resistance to proactive interference) in sober and recently detoxified alcohol-dependent individuals. Methods: Three cognitive tasks assessing the inhibition of a prepotent response (Hayling task, anti-saccade task and Stroop task) and two tasks tapping into the capacity to resist proactive interference (cued recall, Brown-Peterson variant) were administered to 30 non-amnesic recently detoxified alcohol-dependent individuals and 30 matched healthy participants without alcohol dependency. In addition, possible confounds such as verbal updating in working memory was assessed. Results: Alcohol-dependent subjects performed worse than healthy participants on the three cognitive tasks assessing the inhibition of irrelevant prepotent responses but group performance was similar in the tasks assessing overcoming proactive interference in memory, updating of working memory and abstract reasoning. Conclusions: These findings suggest that alcohol-dependence is mainly associated with impaired capacity to intentionally suppress irrelevant prepotent response information. Control of proactive interference from memory is preserved. Theoretical and clinical implications are discussed. 2012 Elsevier Ireland Ltd.
11. An overview and evaluation of combining an addiction liaison nurse outpatient service with hepatitis C outpatient clinics in Glasgow, Scotland

Citation: Gastroenterology nursing : the official journal of the Society of Gastroenterology Nurses and Associates, March 2013, vol./is. 36/2(98-104), 1538-9766 (2013 Mar-Apr)

Author(s): Brown J.; McPherson A.; Benson G.

Institution: (Brown) Glasgow Addiction Service, Glasgow, Scotland.

Language: English

Abstract: A new purpose-built facility for the care of patients with Hepatitis C was opened at Gartnavel General Hospital in Glasgow, Scotland, in 2009, bringing together infectious diseases and gastroenterology disciplines. An addiction liaison nurse outpatient service was established alongside existing Hepatitis C outpatient clinics in October 2010. This service supports staff and patients with Hepatitis C and addiction issues. The purpose of this study was to evaluate the usefulness of combining the Addiction Liaison Nurse outpatient service with the Hepatitis C outpatient clinic. Two methods were used in data collection. A brief questionnaire asking staff their view on the addiction liaison service and addiction issues with regard to Hepatitis C was distributed and completed by personnel assigned to the clinics. Staff were also queried about their view on the number and quality of referrals generated by the addiction liaison clinic. The results from the questionnaire indicate that staff agreed that patients should be abstinent from alcohol and illicit drugs before and during treatment of Hepatitis C. Further research is called for with regard to abstinence from alcohol and drugs before and during Hepatitis C treatment.

Country of Publication: United States

Publication Type: Journal: Review

Subject Headings:
- "*addiction/th [Therapy]"
- *gastroenterology
- "*hepatitis C/th [Therapy]"
- human
- *infection control
- nursing
- *nursing evaluation research
- organization and management
- outpatient
- *outpatient department
- questionnaire
- review
- risk factor
- United Kingdom

Source: EMBASE

12. The next generations of substance misuse expertise: an innovative GP speciality trainee scholarship in the Seven Deanery

Citation: Education for primary care : an official publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors, September 2013, vol./is. 24/6(461-465), 1473-9879 (Sep 2013)

Author(s): Booker M.; Vose M.

Institution: (Booker) University of Bristol, UK.
13. Smoking mull: a grounded theory model on the dynamics of combined tobacco and cannabis use among adult men

Abstract: Australians' use of cannabis has been increasing. Over a third of Australians (35.4%) have used cannabis at some time in their lives and 10.3% are recent users. Almost two-thirds of cannabis users combine cannabis with tobacco. The aim of this study was to understand the process of mulling - smoking tobacco and cannabis together - using a grounded theory approach. Twenty-one in-depth semistructured interviews were conducted with men aged 25-34 and living on the North Coast of New South Wales. Interviews explored participants' smoking practices, histories and cessation attempts. A model describing mulling behaviour and the dynamics of smoking cannabis and tobacco was developed. It provides an explanatory framework that demonstrates the flexibility in smoking practices, including substance substitution - participants changed the type of cannabis they smoked, the amount of tobacco they mixed with it and the devices they used to smoke according to the situations they were in and the effects sought. Understanding these dynamic smoking practices and the importance of situations and effects, as well as the specific role of tobacco in mulling, may allow health workers to design more relevant and appropriate interventions. SO WHAT? Combining tobacco with cannabis is the most common way of smoking cannabis in Australia. However, tobacco cessation programmes rarely address cannabis use. Further research to develop evidence-based approaches for mull use would improve cessation outcomes.
14. Using Autopsy Brain Tissue to Study Alcohol-Related Brain Damage in the Genomic Age

Citation: Alcoholism: Clinical and Experimental Research, January 2014, vol./is. 38/1(1-8), 0145-6008;1530-0277 (January 2014)

Author(s): Sutherland G.T.; Sheedy D.; Kril J.J.

Institution: (Sutherland, Sheedy, Kril) Discipline of Pathology, Sydney Medical School, The University of Sydney, Sydney, NSW, Australia; (Kril) Discipline of Medicine, Sydney Medical School, The University of Sydney, Sydney, NSW, Australia

Language: English

Abstract: The New South Wales Tissue Resource Centre at the University of Sydney, Australia, is one of the few human brain banks dedicated to the study of the effects of chronic alcoholism. The bank was affiliated in 1994 as a member of the National Network of Brain Banks and also focuses on schizophrenia and healthy control tissue. Alcohol abuse is a major problem worldwide, manifesting in such conditions as fetal alcohol syndrome, adolescent binge drinking, alcohol dependency, and alcoholic neurodegeneration. The latter is also referred to as alcohol-related brain damage (ARBD). The study of postmortem brain tissue is ideally suited to determining the effects of long-term alcohol abuse, but it also makes an important contribution to understanding pathogenesis across the spectrum of alcohol misuse disorders and potentially other neurodegenerative diseases. Tissue from the bank has contributed to 330 peer-reviewed journal articles including 120 related to alcohol research. Using the results of these articles, this review chronicles advances in alcohol-related brain research since 2003, the so-called genomic age. In particular, it concentrates on transcriptomic approaches to the pathogenesis of ARBD and builds on earlier reviews of structural changes (Harper et al. Prog Neuropsychopharmacol Biol Psychiatry 2003;27:951) and proteomics (Matsumoto et al. Expert Rev Proteomics 2007;4:539). 2013 by the Research Society on Alcoholism.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

CAS Registry Number: 63231-63-0 (RNA); 64-17-5 (alcohol)

Publication Type: Journal: Review

Subject Headings: *alcohol related brain damage *alcoholism *autopsy *brain damage *brain tissue human nervous system development nonhuman pathogenesis priority journal review transcriptomics *alcohol RNA

Source: EMBASE
15. Doing it by numbers: A simple approach to reducing the harms of alcohol

Citation: Journal of Psychopharmacology, January 2014, vol./is. 28/1(3-7), 0269-8811;1461-7285 (January 2014)

Author(s): Nutt D.J.; Rehm J.

Institution: (Nutt) Imperial College London, Burlington-Danes Building, Hammersmith Hospital, London, W12 0NN, United Kingdom; (Rehm) Centre for Addiction and Mental Health, Toronto, Canada; (Rehm) Technische Universitaet Dresden, Dresden, Germany; (Rehm) University of Toronto, Toronto, Canada

Language: English

Abstract: Alcohol use is one of the top five causes of disease and disability in almost all countries in Europe, and in the eastern part of Europe it is the number one cause. In the UK, alcohol is now the leading cause of death in men between the ages of 16-54 years, accounting for over 20% of the total. Europeans above 15 years of age in the EU on average consume alcohol at a level which is twice as high as the world average. Alcohol should therefore be a public health priority, but it is not. This paper puts forward a new approach to reduce alcohol use and harms that would have major public health and social impacts. Our approach comprises individual behaviour and policy elements. It is based on the assumption that heavy drinking is key. It is simple, so it would be easy to introduce, and because it lacks stigmatising issues such as the diagnosis of addiction and dependence, it should not be contentious. The Author(s) 2013.

Country of Publication: United Kingdom

Publisher: SAGE Publications Ltd (55 City Road, London EC1Y 1SP, United Kingdom)

CAS Registry Number: 77337-73-6 (acamprosate); 1134-47-0 (baclofen); 97-77-8 (disulfiram); 55096-26-9 (nalmefene); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone); 502-85-2 (oxybate sodium); 97240-79-4 (topiramate)

Publication Type: Journal: Review

Subject Headings: alcohol consumption
"*alcoholism/dt [Drug Therapy]"
"*alcoholism/th [Therapy]"
drinking behavior
Europe
government regulation
happiness
human
leisure
mortality
priority journal
psychosocial care
review
risk benefit analysis
*risk reduction
"acamprosate/dt [Drug Therapy]"
"antidote/dt [Drug Therapy]"
"baclofen/dt [Drug Therapy]"
"disulfiram/dt [Drug Therapy]"
"nalmefene/dt [Drug Therapy]"
"naltrexone/dt [Drug Therapy]"
"oxybate sodium/dt [Drug Therapy]"
"topiramate/dt [Drug Therapy]"

Source: EMBASE


16. Update on extended-release opioids in pain management
Evidence Services | library.nhs.uk

Citation: Expert Opinion on Drug Delivery, February 2014, vol./is. 11/2(155-158), 1742-5247;1744-7593 (February 2014)

Author(s): Sloan P.

Institution: (Sloan) University of Kentucky, Anesthesiology, 800 Rose St, Lexington, 40536, United States

Language: English

Abstract: Chronic pain is frequently treated with our most potent analgesics, the opioids. While immediate-release opioids given every 3-4 h provide adequate analgesia for most patients with cancer pain and some patients with chronic nonmalignant pain, extended-release (ER) opioid formulations have been developed in the hope that patients with chronic pain would have improved analgesia, reduced side effects, more convenience, improved compliance, improved sleep and reduced nighttime pain. A more recent goal of the ER opioid product is to reduce prescription opioid addiction risk. This editorial will review the evidence that modern ER opioid formulations have advanced toward these goals. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Review

Subject Headings: *analgesia *chronic pain/dt [Drug Therapy]
drug blood level
drug efficacy
*drug formulation
drug treatment failure
*extended release formulation
follow up
human
medication compliance
opiate addiction
patient monitoring
review
sleep pattern
"*opiate/dt [Drug Therapy]"
"*opiate/pr [Pharmaceutics]"

Source: EMBASE

Full Text: Available from Informa Healthcare in Expert Opinion on Drug Delivery

17. Triple reuptake inhibitors: A patent review (2006-2012)

Citation: Expert Opinion on Therapeutic Patents, February 2014, vol./is. 24/2(131-154), 1354-3776;1744-7674 (February 2014)

Author(s): Shao L.; Li W.; Xie Q.; Yin H.

Institution: (Shao, Li, Xie, Yin) Fudan University, School of Pharmacy, Department of Medicinal Chemistry, 826 Zhangheng Road, Pudong Xinqu Shanghai 201203, China

Language: English

Abstract: Introduction: The dysfunctions of three very important monoamine neurotransmitters, serotonin (5-HT), norepinephrine (NE) and dopamine (DA), are associated with some of important CNS diseases such as depression; developing the triple reuptake inhibitors (TRIs) that can rebalance 5-HT, NE and DA through the inhibition of the monoamine reuptake transporters will lead to a more effective and safer antidepressant. Areas covered: This article reviews past 7 years' advances in the development of TRIs; a patent review (2006-2012), covering the discovery of new chemical entities, and development
Evidence Services | library.nhs.uk

status of leading TRI clinical candidates. Expert opinion: The development of TRIs has several challenges, including discovering a "single" agent that has the activities against all three monoamine reuptake transporters SERT, NET and DAT. More important is that the agent must have a "right ratio" to be safer and better tolerated for the treatment of depression. The TRIs can potentially be used for the treatment of other CNS diseases, such as pain, Parkinson's and attention deficit hyperactivity disorder (ADHD), depending on ratios of SERT, NET and DAT. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Publication Type: Journal: Review
Subject Headings: antidepressant activity
attention deficit disorder
binding affinity
binding assay
biological activity
chemical structure
comparative study
depression
drug dependence
drug industry
eating disorder
forced swim test
half life time
human
inflammation
locomotion
mental disease
Montgomery Asberg Depression Rating Scale
nerve cell plasticity
noradrenalin uptake
pain
Parkinson disease
phase 1 clinical trial (topic)
phase 2 clinical trial (topic)
racemic mixture
review
serotonin uptake
stereoisomerism
tail suspension test
topical anesthesia
"*triple reuptake inhibitor/an [Drug Analysis]"
"*triple reuptake inhibitor/dv [Drug Development]"
"*triple reuptake inhibitor/pr [Pharmaceutics]"

Source: EMBASE
Full Text: Available from Informa Healthcare in Expert Opinion on Therapeutic Patents

18. The effect of legal bans on poison control center contacts regarding 'legal highs'

Citation: Addiction (Abingdon, England), July 2013, vol./is. 108/7(1348-1349), 1360-0443 (Jul 2013)
Author(s): Loeffler G.; Craig C.
Language: English
Country of Publication: United Kingdom
CAS Registry Number: 5265-18-9 (cathinone); 71031-15-7 (cathinone); 77271-59-1 (cathinone)
Publication Type: Journal: Letter
19. Understanding tobacco industry pricing strategy and whether it undermines tobacco tax policy: the example of the UK cigarette market

Citation: Addiction (Abingdon, England), July 2013, vol./is. 108/7(1317-1326), 1360-0443 (Jul 2013)

Author(s): Gilmore A.B.; Tavakoly B.; Taylor G.; Reed H.

Institution: (Gilmore) Department for Health, University of Bath, Bath, UK.

Language: English

Abstract: Tobacco tax increases are the most effective means of reducing tobacco use and inequalities in smoking, but effectiveness depends on transnational tobacco company (TTC) pricing strategies, specifically whether TTCs overshift tax increases (increase prices on top of the tax increase) or undershift the taxes (absorb the tax increases so they are not passed onto consumers), about which little is known. Review of literature on brand segmentation. Analysis of 1999-2009 data to explore the extent to which tax increases are shifted to consumers, if this differs by brand segment and whether cigarette price indices accurately reflect cigarette prices. UK. UK smokers. Real cigarette prices, volumes and net-of-tax- revenue by price segment. TTCs categorise brands into four price segments: premium, economy, mid and 'ultra-low price' (ULP). TTCs have sold ULP brands since 2006; since then, their real price has remained virtually static and market share doubled. The price gap between premium and ULP brands is increasing because the industry differentially shifts tax increases between brand segments; while, on average, taxes are overshifted, taxes on ULP brands are not always fully passed onto consumers (being absorbed at the point each year when tobacco taxes increase). Price indices reflect the price of premium brands only and fail to detect these problems. Industry-initiated cigarette price changes in the UK appear timed to accentuate the price gap between premium and ULP brands. Increasing the prices of more expensive cigarettes on top of tobacco tax increases should benefit public health, but the growing price gap enables smokers to downtrade to cheaper tobacco products and may explain smoking-related inequalities. Governments must monitor cigarette prices by price segment and consider industry pricing strategies in setting tobacco tax policies. 2013 Society for the Study of Addiction.
20. Low incidence of hepatitis C virus among prisoners in Scotland

Citation: Addiction (Abingdon, England), July 2013, vol./is. 108/7(1296-1304), 1360-0443 (Jul 2013)

Author(s): Taylor A.; Munro A.; Allen E.; Dunleavy K.; Cameron S.; Miller L.; Hickman M.

Institution: (Taylor) School of Social Sciences, University of the West of Scotland, Paisley, Scotland.

Language: English

Abstract: To estimate hepatitis C virus (HCV) incidence and HCV risk among Scottish prisoners. National sero-behavioural survey; dried blood spots were collected in order to identify recent HCV infections (i.e. HCV antibody-negative and HCV polymerase chain reaction (PCR)-positive). All 14 closed prisons in Scotland. A total of 5187 prisoners responded to the survey (79% of available prisoners on survey days) comprising 5076 individuals (after removing incomplete returns and participants surveyed in more than one prison); 95% men, 32% (1625) reported an injecting history (PWID) and median sentence of 9.5 months. HCV antibody samples were available for 4904 participants; there was sufficient sera for HCV PCR for 2446 prisoners who had been in prison for at least 75 days. The estimate of in-prison recent infections is based on prisoners incarcerated for a sufficient period, i.e. at least 75 days, so that recent infections could be attributed to prison. Overall HCV prevalence was 19%; 53% among people who reported an injecting history and 3% among other prisoners. Three recent infections probably acquired in prison were detected. None of the cases reported injecting during their current sentence or any other potential exposure. Estimated incidence was 0.6-0.9% overall and 3.0-4.3% among PWID (assuming all infections acquired through injecting). Fifty-seven per cent (929) of PWID were receiving opiate substitution treatment (OST) at the time of the survey. Of all prisoners, 2.5% and 8% of PWID reported injecting during their current period of incarceration. The low incidence of HCV infections in Scottish prisons is due most probably to the low occurrence of in-prison injecting and high coverage of OST. Low HCV risk can be achieved in prisons without necessarily introducing needle exchange programmes, but close monitoring of risk behaviours is essential. If risk increases, provision of needle exchange should be considered. 2013 The Authors, Addiction 2013 Society for the Study of Addiction.
21. An audit to evaluate the use of the alcohol fast screening tool in acute medical admissions in a district general hospital

Citation: Gut, August 2013, vol./is. 62/(A12-A13), 0017-5749 (August 2013)

Author(s): Sagar N.; Dibor C.; Polson R.

Institution: (Sagar, Dibor, Polson) Gastroenterology, Solihull Hospital Heart of England Trust, West Midlands, United Kingdom

Language: English

Abstract: Introduction 25% of the UK adult population drink hazardous amounts of alcohol and 30% of male admissions and 15% of female admissions are alcohol related. Similar rates are reported in psychiatric settings demonstrating the significant burden of alcohol within the NHS. Problem drinking is often unrecognised by doctors. The 2011 NICE 'Alcohol Use Disorders' guidelines recommend screening for harmful drinking and alcohol dependence to identify patients in need of intervention. Aims/Background Our aim was to identify compliance with the alcohol FAST screening tool on admission in all acute adult medical admissions. The FAST tool was developed from AUDIT as a shorter version for hospital environments to detect hazardous drinking. If testing positive, patients will then be referred for brief intervention. Method A retrospective review of 74 (23 male, 51 female) patient records from December 2012 to February 2013. Results The FAST tool was completed in 37.8% of cases and missed in 62.2% of patients. When used, the tool was completed correctly in 100% of cases. In the 28/74 cases the FAST tool was utilised, 4(14.3%) patients were drinking over the national recommended limit. Conclusion Despite the high prevalence of problem drinking and its impact on health, doctors fail to utilise the screening tool in identifying harmful drinking despite its ease in completion as proven by its accurate use each time. This results in missed referrals for interventions to help prevent alcohol related illness and manage alcohol dependence. Improved staff awareness and education is essential to minimise the harmful consequences of alcohol and reduce hospital admissions.


Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: *human *medical audit *screening *general hospital
22. Experience in a district general hospital of alcohol withdrawal management comparing symptom triggered with fixed dose regimen in acute medical ward

Citation: Gut, August 2013, vol./is. 62/(A11-A12), 0017-5749 (August 2013)

Author(s): Conroy K.; Paremal S.; Perez F.; Stidolph G.; Topping J.

Institution: (Conroy, Paremal, Perez, Stidolph, Topping) Gastroenterology, South Tyneside District Hospital, South Shields, Tyne and Wear, United Kingdom

Language: English

Abstract: Introduction Harmful drinking is endemic in the UK and is a worrying health hazard. It is estimated that up to 24% of the UK adults drink in a hazardous/harmful way.1 Recent survey shows that up to 35% of the A&E attendance is due to alcohol related,2 leading into huge financial implications.3 NICE guidance published in 2010 recommends a symptom triggered regime for patient admitted to hospital with alcohol withdrawal symptoms (AWS). Aims/Background This Study is designed to compare the effect of symptom triggered regime (STR) using CIWA tool against fixed dose regime (FDR) in patients treated for AWS. Method Retrospective data collection on 60 patients who were admitted with AWS over a 24 months period. 30 were actively managed in a Gastroenterology Ward where STR was used. The other 30 patients were chosen from General Medical Wards where FDR was used. Results The mean length of stay for the STR group as calculated was 7.9 days and 10.9 days for the FDR one. 80% of patients in the STR group had a hospital admission of ten days or less where as in FDR group only 46% of patients had this length of stay. The mean total Chlordiazepoxide dose given for the STR group was 264mg, compared with 501mg for the FDR group. Conclusion This audit demonstrates that symptoms triggered regimen leads into a significantly lower total dose of benzodiazepines and a shorter hospital admission. Treatment of symptoms has advantages, both in terms of cost and patient safety.


Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: *alcohol withdrawal
*drug dose regimen
*ward
*gastroenterology
Background: Smoking during pregnancy is strongly associated with infant morbidity and mortality and health inequalities, and is the single most modifiable risk factor for adverse outcomes in pregnancy. The UK government has set a target for decreasing the percentage of pregnant women who smoke from 23 % (in 1998) to 11 % by the year 2015. While many women stop smoking before becoming pregnant or soon after, 1 in 4 women smoke for part of pregnancy and 1 in 8 smoke throughout; and only 5 % of pregnant women who smoke attend the (free) NHS Stop Smoking Service. Objectives: We conducted a qualitative study in Southeast England to elicit perceived barriers to quitting smoking and seeking smoking cessation counselling amongst pregnant women. Methods: Pregnant women (n = 25) who were attending the NHS Stop Smoking Service were engaged in semi-structured interviews/ discussions. Quantitative data were analyzed using Microsoft Excel and qualitative data were subjected to manual thematic analysis. Results: Overall, the pregnant women had poor knowledge of the adverse effects of smoking during pregnancy. An evaluation of the Stop Smoking Service records suggested that about 60 % of the women, referred by their midwife/general practitioner, decline support from the Service; and 60 % do not attend after making an appointment with the smoking cessation counsellor. The perceived barriers to quitting smoking and/or seeking smoking cessation counselling included fear of attending the Service, no desire to quit, denial, lack of motivation, fear of being judged, feeling of pressure (from society/family), time restraints, lack of information, addiction, embarrassment, counsellors' attitude, lack of privacy. About 80 % of the women had not received any advice about remaining smoke free after delivery. Conclusions: The perceived barriers to quitting smoking and seeking smoking cessation counselling highlighted by pregnant women need to be considered in the design and delivery of public health campaigns/ interventions and stop smoking services. To decrease the prevalence of smoking during pregnancy, the stop smoking services need to adopt a more innovative and tailored approach to improve women's knowledge about
adverse effects of smoking during pregnancy, referral system, and attendance rates. There is also a need for continued support after delivery to prevent relapse to smoking.


Publisher: Springer Netherlands

Publication Type: Journal: Conference Abstract

Subject Headings: *smoking *smoking cessation *counseling *female *pregnant woman *human *qualitative research *United Kingdom *non communicable disease *epidemic *epidemiology pregnancy smoke fear adverse drug reaction relapse government prevalence adverse outcome addiction risk factor motivation health mortality privacy public health physician thematic analysis book morbidity infant

Source: EMBASE


Citation: Irish Journal of Medical Science, September 2012, vol./is. 181/(S233), 0021-1265 (September 2012)

Author(s): O'Brien J.G.; Cooney C.; Bartley M.; O'Neill D.

Institution: (O'Brien, Cooney, Bartley, O'Neill) University of Louisville, Louisville, KY, United States

Language: English

Abstract: Introduction: The objective of this study was to survey all old age psychiatrists in Ireland regarding their experience with self-neglect. Methods: All 22 old age psychiatrists in Ireland were surveyed via Survey Monkey utilizing a 33 item questionnaire. The authors modified a survey they had used previously with geriatricians. Results: The response rate was 68 % (<sup>15</sup>/<sub>22</sub>) with 92 % of respondents having seen a case in the past year and 23 % seeing between six and ten cases. Females comprised 69 % of the respondents. Most (69 %) were located in an urban setting. Loss of self care and poor hygiene were reported as universal findings. Non-compliance with medication and hoarding were cited by 93 % of respondents. Refusal of services was the next most
Evidence Services | library.nhs.uk

common presenting feature by 86% of respondents. Dementia and lifelong personality disorder were identified as the most common contributing causes followed by alcoholism, schizophrenia, and depression. 59% (7/12) stated that the outcome was unsatisfactory for the patient and 77% identified self-neglect as more frustrating to manage than other problems. Most referrals were by public health nurses followed by general practitioner referrals. Discussion: Self-neglect in old age is a common problem encountered by old age psychiatrists. Old age psychiatrists play a key role in managing these victims. Most were dissatisfied with available social service resources.


Publisher: Springer London

Publication Type: Journal: Conference Abstract

Subject Headings: *senescence
*human
*psychiatrist
*Ireland
*society
*self neglect
self care
schizophrenia
female
nurse
general practitioner
geriatrician
alcoholism
personality disorder
dementia
patient
drug therapy
hygiene
victim
social work
questionnaire
Haplorhini

Source: EMBASE

25. Alcohol mixed with energy drinks: Methodology and design of the Utrecht Student Survey

Citation: International Journal of General Medicine, 2012, vol./is. 5/(889-898), 1178-7074 (2012)

Author(s): de Haan L.; de Haan H.A.; Olivier B.; Verster J.C.

Institution: (de Haan, Olivier, Verster) Utrecht University, Utrecht Institute for Pharmaceutical Sciences, Division of Pharmacology, Utrecht, Netherlands; (de Haan) Tactus Addiction Treatment, Deventer, Netherlands; (de Haan) Nijmegen Institute for Scientist-Practitioners in Addiction, Nijmegen, Netherlands

Language: English

Abstract: This paper describes the methodology of the Utrecht Student Survey. This online survey was conducted in June 2011 by 6002 students living in Utrecht, The Netherlands. The aim of the survey was to determine the potential impact of mixing alcoholic beverages with energy drinks on overall alcohol consumption and alcohol-related consequences. In contrast to most previous surveys conducted on this topic, the current survey used a more appropriate within-subject design, comparing the alcohol consumption of individuals who consume alcohol mixed with energy drinks on occasions. Specifically, a comparison was conducted to examine the occasions during which these individuals consume this mixture versus occasions during which they consume alcohol alone. In addition to energy drinks, the consumption of other non-alcoholic mixers was also assessed when combined with alcoholic beverages. Furthermore, the reasons for consuming energy drinks alone or in
combination with alcohol were investigated, and were compared to reasons for mixing alcohol with other non-alcoholic beverages. Finally, personality characteristics and the level of risk-taking behavior among the individuals were also assessed to explore their relationship with alcohol consumption. The Utrecht Student Survey will be replicated in the USA, Australia, and the UK. Results will be pooled, but also examined for possible cross-cultural differences. 2012 de Haan et al, publisher and licensee Dove Medical Press Ltd.

**Country of Publication:** New Zealand  
**Publisher:** Dove Medical Press Ltd. (PO Box 300-008, Albany, Auckland, New Zealand)  
**CAS Registry Number:** 64-17-5 (alcohol)  
**Publication Type:** Journal: Article  
**Subject Headings:** adult  
*alcohol consumption*  
alcoholic beverage  
alcoholism  
article  
controlled study  
data analysis  
drinking behavior  
*energy drink*  
experimental design  
female  
*health behavior*  
health survey  
high risk behavior  
human  
male  
Netherlands  
risk assessment  
sample size  
social interaction  
*alcohol*  

**Source:** EMBASE  
**Full Text:** Available from National Library of Medicine in International Journal of General Medicine

---

26. Effect of offering different levels of support and free nicotine replacement therapy via an English national telephone quitline: Randomised controlled trial

**Citation:** BMJ (Online), April 2012, vol./is. 344/7854, 1756-1833 (27 Apr 2012)  
**Author(s):** Ferguson J.; Docherty G.; Bauld L.; Lewis S.; Lorgelly P.; Boyd K.A.; McEwen A.; Coleman T.  
**Institution:** (Docherty, Lewis) Division of Epidemiology and Public Health, University of Nottingham, Nottingham City Hospital, Nottingham, United Kingdom; (McEwen) UCL Epidemiology and Public Health, UK Centre for Tobacco Control Studies, University College London, United Kingdom; (Lorgelly) Centre for Health Economics, Monash University, VIC, Australia; (Ferguson, Boyd) Health Economics and Health Technology Assessment, Centre for Population and Health Sciences, University of Glasgow, United Kingdom; (Bauld) Stirling Management School, UK Centre for Tobacco Control Studies, University of Stirling, United Kingdom; (Coleman) Division of Primary Care, NIHR School for Primary Care Research, University of Nottingham Medical School, Nottingham NG7 2RD, United Kingdom  
**Language:** English  
**Abstract:** Objective: To compare the effects of free nicotine replacement therapy or proactive telephone counselling in addition to standard smoking cessation support offered through a telephone quitline. Design: Parallel group, 2x2 factorial, randomised controlled trial.
Setting National quitline, England. Participants: 2591 non-pregnant smokers aged 16 or more residing in England who called the quitline between February 2009 and February 2010 and agreed to set a quit date: 648 were each randomised to standard support, proactive support, or proactive support with nicotine replacement therapy, and 647 were randomised to standard support with nicotine replacement therapy. Interventions: Two interventions were offered in addition to standard support: six weeks' nicotine replacement therapy, provided free, and proactive counselling sessions (repeat telephone calls from, and interaction with, cessation advisors). Main outcome measures The primary outcome was self reported smoking cessation for six or more months after the quit date. The secondary outcome was cessation validated by exhaled carbon monoxide measured at six or more months. Results: At six months, 17.7% (n=229) of those offered nicotine replacement therapy reported smoking cessation compared with 20.1% (n=261) not offered such therapy (odds ratio 0.85, 95% confidence interval 0.70 to 1.04), and 18.2% (n=236) offered proactive counselling reported smoking cessation compared with 19.6% (n=254) offered standard support (0.91, 0.75 to 1.11). Data validated by carbon monoxide readings changed the findings for nicotine replacement therapy only, with smoking cessation validated in 6.6% (85/1295) of those offered nicotine replacement therapy compared with 9.4% (122/1296) not offered such therapy (0.67, 0.50 to 0.90). Conclusions: Offering free nicotine replacement therapy or additional (proactive) counselling to standard helpline support had no additional effect on smoking cessation.
27. Mental illness among the homeless: Prevalence study in a Dublin homeless hostel

Citation: Irish Journal of Psychological Medicine, July 2012, vol./is. 29/1(22-26), 0790-9667 (July 2012)

Author(s): Prinsloo B.; Parr C.; Fenton J.

Institution: (Prinsloo) Child and Adolescent Psychiatry, Our Lady's Children's Hospital, Crumlin, Dublin 12, Ireland; (Parr) James Connolly Memorial Hospital, Blanchardstown, Dublin 15, Ireland; (Fenton) ACCES Team, Dublin 8, Ireland

Language: English

Abstract: Objective: To determine the prevalence of mental illness among the residents of a homeless hostel in inner city Dublin. Method: A cross-sectional survey was carried out among hostel residents, as previous studies have indicated that homeless hosteldwelling men in Dublin constitute the largest single grouping of homeless Irish people. All agreeable residents were interviewed by the authors over an eight-week period using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) Clinical Version. For each disorder, the current (30-day) and past prevalence was determined. Results: A total of 38 residents were interviewed, resulting in a response rate of 39.2% for the study. A total of 81.6% of residents had a current Axis I diagnosis; this number increased to 89.5% when combining current and past diagnoses. Only four residents had no diagnosis. There was considerable comorbidity between disorders, with a significant number of residents experiencing both mental illness and substance use problems. When considering lifetime diagnoses, 31.6% had a single diagnosis only; 57.9% had two/more diagnoses. Twelve residents (31.6%) had been admitted to a psychiatric hospital during their lifetime. The most prevalent disorders during the past month were Alcohol Dependence (23.7%), Opioid Dependence and Major Depressive Disorder (both 18.4%), Opioid Abuse and Alcohol-Induced Depression (both 7.9%). Only 23.7% of interviewed residents were attending psychiatric or addiction services. A significant number of residents who did not wish to participate in the study were identified by hostel staff as having a confirmed psychiatric diagnosis. Conclusion: The survey demonstrated a very high prevalence of mental disorders among homeless hostel residents. The high prevalence of dual diagnosis highlights the need for greater collaboration between psychiatric services and addiction services. The outcome also points to the importance of providing mental health training to emergency shelter/hostel staff. Research into the mental health status of the homeless should be undertaken regularly if services are to be planned to meet the needs of this vulnerable group.
"opiate addiction/diagnosis"
prevalence
Structured Clinical Interview for DSM Disorders
substance abuse

Source: EMBASE

28. At least 25% with a mental health problem is a conservative estimate

Citation: BMJ (Online), March 2012, vol./is. 344/7848, 0959-8146;1756-1833 (17 Mar 2012)
Author(s): Goldberg D.; Huxley P.
Institution: (Goldberg) Institute of Psychiatry, London SE21 7HJ, United Kingdom; (Huxley) Mental Health Research Team, College of Human and Health Sciences and College of Medicine, Swansea University, Swansea SA2 8PP, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Publication Type: Journal: Letter
Subject Headings: alcoholism
bipolar disorder
dementia
disease classification
drug dependence
human
letter
lifespan
mental disease
*mental health
prevalence
priority journal
schizophrenia
United Kingdom

Source: EMBASE
Full Text: Available from Highwire Press in BMJ
Available from BMJ in Newcomb Library & Information Service

29. "One in four" with a mental health problem: The anatomy of a statistic

Citation: BMJ (Online), February 2012, vol./is. 344/7845(31), 0959-8146;1756-1833 (25 Feb 2012)
Author(s): Ginn S.; Horder J.
Institution: (Ginn, Horder) Department of Psychiatry, University of Oxford, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Publication Type: Journal: Short Survey
Subject Headings: attention deficit disorder
awareness
behavior disorder
Diagnostic and Statistical Manual of Mental Disorders
evidence based nursing
health care organization
human
insomnia
30. Alcohol and drug problems in older people

Citation: BMJ (Online), January 2012, vol./is. 344/7840, 0959-8146;1756-1833 (21 Jan 2012)

Author(s): Holmwood C.

Institution: (Holmwood) Clinical Workforce Development and Standards, Drug and Alcohol Services South Australia, Parkside, SA 5063, Australia

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

CAS Registry Number: 439-14-5 (diazepam); 846-49-1 (lorazepam); 59-43-8 (thiamine); 67-03-8 (thiamine)

Publication Type: Journal: Editorial

31. Don't forget tuberculosis

Citation: BMJ (Online), August 2011, vol./is. 343/7818, 0959-8146;1756-1833 (06 Aug 2011)
Author(s): Godlee F.
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Publication Type: Journal: Editorial
Subject Headings: Africa
drug misuse
editorial
Europe
homelessness
human
incidence
Indian
infection rate
migration
"*multidrug resistant tuberculosis/pc [Prevention]"
national health service
Netherlands
offender
pandemic
Portugal
prevalence
primary medical care
priority journal
Southeast Asia
*tuberculosis control
United Kingdom
United States
world health organization

Source: EMBASE
Full Text: Available from Highwire Press in BMJ
Available from BMJ in Newcomb Library & Information Service

32. All about smoking cessation: Fundamental re-think on smoking is needed

Citation: BMJ (Online), October 2011, vol./is. 343/7829, 0959-8146;1756-1833 (29 Oct 2011)
Author(s): Jepson P.D.
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Publication Type: Journal: Letter

Source: EMBASE
Full Text: Available from Highwire Press in BMJ
Available from BMJ in Newcomb Library & Information Service
Subject Headings: addiction
                 attitude to health
                 death
                 evidence based practice
                 government
                 human
                 letter
                 priority journal
                 *smoking
                 *smoking cessation
                 tax
                 tobacco
                 United Kingdom
                 4’ methylmethcathinone

Source: EMBASE
Full Text: Available from Highwire Press in BMJ
           Available from BMJ in Newcomb Library & Information Service

33. Save our pubs & clubs

Citation: BMJ (Online), October 2011, vol./is. 343/7828, 0959-8146;1756-1833 (22 Oct 2011)
Author(s): Cassidy J.
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Publication Type: Journal: Short Survey
Subject Headings: alcoholism
                 *club
                 *commercial phenomena
                 human rights
                 law enforcement
                 *legal aspect
                 licence
                 obesity
                 organization
                 priority journal
                 *pub
                 public health
                 short survey
                 *smoking
                 *smoking ban
                 smoking cessation
                 social support
                 United Kingdom
                 workplace

Source: EMBASE
Full Text: Available from Highwire Press in BMJ
           Available from BMJ in Newcomb Library & Information Service

34. What if the Daily Mail is correct?

Citation: BMJ (Online), October 2011, vol./is. 343/7824, 0959-8146;1756-1833 (24 Oct 2011)
Author(s): Hayes S.F.
Institution: (Hayes) Canute Surgery, Woolston, Southampton SO19 9AL, United Kingdom
35. Facing up to the prescription opioid crisis

Citation: BMJ (Online), September 2011, vol./is. 343/7823, 0959-8146;1756-1833 (17 Sep 2011)

Author(s): Dhalla I.A.; Persaud N.; Juurlink D.N.

Institution: (Dhalla, Juurlink) Department of Medicine and Health Policy, Management and Evaluation, University of Toronto, Toronto, ON, Canada; (Dhalla) Department of Medicine, St. Michael's Hospital, Toronto, ON, Canada; (Dhalla, Persaud) Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, ON, Canada; (Dhalla, Juurlink) Institute for Clinical Evaluative Sciences, Toronto, ON, Canada; (Persaud) Department of Family and Community Medicine, St. Michael's Hospital, Toronto, ON, Canada; (Persaud) Department of Family and Community Medicine, University of Toronto, Toronto, ON, Canada; (Juurlink) Sunnybrook Research Institute, Toronto, ON, Canada

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

CAS Registry Number: 466-99-9 (hydromorphone); 71-68-1 (hydromorphone); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opioid); 8002-76-4 (opioid); 8008-60-4 (opioid); 124-90-3 (oxycodone); 76-42-6 (oxycodone); 103-90-2 (paracetamol)

Publication Type: Journal: Review

Subject Headings: "chronic pain/dt [Drug Therapy]"

drug cost
drug efficacy
drug manufacture
drug marketing
drug safety
drug use
electronic medical record
human
36. Phenazepam is currently being misused in the UK

Citation: BMJ, July 2011, vol./is. 343/7814, 1756-1833 (09 Jul 2011)
Author(s): Maskell P.D.; De Paoli G.; Seetohul L.N.; Pounder D.J.
Institution: (Maskell, De Paoli, Seetohul, Pounder) Centre for Forensic and Legal Medicine, University of Dundee, Dundee DD1 4HN, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
CAS Registry Number: 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 51753-57-2 (phenazepam)
Publication Type: Journal: Letter
Subject Headings: autopsy
blood sampling
drug blood level
"drug fatality/si [Side Effect]"
*drug misuse
drug overdose
drug safety
drug screening
drug withdrawal
forensic toxicology
hospital admission
human
Internet
legal aspect
letter
priority journal
"seizure/si [Side Effect]"
United Kingdom
4' methylmethcathinone
benzodiazipine derivative
illicit drug
"opiate/ae [Adverse Drug Reaction]"
"*phenazepam/ae [Adverse Drug Reaction]"
37. Alcohol marketing to children

Citation: BMJ, April 2011, vol./is. 342/7800(720), 1756-1833 (02 Apr 2011)
Author(s): Hastings G.; Sheron N.
Institution: (Hastings) Institute for Social Marketing, University of Stirling and the Open University, Stirling FK9 4LA, United Kingdom; (Sheron) Division of Infection, Inflammation and Immunity, Faculty of Medicine, University of Southampton, Southampton SO16 6YD, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Publication Type: Journal: Editorial
Subject Headings: advertizing
*alcoholic beverage alcoholism
*child behavior *drinking behavior drunkenness editorial human
*marketing mass medium priority journal public health United Kingdom

38. Usage patterns of stop smoking medications in Australia, Canada, the United Kingdom, and the United States: Findings from the 2006-2008 International Tobacco Control (ITC) Four Country survey

Citation: International Journal of Environmental Research and Public Health, January 2011, vol./is. 8(1)(222-233), 1660-601 (January 2011)
Author(s): Fix B.V.; Hyland A.; Rivard C.; McNeill A.; Fong G.T.; Borland R.; Hammond D.; Cummings K.M.
Institution: (Fix, Hyland, Rivard, Cummings) Department of Health Behavior, Roswell Park Cancer Institute, Elm and Carlton Street, Buffalo, NY 14263, United States; (McNeill) Division of Epidemiology and Public Health, University of Nottingham, Nottingham, NG5 1PB, United Kingdom; (Fong) Department of Psychology, University of Waterloo, Waterloo, ON, N2L 3G1, Canada; (Fong) Ontario Institute for Cancer Research, Toronto, ON, M5G 1L7, Canada; (Borland) The Cancer Council Victoria, Carlton, VIC, 3053, Australia; (Hammond) Department of Health Studies and Gerontology, University of Waterloo, Waterloo, ON, N2L 3G1, Canada
Language: English
Abstract: Varenicline is a new prescription stop smoking medication (SSM) that has been available in the United States since August 1, 2006, in the United Kingdom and other European Union countries since December 5, 2006, in Canada since April 12, 2007, and in
since January 1, 2008. There are few population-based studies that have examined use rates of varenicline and other stop smoking medications. We report data from the ITC Four Country survey conducted with smokers in the US, UK, Canada, and Australia who reported an attempt to quit smoking in past year in the 2006 survey \((n = 4,022\) participants), 2007 \((n = 3,790\) participants), and 2008 surveys \((n = 2,735\) participants) Respondents reported use of various stop smoking medications to quit smoking at each survey wave, along with demographic and smoker characteristics. The self-reported use of any stop smoking medication has increased significantly over the 3 year period in all 4 countries, with the sharpest increase occurring in the United States. Varenicline has become the second most used stop smoking medication, behind NRT, in all 4 countries since being introduced. Between 2006 and 2008, varenicline use rates increased from 0.4% to 21.7% in the US, 0.0% to 14.8% in Canada, 0.0% to 14.5% in Australia, and 0.0% to 4.4% in the UK. In contrast, use of NRT and bupropion remained constant in each country. Males and non-whites were significantly less likely to report using any SSM, while more educated smokers were significantly more likely to use any SSM, including varenicline. Our findings suggest that the introduction of varenicline led to an increase in the number of smokers who used evidence-based treatment during their quit attempts, rather than simply gaining market share at the expense of other medications. From a public health perspective, messages regarding increased success rates among medication users and the relative safety of stop smoking medications should be disseminated widely so as to reach all smokers of all socioeconomic classifications equally. 2010 by the authors; licensee MDPI, Basel, Switzerland.

**Country of Publication:** Switzerland

**Publisher:** MDPI AG (Postfach, Basel CH-4005, Switzerland)

**CAS Registry Number:** 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 249296-44-4 (varenicline); 375815-87-5 (varenicline)

**Publication Type:** Journal: Article

**Subject Headings:**
- adult
- article
- Australia
- Canada
- cigarette smoking
- controlled study
- drug use
- educational status
- ethnic difference
- evidence based medicine
- female
- health survey
- human
- male
- nicotine replacement therapy
- self report
- *smoking cessation
- "tobacco dependence/dt [Drug Therapy]"
- trend study
- United Kingdom
- United States
- "amfebutamone/dt [Drug Therapy]"
- "*varenicline/dt [Drug Therapy]"

**Source:** EMBASE

**Full Text:** Available from National Library of Medicine in International Journal of Environmental Research and Public Health
Available from ProQuest in International Journal of Environmental Research and Public Health; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
39. Getting hooked

Citation: BMJ, April 2011, vol./is. 342/7803, 1756-1833 (23 Apr 2011)
Author(s): Smith J.
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
CAS Registry Number: 7440-44-0 (carbon); 50-36-2 (cocaine); 53-21-4 (cocaine); 125-28-0 (dihydrocodeine); 24204-13-5 (dihydrocodeine); 5965-13-9 (dihydrocodeine); 139755-83-2 (sildenafil); 27203-92-5 (tramadol); 36282-47-0 (tramadol)
Publication Type: Journal: Editorial
Subject Headings: alcoholism
carbon footprint
child health care
drug cost
editorial
general practitioner
health care policy
*health care quality
human
medical specialist
national health service
prescription
primary medical care
priority journal
*safety
United Kingdom
carbon
cocaine
dihydrocodeine
sildenafil
tramadol
Source: EMBASE
Full Text: Available from Highwire Press in BMJ
Available from BMJ in Newcomb Library & Information Service


Citation: BMJ, January 2011, vol./is. 342/7791(279-281), 1756-1833 (29 Jan 2011)
Author(s): Kendall T.; Cape J.; Chan M.; Taylor C.
Institution: (Kendall, Chan, Taylor) National Collaborating Centre for Mental Health, Royal College of Psychiatrists, London E1 8AA, United Kingdom; (Kendall, Cape) University College London (Clinical, Educational and Health Psychology), London WC1E 7HB, United Kingdom; (Kendall) Sheffield Health and Social Care NHS Foundation Trust, Sheffield S10 3TH, United Kingdom; (Cape) Psychological Therapies, Camden and Islington NHS Foundation Trust, St. Pancras Hospital, London NW1 0PE, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
CAS Registry Number: 148553-50-8 (pregabalin)
Publication Type: Journal: Short Survey
Subject Headings: agoraphobia
41. Clashes between the government and its expert advisers

Citation: BMJ (Online), 2009, vol/is. 339/7730(1095), 1756-1833 (2009)

Author(s): Gossop M.; Hall W.

Institution: (Gossop) National Addiction Centre, Institute of Psychiatry, King's College, London SE5 8AF, United Kingdom; (Hall) School of Population Health, University of Queensland, Herston, QLD 4006, Australia

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

CAS Registry Number: 42542-10-9 (3,4 methylenedioxyamphetamine); 64-17-5 (alcohol); 8001-45-4 (cannabis); 8063-14-7 (cannabis)

Publication Type: Journal: Editorial

Subject Headings: addiction
*advisory committee
alcoholism
bovine spongiform encephalopathy
conflict
drug classification
drug misuse
editorial
*government
policy
political participation
practice guideline
priority journal
tax
United Kingdom
3 4 methylenedioxyamphetamine
alcohol
amphetamine derivative
Objective: To determine whether varenicline, a recently licensed smoking cessation product, is associated with an increased risk of suicide and suicidal behaviour compared with alternative treatments bupropion and nicotine replacement therapy. Design: Cohort study nested within the General Practice Research Database. Setting: Primary care in the United Kingdom. Participants: 80,660 men and women aged 18-95 years were prescribed a new course of a smoking cessation product between 1 September 2006 and 31 May 2008; the initial drugs prescribed during follow-up were nicotine replacement products (n = 63,265), varenicline (n = 10,973), and bupropion (n = 6,422). Main outcome measures: Primary outcomes were fatal and non-fatal self-harm, secondary outcomes were suicidal thoughts and depression, all investigated with Cox's proportional hazards models. Results: There was no clear evidence that varenicline was associated with an increased risk of fatal (n = 2) or nonfatal (n = 166) self harm, although a twofold increased risk cannot be ruled out on the basis of the upper limit of the 95% confidence interval. Compared with nicotine replacement products, the hazard ratio for self harm among people prescribed varenicline was 1.12 (95% CI 0.67 to 1.88), and it was 1.17 (0.59 to 2.32) for people prescribed bupropion. There was no evidence that varenicline was associated with an increased risk of depression (n = 2,244) (hazard ratio 0.88 (0.77 to 1.00)) or suicidal thoughts (n = 37) (1.43 (0.53 to 3.85)). Conclusion: Although a twofold increased risk of self harm with varenicline cannot be ruled out, these findings provide some reassurance concerning its association with suicidal behaviour.
43. Alcohol use in South Asians in the UK

Citation: BMJ (Online), November 2009, vol./is. 339/7729(1043), 1756-1833 (07 Nov 2009)

Author(s): Pannu G.; Zaman S.; Bhala N.; Zaman R.

Institution: (Pannu) Sussex Partnership NHS Foundation Trust, Swandean, Worthing, West Sussex BN13 3EP, United Kingdom; (Zaman) Princess of Wales Hospital, Cambridgeshire and Peterborough NHS Foundation Trust, Ely, Cambridgeshire CB6 1DN, United Kingdom; (Bhala) Nuffield Department of Clinical Medicine, University of Oxford, Headington, Oxford OX3 7LF, United Kingdom; (Zaman) Department of Psychiatry, University of Cambridge, Addenbrooke's Hospital, Cambridge CB2 2QQ, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

Publication Type: Journal: Editorial

Subject Headings: *alcohol consumption
"alcohol liver disease/ep [Epidemiology]"
"*alcoholism/ep [Epidemiology]"
editorial
*ethnic difference
ethnic group
human
mortality
priority journal
South Asia
United Kingdom

Source: EMBASE

Full Text: Available from Highwire Press in BMJ
Available from BMJ in Newcomb Library & Information Service

44. The safety of propofol

Citation: BMJ (Online), October 2009, vol./is. 339/7727(928), 1756-1833 (24 Oct 2009)

Author(s): Hartle A.; Malhotra S.

Institution: (Hartle, Malhotra) Department of Anaesthesia, St. Mary's Hospital, Imperial College Healthcare NHS Trust, London W2 1NY, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Objective: To evaluate the effectiveness of youth development in reducing teenage pregnancy, substance use, and other outcomes. Design: Prospective matched comparison study. Setting: 54 youth service sites in England. Participants: Young people (n=2724) aged 13-15 years at baseline deemed by professionals as at risk of teenage pregnancy, substance misuse, or school exclusion or to be vulnerable. Intervention: Intensive, multicomponent youth development programme including sex and drugs education (Young People's Development Programme) versus standard youth provision. Main outcome measures: Various, including pregnancy, weekly cannabis use, and monthly drunkenness at 18 months. Results: Young women in the intervention group more commonly reported pregnancy than did those in the comparison group (16% v 6%; adjusted odds ratio 3.55, 95% confidence interval 1.32 to 9.50). Young women in the intervention group also more commonly reported early heterosexual experience (58% v 22%; adjusted odds ratio 4.38, 95% confidence interval 1.51 to 12.57). Young women in the intervention group were also more likely to report using cannabis weekly (28% v 14%; adjusted odds ratio 2.33, 95% confidence interval 1.11 to 4.87). Young men in the intervention group more commonly reported drunkenness at 18 months (21% v 10%; adjusted odds ratio 2.16, 95% confidence interval 1.14 to 4.12).
33%; adjusted odds ratio 2.53, 1.09 to 5.92) and expectation of teenage parenthood (34% v 24%; 1.61, 1.07 to 2.43). Conclusions: No evidence was found that the intervention was effective in delaying heterosexual experience or reducing pregnancies, drunkenness, or cannabis use. Some results suggested an adverse effect. Although methodological limitations may at least partly explain these findings, any further implementation of such interventions in the UK should be only within randomised trials.
cause mortality (primary outcome) and drug dependent cause specific mortality (secondary outcome) by means of Cox proportional hazards models during 12 years of follow-up. Results: Overall, 181 (8%) people died. Overuse of methadone (adjusted hazard ratio 1.67, 95% confidence interval 1.05 to 2.67), history of psychiatric admission (2.47, 1.67 to 3.66), and increasing comorbidity measured as Charlson index >3 (1.20, 1.15 to 1.26) were all associated with an increase in all cause mortality. Longer duration of use (adjusted hazard ratio 0.95, 0.94 to 0.96), history of having urine tested (0.33, 0.22 to 0.49), and increasing time since last filled prescription were protective in relation to all cause mortality. Drug dependence was identified as the principal cause of death in 60 (33%) people. History of psychiatric admission was significantly associated with drug dependent death (adjusted hazard ratio 2.41, 1.25 to 4.64), as was history of prescription of benzodiazepines (4.35, 1.32 to 14.30). Conclusions: Important elements of care in provision of methadone maintenance treatment are likely to influence, or be a marker for, a person's risk of death.

Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
CAS Registry Number: 12794-10-4 (benzodiazepine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)
Publication Type: Journal: Article
Subject Headings: adolescent adult article cause of death cohort analysis "drug dependence/dt [Drug Therapy]" "drug dependence/rh [Rehabilitation]" female follow up hospital admission human major clinical study male *methadone treatment *mortality narcotic dependence outcome assessment prescription *primary medical care priority journal psychiatric department psychiatric treatment retrospective study treatment duration treatment outcome "antidepressant agent/cb [Drug Combination]" "benzodiazepine/cb [Drug Combination]" "*methadone/cb [Drug Combination]" "*methadone/dt [Drug Therapy]" "neuroleptic agent/cb [Drug Combination]" "opiate/cb [Drug Combination]"
Source: EMBASE

47. The importance of brain banks for molecular neuropathological research: The new south wales tissue resource centre experience
New developments in molecular neuropathology have evoked increased demands for postmortem human brain tissue. The New South Wales Tissue Resource Centre (TRC) at The University of Sydney has grown from a small tissue collection into one of the leading international brain banking facilities, which operates with best practice and quality control protocols. The focus of this tissue collection is on schizophrenia and allied disorders, alcohol use disorders and controls. This review highlights changes in TRC operational procedures dictated by modern neuroscience, and provides examples of applications of modern molecular techniques to study the neuropathogenesis of many different brain disorders.
Background: Little is known regarding the epidemiology of drug injection and risk behaviors among injection drug users (IDUs) across India. In particular, there is limited data on the prevalence of stimulant injection. Methods: We sampled 801 HIV positive IDUs from 14 locations throughout India to represent the geography of India as well as the diversity in IDU epidemic stage (established epidemics, emerging epidemics and large cities). All participants underwent a behavioral survey and blood draw. Given prior associations with stimulant injection and HIV risk, we compared stimulant injectors (cocaine and/or methamphetamine) to those who injected opiates and/or pharmaceuticals only. Results: The median age was 33; 86% were male. The primary drugs injected were heroin, buprenorphine and other pharmaceuticals. In all but four sites, >50% of those actively injecting reported needle sharing. Stimulant injection was most common in emerging epidemics. Compared to exclusive opiate injectors, stimulant injectors were significantly younger, more likely to be educated and employed, more likely to report non-injection use of heroin, crack/cocaine and amphetamines, heavy alcohol use, recent needle sharing (71% vs. 57%), sex with a casual partner (57% vs. 31%) and men having sex with other men (33% vs. 9%; p<.01 for all). Conclusions: Emerging IDU epidemics have a drug/sexual risk profile not previously been observed in India. Given the high prevalence of stimulant injection in these populations, HIV prevention/treatment programs may need to be redesigned to maximize effectiveness. The high levels of injection sharing overall reinforce the need to ensure access to harm-reduction services for all. 2013 Elsevier Ireland Ltd.
Background: GHB dependent patients can suffer from a severe and sometimes life-threatening withdrawal syndrome. Therefore, most of the patients are treated within inpatient settings. However, some prefers an outpatient approach to treatment. The aim of this study was to develop decision rules for addiction physicians to determine whether an outpatient or inpatient setting should be chosen for a safe GHB detoxification. Methods: A prospective vignette study was performed. Forty addiction medicine specialists from various treatment settings and residents of the Addiction Medicine postgraduate Master training were asked to contribute vignettes of GHB dependent patients. A focus group of 15 psychiatrists and addiction medicine specialists was asked to recommend an outpatient or inpatient setting for GHB detoxification treatment per vignette. Finally, five addiction medicine specialists, experts in GHB dependence treatment in the Netherlands, assessed the bio-psychosocial reasons for the choices of the focus group and formulated the recommended criteria. Results: Based on the bio-psychosocial state of twenty vignette patients, addiction physicians and psychiatrists established the criteria and conditions recommended for the indication of an outpatient GHB detoxification. Intensity of addiction (GHB dose <32 g/d and frequency of abuse <2 h) was stated as the primary criterion in determining the setting as well as the complexity of the psychiatric comorbid disorders. The importance of a stable support system was emphasised. Conclusion: The vignette study resulted in a set of criteria with which addiction medicine specialists can make a weighted decision as to an outpatient or inpatient setting for GHB detoxification.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 591-81-1 (4 hydroxybutyric acid)
Publication Type: Journal: Article
Subject Headings: article comorbidity *decision support system *drug dependence *drug detoxification human medical decision making medical specialist patient safety priority journal prospective study social psychology treatment indication *4 hydroxybutyric acid
50. Commitment strength, alcohol dependence and HealthCall participation: Effects on drinking reduction in HIV patients

Citation: Drug and Alcohol Dependence, 2014, vol./is. 135/1(112-118), 0376-8716;1879-0046 (2014)

Author(s): Aharonovich E.; Stohl M.; Ellis J.; Amrhein P.; Hasin D.

Institution: (Aharonovich, Stohl, Ellis, Amrhein, Hasin) New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY 10032, United States; (Aharonovich, Amrhein, Hasin) Department of Psychiatry, Columbia University Medical Center, 1051 Riverside Drive, New York, NY 10032, United States; (Hasin) Department of Epidemiology, Mailman School of Public Health, Columbia University, 722 West 168th Street, New York, NY 10032, United States

Language: English

Abstract: Background: The role of three factors in drinking outcome after brief intervention among heavily drinking HIV patients were investigated: strength of commitment to change drinking, alcohol dependence, and treatment type: brief Motivational Interview (MI) only, or MI plus HealthCall, a technological extension of brief intervention. Methods: HIV primary care patients (N= 139) who drank >4 drinks at least once in the 30 days before study entry participated in MI-only or MI. +. HealthCall in a randomized trial to reduce drinking. Patients were 95.0% minority; 23.0% female; 46.8% alcohol dependent; mean age 46.3. Outcome at end of treatment (60 days) was drinks per drinking day (Timeline Follow-Back). Commitment strength (CS) was rated from MI session recordings. Results: Overall, stronger CS predicted end-of-treatment drinking (p<. .001). After finding an interaction of treatment, CS and alcohol dependence (p=. .01), we examined treatment. x. CS interactions in alcohol dependent and non-dependent patients. In alcohol dependent patients, the treatment. x. commitment strength interaction was significant (p=. .06); patients with low commitment strength had better outcomes in MI. +. HealthCall than in MI-only (lower mean drinks per drinking day; 3.5 and 4.6 drinks, respectively). In non-dependent patients, neither treatment nor CS predicted outcome. Conclusions: Among alcohol dependent HIV patients, HealthCall was most beneficial in drinking reduction when MI ended with low commitment strength. HealthCall may not merely extend MI effects, but add effects of its own that compensate for low commitment strength. Thus, HealthCall may also be effective when paired with briefer interventions requiring less skill, training and supervision than MI. Replication is warranted. 2013 Elsevier Ireland Ltd.
Background: Females exhibit more rapid escalation of cocaine use and enhanced cocaine-taking behavior as compared to males. While ovarian hormones likely play a role in this increased vulnerability, research has yet to examine the role of estradiol in affecting the behavioral and neurological response to cocaine in a brain region- and sex-specific way. Methods: First, we examined stereotypy and locomotor sensitization after repeated cocaine administration (10 mg/kg i.p.) in intact (SHAM) and castrated (CAST) males, and ovariectomized (OVX) females treated with 5 μg estradiol benzoate (EB) or vehicle (OIL). Next, we used in vivo microdialysis to examine the effects of acute EB treatment on cocaine-induced DA in the regions mediating the display of these behaviors (i.e., the dorsolateral striatum, DLS; and the nucleus accumbens, NAc; respectively). Results: We find that EB enhances sensitization of cocaine-induced stereotypy in OVX females after 12 days of cocaine treatment, and after a 10-day withdrawal. Similarly, the OVX/EB females show enhanced locomotor sensitization compared to the other three groups on the same days. Using in vivo microdialysis to assess the neurochemical response, we find that EB rapidly enhances cocaine-induced DA in DLS dialysate of OVX females but not CAST males, and has no effect in NAc of either sex. Conclusions: With these experiments, we show that there are sex differences in the effects of estradiol to preferentially enhance the response to cocaine in the DLS over the NAc in females, which may contribute to the preferential sensitization of stereotypy in females. 2013 Elsevier Ireland Ltd.
52. Childhood and current ADHD symptom dimensions are associated with more severe cannabis outcomes in college students

Citation: Drug and Alcohol Dependence, 2014, vol./is. 135/1(88-94), 0376-8716;1879-0046 (2014)


Institution: (Bidwell) Center for Alcohol and Addition Studies, Department of Psychiatry and Human Behavior, Brown University, Box G-S121-4, Providence, RI 02912, United States; (Bidwell) Rhode Island Hospital, Department of Psychiatry, Division of Behavioral Genetics, 1 Hoppin Street, Providence, RI 02903, United States; (Henry, Willcutt, Kinnear, Ito) Department of Psychology and Neuroscience, University of Colorado Boulder, Boulder, CO 80309, United States

Language: English

Abstract: Background: Numerous studies have shown that attention deficit/hyperactivity disorder (ADHD) is associated higher risk of cannabis use disorders (CUD). However, these studies are limited in that most did not: (a) differentiate the role of hyperactivity-impulsivity (HI) and inattention (IN); (b) control for associated psychopathology; and (c) consider more fine-grained CUD-related measures. Our aim was to clarify the unique and interactive contributions of inattention and hyperactivity symptoms to age of cannabis initiation and DSM-IV cannabis dependence, craving, and severity of problems related to cannabis use while statistically controlling for symptoms of comorbid psychopathology in a non-clinical sample of young adults. Methods: Cannabis variables, current use of cigarettes and alcohol, current and childhood ADHD, and comorbid internalizing and externalizing psychopathology were assessed in 376 male and female undergraduates. Results: Results indicate that current and childhood IN were independently associated with more severe cannabis use, craving, and problem use-related outcomes in young adulthood (p's. <. .01) and that childhood HI symptoms were associated with earlier initiation of cannabis (p<. .01). Further, current IN symptoms moderated the relationships between level of use and more severe outcomes (p's. <. .01), such that higher IN strengthened positive associations among use and problem cannabis use. Associations with ADHD symptom dimensions and current use of alcohol and cigarettes were also present. Conclusions: Thus, current and childhood inattention symptoms as well as childhood hyperactive-impulsive symptoms emerged as significant factors in cannabis-related outcomes in young adults, even after statistically controlling for important confounding variables. 2013 Elsevier Ireland Ltd.
53. Item Response Theory analyses of DSM-IV and DSM-5 stimulant use disorder criteria in an American Indian community sample

Citation: Drug and Alcohol Dependence, 2014, vol./is. 135/1(29-36), 0376-8716;1879-0046 (2014)
Author(s): Gilder D.A.; Gizer I.R.; Lau P.; Ehlers C.L.
Institution: (Gilder, Lau, Ehlers) Department of Molecular and Cellular Neurosciences The Scripps Research Institute, 10550 North Torrey Pines Road, La Jolla, CA 92037, United States; (Gizer) Department of Psychological Sciences, University of Missouri, Columbia, MO 65211, United States; (Ehlers) Department of Molecular and Experimental Medicine, The Scripps Research Institute, 10550 North Torrey Pines Road, La Jolla, CA 92037, United States
Language: English
Abstract: Background: Native Americans experience some of the highest rates of DSM-IV stimulant dependence (SD) of all U.S. ethnic groups. This report compares DSM-IV and DSM-5 stimulant use disorder (SUD) diagnostic criteria in an American Indian community sample. Methods: Demographic information, stimulant (methamphetamine or cocaine) use, and lifetime DSM-IV and DSM-5 diagnoses were assessed in 858 adult American Indians. Item Response Theory (IRT) analyses were used to assess SUD criteria in both DSM-IV and DSM-5 criteria sets along an underlying latent trait severity continuum and the effect of demographic variables on differential item functioning (DIF) in those criteria. Results: The overall rate of DSM-IV SD was 33%, of DSM-IV SUD was 38%, and of DSM-5 SUD was 36% with no gender differences. All SUD symptoms in both the DSM-IV and DSM-5 datasets functioned on the moderate portion of the underlying severity continuum. "Craving" discriminated better than any other criterion at its level of severity in indicating the presence or absence of SUD. There was little DIF in groups defined by gender or any other demographic variable in either the DSM-IV or DSM-5 datasets. Conclusions: These findings indicate that in this American Indian sample, diagnostic criteria for DSM-IV and DSM-5 SUD function similarly in terms of severity and DIF and that the abolition of the DSM-IV distinction between stimulant abuse and dependence in DSM-5 is warranted. 2013 Elsevier Ireland Ltd.
54. Predictors of non-prescribed opioid use after one year of methadone treatment: An attributable-risk approach (ANRS-Methaville trial)

Citation: Drug and Alcohol Dependence, 2014, vol./is. 135/1(1-8), 0376-8716;1879-0046 (2014)

Author(s): Lions C.; Carrieri M.P.; Michel L.; Mora M.; Marcellin F.; Morel A.; Spire B.; Roux P.

Institution: (Lions, Carrieri, Mora, Marcellin, Spire, Roux) INSERM, UMR912 Economics and Social Sciences Applied to Health and Analysis of Medical Information (SESSTIM), 13006 Marseille, France; (Lions, Carrieri, Mora, Marcellin, Spire, Roux) Aix Marseille University, UMR-S912, IRD, 13006 Marseille, France; (Lions, Carrieri, Mora, Marcellin, Spire, Roux) ORS PACA, Southeastern Health Regional Observatory, 13006 Marseille, France; (Michel) INSERM, Research Unit 669, Paris, France; (Michel) Univ. Paris-Sud and Univ. Paris Descartes, UMR-S0669, Paris, France; (Michel) Centre Pierre Nicole, Paris, France; (Morel) Oppelia, Paris, France

Language: English

Abstract: Background: The effectiveness of methadone as an opioid maintenance treatment (OMT) for opioid dependence has been widely demonstrated. However many patients continue to use other opioids while on methadone treatment. Studies assessing avoidable cases of continued non-prescribed opioid use during methadone treatment are sparse. Methods: At 12 months of treatment (M12), 158 subjects had available data on opioid use, measured using the Opiate Treatment Index. We identified variables associated with non-prescribed opioid use at M12, using a univariate logistic regression and two multivariate models, one incorporating only pre-treatment variables, the second adding the in-treatment variables. We also calculated attributable fractions for risk factors. Results: At M12, 32.3% of the patients had used non-prescribed opioids during the previous month. A good patient-physician relationship was the most influential factor associated with not using non-prescribed opioids after one year. Living with a heroin user after one year of treatment, using cocaine during treatment and hazardous alcohol consumption at enrolment were all associated with an increased risk of non-prescribed opioid use at M12.
Analysis of attributable fractions indicated that living with a heroin user at M12 accounted for 21% of patients reporting non-prescribed opioid use at M12, while the lack of a good relationship with the physician accounted for 26%. Conclusions: The attributable risk approach suggests that continued non-prescribed opioid use by a considerable proportion of individuals could potentially be reduced by improving patient-physician relationships, enhancing care for co-dependent patients and encouraging patients to modify their social network. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)
Publication Type: Journal: Review
Subject Headings: adult
age
alcohol consumption
*attributable risk
cannabis use
doctor patient relation
drug abuse
female
food assistance
human
lifestyle modification
major depression
male
*methadone treatment
multicenter study (topic)
named inventories questionnaires and rating scales
"*opiate addiction/dt [Drug Therapy]"
Opiate Treatment Index
outcome assessment
patient monitoring
patient satisfaction
predictive value
priority journal
randomized controlled trial (topic)
review
risk assessment
social network
treatment duration
cocaine
diamorphine
"*methadone/ct [Clinical Trial]"
"*methadone/dt [Drug Therapy]"
Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

55. 1 and 5 year survival estimates for people with cirrhosis of the liver in England, 1998-2009: A large population study

Citation: Journal of Hepatology, February 2014, vol./is. 60/2(282-289), 0168-8278 (February 2014)
Author(s): Ratib S.; Fleming K.M.; Crooks C.J.; Aithal G.P.; West J.
Institution: (Ratib, Fleming, Crooks, West) Division of Epidemiology and Public Health, University of Nottingham, Nottingham NG5 1PB, United Kingdom; (Aithal) NIHR Biomedical Research Unit in Gastrointestinal and Liver Diseases, Nottingham University Hospitals NHS Trust, University of Nottingham, Nottingham, United Kingdom
Background & Aims: Large, population-based studies that have included the full spectrum of cirrhosis estimating survival, taking into account time-at-risk are lacking. We aimed to report 1- and 5-year average survival rates for people with cirrhosis to be used in a clinical and healthcare policy setting. Methods: We used the Clinical Practice Research Datalink and linked English Hospital Episode Statistics to identify adult cases of cirrhosis from January 1998 to December 2009. We estimated 1- and 5-year survival according to whether time-at-risk was ambulatory or followed an emergency hospital admission related to liver disease, stratified by age, sex, and aetiology to be used in a clinical setting. We used a multivariate Cox-proportional hazards model with a time-varying variable, adjusted for Baveno IV stage of cirrhosis at diagnosis, age, aetiology, and sex. Results: We identified 5118 incident cases. Average survival probabilities at 1- and 5-years were 0.84 (95% CI 0.83-0.86) and 0.66 (95% CI 0.63-0.68) for the ambulatory group and 0.55 (95% CI 0.53-0.57) and 0.31 (95% CI 0.29-0.33) following hospitalisation, respectively. A hospital admission at diagnosis or subsequently for liver disease substantially impaired prognosis independent of stage of cirrhosis (HR = 2.78, 95% CI 2.53, 3.06). Conclusions: Emergency hospitalisation for liver disease heralds a downturn in a patient's outlook independent of their stage of cirrhosis. Our results provide population-based clinically translatable estimates of prognosis for the purposes of healthcare delivery and planning and communication to patients.
Rationale, aims and objectives To find consensus, or lack thereof, on the impact of reducing alcohol consumption on prognosis and the risk of hospital admissions for a number of alcohol-attributable disorders. Methods A modified two-round Delphi survey utilizing web-based questionnaires to collect quantitative and qualitative data was used. Alcohol treatment experts from cardiology, emergency medicine, gastroenterology and oncology in the United Kingdom were invited to participate. The main outcomes were median impact ratings (on a scale of 1-9) and consensus (unanimous, strong, moderate, weak or no consensus). Results Of 192 experts invited to participate, 59 completed first questionnaires. The overall retention rate to the second questionnaires was about 51% (30/59). There was strong support that reducing alcohol consumption could result in improvement in prognosis for gastroenterology and emergency medicine patients; but uncertainty on the benefits for cardiology and oncology patients. Overall, the responses from the expert panel did not reflect the assumption that reducing alcohol consumption would result in benefits on hospital admissions for any of the specialties. The specialists viewed the severity of disorders as important when considering the impact of reducing alcohol consumption. Conclusions The highest impact of treatment for problem drinking in hospitals is considered to be for alcohol-related disorders associated with gastroenterology and emergency medicine. At policy level, if targeted screening for alcohol problems by presenting disease or condition is the strategy of choice, it would be logical to implement screening and easily accessible interventions or addiction specialists within these areas where alcohol treatment is considered as having a high impact. 2013 John Wiley & Sons, Ltd.
Since early 2009, over 80 illicitly produced synthetic cannabinoid receptor agonists have been notified to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Yet more have been reported in other countries or offered for sale on websites. These cannabinoids typically act as agonists at CB<sub>1</sub> receptors, and mimic the effects of <sup>9</sup>-tetrahydrocannabinol (THC), the principal psychoactive constituent of Cannabis L. As with other 'new psychoactive substances', they have shown the limitations of current drug control procedures. First, the regular appearance of new compounds makes specific listing impractical and overwhelms any attempt to create risk assessments on a substance-by-substance basis. Secondly, the lack of human pharmacological and toxicological data hinders any objective attempt to show that synthetic cannabinoids are harmful. The UK has had a long experience of using generic legislation to control groups of compounds. However, cannabimimetic activity arises in a large number of distinct chemical families, and it is clear that generic control can no longer cope with this diversity whilst remaining intelligible to non-chemists. Analogue control presents further difficulties, and does not appear to offer an acceptable solution. For these reasons, legislatures in many countries are creating novel forms of regulation separate from domestic drug laws. The generic definition of classical cannabinoids, introduced into the UK Misuse of Drugs Act in 1971, also shows signs of weakness. Thus the growing interest in the clinical potential of tetrahydrocannabivarin (THCV) is inhibited, at least in the UK, by its unintended status as a Schedule 1 substance. 2013 John Wiley & Sons, Ltd.
Substance Misuse, NHS Grampian, Aberdeen, United Kingdom; (Johnstone) Advantage Training Consultancy, Glasgow, United Kingdom

Language: English

Abstract: Objectives: Feasibility of pharmacist delivered motivational interviewing (MI) to methadone patients has been demonstrated, but its efficacy is untested. This study aimed to determine whether pharmacists trained in MI techniques can improve methadone outcomes. Methods: A cluster randomised controlled trial by pharmacy, with community pharmacies across Scotland providing supervised methadone to >10 daily patients, aged >18 years, started on methadone <24 months. Pharmacies were randomised to intervention or control. Intervention pharmacists received MI training and a resource pack. Control pharmacists continued with normal practice. Primary outcome was illicit heroin use. Secondary outcomes were treatment retention, substance use, injecting behaviour, psychological/physical health, treatment satisfaction and patient feedback. Data were collected via structured interviews at baseline and 6 months. Key findings: Seventy-six pharmacies recruited 542 patients (295 intervention, 247 control), mean age 32 years; 64% male; 91% unemployed; mean treatment length 9 months. No significant difference in outcomes between groups for illicit heroin use (32.4% cf. 31.4%), although within-groups use reduced (P < 0.001); treatment retention was higher in the intervention group but not significantly (88% cf. 81%; P = 0.34); no significant difference between groups in treatment satisfaction, although this improved significantly in intervention (P < 0.05). More intervention than control patients said pharmacists had 'spoken more,' which approached statistical significance (P = 0.06), and more intervention patients found this useful (P < 0.05). Conclusions: Limited intervention delivery may have reduced study power. The intervention did not significantly reduce heroin use, but there are indications of positive benefits from increased communication and treatment satisfaction. 2013 Royal Pharmaceutical Society.
treatment duration
unemployment
United Kingdom
diamorphine
"*methadone/dt [Drug Therapy]"

Source: EMBASE

59. Minimum alcohol pricing: A shameful episode

Citation: BMJ (Online), January 2014, vol./is. 348/, 1756-1833 (08 Jan 2014)
Author(s): Godlee F.
Institution: (Godlee) BMJ, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
CAS Registry Number: 64-17-5 (alcohol)
Publication Type: Journal: Editorial
Subject Headings: alcohol consumption
*alcoholism consultation
cost benefit analysis
*cost control editorial
employment
government regulation
harm reduction
health care policy
human industry
priority journal
punishment
tax
United Kingdom
*alcohol

Source: EMBASE
Full Text: Available from Highwire Press in BMJ
Available from BMJ in Newcomb Library & Information Service

60. Sodium oxybate in the treatment of alcohol dependence: From the alcohol withdrawal syndrome to the alcohol relapse prevention

Citation: Expert Opinion on Pharmacotherapy, February 2014, vol./is. 15/2(245-257), 1465-6566;1744-7666 (February 2014)
Author(s): Skala K.; Caputo F.; Mirijello A.; Vassallo G.; Antonelli M.; Ferrulli A.; Walter H.; Lesch O.; Addolorato G.
Institution: (Skala, Walter, Lesch) Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria; (Caputo) SS Annunziata Hospital, Department of Internal Medicine, Centro Ferrara, Italy; (Caputo) University of Bologna, G. Fontana Centre Multidisciplinary Treatment of Alcohol Addiction, Department of Clinical Medicine, Bologna, Italy; (Mirijello, Vassallo, Antonelli, Ferrulli, Addolorato) Catholic University of Rome, Gemelli Hospital, Department of Internal Medicine, Gemelli 8, 00168 Rome, Italy
Language: English
Abstract: Sodium oxybate (SMO) has been shown to be safe and effective in the treatment of patients with alcohol use disorders (AUDs); it was approved in Italy and Austria for the treatment of alcohol withdrawal syndrome and for relapse prevention. The focus of this review is to discuss the clinical evidence on the therapeutic potential of SMO for AUDs. Areas covered: This review covers the studies in patients with alcohol withdrawal syndrome who received SMO for the treatment of withdrawal symptoms and the studies in patients with AUDs who received SMO to achieve total alcohol abstinence, reduction of alcohol intake, and relapse prevention. Relevant medical literature on SMO was identified by searching databases including MEDLINE and EMBASE (searches last updated 20 September 2013), bibliographies from published literature, clinical trial registries/databases, and websites. Expert opinion: SMO has proved safe and effective in the treatment of alcohol withdrawal syndrome and in the prevention of relapses. Craving for and abuse of SMO have been reported, in particular in some subtypes of alcoholic patients, e.g., those affected by co-Addiction and/or psychiatric comorbidity. Future multicenter, multinational, randomized clinical trials should be useful to optimize the treatments in relation with patients' characteristics, for example, pharmacogenetic, neurobiological, and psychological. Informa UK, Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 64-17-5 (alcohol); 502-85-2 (oxybate sodium)
Publication Type: Journal: Article
Subject Headings: alcohol abstinence
alcohol abuse
alcohol consumption
"*alcohol withdrawal/dt [Drug Therapy]"
"*alcohol withdrawal/pc [Prevention]"
"*alcoholism/dt [Drug Therapy]"
"*alcoholism/pc [Prevention]"
article
*chemoprophylaxis
dependent personality disorder
drug combination
drug comparison
drug efficacy
drug metabolism
drug safety
human
neuromodulation
randomized controlled trial (topic)
"*relapse/dt [Drug Therapy]"
"*relapse/pc [Prevention]"
risk assessment
risk factor
alcohol
"*oxybate sodium/dt [Drug Therapy]"
Source: EMBASE
Full Text: Available from Informa Healthcare in Expert Opinion on Pharmacotherapy

61. Opioids for the treatment of arthritis pain

Citation: Expert Opinion on Pharmacotherapy, February 2014, vol./is. 15/2(193-202), 1465-6566;1744-7666 (February 2014)
Author(s): Stein C.; Baerwald C.
Institution: (Stein) Freie Universitaet Berlin, Charite Campus Benjamin Franklin, Department of Anaesthesiology and Critical Care Medicine, Berlin, Germany; (Baerwald)
Evidence Services | library.nhs.uk

Universitaetsklinikum Leipzig, Division of Rheumatology, Department of Internal Medicine, Leipzig, Germany

Language: English

Abstract: Introduction: Centrally acting opioids are well established in the treatment of acute, surgical and cancer pain. However, their use in chronic noncancer pain (CNCP) is controversial because of side effects such as tolerance, somnolence, respiratory depression, confusion, constipation and addiction. Chronic arthritis and other musculoskeletal diseases are among the leading causes of CNCP. Areas covered: This manuscript will discuss the role of conventional opioids in chronic arthritis. In addition, future developments and strategies exploiting peripheral effects of opioids on pain and inflammation will be outlined. Expert opinion: Aims in drug development include the design of peripherally restricted opioid agonists, selective targeting of endogenous opioids to sites of painful injury and the augmentation of peripheral ligand and receptor synthesis, for example, by gene therapy. Although a large number of peripherally acting opioid compounds have been developed, clinical Phase III studies have not been published so far. Another strategy is to augment the effects of endogenously released opioid peptides by the inhibition of their degrading enzymes. Technology-oriented research is needed to find novel ways of peripheral restriction of opioids. Such analgesics would be desirable for their lack of central side effects and of adverse effects typical of nonsteroidal anti-inflammatory drugs (gastrointestinal ulcers, bleeding, myocardial infarction and stroke). Informa UK, Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)
Publication Type: Journal: Review

Subject Headings: "addiction/si [Side Effect]"
"*arthritis/dt [Drug Therapy]"
clinical study
"cognitive defect/si [Side Effect]"
"constipation/si [Side Effect]"
"dizziness/si [Side Effect]"
human
inflammation
"nausea/si [Side Effect]"
nonhuman
"osteoarthritis/dt [Drug Therapy]"
"*pain/dt [Drug Therapy]"
peripheral sensory neuron
"respiration depression/si [Side Effect]"
review
"rheumatoid arthritis/dt [Drug Therapy]"
sensory nerve cell
"somnolence/si [Side Effect]"
tissue injury
"vomiting/si [Side Effect]"
"ligand/ec [Endogenous Compound]"
"*opiate/ae [Adverse Drug Reaction]"
"*opiate/dt [Drug Therapy]"
"opiate peptide/ec [Endogenous Compound]"
"opiate receptor/ec [Endogenous Compound]"

Source: EMBASE
Full Text: Available from Informa Healthcare in Expert Opinion on Pharmacotherapy

62. The acceptability to Aboriginal Australians of a family-based intervention to reduce alcohol-related harms

Citation: Drug and Alcohol Review, May 2013, vol./is. 32/3(328-332), 0959-5236;1465-3362 (May 2013)
Introduction and Aims: Cognitive-behavioural interventions that use familial and community reinforcers in an individual's environment are effective for reducing alcohol-related harms. Such interventions have considerable potential to reduce the disproportionately high burden of alcohol-related harm among Aboriginal Australians if they can be successfully tailored to their specific needs and circumstances. The overall aim of this paper is to describe the perceived acceptability of two cognitive-behavioural interventions, the Community Reinforcement Approach (CRA) and Community Reinforcement and Family Training (CRAFT), to a sample of Aboriginal people. Design and Methods: Descriptive survey was administered to 116 Aboriginal people recruited through an Aboriginal Community Controlled Health Service and a community-based drug and alcohol treatment agency in rural New South Wales, Australia. Results: Participants perceived CRA and CRAFT to be highly acceptable for delivery in their local Aboriginal community. Women were more likely than men to perceive CRAFT as highly acceptable. Participants expressed a preference for counsellors to be someone they knew and trusted, and who has experience working in their local community. CRA was deemed most acceptable for delivery to individuals after alcohol withdrawal and CRAFT for people who want to help a relative/friend start alcohol treatment. There was a preference for five or more detailed sessions. Discussion and Conclusions: Findings of this study suggest that CRA and CRAFT are likely to be acceptable for delivery to some rural Aboriginal Australians, and that there is potential to tailor these interventions to specific communities. 2012 Australasian Professional Society on Alcohol and other Drugs.
63. AACR International Conference on Frontiers in Cancer Prevention Research 2011

**Citation:** Cancer Prevention Research, October 2011, vol./is. 4/10 SUPPL. 1, 1940-6207 (October 2011)

**Language:** English

**Abstract:** The proceedings contain 229 papers. The topics discussed include: deciding between ethic standards for cancer screening; routine use of a screening questionnaire improves detection of individuals that may be at risk of hereditary cancer; factors predicting decisional conflict and p53 genetic testing intention among those at risk of Li-Fraumeni syndrome; race and trust as predictors of willingness to recommend HPV vaccination; Mouth cancer awareness in Grampian region of Scotland, UK; access to dental service in an urban low-income community and its impact on oral cancer prevention; social media and cancer communications: promises and perils; building a tobacco-free world: engaging youth and young adults; social media use, communication inequalities, and public health: where we are and where we need to go; harnessing the power of social media in cancer control communication; and ethnic differences in smoking rate, nicotine dependence, and cessation-related variables among adult smokers in Hawaii.

**Conference Information:** AACR International Conference on Frontiers in Cancer Prevention Research 2011
Boston, MA United States. Conference Start: 20111022 Conference End: 20111025

**Publisher:** American Association for Cancer Research Inc.

**Publication Type:** Journal: Conference Review

**Subject Headings:**
- *cancer prevention*
- interpersonal communication
- social media
- United Kingdom
- familial cancer
- smoking
- mouth cancer
- risk
- genetic screening
- screening
- adult
dental procedure
tobacco dependence
cancer screening
lowest income group
ethnic difference
cancer control
public health
vaccination
young adult
juvenile
tobacco
neoplasm
community
questionnaire
United States
protein p53

**Source:** EMBASE

**Full Text:** Available from Highwire Press in Cancer Prevention Research

64. Does take-home naloxone reduce non-fatal overdose?

**Citation:** The Lancet, 2014, vol./is. 383/9912(124-125), 0140-6736;1474-547X (2014)

**Author(s):** Bennett T.; Holloway K.; Bird S.M.
65. The case of a prosthetic limb used to cause lethal intravaginal injuries: Forensic medical aspects in a case of intimate partner violence

Citation: Forensic Science International, January 2014, vol./is. 234/(e21-e24), 0379-0738;1872-6283 (January 2014)

Author(s): Rancati A.; Crudele G.D.L.; Gentile G.; Zoja R.

Institution: (Rancati, Crudele, Gentile, Zoja) Dipt. di Sci. Biomed. per la Salute - Sezione di Med. Legale e delle Assicurazioni, Universita degli Studi di Milano, Via Luigi Mangiagalli, 37, 20133 Milano, Italy

Language: English

Abstract: A common form of violence against women is sexual coercion on the part of their husbands/partners, the uncontrollable effects of which can lead to extreme consequences, as in the case of uxoricide examined in this report. It involved a 59-year-old female alcoholic, under observation on the part of social services as the possible victim of abuse by her husband, an amputee with a transtibial prosthesis. The woman had never admitted to her social workers that her husband was abusing her. One night, she was admitted to hospital in a state of hemorrhagic shock due to massive vaginal bleeding, but despite treatment, she died 20 min after arrival. The anatomical-pathological examination conducted by the hospital revealed serious genital lesions which warranted reporting the case to the Judicial Authorities, who arranged for a forensic autopsy. The cause of death was identified as acute meta-hemorrhagic anemia in a cirrhotic woman, secondary to a large, irregular vaginal lesion involving both the vaginal wall and the soft perivaginal tissues as well as the medium and small urogenital vascular branches. To identify the foreign body used to inflict this injury, a scanning electron microscope and energy...
dispersive X-ray spectrometer (SEM-EDS) were used. This revealed tiny splinters of wood in the vaginal tissues examined. In addition to the genetic-forensic techniques used, this finding allowed the investigators to identify the husband's prosthetic limb as the instrument of sexual coercion. The report describes a particular case of marital rape that resulted in uxoricide, in which the overall concordance of the investigations carried out played a fundamental role in identifying the offending body and, consequently, the murderer. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article
Subject Headings: adult
alcoholism
anemia
article
autopsy
case report
cause of death
dead
disabled person
foreign body
forensic medicine
hemorrhagic shock
hospital admission
human
human tissue
*leg prosthesis
liver cirrhosis
male
marital rape
middle aged
*partner violence
pathological anatomy
priority journal
scanning electron microscopy
sexual abuse
sexual coercion
social work
vagina bleeding
*vaginal injury
X ray spectrometry

Source: EMBASE
Full Text: Available from Elsevier in Forensic Science International

66. Cognitive processes associated with compulsive buying behaviours and related EEG coherence

Citation: Psychiatry Research - Neuroimaging, January 2014, vol./is. 221/1(97-103), 0925-4927;1872-7506 (30 Jan 2014)

Author(s): Lawrence L.M.; Ciorciari J.; Kyrios M.

Institution: (Lawrence, Ciorciari, Kyrios) Brain and Psychological Sciences Research Centre, Faculty of Life and Social Sciences, Swinburne University of Technology, PO. Box 218, Hawthorn Melbourne 3122, Australia

Language: English

Abstract: The behavioural and cognitive phenomena associated with Compulsive Buying (CB) have been investigated previously but the underlying neurophysiological cognitive process has received less attention. This study specifically investigated the electrophysiology of CB associated with executive processing and cue-reactivity in order to reveal differences in
neural connectivity (EEG Coherence) and distinguish it from characteristics of addiction or mood disorder. Participants (N=24, M=25.38 yrs, S.D.=7.02 yrs) completed the Sensitivity to Punishment Sensitivity to Reward Questionnaire and a visual memory task associated with shopping items. Sensitivities to reward and punishment were examined with EEG coherence measures for preferred and non-preferred items and compared to CB psychometrics. Widespread EEG coherence differences were found in numerous regions, with an apparent left shifted lateralisation for preferred and right shifted lateralisation for non-preferred items. Different neurophysiological networks presented with CB phenomena, reflecting cue reactivity and episodic memory, from increased arousal and attachment to items. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article
Subject Headings: addiction
adult
article
clinical article
*cognition
*compulsion
*compulsive buying
*electroencephalogram
electrophysiology
female
human
male
mood disorder
priority journal
punishment
questionnaire
reward
shopping
visual memory

Source: EMBASE
Full Text: Available from Elsevier in Psychiatry Research: Neuroimaging

67. Dopamine transporter dysfunction in Han Chinese people with chronic methamphetamine dependence after a short-term abstinence

Citation: Psychiatry Research - Neuroimaging, January 2014, vol./is. 221/1(92-96), 0925-4927;1872-7506 (30 Jan 2014)

Author(s): Yuan J.; Lv R.; Robert Brasic J.; Han M.; Liu X.; Wang Y.; Zhang G.; Liu C.; Li Y.; Deng Y.

Institution: (Yuan, Lv, Liu, Wang, Zhang, Liu) Department of Nuclear Medicine, Huashan Hospital, Fudan University, Shanghai, China; (Robert Brasic) Division of Nuclear Medicine, The Russell H. Morgan Department of Radiology and Radiological Science, The Johns Hopkins University School of Medicine, Baltimore, MD, United States; (Han) College of Chemistry, Beijing Normal University, Beijing, China; (Li) Drug Rehabilitation Centre, Shanghai, China; (Deng) Department of Clinical Pharmacology National Institute on Drug Dependence, Peking University, Beijing, China

Language: English
Abstract: Single-photon emission-computed tomography (SPECT) after the administration of <sup>99m</sup>Tc-TRODAT-1 was performed on healthy subjects and subjects with methamphetamine (METH) dependence at time 1 (T1) after 24-48h of abstinence, time 2 (T2) after 2 weeks of abstinence, and time 3 (T3) after 4 weeks of abstinence. In contrast to values in controls, the values of the striatal DAT specific uptake ratios (SURs) in subjects with METH dependence were significantly lower at T1 (n=25), T2 (n=9), and T3
Evidence Services | library.nhs.uk

(n=8); a mild increase in SURs was observed at T2 and T3, but values were still significantly lower than those in controls. In subjects with METH dependence, there was a trend for a negative correlation of striatal DAT SURs and craving for METH at T1. METH craving, anxiety and depression scores significantly decreased from T1 to T2 to T3. We conclude that Han Chinese people with METH dependence experience significant striatal DAT dysfunction, and that these changes may be mildly reversible after 4 weeks of abstinence, but that DAT levels still remain significantly lower than those in healthy subjects. The mild recovery of striatal DAT may parallel improvements in craving, anxiety and depression.

2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article
Subject Headings: abstinence, adult, anxiety, article, Chinese, clinical article, corpus striatum, depression, female, human, male, *methamphetamine dependence, priority journal, single photon emission computer tomography, smoking, *withdrawal syndrome, young adult, "*dopamine transporter/ec [Endogenous Compound]"
Source: EMBASE
Full Text: Available from Elsevier in Psychiatry Research: Neuroimaging

68. Group membership and social identity in addiction recovery: Bulletin of the society of psychologists in addictive behaviors: Bulletin of the society of psychologists in substance abuse

Citation: Psychology of Addictive Behaviors, December 2013, vol./is. 27/4(1132-1140), 0893-164X;1939-1501 (December 2013)

Author(s): Buckingham S.A.; Frings D.; Albery I.P.

Institution: (Buckingham, Frings, Albery) Department of Psychology, London South Bank University, Borough Road, London SE1 OAA, United Kingdom

Language: English

Abstract: Despite a growing interest in how group membership can positively impact health, little research has addressed directly the role social identity processes can have on recovery from addiction. Drawing on social identity theory and self-categorization theory, the present study investigated how recovery group membership can introduce a new social identity associated with recovery, compared to the social identity associated with addiction. We hypothesized that two processes-evaluative differentiation and identity preference-would be linked with higher self-efficacy and positive health outcomes (i.e., reduced relapse, lower levels of appetitive behavior, and elevated feelings of social connectedness [Study 2]). Study 1 recruited members (N = 61) from United Kingdom based mutual aid groups of Alcoholics Anonymous and Narcotics Anonymous. Study 2 recruited ex-smokers (N = 81) from online sources. In Study 1, evaluative differentiation was significantly related to lowered relapse and reduced appetitive behavior. Identity preference was related to higher levels of self-efficacy, which was related to months drug-free and reduced levels of appetitive behaviors. In Study 2, evaluative differentiation...
was related to identity preference. Identity preference was also related to higher self-efficacy, which in turn was related to lower relapse. Although exploratory, these results suggest that developing a social identity as a "recovering addict" or an "ex-smoker" and subsequently highlighting the difference between such identities may be a useful strategy for reducing relapse among people with problems associated with addictive behaviors. 2013 APA.

**Country of Publication:** United States

**Publisher:** Educational Publishing Foundation (750 First Street NE, Washington DC 20002-4242, United States)

**Publication Type:** Journal: Article

**Subject Headings:** "*addiction/rh [Rehabilitation]"
adult
aged
alcoholics anonymous
appetite
article
controlled study
convalescence
cross-sectional study
female
*group dynamics
human
major clinical study
male
narcotics anonymous
rehabilitation
relapse
self concept
social interaction
*social status
United Kingdom

**Source:** EMBASE

69. Sulphoxythiocarbamates modify cysteine residues in HSP90 causing degradation of client proteins and inhibition of cancer cell proliferation

**Citation:** British Journal of Cancer, 2014, vol./is. 110/1(71-82), 0007-0920;1532-1827 (2014)

**Author(s):** Zhang Y.; Dayalan Naidu S.; Samarasinghe K.; Van Hecke G.C.; Pheely A.; Boronina T.N.; Cole R.N.; Benjamin I.J.; Cole P.A.; Ahn Y.-H.; Dinkova-Kostova A.T.

**Institution:** (Zhang, Dayalan Naidu, Pheely, Dinkova-Kostova) Division of Cancer Research, Jacqui Wood Cancer Centre, University of Dundee, Dundee, United Kingdom; (Samarasinghe, Van Hecke, Ahn) Department of Chemistry, Wayne State University, Detroit, MI, United States; (Boronina, Cole) Mass Spectrometry and Proteomics Facility, Johns Hopkins University, School of Medicine, Baltimore, MD, United States; (Benjamin) University of Utah, School of Medicine Health Sciences Center, Salt Lake City, UT, United States; (Cole, Dinkova-Kostova) Department of Pharmacology and Molecular Sciences, Johns Hopkins University School of Medicine, Baltimore, MD, United States

**Language:** English

**Abstract:** Background:Heat shock protein 90 (HSP90) has a key role in the maintenance of the cellular proteostasis. However, HSP90 is also involved in stabilisation of oncogenic client proteins and facilitates oncogene addiction and cancer cell survival. The development of HSP90 inhibitors for cancer treatment is an area of growing interest as such agents can affect multiple pathways that are linked to all hallmarks of cancer. This study aimed to test the hypothesis that targeting cysteine residues of HSP90 will lead to degradation of client proteins and inhibition of cancer cell proliferation.Methods:Combining chemical synthesis, biological evaluation, and structure-activity relationship analysis, we identified a new class of HSP90 inhibitors. Click chemistry and protease-mass spectrometry
established the sites of modification of the chaperone. Results: The mildly electrophilic sulphoxythiocarbamate alkyne (STCA) selectively targets cysteine residues of HSP90, forming stable thiocarbamate adducts. Without interfering with the ATP-binding ability of the chaperone, STCA destabilises the client proteins RAF1, HER2, CDK1, CHK1, and mutant p53, and decreases proliferation of breast cancer cells. Addition of a phenyl or a tert-butyl group in tandem with the benzyl substituent at nitrogen increased the potency. A new compound, S-4, was identified as the most robust HSP90 inhibitor within a series of 19 derivatives. Conclusion: By virtue of their cysteine reactivity, sulphoxythiocarbamates target HSP90, causing destabilisation of its client oncoproteins and inhibiting cell proliferation. 2014 Cancer Research UK.

**Country of Publication:** United Kingdom

**Publisher:** Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)

**CAS Registry Number:** 4371-52-2 (cysteine); 52-89-1 (cysteine); 52-90-4 (cysteine); 137632-09-8 (epidermal growth factor receptor 2); 595-33-5 (megestrol acetate); 7727-37-9 (nitrogen); 19045-66-0 (thiocarbamic acid)

**Publication Type:** Journal: Article

**Subject Headings:**
- article
- *cancer inhibition*
- cell proliferation
- cell strain MCF 7
- click chemistry
- controlled study
- electrophilicity
- human
- human cell
- immunoprecipitation
- mass spectrometry
- priority journal
- *protein degradation*
- protein expression
- structure activity relation
- synthesis
- Western blotting
- "checkpoint kinase 1/ec [Endogenous Compound]"
- "cyclin dependent kinase 1/ec [Endogenous Compound]"
- *cysteine
- "epidermal growth factor receptor 2/ec [Endogenous Compound]"
- "heat shock protein 90/ec [Endogenous Compound]"
- "heat shock protein 90 inhibitor/an [Drug Analysis]"
- "heat shock protein 90 inhibitor/pd [Pharmacology]"
- "megestrol acetate/an [Drug Analysis]"
- "megestrol acetate/pd [Pharmacology]"
- nitrogen
- "protein p53/ec [Endogenous Compound]"
- thiocarbamic acid
- "thiocarbamic acid derivative/an [Drug Analysis]"
- "thiocarbamic acid derivative/pd [Pharmacology]"
- tumor necrosis factor receptor associated factor 1

**Source:** EMBASE

70. The politics of providing opioid pharmacotherapy

**Citation:** International Journal of Drug Policy, November 2013, vol./is. 24/6(e6-e10), 0955-3959;1873-4758 (November 2013)

**Author(s):** Radcliffe P.; Parkes T.
71. Shouting through bullet-proof glass: Some reflections on pharmacotherapy provision in one Australian clinic

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e14-e17), 0955-3959;1873-4758 (November 2013)

Author(s): Crawford S.

Abstract: The Opioid Substitution Treatment Program in New South Wales and Australia has a serious impact on the day to day lives of many people. The program and those consumers...
who rely upon it are seen with ambivalence by many in the wider community, and many consumers are discriminated against. It seems, to those of us who are engaged in it, that the system itself is confusing and sometimes arbitrary, and that a range of priorities other than clinical need dominate our experience of treatment. These pressures can manifest for us consumers as a punitive and unresponsive treatment experience that, rather than assisting us to live our lives, actually places barriers in our way and ties us up in knots that will take a long time to unravel. 2013 Elsevier B.V.

Country of Publication: Netherlands
Publisher: Elsevier (P.O. Box 211, Amsterdam 1000 AE, Netherlands)
CAS Registry Number: 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)
Publication Type: Journal: Note
Subject Headings: ambivalence
Australia
chronic drug administration
clinical effectiveness
drug cost
drug program
drug response
drug traffic
drug treatment failure
health care policy
human
medical decision making
note
"opiate addiction/dt [Drug Therapy]"
*opiate substitution treatment
political participation
practice guideline
priority journal
public health problem
public health service
social discrimination
social stigma
"methadone/et [Clinical Trial]"
"methadone/dt [Drug Therapy]"
"methadone/pe [Pharmacoeconomics]"
Source: EMBASE
Full Text: Available from Elsevier in International Journal of Drug Policy

72. Response to Chandler et al., Substance, structure and stigma: Parents in the UK accounting for opioid substitution therapy during the antenatal and postnatal periods

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e87-e88), 0955-3959;1873-4758 (November 2013)
Author(s): Valentine K.; Treloar C.
Institution: (Valentine) Social Policy Research Centre, University of New South Wales, Australia; (Treloar) Centre for Social Research in Health, University of New South Wales, Australia
Language: English
Country of Publication: Netherlands
Publisher: Elsevier (P.O. Box 211, Amsterdam 1000 AE, Netherlands)
Publication Type: Journal: Note
Subject Headings: alcoholism
child care
73. Substance, structure and stigma: Parents in the UK accounting for opioid substitution therapy during the antenatal and postnatal periods

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e35-e42), 0955-3959;1873-4758 (November 2013)

Author(s): Chandler A.; Whittaker A.; Cunningham-Burley S.; Williams N.; McGorm K.; Mathews G.

Institution: (Chandler, Cunningham-Burley) University of Edinburgh, Centre for Research on Families and Relationships, 23 Buccleuch Place, Edinburgh EH8 9LN, United Kingdom; (Whittaker) Substance Misuse Directorate, NHS Lothian, 22 Spittal Street, Edinburgh EH3 9DU, United Kingdom; (Williams) NHS Lothian, Waverley Gate, Waterloo Place, Edinburgh EH1 3EG, United Kingdom; (McGorm) Australian Primary Health Care Research Institute, Level 1, Ian Potter House, Acton ACT 2601, Australia; (Mathews) Edinburgh Napier University, Room 2.B.46 Sighthill Court, Sighthill Campus, Edinburgh EH11 4BN, United Kingdom

Language: English

Abstract: Background: Parenting and pregnancy in the context of drug use is a contentious topic, high on the policy agenda. Providing effective support to parents who are opioid dependent, through early intervention, access to drug treatment and parenting skills training, is a priority. However, little is known about opioid dependent parents' experiences and understanding of parenting support during the antenatal and postnatal
periods. This paper focuses on the position and impact of opioid substitution therapy (OST) in the accounts of parents who were expecting, or who had recently had, a baby in the UK. Methods: Semi-structured qualitative interviews were held with a purposive sample of 19 opioid dependent service users (14 female, 5 male). Longitudinal data was collected across the antenatal and postnatal (up to 1 year) periods, with participants interviewed up to three times. Forty-five interviews were analysed thematically, using a constant comparison method, underpinned by a sociologically informed narrative approach. Results: Participants' accounts of drug treatment were clearly oriented towards demonstrating that they were doing 'the best thing' for their baby. For some, OST was framed as a route to what was seen as a 'normal' family life; for others, OST was a barrier to such normality. Challenges related to: the physiological effects of opioid dependence; structural constraints associated with treatment regimes; and the impact of negative societal views about drug-using parents. Conclusion: Parents' accounts of OST can be seen as a response to socio-cultural ideals of a 'good', drug-free parent. Reflecting the liminal position parents engaged in OST found themselves in, their narratives entailed reconciling their status as a 'drug-using parent' with a view of an 'ideal parent' who was abstinent. 2013 Elsevier B.V.

Country of Publication: Netherlands
Publisher: Elsevier (P.O. Box 211, Amsterdam 1000 AE, Netherlands)
CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)
Publication Type: Journal: Article
Subject Headings: abstinence adult article child parent relation clinical article expectant parent family life female "heroin dependence/dt [Drug Therapy]" human longitudinal study male methadone treatment "*opiate addiction/dt [Drug Therapy]" *opiate substitution treatment parental attitude *parental behavior perinatal period pregnancy outcome prenatal period priority journal psychological aspect semi structured interview stigma United Kingdom young adult "buprenorphine/dt [Drug Therapy]" "methadone/dt [Drug Therapy]" opiate
Source: EMBASE
Full Text: Available from Elsevier in International Journal of Drug Policy

74. Methadone diversion as a protective strategy: The harm reduction potential of 'generous constraints'
Methadone maintenance treatment is evidenced as a successful harm reduction initiative in regard to the prevention of blood borne viruses and other injecting related harms. This is attributable to reductions in heroin use and injecting equipment sharing incidents, yet the means by which these are achieved are rarely elaborated. Methadone diversion is predominantly presented in a negative light; associated with overdose and other harms. In our qualitative London-based study with 37 people who inject drugs, 35 on substitution therapies, we found that methadone self regulation and diversion played a prominent role in helping participants to manage their drug use, prevent withdrawal, cement social relationships, and inadvertently protect against hepatitis C transmission. The ability of participants to enact these 'indigenous harm reduction strategies' was constrained to various degrees by their treatment dosing protocols. In this article we explore the strategies participants enacted with methadone, the role of 'generous constraints' in this enactment and the associated production and reduction of risk. In order to reengage people who inject drugs with harm reduction interventions, it is necessary for initiatives to take stock of the indigenous strategies that individuals are already utilising and - in the case of methadone self regulation - support them by the implementation of more generous constraints. 2012 Elsevier B.V.
Background: An emphasis on welfare reform has been a shared concern of recent UK governments, with the project of transforming the provision of welfare gathering pace over the past six years. Replicating active labour market policies pursued across the globe, successive governments have used welfare-to-work programmes as mechanisms to address worklessness. Since 2008, problem drug users (PDUs) have been added to a list of groups for whom intervention is deemed necessary to encourage, enable, and sometimes coerce them into paid employment. This approach is underpinned by three beliefs relating to paid work: it sustains recovery, has a transformative potential and should be the primary duty of the responsible citizen. Using policy developments in the UK as a case study, the article explores the implications for methadone maintenance clients of connecting drug policy (premised on the belief that work is central to recovery) with welfare policy (which at present is preoccupied with reducing worklessness).

Methods: A critical analysis of policy documents, including drug strategies, Green and White papers and welfare reform legislation, alongside a review of relevant academic literature. Results: The ‘work first’ approach which underpins current labour market activation policies in the UK and elsewhere is insufficiently flexible to accommodate the diverse needs of PDUs in recovery, and is particularly problematic when combined with a ‘social deficit’ model which concentrates on individual rather than structural barriers to employability. The use of payment-by-results mechanisms to provide employment services, coupled with the use of sanctions for those who do not engage, is likely to be particularly problematic for methadone maintenance clients. Conclusion: Welfare reform in the UK is likely to undermine the recovery of methadone maintenance clients. Further research is urgently needed to explore its impact on this sub-group of PDUs, alongside comparative studies to determine best practice in integrating drug and welfare policies. 2013 Elsevier B.V.
76. Association between depression and non-fatal overdoses among drug users: A systematic review and meta-analysis

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(12-21), 0376-8716;1879-0046 (01 Jan 2014)

Author(s): Bartoli F.; Carra G.; Brambilla G.; Carretta D.; Crocamo C.; Neufeind J.; Baldacchino A.; Humphris G.; Clerici M.

Institution: (Bartoli, Brambilla, Carretta, Clerici) Department of Surgery and Interdisciplinary Medicine, University of Milano Bicocca, Milano 20126, Italy; (Carra) Mental Health Sciences Unit, Faculty of Brain Sciences, University College London, W1W 7EJ, United Kingdom; (Crocamo) Department of Mental Health, San Gerardo Hospital, Monza 20900, MB, Italy; (Neufeind, Humphris) Medical and Biological Sciences Building, University of St Andrews, North Haugh, St Andrews KY16 9TF, United Kingdom; (Baldacchino) Division of Neuroscience, Medical Research Institute, University of Dundee, Ninewells Hospital and Medical School, Dundee DD1 9SY, United Kingdom

Language: English

Abstract: Background: Assessing factors associated with non-fatal overdose is important as these could be useful to identify individuals with substance use disorders at high risk of adverse outcomes and consequences. Depression may play an important role in terms of overdose risk. We aimed to test if drug users suffering from a depressive disorder might have significantly higher risk of non-fatal overdose as compared with drug users without depression. Methods: We conducted a systematic review and meta-analysis. PubMed, Embase and Web of Knowledge were searched. The pooled analyses were based on prevalence rates, risk difference (RD) and odds ratio (OR), reporting 95% confidence intervals (CIs). The combined estimates were obtained weighting each study according to random effects model for meta-analysis. Results: Seven articles, involving 12,019 individuals, and run in the US, Canada, Sweden, Norway, and Australia, were included. Pooled analyses comparing depressed with not depressed individuals highlighted a RD (95% CIs) for non-fatal overdose of 7.3% (4.8-9.7%) and an OR (95% CIs) of 1.45 (1.17-1.79). The subgroups analyses based on specific characteristics of included studies confirmed the association between depression and overdose. Conclusions: Depressive disorders seem to be important factors associated to the risk of non-fatal overdose. Longitudinal studies might appropriately clarify causal inference issues. Future research should address the role of depressive disorders as predictors of subsequent non-fatal overdoses. 2013 Elsevier Ireland Ltd.
77. Neonatal outcomes and their relationship to maternal buprenorphine dose during pregnancy

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(414-417), 0376-8716;1879-0046 (01 Jan 2014)

Author(s): Jones H. E.; Dengler E.; Garrison A.; O'Grady K. E.; Seashore C.; Horton E.; Andringa K.; Jansson L. M.; Thorp J.

Institution: (Jones, Horton, Andringa, Thorp) UNC Horizons and Department of Obstetrics and Gynecology, University of North Carolina at Chapel Hill, Carrboro, NC 27510, United States; (Jones) Departments of Psychiatry and Behavioral Sciences and Obstetrics and Gynecology, School of Medicine, Johns Hopkins University, Baltimore, MD 21224, United States; (Dengler) Department of Neuroscience, Washington and Lee University, Lexington, VA 24450, United States; (Garrison) Department of Sociology, University of North Carolina at Chapel Hill, Chapel Hill, NC 27514, United States; (O'Grady) Department of Psychology, University of Maryland, College Park, College Park, MD 20742, United States; (Seashore) Department of Pediatrics, University of North Carolina at Chapel Hill, Chapel Hill, NC 27514, United States; (Jansson) Department of Pediatrics, School of Medicine, Johns Hopkins University, Baltimore, MD 21224, United States

Language: English

Abstract: Background: Buprenorphine pharmacotherapy for opioid-dependent pregnant women is associated with maternal and neonatal outcomes superior to untreated opioid dependence. However, the literature is inconsistent regarding the possible existence of a dose-response relationship between maternal buprenorphine dose and neonatal clinical outcomes. Methods: The present secondary analysis study (1) examined the relationship between maternal buprenorphine dose at delivery and neonatal abstinence syndrome (NAS) peak score, estimated gestational age at delivery, Apgar scores at 1 and 5 min, neonatal head circumference, length, and weight at birth, amount of morphine needed to treat NAS, duration of NAS treatment, and duration of neonatal hospital stay and (2) compared neonates who required pharmacotherapy for NAS to neonates who did not require such pharmacotherapy on these same outcomes, in 58 opioid-dependent pregnant women receiving buprenorphine as participants in a randomized clinical trial. Results: (1) Analyses failed to provide evidence of a relationship between maternal buprenorphine dose at delivery and any of the 10 outcomes (all p-values > .48) and (2) significant mean differences between the untreated (n= 31) and treated (n= 27) for NAS groups were found for duration of neonatal hospital stay and NAS peak score (both p-values < .001). Conclusions: (1) Findings failed to support the existence of a dose-response relationship between maternal buprenorphine dose at delivery and any of 10 neonatal clinical outcomes, including NAS severity and (2) that infants treated for NAS had a higher mean NAS peak score and, spent a longer time in the hospital than did the group not treated for NAS is unsurprising. 2013 Elsevier Ireland Ltd.
78. Drinking motives as prospective predictors of outcome in an intervention trial with heavily drinking HIV patients

**Citation:** Drug and Alcohol Dependence, January 2014, vol./is. 134/1(290-295), 0376-8716;1879-0046 (01 Jan 2014)

**Author(s):** Elliott J.C.; Aharonovich E.; O'Leary A.; Wainberg M.; Hasin D.S.

**Institution:** (Elliott, Hasin) Department of Epidemiology, Mailman School of Public Health, Columbia University, 722 West 168th Street, New York, NY 10032, United States; (Aharonovich, Wainberg, Hasin) Department of Psychiatry, College of Physicians and Surgeons, Columbia University, 180 Ft. Washington Avenue, New York, NY 10032, United States; (Aharonovich, Wainberg, Hasin) New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY 10032, United States; (O'Leary) Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333, United States

**Language:** English

**Abstract:** Background: Heavy alcohol consumption in HIV patients is an increasing health concern. Applying the drinking motivational model to HIV primary care patients, drinking motives (drinking to cope with negative affect, for social facilitation, and in response to social
pressure) were associated with alcohol consumption at a baseline interview. However, whether these motives predict continued heavy drinking or alcohol dependence in this population is unknown. Methods: Participants were 254 heavy-drinking urban HIV primary care patients (78.0% male; 94.5% African American or Hispanic) participating in a randomized trial of brief drinking-reduction interventions. Drinking motive scales, as well as measures of alcohol consumption and alcohol dependence, were administered at baseline. Consumption and dependence measures were re-administered at the end of treatment two months later. Regression analyses tested whether baseline drinking motive scale scores predicted continued heavy drinking and alcohol dependence status at the end of treatment, and whether motives interacted with treatment condition. Results: Baseline drinking to cope with negative affect predicted continued heavy drinking (p< 0.05) and alcohol dependence, the latter in both in the full sample (adjusted odds ratio [AOR] = 2.14) and among those with baseline dependence (AOR = 2.52). Motives did not interact with treatment condition in predicting alcohol outcomes. Conclusions: Drinking to cope with negative affect may identify HIV patients needing targeted intervention to reduce drinking, and may inform development of more effective interventions addressing ways other than heavy drinking to cope with negative affect. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article
Subject Headings: adult
affect
African American
aged
alcohol abstinence
alcohol consumption
"alcoholism/th [Therapy]"
article
controlled study
coping behavior
*drinking behavior
female
Hispanic
human
"*Human immunodeficiency virus infection/dt [Drug Therapy]"
major clinical study
male
prediction
priority journal
randomized controlled trial
"antiretrovirus agent/dt [Drug Therapy]"
Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

79. Does treatment fidelity predict client outcomes in 12-Step Facilitation for stimulant abuse?

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(330-336), 0376-8716;1879-0046 (01 Jan 2014)
Author(s): Guydish J.; Campbell B.K.; Manuel J.K.; Delucchi K.L.; Le T.; Peavy K.M.; McCarty D.
Institution: (Guydish, Le) University of California, San Francisco, Philip R. Lee Institute for Health Policy Studies, 3333 California Street, Suite 265, San Francisco, CA 94118, United States; (Campbell, McCarty) Oregon Health and Science University, Department of Public Health and Preventive Medicine, Portland, OR 97239, United States; (Manuel) University of California, San Francisco, Department of Psychiatry, Building 20, Suite 2100, 1001 Potrero Avenue, San Francisco, CA 94110, United States; (Delucchi) University of California, San Francisco, Department of Psychiatry, Box 0984-TRC, 401
Objective: This study examined the relationships between treatment fidelity and treatment outcomes in a community-based trial of a 12-Step Facilitation (TSF) intervention.

Method: In a prior multi-site randomized clinical trial, 234 participants in 10 outpatient drug treatment clinics were assigned to receive the Stimulant Abuser Groups to Engage in 12-Step (STAGE-12) intervention. A secondary analysis reviewed and coded all STAGE-12 sessions for fidelity to the protocol, using the Twelve Step Facilitation Adherence Competence Empathy Scale (TSF ACES). Linear mixed-effects models tested the relationship between three fidelity measures (adherence, competence, empathy) and six treatment outcomes (number of days of drug use and five Addiction Severity Index (ASI) composite scores) measured at 3 months post-baseline. Results: Adherence, competence and empathy were robustly associated with improved employment status at follow up. Empathy was inversely associated with drug use, as was competence in a non-significant trend (p=.06). Testing individual ASI drug composite score items suggested that greater competence was associated with fewer days of drug use and, at the same time, with an increased sense of being troubled or bothered by drug use.

Conclusions: Greater competence and empathy in the delivery of a TSF intervention were associated with better drug use and employment outcomes, while adherence was associated with employment outcomes only. Higher therapist competence was associated with lower self-report drug use, and also associated with greater self-report concern about drug use. The nature of TSF intervention may promote high levels of concern about drug use even when actual use is low. 2013 Elsevier Ireland Ltd.
80. Predictive validity of the AUDIT for hazardous alcohol consumption in recently released prisoners

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(322-329), 0376-8716;1879-0046 (01 Jan 2014)

Author(s): Thomas E.; Degenhardt L.; Alati R.; Kinner S.

Institution: (Thomas, Degenhardt, Kinner) Melbourne School of Population and Global Health, University of Melbourne, 207 Bouverie Street, Parkville, VIC 3010, Australia; (Degenhardt) National Drug and Alcohol Research Centre, University of New South Wales, 32 King St, Randwick, NSW 2031, Australia; (Alati) School of Population Health, University of Queensland, Herston Road, Herston, QLD 4006, Australia; (Alati) Centre for Youth Substance Abuse Research, University of Queensland, Royal Brisbane and Women's Hospital, Herston, QLD 4029, Australia; (Kinner) School of Medicine, University of Queensland, 288 Herston Road, Herston, QLD 4006, Australia; (Kinner) School of Public Health and Preventive Medicine, Monash University, 99 Commercial Road, Melbourne, VIC 3004, Australia; (Kinner) Murdoch Children's Research Institute Murdoch, Royal Children's Hospital, Flemington Road, Parkville 3052, Australia

Language: English

Abstract: Background: This study aimed to assess the predictive validity of the Alcohol Use Disorders Identification Test (AUDIT) among adult prisoners with respect to hazardous drinking following release, and identify predictors of post-release hazardous drinking among prisoners screening positive for risk of alcohol-related harm on the AUDIT. Methods: Data came from a survey-based longitudinal study of 1325 sentenced adult prisoners in Queensland, Australia. Baseline interviews were conducted pre-release with follow-up at 3 and 6 months post-release. We calculated sensitivity, specificity and area under the receiver operating characteristic (AUROC) to quantify the predictive validity of the AUDIT administered at baseline with respect to post-release hazardous drinking. Other potential predictors of hazardous drinking were measured by self-report and their association with the outcome was examined using logistic regression. Results: At a cut-point of 8 or above, sensitivity of the AUDIT with respect to hazardous drinking at 3-month follow-up was 81.0% (95%CI: 77.9-84.6%) and specificity was 65.6% (95%CI: 60.6-70.3%). The AUROC was 0.78 (95%CI: 0.75-0.81), indicating moderate accuracy. Among those scoring 8 or above, high expectations to drink post-release (AOR: 2.49; 95%CI: 1.57-3.94) and past amphetamine-type stimulant (ATS) use (AOR: 1.64; 95%CI: 1.06-2.56) were significantly associated with hazardous drinking at 3 months post-release. Results were similar at 6 months. Conclusions: Among adult prisoners in our sample, pre-release AUDIT scores predicted hazardous drinking six months after release with acceptable accuracy, sensitivity and specificity. Among prisoners screening positive on the AUDIT, expectations of post-release drinking and ATS use are potential targets for intervention to reduce future hazardous drinking. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine)

Publication Type: Journal: Article

Subject Headings: adult
*alcohol consumption
"*alcoholism/di [Diagnosis]"
area under the curve
article
Australia
controlled study
diagnostic accuracy
Exposure to the Lebanon War of 2006 and effects on alcohol use disorders: The moderating role of childhood maltreatment

**Citation:** Drug and Alcohol Dependence, January 2014, vol./is. 134/1(296-303), 0376-8716;1879-0046 (01 Jan 2014)

**Author(s):** Keyes K.M.; Shmulewitz D.; Greenstein E.; McLaughlin K.; Wall M.; Aharonovich E.; Weizman A.; Frisch A.; Spivak B.; Grant B.F.; Hasin D.

**Institution:** (Keyes, Hasin) Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY 10032, United States; (Shmulewitz, Greenstein, Aharonovich, Hasin) New York State Psychiatric Institute, New York, NY 10032, United States; (Shmulewitz, Greenstein, Aharonovich, Hasin) Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, NY 10032, United States; (McLaughlin) Division of General Pediatrics, Children's Hospital Boston, Harvard Medical School, Boston, MA 02115-6092, United States; (Wall) Department of Biostatistics, Mailman School of Public Health, Columbia University, New York, NY 10032, United States; (Weizman, Frisch, Spivak) Felsenstein Medical Research Center, Sackler Faculty of Medicine, Tel Aviv University, Israel; (Grant) Lab. of Epidemiology and Biometry, Division of Intramural Clinical and Biological Research, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Department of Health and Human Services, Bethesda, MD, United States

**Language:** English

**Abstract:** Background: Civilian populations now comprise the majority of casualties in modern warfare, but effects of war exposure on alcohol disorders in the general population are largely unexplored. Accumulating literature indicates that adverse experiences early in life sensitize individuals to increased alcohol problems after adult stressful experiences. However, child and adult stressful experiences can be correlated, limiting interpretation. We examine risk for alcohol disorders among Israelis after the 2006 Lebanon War, a fateful event outside the control of civilian individuals and uncorrelated with childhood experiences. Further, we test whether those with a history of maltreatment are at greater risk for an alcohol use disorder after war exposure compared to those without such a history. Methods: Adult household residents selected from the Israeli population register were assessed with a psychiatric structured interview; the analyzed sample included 1306 respondents. War measures included self-reported days in an exposed region. Results: Among those with a history of maltreatment, those in a war-exposed region for 30+ days had 5.3 times the odds of subsequent alcohol disorders compared to those exposed 0 days
Evidence Services | library.nhs.uk

(95% C.I. 1.01-27.76), controlled for relevant confounders; the odds ratio for those without this history was 0.5 (95% C.I. 0.25-1.01); test for interaction: $X^2 < 2; p = 5.28, df = 1, P = 0.02$. Conclusions: Experiencing a fateful stressor outside the control of study participants, civilian exposure to the 2006 Lebanon War, is associated with a heightened the risk of alcohol disorders among those with early adverse childhood experiences. Results suggest that early life experiences may sensitize individuals to adverse health responses later in life. 2013 Elsevier Ireland Ltd.
vignette conditions. Three vignettes described different type of drug dependence meeting diagnostic criteria, and the fourth depicted a "normal person.". Results: Poor knowledge of drug dependence was common. Negative attitudes towards drug dependent people were widespread. Most respondents believed that drug dependence was caused by the person's own weak will (82.0%) and own hedonistic lifestyle (81.3%), and should be punished as illegal behavior (80.4%). The vast majority labeled the person with drug dependence as an addict, rated them as having undesirable characteristics, and expressed a strong desire for social distance. There were few socio-demographic predictors of both poor knowledge and negative attitudes. Conclusions: A community-based rehabilitation program in China should take into account the widespread stigmatization of people with drug dependence. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article
Subject Headings: adolescent
adult
article
attitude to health
China
community assessment
*drug dependence
female
human
human characteristic
lifestyle
male
priority journal
rural area
self concept
social attitude
social distance
*social stigma
Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

83. Changes in quality of life (WHOQOL-BREF) and addiction severity index (ASI) among participants in opioid substitution treatment (OST) in low and middle income countries: An international systematic review

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(251-258), 0376-8716;1879-0046 (01 Jan 2014)
Author(s): Feelemyer J.P.; Jarlais D.C.D.; Arasteh K.; Phillips B.W.; Hagan H.
Institution: (Feelemyer, Jarlais, Arasteh, Phillips) The Baron Edmond de Rothschild Chemical Dependency Institute, Beth Israel Medical Center, New York City, United States; (Hagan) NYU College of Nursing, New York University, New York City, United States
Language: English
Abstract: Background: Opioid substitution treatment (OST) can increase quality of life (WHOQOL-BREF) and reduce addiction severity index (ASI) scores among participants over time. OST program participants have noted that improvement in quality of life is one of the most important variables to their reduction in drug use. However, there is little systematic understanding of WHOQOL-BREF and ASI domain changes among OST participants in low and middle-income countries (LMIC). Methods: Utilizing PRISMA guidelines we conducted a systematic literature search to identify OST program studies documenting changes in WHOQOL-BREF or ASI domains for participants in buprenorphine or methadone programs in LMIC. Standardized mean differences for baseline and follow-up domain scores were compared along with relationships between domain scores, OST dosage, and length of follow-up. Results: There were 13 OST
program studies with 1801 participants from five countries eligible for inclusion in the review. Overall, statistically significant changes were noted in all four WHOQOL-BREF domain and four of the seven ASI domain scores (drug, psychological, legal, and family) documented in studies. Dosage of pharmacologic medication and length of follow-up did not affect changes in domain scores. Conclusion: WHOQOL-BREF and ASI domain scoring is a useful tool in measuring overall quality of life and levels of addiction among OST participants. Coupled with measurements of blood-borne infection, drug use, relapse, and overdose, WHOQOL-BREF and ASI represent equally important tools for evaluating the effects of OST over time and should be further developed as integrated tools in the evaluation of participants in LMIC. 2013 Elsevier Ireland Ltd.
Abstract: Background: Screening and brief intervention programs related to addictive disorders have proven effective in a variety of environments. Both the feasibility and outcome of brief interventions performed in police custody by forensic physicians are unknown. Our objectives were to characterize addictive behaviors in detainees and to evaluate the feasibility of a brief intervention at the time of the medical examination in police custody. Methods: This prospective study included 1000 detainees in police custody who were examined by a physician for the assessment of fitness for detention. We used a standardized questionnaire and collected data concerning individual characteristics, addictive disorders, and reported assaults or observed injuries. Results: 944 men and 56 women (94.6%) were studied. We found an addictive disorder in 708 of 1000 cases (71%), with the use of tobacco (62%), alcohol (36%), cannabis (35%), opiates (5%), and cocaine (4%) being the most common. A brief intervention was performed in 544 of these 708 cases (77%). A total of 139 of the 708 individuals (20%) expressed a willingness to change and 14 of 708 (2%) requested some information on treatment options. The main reasons why brief interventions were not performed were aggressive behaviors, drowsiness, or fanciful statements by the detainee. Conclusion: Brief interventions and screening for addictive behaviors in police custody are feasible in the majority of cases. The frequent link between addictive behaviors and the suspected crimes highlights the value of such interventions, which could be incorporated into the public health mission of the physician in police custody. 2013 Elsevier Ireland Ltd.
Background: We explore the factor structure of DSM-5 cannabis use disorders, examine its prevalence across European- and African-American respondents as well as its genetic underpinnings, utilizing data from a genome-wide study of single nucleotide polymorphisms (SNPs). We also estimate the heritability of DSM-5 cannabis use disorders explained by these common SNPs. Methods: Data on 3053 subjects reporting a lifetime history of cannabis use were utilized. Exploratory and confirmatory factor analyses were conducted to create a factor score, which was used in a genome-wide association analysis. p-values from the single SNP analysis were examined for evidence of gene-based association. The aggregate effect of all SNPs was also estimated using Genome-Wide Complex Traits Analysis. Results: The unidimensionality of DSM-5 cannabis use disorder criteria was demonstrated. Comparing DSM-IV to DSM-5, a decrease in prevalence of cannabis use disorders was only noted in European-American respondents and was exceedingly modest. For the DSM-5 cannabis use disorders factor score, no SNP surpassed the genome-wide significance testing threshold. However, in the European-American subsample, gene-based association testing resulted in significant associations in 3 genes (C17orf58, BPTF and PPM1D) on chromosome 17q24. In aggregate, 21% of the variance in DSM-5 cannabis use disorders was explained by the genome-wide SNPs; however, this estimate was not statistically significant. Conclusions: DSM-5 cannabis use disorder represents a unidimensional construct, the prevalence of which is only modestly elevated above the DSM-IV version. Considerably larger sample sizes will be required to identify individual SNPs associated with cannabis use disorders and unequivocally establish its polygenic underpinnings. 2013 Elsevier Ireland Ltd.
86. Abstinence-related changes in sleep during treatment for cocaine dependence

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(343-347), 0376-8716;1879-0046 (01 Jan 2014)

Author(s): Angarita G.A.; Canavan S.V.; Forselius E.; Bessette A.; Pittman B.; Morgan P.T.

Institution: (Angarita, Canavan, Forselius, Bessette, Pittman, Morgan) Psychiatry, Yale University School of Medicine, New Haven, CT, United States; (Angarita, Canavan, Forselius, Bessette, Morgan) Clinical Neuroscience Research Unit, Connecticut Mental Health Center, New Haven, CT, United States; (Canavan) University of Chicago, 5841 S. Maryland Avenue, O-132, MC 2121, Chicago, IL 60637, United States; (Forselius, Bessette, Morgan) Clinical Neuroscience Research Unit, Connecticut Mental Health Center, 34 ParkStreet, New Haven, CT 06519, United States; (Pittman) Connecticut Mental Health Center, 34 Park Street, New Haven, CT 06519, United States

Language: English

Abstract: Background: Former sleep studies among non-treatment seeking chronic cocaine users had captured polysomnographic changes for as long as three weeks of abstinence. Methods: 20 cocaine dependent participants, randomized to placebo in an ongoing clinical trial, received 12 days of inpatient substance abuse treatment followed by 6 weeks of outpatient cognitive behavioral therapy. Polysomnographic recording was performed on consecutive nights during the 1st and 2nd inpatient and 3rd and 6th outpatient weeks. Number of days abstinent was determined from thrice weekly urine toxicology and self-report. Polysomnographic sleep was compared between study week 1 and 2, using paired t-tests. Trajectory of total sleep time (TST) was modeled both as a linear and a quadratic function of days abstinent. Results: Despite reporting an improvement in overall sleep quality, polysomnographic sleep worsened from week 1 to 2. Among all participants, TST and stage 2 sleep time decreased, while REM sleep latency increased. Among participants who began the study with a positive urine test, there was also a decrease in REM and a trend for decreased slow wave sleep. TST compared to number of days abstinent (up to 54 days) was best fit with a quadratic model (p= 0.002), suggesting the possibility of an improvement in total sleep time with extended abstinence. Conclusions: This is the first polysomnographic characterization of sleep in a large sample of cocaine users in treatment. Present findings confirm earlier results of poor and deteriorating sleep early in abstinence, and raise the possibility of improvement after an extended abstinence. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article
Subject Headings: *abstinence
Background: Cue-reactivity is a robust phenomenon in regular cigarette smokers (Carter and Tiffany, 1999), but it has not been widely investigated in nondependent smokers. Further, most research on cue-specific craving assesses response to cues in a single experimental session. As such, investigations of cue-specific craving have primarily measured state-like but not trait-like responses to smoking stimuli. Methods: This study measured general and cue-specific craving in nondependent smokers and assessed the within-session and cross-session reliability of these two facets of craving. Participants (n=154) attended five laboratory sessions over the course of three months and completed multiple cue-reactivity trials (using smoking and neutral in vivo and photographic stimuli) during each study visit. Results: Results indicated that smoking cues elicited significantly stronger craving than neutral cues across study sessions, and that craving ratings following smoking cues decreased across subsequent sessions. Within-session and cross-session reliability was extremely high. Conclusions: Overall, findings indicate that nondependent smokers experience reactivity to smoking cues, and that this response is quite reliable within and across sessions. Further, the magnitude of cue-specific craving was comparable to what has been observed in heavy, dependent smokers. 2013 Elsevier Ireland Ltd.
Background: The nonmedical use of prescription drugs is the fastest growing drug problem in the United States, disproportionately impacting youth. Furthermore, the population prevalence of injection drug use among youth is also on the rise. This short communication examines the association between current prescription drug misuse (PDM) and injection among runaway and homeless youth. Methods: Homeless youth were surveyed between October 2011 and February 2012 at two drop-in service agencies in Los Angeles, CA. Prevalence ratios (PR) and 95% confidence intervals (CI) for the association between current PDM and injection behavior were estimated. The outcome of interest was use of a needle to inject any illegal drug into the body during the past 30 days. Results: Of 380 homeless youth (median age, 21; IQR, 17-25; 72% male), 84 (22%) reported current PDM and 48 (13%) reported currently injecting. PDM during the past 30 days was associated with a 7.7 (95% CI: 4.4, 13.5) fold increase in the risk of injecting during that same time. Among those reporting current PDM with concurrent heroin, cocaine, and methamphetamine use, the PR with injection was 15.1 (95% CI: 8.5, 26.8). Conclusions: Runaway and homeless youth are at increased risk for a myriad of negative outcomes. Our preliminary findings are among the first to show the strong association between current PDM and injection in this population. Our findings provide the basis for additional research to delineate specific patterns of PDM and factors that enable or inhibit transition to injection among homeless and runaway youth. 2013 Elsevier Ireland Ltd.
89. Psychiatric, psychosocial, and physical health correlates of co-occurring cannabis use disorders and nicotine dependence

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(228-234), 0376-8716;1879-0046 (01 Jan 2014)

Author(s): Peters E.N.; Schwartz R.P.; Wang S.; O'Grady K.E.; Blanco C.

Institution: (Peters, Schwartz) Friends Research Institute, 1040 Park Avenue, Suite 103, Baltimore, MD 21201, United States; (Peters) Yale University School of Medicine, SATU, One Long Wharf Drive, Box 18, New Haven, CT 06511, United States; (Wang, Blanco) Department of Psychiatry, New York State Psychiatric Institute/Columbia University, 1051 Riverside Drive, Unit 69, New York, NY 10032, United States; (O'Grady) Department of Psychology, University of Maryland, 300 Campus Drive, College Park, MD 20742, United States

Language: English

Abstract: Background: Several gaps in the literature on individuals with co-occurring cannabis and tobacco use exist, including the extent of psychiatric, psychosocial, and physical health problems. We examine these gaps in an epidemiological study, the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), of a large, nationally representative sample. Methods: The sample was drawn from Wave 2 NESARC respondents (N= 34,653). Adults with current cannabis use disorders and nicotine dependence (CUD. +. ND) (n= 74), CUD only (n= 100), and ND only (n= 3424) were compared on psychiatric disorders, psychosocial correlates (e.g., binge drinking; partner violence), and physical health correlates (e.g., medical conditions). Results: Relative to those with CUD only, respondents with CUD. +. ND were significantly more likely to meet criteria for bipolar disorder, Clusters A and B personality disorders, and narcissistic personality disorder, and reported engaging in a significantly higher number of antisocial behaviors. Relative to those with ND only, respondents with CUD. +. ND were significantly more likely to meet criteria for bipolar disorder, anxiety disorders, and paranoid, schizotypal, narcissistic, and borderline personality disorders; were significantly more likely to report driving under the influence of alcohol and being involved in partner violence; and reported engaging in a significantly higher number of antisocial behaviors. CUD. +. ND was not associated with physical health correlates. Conclusions: Poor treatment outcomes for adults with co-occurring cannabis use disorders and nicotine dependence may be explained in part by differences in psychiatric and psychosocial problems. 2013 Elsevier Ireland Ltd.
90. Excessive state switching underlies reversal learning deficits in cocaine users

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(211-217), 0376-8716;1879-0046 (01 Jan 2014)

Author(s): Patzelt E.H.; Kurth-Nelson Z.; Lim K.O.; MacDonald A.W.

Institution: (Patzelt, MacDonald) Translational Research in Cognitive and Affective Mechanisms Laboratory, Department of Psychology, University of Minnesota, United States; (Patzelt) Department of Psychology, Harvard University, United States; (Lim, MacDonald) University College London, United Kingdom; (Kurth-Nelson) Department of Psychiatry, University of Minnesota, United States

Language: English

Abstract: Background: Markers of chronic cocaine exposure on neural mechanisms in animals and humans is of great interest. The probabilistic reversal-learning task may be an effective way to examine dysfunction associated with cocaine addiction. However the exact nature of the performance deficits observed in cocaine users has yet to be disambiguated. Method: Data from a probabilistic reversal-learning task performed by 45 cocaine users and 41 controls was compared and fit to a Bayesian hidden Markov model (HMM). Results: Cocaine users demonstrated the predicted performance deficit in achieving the reversal criterion relative to controls. The deficit appeared to be due to excessive switching behavior as evidenced by responsivity to false feedback and spontaneous switching. This decision-making behavior could be captured by a single parameter in an HMM and did not require an additional parameter to represent perseverative errors. Conclusions: Cocaine users are characterized by excessive switching behavior on the reversal-learning task. While there may be a compulsive component to behavior on this task, impulsive decision-making may be more relevant to observed impairment. This is important in building diagnostic tools to quantify the degree to which each type of
dysfunction is present in individuals, and may play a role in developing treatments for those dysfunctions. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article
Subject Headings: adult
*article
Bayes theorem
*behavior
clinical article
*cocaine dependence
controlled study
decision making
*excessive switching behavior
feedback system
female
hidden Markov model
human
*learning disorder
male
priority journal
task performance

Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

91. CANDIS treatment program for cannabis use disorders: Findings from a randomized multi-site translational trial

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(185-193), 0376-8716;1879-0046 (01 Jan 2014)
Author(s): Hoch E.; Buhringer G.; Pixa A.; Dittmer K.; Henker J.; Seifert A.; Wittchen H.U.
Institution: (Hoch, Buhringer, Pixa, Dittmer, Henker, Seifert, Wittchen) Institute of Clinical Psychology and Psychotherapy, Technische Universitaet Dresden, Chemnitzer Strasse 46, Dresden 01187, Germany; (Hoch) Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health, Heidelberg University, Square J5, Mannheim 68159, Germany; (Buhringer) IFT Institut fuer Therapieforschung, Parzivalstrae 25, Munich 80804, Germany
Language: English

Abstract: Background: In a recent paper, we reported the efficacy of a modular cognitive-behavioral intervention for treating adolescents and adults with cannabis use disorders (CUD). In this study, we examine the outcome of this intervention after translating it into clinical practice. Methods: A multi-site, randomized controlled trial of 279 treatment seekers with ICD-10 cannabis use disorders aged 16-63 years was conducted in 11 outpatient addiction treatment centers in Germany. Patients were randomly assigned to an Active Treatment (AT, n=149) or Delayed Treatment Control (DTC, n=130). Treatment consisted of 10 sessions of fully manualized individual psychotherapy that combined Cognitive-Behavioral Therapy, Motivational Enhancement Therapy and problem-solving training. Assessments were conducted at baseline, during each therapy session, at post-treatment and at three and six month follow-ups. Results: At post assessment 53.3% of AT patients reported abstinence (46.3% negative urine screenings) compared to 22% of DTC patients (17.7% negative drug screenings) (p<.001, Intention-to-treat analysis). AT patients improved in the frequency of cannabis use, number of cannabis dependence criteria, severity of dependence, as well as number and severity of cannabis-related problems. Effect sizes were moderate to high. While abstinence rates in the AT group decreased over the 3-month (negative urine screenings: 32.4%) and 6-month (negative urine screenings: 35.7%) follow-up periods, the effects in secondary outcomes were maintained. Conclusions: The intervention can successfully be translated to and applied in
clinical practice. It has the potential to improve access to evidence-based care for chronic CUD patients. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article
Subject Headings: abstinence
adolescent
adult
article
*CANDIS treatment program
"*cannabis addiction/di [Diagnosis]
"*cannabis addiction/th [Therapy]
cognitive therapy
controlled study
disease association
disease severity
female
follow up
Germany
*health program
help seeking behavior
human
ICD-10
intervention study
major clinical study
male
motivation
multicenter study
outcome assessment
outpatient department
practice guideline
priority journal
problem solving
randomized controlled trial
therapy delay
treatment duration
treatment response
urinalysis
Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

92. Substance use and substance use disorders in recently deployed and never deployed soldiers

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(128-135), 0376-8716;1879-0046 (01 Jan 2014)
Author(s): Trautmann S.; Schonfeld S.; Behrendt S.; Hofler M.; Zimmermann P.; Wittchen H.U.
Institution: (Trautmann, Schonfeld, Behrendt, Hofler, Wittchen) Inst. of Clinical Psychology and Psychotherapy, Center of Epidemiology and Longitudinal Studies (CELOS), Technische Universität Dresden, 01187 Dresden, Germany; (Zimmermann) Center of Military Mental Health, Zentrum fur Psychiatrie und Psychotraumatologie am Bundeswehrkrankenhaus), 10115 Berlin, Germany
Language: English
Abstract: Background: Military studies investigating the prevalence of substance use (SU) and substance use disorders (SUD) and the relation between SU and mental disorders often lack a comprehensive assessment of SU, SUD and mental disorders and comparable groups of deployed and non-deployed personnel. There is also limited data regarding SU
and SUD in the German military to date. Methods: Cross-sectional examination of n=1483 soldiers recently deployed in Afghanistan and 889 never deployed soldiers using a fully-standardized diagnostic interview (MI-CIDI) including a comprehensive substance section. Results: Across both groups, 12-months prevalence of DSM-IV alcohol use disorders was 3.1%, 36.9% reported binge drinking, 13.9% heavy drinking, 1.3% illegal drug use. 55.1% were regular smokers, 10.9% nicotine dependent. Although recently deployed soldiers revealed slightly higher rates in some measures, there were no significant differences to the never deployed regarding SU und SUD except that recently deployed soldiers smoked more cigarettes per day. The association of SU with mental mental disorders was substantially different though, revealing significant associations between SU and mental disorders only among recently deployed soldiers. Conclusions: We do not find remarkable differences in the prevalence of SU and SUD between recently deployed and never deployed soldiers. Especially binge drinking and regular smoking were prevalent across both samples indicating needs for improved interventions. The finding that SU and mental disorders are only associated in recently deployed soldiers might have implications for improved screening and prevention and suggests that deployment might promote different pathways and mechanisms involved in the evolution of SU and mental disorders. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article
Subject Headings: adult, Afghanistan, alcohol use disorder, anxiety disorder, article, binge drinking, controlled study, cross-sectional study, disease association, drinking behavior, drug abuse, DSM-IV, female, human, interview, major clinical study, male, mental disease, *military deployment, mood disorder, prevalence, priority journal, sleep disorder, smoking, smoking habit, soldier, somatoform disorder, *substance abuse, *substance use, tobacco dependence
Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

93. Working memory and affective decision-making in addiction: A neurocognitive comparison between heroin addicts, pathological gamblers and healthy controls
Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(194-200), 0376-8716;1879-0046 (01 Jan 2014)

Author(s): Yan W.-S.; Li Y.-H.; Xiao L.; Zhu N.; Bechara A.; Sui N.

Institution: (Yan, Li, Zhu, Sui) Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, Beijing, China; (Xiao, Bechara) Department of Psychology, Brain and Creativity Institute, University of Southern California, Los Angeles, CA, United States; (Yan) Department of Psychology, School of Medical Humanitarians, Guiyang Medical University, Guiyang, China; (Yan) University of Chinese Academy of Sciences, Beijing, China

Language: English

Abstract: Background: Cognitive deficits are observed both in heroin dependence and in pathological gambling (PG) on various tasks. PG, as a non-substance addiction, is free of toxic consequences of drug use. Therefore a direct neurocognitive comparison of heroin addicts and pathological gamblers helps dissociate the consequences of chronic heroin use on cognitive function from the cognitive vulnerabilities that predispose addiction.

Methods: A case-control design was used, comparing 58 abstinent heroin addicts, 58 pathological gamblers, and 60 healthy controls on working memory and affective decision-making functions. Working memory was assessed using the Self-ordered Pointing Test (SOPT). Affective decision-making was measured by the Iowa Gambling Task (IGT). Results: Heroin addicts performed significantly worse both on the IGT and on the SOPT, compared to healthy controls. Pathological gamblers performed worse on the IGT than healthy controls, but did not differ from controls on the SOPT. Years of heroin use were negatively correlated with working memory and affective decision-making performance in heroin addicts, while severity of gambling was not significantly correlated with any task performance in pathological gamblers. Conclusions: Our findings indicate that deficits in affective decision-making shared by heroin dependence and PG putatively represent vulnerabilities to addiction and that working memory deficits detected only in heroin addicts may be identified as heroin-specific harmful effects. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type: Journal: Article

Subject Headings: adult
*affect
age distribution
article
brain damage
controlled study
*decision making
demography
disease association
disease severity
*heroin dependence
human
major clinical study
male
mental performance
middle aged
*pathological gambling
prefrontal cortex
priority journal
smoking habit
task performance
*working memory
young adult

Source: EMBASE
94. Integration of health services improves multiple healthcare outcomes among HIV-infected people who inject drugs in Ukraine

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(106-114), 0376-8716;1879-0046 (01 Jan 2014)

Author(s): Bachireddy C.; Soule M.C.; Izenberg J.M.; Dvoryak S.; Dumchev K.; Altice F.L.

Institution: (Bachireddy, Izenberg, Altice) Yale University School of Medicine, Department of Medicine, Section of Infectious Diseases, AIDS Program, New Haven, United States; (Soule) Massachusetts General Hospital, Department of Psychiatry, Boston, United States; (Dvoryak) Ukrainian Institute on Public Health Policy, Kyiv, Ukraine; (Dumchev) Centers for Disease Control and Prevention, Kyiv, Ukraine; (Altice) Yale University School of Public Health, Division of Epidemiology of Microbial Diseases, New Haven, United States

Language: English

Abstract: Background: People who inject drugs (PWID) experience poor outcomes and fuel HIV epidemics in middle-income countries in Eastern Europe and Central Asia. We assess integrated/co-located (ICL) healthcare for HIV-infected PWID, which despite international recommendations, is neither widely available nor empirically examined. Methods: A 2010 cross-sectional study randomly sampled 296 HIV-infected opioid-dependent PWID from two representative HIV-endemic regions in Ukraine where ICL, non-co-located (NCL) and harm reduction/outreach (HRO) settings are available. ICL settings provide onsite HIV, addiction, and tuberculosis services, NCLs only treat addiction, and HROs provide counseling, needles/syringes, and referrals, but no opioid substitution therapy (OST). The primary outcome was receipt of quality healthcare, measured using a quality healthcare indicator (QHI) composite score representing percentage of eight guidelines-based recommended indicators met for HIV, addiction and tuberculosis treatment. The secondary outcomes were individual QHIs and health-related quality-of-life (HRQoL). Results: On average, ICL-participants had significantly higher QHI composite scores compared to NCL- and HRO-participants (71.9% versus 54.8% versus 37.0%, p<.001) even after controlling for potential confounders. Compared to NCL-participants, ICL-participants were significantly more likely to receive antiretroviral therapy (49.5% versus 19.2%, p<.001), especially if CD4 < 200 (93.8% versus 62.5% p<.05); guideline-recommended OST dosage (57.3% versus 41.4%, p<.05); and isoniazid preventive therapy (42.3% versus 11.2%, p<.001). Subjects receiving OST had significantly higher HRQoL than those not receiving it (p<.001); however, HRQoL did not differ significantly between ICL- and NCL-participants. Conclusions: These findings suggest that OST alone improves quality-of-life, while receiving care in integrated settings collectively and individually improves healthcare quality indicators for PWID. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 54-85-3 (isoniazid); 62229-51-0 (isoniazid); 65979-32-0 (isoniazid); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: adult article controlled study cross-sectional study endemic disease female health care availability health care delivery
95. Achieving smoking abstinence is associated with decreased cocaine use in cocaine-dependent patients receiving smoking-cessation treatment

**Citation:** Drug and Alcohol Dependence, January 2014, vol./is. 134/1(391-395), 0376-8716;1879-0046 (01 Jan 2014)

**Author(s):** Winhusen T.M.; Kropp F.; Theobald J.; Lewis D.F.

**Institution:** (Winhusen, Kropp, Theobald, Lewis) Addiction Sciences Division, Department of Psychiatry and Behavioral Neuroscience, University of Cincinnati College of Medicine, 3210 Jefferson Avenue, Cincinnati, OH 45220, United States

**Language:** English

**Abstract:** Background: Past research suggests that a significant relationship exists between cigarette smoking and illicit-stimulant abuse. The present study evaluated the association between achieving smoking abstinence in response to smoking-cessation treatment (SCT) and illicit-stimulant abstinence in cocaine- and/or methamphetamine-dependent participants. Methods: Secondary analysis of a randomized, 10-week trial conducted at 12 substance use disorder (SUD) treatment programs. Two hundred and sixty seven adults, meeting DSM-IV-TR criteria for cocaine and/or methamphetamine-dependence and interested in quitting smoking were randomized to SUD treatment as usual plus SCT consisting of weekly individual smoking cessation counseling, extended-release (XL) bupropion (300 mg/day), nicotine inhaler, and contingency management for smoking abstinence. Illicit-stimulant-abstinence was measured by self-report and urine drug screens. Smoking abstinence was assessed via self-report and carbon monoxide levels. Results: A significant effect was found for the cocaine-dependent subsample (N=147) in which participants who stopped smoking were abstinent for illicit stimulants an average of 78.2% of the post-smoking-quit weeks (weeks 4-10) relative to 63.6% in participants who...
continued smoking ($X^2(1)=8.55, p<.01, d=0.36$). No significant effects were found for the sample as a whole ($N=249$) or for the methamphetamine-dependent subsample ($N=102$). Conclusions: The present results suggest that cocaine-dependent patients achieving smoking abstinence in response to SCT might evidence not only improved smoking outcomes but improved cocaine-use outcomes as well. Future research to replicate this finding appears warranted. 2013 Elsevier Ireland Ltd.
whereby they spent more time exploring the objects in the new locations. GluN2B receptor subtype was decreased in the perirhinal cortex, yet remained unaffected in the prefrontal cortex and hippocampus of meth rats. This meth-induced down regulation occurred whether or not meth experienced rats received vehicle or modafinil.

Conclusions: These data support the use of modafinil for memory impairment in meth addiction. Further studies are needed to elucidate the neural mechanisms of modafinil reversal of cognitive impairments. 2013 Elsevier Ireland Ltd.
Institution: (Palfai) Department of Psychology, Boston University, 648 Beacon Street, Boston, MA 02021, United States; (Cheng, Coleman) Department of Biostatistics, School of Public Health, Crosstown Center, Boston University, 801 Massachusetts Avenue, Boston, MA 02218, United States; (Bridden, Samet) Department of Medicine, Boston University School of Medicine, Crosstown Center, 801 Massachusetts Avenue, Boston, MA 02218, United States; (Krupitsky) St. Petersburg Bekhterev Research Psychoneurological Institute, 3 Bekhterev Street, St. Petersburg 192019, Russian Federation

Language: English

Abstract: Background: Depressive symptoms have been linked to HIV progression through a number of biobehavioral mechanisms including increased alcohol use. Although research supports an association between alcohol use and depressive symptoms among HIV patients, there have been few studies that have examined whether depressive symptoms predict subsequent drinking, especially among heavy drinking HIV-infected patients. Method: Heavy drinking Russian HIV-infected patients (n=700) were recruited from addiction and HIV care settings for a randomized controlled trial of a risk reduction intervention [HERMITAGE]. GEE overdispersed Poisson regression analyses were conducted to assess the association between depressive symptoms and alcohol consumption 6-months later. Results: In adjusted analyses, depressive symptom severity was significantly associated with drinks per day (global p=.02). Compared to the non-depressed category, mild depressive symptoms were significantly associated with more drinks per day [IRR. = 1.55, (95% CI: 1.14, 2.09)], while moderate [IRR. = 1.14, (95% CI: 0.83, 1.56)] and severe [IRR. = 1.48, (95% CI: 0.93, 2.34)] depressive symptoms were not. Associations between depressive symptom severity and heavy drinking days were not statistically significant (global p=.19). Secondary analyses using the BDI-II screening threshold (BDI-II. >. 14) and the BDI-II cognitive subscale suggested an association between depressive symptoms and drinks per day over time but not heavy episodic drinking. Conclusions: Among heavy drinking HIV-infected patients, elevated depressive symptoms were associated with greater subsequent alcohol use. These findings suggest that depressive symptoms may be important to address in efforts to reduce alcohol-related risks among HIV-infected populations. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type: Journal: Article

Subject Headings:
- adult
- aged
- *alcohol consumption
- article
- *depression
- disease association
- disease severity
- drinking behavior
- female
- follow up
- human
- *Human immunodeficiency virus infection
- major clinical study
- male
- outcome assessment
- population risk
- priority journal
- risk assessment
- risk reduction
- Russian Federation
- sex difference

Source: EMBASE

Full Text: Available from Elsevier in Drug and Alcohol Dependence
98. Parental separation and early substance involvement: Results from children of alcoholic and cannabis dependent twins

**Citation:** Drug and Alcohol Dependence, January 2014, vol./is. 134/1(78-84), 0376-8716;1879-0046 (01 Jan 2014)

**Author(s):** Waldron M.; Grant J.D.; Bucholz K.K.; Lynskey M.T.; Slutske W.S.; Glowinski A.L.; Henders A.; Statham D.J.; Martin N.G.; Heath A.C.

**Institution:** (Waldron) Department of Counseling and Educational Psychology, Indiana University School of Education, Bloomington, IN, United States; (Waldron, Grant, Bucholz, Glowinski, Heath) Midwest Alcoholism Research Center, Department of Psychiatry, Washington University School of Medicine, St. Louis, MO, United States; (Lynskey) Addictions Department, Institute of Psychiatry, King's College, London, United Kingdom; (Slutske) Department of Psychology, University of Missouri, Columbia, MO, United States; (Henders, Martin) Genetic Epidemiology Unit, Queensland Institute of Medical Research, Brisbane, Australia; (Statham) Faculty of Arts and Business, University of the Sunshine Coast, Queensland, Australia

**Language:** English

**Abstract:** Background: Risks associated with parental separation have received limited attention in research on children of parents with substance use disorders. We examined early substance involvement as a function of parental separation during childhood and parental alcohol and cannabis dependence. Method: Data were drawn from 1318 adolescent offspring of monozygotic (MZ) or dizygotic (DZ) Australian twin parents. Cox proportional hazards regression analyses were conducted predicting age at first use of alcohol, first alcohol intoxication, first use and first regular use of cigarettes, and first use of cannabis, from parental separation and both parent and cotwin substance dependence. Parent and cotwin alcohol and cannabis dependence were initially modeled separately, with post hoc tests for equality of effects. Results: With few exceptions, risks associated with parental alcohol versus cannabis dependence could be equated, with results largely suggestive of genetic transmission of risk from parental substance (alcohol or cannabis) dependence broadly defined. Controlling for parental substance dependence, parental separation was a strong predictor for all substance use variables, especially through age 13. Conclusion: Together, findings underscore the importance of parental separation as a risk-factor for early substance involvement over and above both genetic and environmental influences specific to parental alcohol and cannabis dependence. 2013 Elsevier Ireland Ltd.
Background: Healthcare professionals are crucial in access to treatment for patients with substance use disorders. However, healthcare professionals often have negative attitudes towards this patient group. Healthcare professionals' regard for working with patients with substance use disorders was examined and three sectors in which professionals are working were compared. Methods: General practitioners (GPs; N= 180), healthcare professionals of general psychiatry (N= 89) and specialists in addiction services (N= 78) filled out a questionnaire in which regard for working with patients with substance use disorders was assessed. ANOVAs were used to compare the sectors and multiple linear regression analysis tested the association of regard with attribution beliefs, emotional reactions and other characteristics of healthcare professionals. Results: Regard for working with patients with substance use disorders was different between the three sectors (GPs M=42.00; general psychiatry M=48.18; addiction specialists M=55.41; p=0.00, <sup>2</sup>=0.40). Attribution of personal responsibility and feeling of anger and fear were associated with lower regard scores. More familiarity with substance use problems, higher frequency of working with this patients group and more confidence in substance abuse treatment were positively associated with regard. Social desirability bias was present and was positively related to healthcare professionals' regard. Conclusions: Healthcare professionals of specialist addiction services showed higher regard for working with patients with substance use disorders compared to professionals of general psychiatry services and GPs. Improvement of education and shared care models in which healthcare professionals are supported by professionals specializing in addiction might address low regard. 2013 Elsevier Ireland Ltd.
100. Continuous exposure to dizocilpine facilitates escalation of cocaine consumption in male Sprague-Dawley rats

Citation: Drug and Alcohol Dependence, January 2014, vol./is. 134/1(38-43), 0376-8716;1879-0046 (01 Jan 2014)

Author(s): Allen R.M.
Institution: (Allen) Department of Psychology, University of Colorado Denver, United States
Language: English

Abstract: Background: Although the escalation of cocaine consumption is a hallmark of cocaine dependence, the neurobiological mechanisms that underlie this change in behavior are not well understood. Methods: This study used an extended access version of the drug self-administration procedure to explore how N-methyl-d-aspartate (NMDA) receptors are involved in escalation of cocaine consumption. Male Sprague-Dawley rats (n= 59) were first trained to self-administer cocaine (0.33 mg/infusion, i.v.) under a fixed-ratio 1 (FR1) schedule of reinforcement. After training, rats were implanted with subcutaneous osmotic minipumps filled with vehicle or the non-competitive NMDAR antagonist, dizocilpine (0.2 or 0.4 mg/kg/d), and subsequently allowed to self-administer cocaine in 2 h or 6 h self-administration sessions. Results: In the 6 h groups, vehicle-treated rats escalated cocaine self-administration across 15 self-administration sessions; rats treated with dizocilpine escalated cocaine self-administration at a greater rate and to a greater degree. Rats that self-administered cocaine during 2 h sessions did not escalate consumption of cocaine under any treatment condition. Discontinuation of dizocilpine treatment in the 6 h access condition led to a substantial decrease in cocaine consumption, down to pre-escalation levels, and then control rates of escalation thereafter. Despite large differences in intake under the FR1 schedule, post-escalation break point under a progressive ratio schedule of reinforcement did not differ between groups. Conclusion: These data suggest that glutamate tone through NMDA receptors can play a dynamic role in regulating cocaine intake and escalation of consumption. 2013 Elsevier Ireland Ltd.
Background: Magnetic resonance imaging has provided a wealth of information on altered brain activations and structures in individuals addicted to cocaine. However, few studies have considered the influence of age and alcohol use on these changes. Methods: We examined gray matter volume with voxel based morphometry (VBM) and low frequency fluctuation (LFF) of BOLD signals as a measure of cerebral activity of 84 cocaine dependent (CD) and 86 healthy control (HC) subjects. We performed a covariance analysis to account for the effects of age and years of alcohol use. Results: Compared to HC, CD individuals showed decreased gray matter (GM) volumes in frontal and temporal cortices, middle/posterior cingulate cortex, and the cerebellum, at p<.05, corrected for multiple comparisons. The GM volume of the bilateral superior frontal gyri (SFG) and cingulate cortices were negatively correlated with years of cocaine use, with women showing a steeper loss in the right SFG in association with duration of use. In contrast, the right ventral putamen showed increased GM volume in CD as compared to HC individuals. Compared to HC, CD individuals showed increased fractional amplitude of LFF (fALFF) in the thalamus, with no significant overlap with regions showing GM volume loss. Conclusions: These results suggested that chronic cocaine use is associated with distinct changes in cerebral structure and activity that can be captured by GM volume and fALFF of BOLD signals. 2013 Elsevier Ireland Ltd.
102. Preparing to approach or avoid alcohol: EEG correlates, and acute alcohol effects

Citation: Neuroscience Letters, January 2014, vol./is. 559/(199-204), 0304-3940;1872-7972 (04 Jan 2014)

Author(s): Korucuoglu O.; Gladwin T.E.; Wiers R.W.

Institution: (Korucuoglu, Gladwin, Wiers) Addiction, Development and Psychopathology (ADAPT)-Lab, Department of Psychology, University of Amsterdam, Weesperplein 4, 1018 XA Amsterdam, Netherlands

Language: English

Abstract: Recently an approach-bias for alcohol has been described as an important cognitive motivational process in the etiology of alcohol use problems. In the approach-bias, perception and action are inextricably linked and stimulus response associations are central to this bias: performance improves when task instructions are congruent with a pre-existing stimulus-response association. These pre-existing response associations could potentially allow advance response preparation and execution. The present study aimed at investigating the effect of the alcohol approach bias on response preparation by means of event-related desynchronization in the beta band (beta-ERD) of the EEG signal and the effect of acute alcohol in the approach bias in response to alcohol cues. Subjects (18 social drinkers) performed an adapted alcohol-Approach Avoidance Task, in which a preparatory period was provided between alcohol/soft drink cues and approach/avoid responses. Subjects were tested both in a placebo and in an alcohol condition (counterbalanced). Posterior beta-ERD was found to increase during preparation for alcohol-approach trials. The beta-ERD in the congruent block increased following alcohol administration. These results suggest that advance response preparation may play a role in the alcohol approach bias and that acute alcohol facilitates response preparatory processes for approach alcohol trials. Future EEG studies using the adapted AAT may help understanding approach biases in addiction. 2013 Elsevier Ireland Ltd.
Introduction: The increasing proportion of women living with HIV has evoked calls for tailored services that respond to women's specific needs. The objective of this investigation was to explore the concept of women-specific HIV/AIDS services to identify and define what key elements underlie this approach to care. Methods: A comprehensive review was conducted using online databases (CSA Social Service Abstracts, OvidSP, Proquest, Psycinfo, PubMed, CINAHL), augmented with a search for grey literature. In total, 84 articles were retrieved and 30 were included for a full review. Of these 30, 15 were specific to HIV/AIDS, 11 for mental health and addictions and four stemmed from other disciplines. Results and discussion: The review demonstrated the absence of a consensual definition of women-specific HIV/AIDS services in the literature. We distilled this concept into its defining features and 12 additional dimensions (1) creating an atmosphere of safety, respect and acceptance; (2) facilitating communication and interaction among peers; (3) involving women in the planning, delivery and evaluation of services; (4) providing self-determination opportunities; (5) providing tailored programming for women; (6) facilitating meaningful access to care through the provision of social and supportive services; (7) facilitating access to women-specific and culturally sensitive information; (8) considering family as the unit of intervention; (9) providing multidisciplinary integration and coordination of a comprehensive array of services; (10) meeting women "where they are"; (11) providing gender-, culture- and HIV-sensitive training to health and social care providers; and (12) conducting gendered HIV/AIDS research. Conclusions: This review highlights that the concept of women-specific HIV/AIDS services is a complex and multidimensional one that has been shaped by diverse theoretical perspectives. Further research is needed to better understand this emerging concept and ultimately assess the effectiveness of women-specific services on HIV-positive women's health outcomes. Copyright: 2013 Carter AJ et al; licensee International AIDS Society.
104. Doctor and dentist contacts with an NHS occupational health service

Citation: Occupational Medicine, June 2013, vol./is. 63/4(291-293), 0962-7480;1471-8405 (June 2013)

Author(s): Laloo D.; Ghafur I.; Macdonald E.B.

Institution: (Lalloo, Ghafur) Salus Occupational Health, Safety and Return To Work Services, NHS Lanarkshire, 14 Beckford Street, Hamilton ML3 0TA, United Kingdom; (Macdonald) Institute of Health and Wellbeing, College of Medical, Veterinary and Life Sciences, University of Glasgow Public Health, 1 Lilybank Gardens, Glasgow G12 8RZ, United Kingdom

Language: English

Abstract: Background: There is increasing acceptance that management of ill-health in doctors can be patchy and is not always optimal. Health can impact on performance and fitness to practice, placing an important responsibility on occupational health (OH) services. Aims: To improve our understanding of OH contacts by doctors and dentists and make some comparison of this with available sickness absence records. Methods: A retrospective descriptive evaluation of all doctor and dentist encounters with the OH service between April 2009 and March 2010 was undertaken. Doctor and dentist encounters from our electronic appointment system were analysed using Microsoft Excel. Comparisons were made with management-reported sickness absence data for this period. Results: Blood tests, immunizations/immunization updates accounted for 49% (295) of contacts. Management and self-referrals accounted for 26% (157) of all OH contacts. Mental health conditions were the main reason for referral (approximately one-third of all cases referred). In this group, a much higher number presented to OH, absent from work, than were recorded with sickness absence by management. Musculoskeletal, infection and skin complaints were other predominant reasons for referral. Conclusions: Doctors and
dentists do utilize this OH service and the issues for which they need services are wider than those of mental health. Inconsistency in the reporting of sickness absence in doctors with mental health problems has also been highlighted. This baseline information is a useful stepping stone to identifying and meeting the specific needs of doctors and dentists and can be used as a benchmark in other organizations. The Author 2013. Published by Oxford University Press on behalf of the Society of Occupational Medicine. All rights reserved.

Country of Publication: United Kingdom
Publisher: Oxford University Press (Great Clarendon Street, Oxford OX2 6DP, United Kingdom)
Publication Type: Journal: Article
Subject Headings: addiction, article, *dentist, Doctors, fitness, human, ill health, medical leave, mental health, national health service, *occupational health service, performance, *physician, retrospective study, statistics, United Kingdom, utilization review

Source: EMBASE
Full Text: Available from Oxford University Press in Occupational Medicine

105. A randomized controlled trial of a smoking cessation intervention conducted among prisoners

Citation: Addiction (Abingdon, England), May 2013, vol./is. 108/5(966-974), 1360-0443 (May 2013)
Author(s): Richmond R.; Indig D.; Butler T.; Wilhelm K.; Archer V.; Wodak A.
Institution: (Richmond) School of Public Health and Community Medicine, UNSW, Sydney, NSW, Australia.
Language: English
Abstract: To evaluate the efficacy of nortriptyline (NOR) added to a multi-component smoking cessation intervention, which included cognitive-behavioural therapy (CBT) and provision of nicotine replacement therapy (NRT). Randomized controlled trial (RCT) comparing two study groups with blinded follow-up at 3, 6 and 12 months. Both groups received a multi-component smoking cessation intervention comprising two half-hour individual sessions of CBT and NRT with either active NOR or placebo. Prisons in New South Wales (17) and Queensland (one), Australia. A total of 425 male prisoners met inclusion criteria and were allocated to either treatment (n = 206) or control group (n = 219). Primary end-points at 3, 6 and 12 months were continuous abstinence, point prevalence abstinence and reporting a 50% reduction in smoking. Smoking status was confirmed by expired carbon monoxide, using a cut-point of <10 parts per million. Participants' demographics and baseline tobacco use were similar in treatment and control groups. Based on an intention-to-treat analysis, continuous abstinence between the treatment and control groups was not significantly different at 3 months (23.8 versus 16.4%), 6 months (17.5 versus 12.3%) and 12 months (11.7 versus 11.9%). Adding nortriptyline to a smoking cessation treatment package consisting of behavioural support and nicotine replacement therapy does not appear to improve long-term abstinence rates in male prisoners. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.
106. Employers should help prevent misuse of alcohol by employees

Citation: BMJ (Clinical research ed.), 2013, vol./is. 347/, 1756-1833 (2013)
Author(s): Shenker D.
Language: English
Country of Publication: United Kingdom
Publication Type: Journal: Article
Subject Headings: 
"*alcoholism/et [Etiology]"
"*alcoholism/pc [Prevention]"
article
"*drinking behavior/ae [Adverse Drug Reaction]"
"*drinking behavior/pc [Prevention]"
human
methodology
*occupational health
*preventive health service
questionnaire
United Kingdom
workplace

Source: EMBASE
Full Text: Available from Highwire Press in BMJ
Available from BMJ in Newcomb Library & Information Service
107. The delivery of smoking cessation interventions to primary care patients with mental health problems

Citation: Addiction (Abingdon, England), August 2013, vol./is. 108/8(1487-1494), 1360-0443 (Aug 2013)

Author(s): Szatkowski L.; McNeill A.

Institution: (Szatkowski) UK Centre for Tobacco Control Studies, University of Nottingham, Division of Epidemiology and Public Health, Nottingham, UK.

Language: English

Abstract: To quantify the extent to which smokers with indicators of poor mental health receive smoking cessation support in primary care consultations compared with those without. Cross-sectional study within a database of electronic primary care medical records. A total of 495 general practices in the United Kingdom contributing data to The Health Improvement Network (THIN) database. A total of 2 493 085 patients aged 16+ registered with a THIN practice for the year from 1 July 2009 to 30 June 2010. The proportion of patients with a diagnostic Read code or British National Formulary (BNF) drug code indicating a mental health diagnosis or psychoactive medication prescription, respectively, who smoke and who have cessation advice or a smoking cessation medication prescription recorded during consultations within the 1-year study period. Of 32 154 smokers, 50.6% [95% confidence interval (CI): 50.0-51.2] with a mental health diagnosis and 49.3% (95% CI: 49.0-49.7) of 96 285 smokers prescribed a psychoactive medication had a record of cessation advice, higher than the prevalence of advice recording in smokers without these indicators (33.4%, 95% CI: 33.3-33.6). Similarly, smoking cessation medication prescribing was higher: 11.2% (95% CI: 10.8-11.6) of smokers with a mental health diagnosis and 11.0% (95% CI: 10.8-11.2) of smokers prescribed psychoactive medication received a prescription, compared with 6.73% of smokers without these indicators (95% CI: 6.65-6.81). Smoking cessation support was offered in a lower proportion of consultations for smokers with indicators of poor mental health than for those without. Advice was recorded in 7.9% of consultations with smokers with a mental health diagnosis, 8.2% of consultations with smokers prescribed psychoactive medication and 12.3% of consultations with smokers without these indicators; comparable figures for prescribing of cessation medication were 2.9%, 3.2% and 4.4%, respectively. Approximately half of smokers with indicators of poor mental health receive advice to quit during primary care consultations in the United Kingdom, and one in 10 receive a cessation medication. Interventions are lower per consultation for smokers with mental health indicators compared with smokers without mental health indicators. 2013 Society for the Study of Addiction.

Country of Publication: United Kingdom
Publication Type: Journal: Article
Subject Headings: adolescent
adult
aged
article
cross-sectional study
female
*general practice
*health care delivery
human
male
"*mental disease/co [Complication]"
"*mental disease/ep [Epidemiology]"
mental health
middle aged
patient education
prevalence
primary medical care
psychological aspect
"smoking/ep [Epidemiology]"
"smoking/pc [Prevention]"
*smoking cessation
statistics
"United Kingdom/ep [Epidemiology]"
young adult

Source: EMBASE

Full Text: Available from Wiley in Addiction; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

108. Deaths from tramadol and legal highs reach new highs in England and Wales

Citation: BMJ (Clinical research ed.), 2013, vol./is. 347/, 1756-1833 (2013)

Author(s): Hawkes N.

Language: English

Country of Publication: United Kingdom

CAS Registry Number: 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Note

Subject Headings: adult
drug misuse
female
human
male
mortality
note
*opiate addiction
suicide
United Kingdom
young adult
"*narcotic analgesic agent/to [Drug Toxicity]"
"*tramadol/to [Drug Toxicity]"

Source: EMBASE

Full Text: Available from Highwire Press in BMJ
Available from BMJ in Newcomb Library & Information Service

109. The epidemiology of assault-related hospital in-patient admissions and ED attendances

Citation: Irish medical journal, March 2013, vol./is. 106/3(72-74), 0332-3102 (Mar 2013)

Author(s): O'Farrell A.; De La Harpe D.; Geary U.

Institution: (O'Farrell) Health Intelligence Unit, HSE, Stewarts Hospital, Palmerstown, Dublin 20.

Language: English

Abstract: The aim of this study was to describe the epidemiology and impact of serious assault warranting in-patient care over six years and its impact on ED attendances in a large teaching hospital in Dublin over 2 years. There were 16,079 emergency assault-related inpatient hospital discharges reducing from 60.1 per 100,000 population in 2005 to 50.6 per 100,000 population in 2010. The median length of stay was 1 day (1-466) representing 49,870 bed days. The majority were young males (13,921, 86.6%; median age 26 years). Overall crime figures showed a similar reduction. However, knife crimes did not reduce over this period. Data on ED attendances confirmed the age and gender profile and also showed an increase at weekends. Alcohol misuse was recorded in 2,292/16079 (14%) of in-patient cases and 242/2484 (10%) in ED attendances. An inter-sectoral preventative approach specifically targeting knife crime is required to reduce this burden on health services.
Alcohol misuse is a major cause of premature mortality and ill health. Although there is a high prevalence of alcohol problems among patients presenting to general hospital, many of these people are not help seekers and do not engage in specialist treatment. Hospital admission is an opportunity to steer people towards specialist treatment, which can reduce health-care utilization and costs to the public sector and produce substantial individual health and social benefits. Alcohol misuse is associated with other lifestyle problems, which are amenable to intervention. It has been suggested that the development of a healthy or balanced lifestyle is potentially beneficial for reducing or abstaining from alcohol use, and relapse prevention. The aim of the study is to test whether or not the offer of a choice of health-related lifestyle interventions is more acceptable, and therefore able to engage more problem drinkers in treatment, than an alcohol-focused intervention. This is a pragmatic, randomized, controlled, open pilot study in a UK general hospital setting with concurrent economic evaluation and a qualitative component. Potential participants are those admitted to hospital with a diagnosis likely to be responsive to addiction interventions who score equal to or more than 16 on the Alcohol Use Disorders Identification Test (AUDIT). The main purpose of this pilot study is to evaluate the acceptability of two sorts of interventions (healthy living related versus alcohol focused) to the participants and to assess the components and processes of the design. Qualitative research will be undertaken to explore acceptability and the impact of the approach, assessment, recruitment and intervention on trial participants and non-participants. The effectiveness of the two treatments will be compared at 6 months using AUDIT scores as the primary outcome measure. There will be additional economic, qualitative and secondary outcome measurements. Development of the study was a collaboration between academics, commissioners and clinicians in general hospital and addiction services, made possible by the Collaboration in Leadership in Applied Health Research and Care (CLAHRC) program of research. CLAHRC was a necessary vehicle for...
overcoming the barriers to answering an important NHS question--how better to engage problem drinkers in a hospital setting. ISRCTN47728072.

**Country of Publication:** United Kingdom

**Publication Type:** Journal: Article

**Subject Headings:**
- "*alcoholism/di [Diagnosis]"
- "*alcoholism/th [Therapy]"
- article
- *attitude to health
- clinical protocol
- *cognitive therapy
- comparative study
- controlled clinical trial
- controlled study
- cost
- *decision making
- economics
- *general hospital
- hospital cost
- *hospital patient
- human
- *methodology
- motivation
- motivational interviewing
- *patient attitude
- pilot study
- psychological aspect
- qualitative research
- randomized controlled trial
- *risk reduction
- time
- treatment outcome

**Source:** EMBASE

**Full Text:** Available from BioMedCentral in Trials Available from National Library of Medicine in Trials

### III. Smoking and absence from work: systematic review and meta-analysis of occupational studies

**Citation:** Addiction (Abingdon, England), February 2013, vol./is. 108/2(307-319), 1360-0443 (Feb 2013)

**Author(s):** Weng S.F.; Ali S.; Leonardi-Bee J.

**Institution:** (Weng) UK Centre for Tobacco Control Studies, Division of Epidemiology and Public Health, School of Community Health Sciences, University of Nottingham, Nottingham, UK.

**Language:** English

**Abstract:** This study aimed to assess the association between smoking and absenteeism in working adults. A systematic review and meta-analysis was performed by electronic database searches in MEDLINE, EMBASE, CAB Abstracts, PubMed, Science Direct and National Health Service Economic Evaluation Database (February 2012). Longitudinal, prospective cohorts or retrospective cohorts were included in the review. Summary effect estimates were calculated using random-effects meta-analysis. Heterogeneity was assessed by I(2) and publication bias was investigated. A total of 29 longitudinal or cohort studies were included. Compared with non-smokers, current smokers had a 33% increase in risk of absenteeism [95% confidence interval (CI): 1.25-1.41; I(2) = 62.7%; 17 studies]. Current smokers were absent for an average of 2.74 more days per year compared with non-smokers (95% CI: 1.54-3.95; I(2) = 89.6%; 13 studies). Compared with never smokers, ex-smokers had a 14% increase in risk of absenteeism (95% CI:
1.08-1.21; I(2) = 62.4%; eight studies); however, no increase in duration of absence could be detected. Current smokers also had a 19% increase in risk of absenteeism compared with ex-smokers (95% CI: 1.09-1.32, P < 0.01, eight studies). There was no evidence of publication bias. The total cost of absenteeism due to smoking in the United Kingdom was estimated to be 1.4 billion in 2011. Quitting smoking appears to reduce absenteeism and result in substantial cost-savings for employers. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom
Publication Type: Journal: Review
Subject Headings: *absenteeism
adult
cost benefit analysis
economics
employment
female
human
male
meta analysis
review
risk factor
"*smoking/ep [Epidemiology]"
statistics
"United Kingdom/ep [Epidemiology]"

Source: EMBASE
Full Text: Available from Wiley in Addiction; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

112. Health-care reform provides an opportunity for evidence-based alcohol treatment in the USA: the National Institute for Health and Clinical Excellence (NICE) guideline as a model

Citation: Addiction (Abingdon, England), February 2013, vol./is. 108/2(231-232), 1360-0443 (Feb 2013)
Author(s): McCrady B.S.
Language: English
Country of Publication: United Kingdom
Publication Type: Journal: Editorial
Subject Headings: "*alcoholism/th [Therapy]"
editorial
evidence based medicine
*health care policy
human
*national health service
*practice guideline
United Kingdom
United States

Source: EMBASE
Full Text: Available from Wiley in Addiction; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

113. Conversation with Christine Godfrey

Citation: Addiction (Abingdon, England), February 2013, vol./is. 108/2(257-264), 1360-0443 (Feb 2013)

**Citation:** Addiction (Abingdon, England), February 2013, vol./is. 108/2(377-384), 1360-0443 (Feb 2013)

**Author(s):** Merrall E.L.; Bird S.M.; Hutchinson S.J.

**Institution:** (Merrall) MRC Biostatistics Unit, Cambridge, UK.

**Language:** English

**Abstract:** To investigate the relationship between time after hospital discharge and drug-related death (DRD) and suicide among drug users in Scotland, while controlling for potential confounders. Cohort study. The 69 457 individuals who registered for drug treatment in Scotland during 1 April 1996-31 March 2006. Time-at-risk was from the date of an individual's first attendance at drug treatment services after 1 April 1996 until the earlier date of death or end-of-study, 31 March 2006, and was categorized according to time since the most recent hospitalization, as during hospitalization, within 28 days, 29-90 days, 91 days to 1 year and >1 year after discharge from most recent hospital stay versus 'never admitted' (reference). Time-periods soon after discharge were associated with increased risk of DRD. DRD rates per 1000 person-years were: 87 (95% CI: 72-103) during hospitalization, 21 (18-25) within 28 days, 12 (10-15) during 29-90 days and 8.5 (7.5-9.5) during 91 days to 1 year after discharge versus 4.2 (3.7-4.7) when >1 year after most recent hospitalization and 1.9 (1.7-2.1) for those never admitted. Adjusted hazard ratios by time since hospital discharge (versus never admitted) were: 9.6 (95% CI: 8-12) within 28 days, 5.6 (4.6-6.8) during days 29-90, thereafter 4.0 (3.5-4.7) and 2.3 (2.0-2.7) when >1 year. Non-drug-related suicides were less frequent than DRDs (269 versus 1383) but a similar risk pattern was observed. In people receiving treatment for drug dependence, discharge from a period of hospitalization marks the start of a period of heightened vulnerability to drug-related death. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.
115. Twenty-five years of volatile substance abuse mortality: a national mortality surveillance programme

Citation: Addiction (Abingdon, England), February 2013, vol./is. 108/2(385-393), 1360-0443 (Feb 2013)

Author(s): Butland B.K.; Field-Smith M.E.; Ramsey J.D.; Anderson H.R.

Institution: (Butland) Division of Population Health Sciences and Education, St George's, University of London, London, UK.

Language: English

Abstract: To investigate trends in volatile substance abuse (VSA) deaths over 25 years. A national mortality surveillance programme with standardised data collection procedures. The UK and islands. PARTICIPANTS/MEASUREMENTS: All VSA deaths, 1983-2007. In the five quinquennia from 1983 to 2007 the numbers of VSA deaths were 499, 609, 378, 349 and 258 respectively. There were gradual increases in the mean age at death in males and females and in the number of VSA deaths in women. Coincident with the 1992 Department of Health Advertising Campaign, VSA deaths in boys and girls (<18 years of age) fell by an estimated 56% (95% CI: 36%-70%) and 64% (20%-84%), respectively, from the underlying trend, but there was no evidence of any similar step change in either group following the 1999 Legislation prohibiting sales of cigarette lighter refills containing butane to those under the age of 18 years. Between 1983-1987 and 2003-2007, the ratio of aerosol to gas fuel deaths fell by an estimated 80% (57% to 91%) in adults, while the ratio of glue to gas fuel deaths fell by an estimated 95% (89% to 97%) in adults and an estimated 87% (-1% to 98%) in children. Between 1983 and 2007, in the United Kingdom, the numbers of deaths associated with volatile substance abuse peaked in the early 1990s and fell to their lowest level in the mid-2000s. The age at death increased in both males and females. There was a fall in the proportion of volatile substance abuse deaths involving glues and a rise, particularly in adults, in the proportion involving gas fuels. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

CAS Registry Number: 106-97-8 (butane)

Publication Type: Journal: Article

Subject Headings: adolescent adult "aerosol/ae [Adverse Drug Reaction]" age algorithm article child factual database female health survey
116. Visual attention to health warnings on plain tobacco packaging in adolescent smokers and non-smokers

Citation: Addiction (Abingdon, England), February 2013, vol./is. 108/2(413-419), 1360-0443 (Feb 2013)

Author(s): Maynard O.M.; Munafo M.R.; Leonards U.

Institution: (Maynard) School of Experimental Psychology, University of Bristol, Bristol, UK.

Language: English

Abstract: Previous research with adults indicates that plain packaging increases visual attention to health warnings in adult non-smokers and weekly smokers, but not daily smokers. The present research extends this study to adolescents aged 14-19 years. Mixed-model experimental design, with smoking status as a between-subjects factor and pack type (branded or plain pack) and eye gaze location (health warning or branding) as within-subjects factors. Three secondary schools in Bristol, UK. A convenience sample of adolescents comprising never-smokers (n = 26), experimenters (n = 34), weekly smokers (n = 13) and daily smokers (n = 14). Number of eye movements to health warnings and branding on plain and branded packs. Analysis of variance, irrespective of smoking status revealed more eye movements to health warnings than branding on plain packs, but an equal number of eye movements to both regions on branded packs (P = 0.033). This was observed among experimenters (P < 0.001) and weekly smokers (P = 0.047), but not among never-smokers or daily smokers. Among experimenters and weekly smokers, plain packaging increases visual attention to health warnings and away from branding. Daily smokers, even relatively early in their smoking careers, seem to avoid the health warnings on cigarette packs. Adolescent never-smokers attend the health warnings preferentially on both types of packs, a finding which may reflect their decision not to smoke. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

CAS Registry Number: 630-08-0 (carbon monoxide)

Publication Type: Journal: Article

Subject Headings: adolescent article *attention attitude to health *eye movement female human male methodology multicenter study *packaging physiology psychological aspect
117. Methadone dosing and prescribed medication use in a prospective cohort of opioid-dependent pregnant women

Citation: Addiction (Abingdon, England), April 2013, vol./is. 108/4(762-770), 1360-0443 (Apr 2013)

Author(s): Cleary B.J.; Reynolds K.; Eogan M.; O'Connell M.P.; Fahey T.; Gallagher P.J.; Clarke T.; White M.J.; McDermott C.; O'Sullivan A.; Carmody D.; Gleeson J.; Murphy D.J.

Institution: (Cleary) Coombe Women and Infants University Hospital, Dublin 8, Ireland.

Language: English

Abstract: This study aimed to (i) describe methadone dosing before, during and after pregnancy, (ii) to compare the incidence of neonatal abstinence syndrome (NAS) between those with dose decreases and those with steady or increasing doses and (iii) to describe prescribed medication use among opioid-dependent pregnant women. Prospective cohort study. Two Irish tertiary care maternity hospitals. A total of 117 pregnant women on methadone maintenance treatment (MMT) recruited between July 2009 and July 2010. Electronic dispensing records from addiction clinics and the Primary Care Reimbursement Service were used to determine methadone doses and dispensed medications in the year preceding and the month following delivery. The Finnegan score was used to determine need for medical treatment of NAS. Of the 117 participants, sufficient dosing data were available for 89 women treated with MMT throughout pregnancy; 36 (40.4%) had their dose decreased from a mean pre-pregnancy dose of 73.3 mg [standard deviation (SD) 25.5] to a third-trimester dose of 58.0 mg (SD 26.0). The corresponding figures for those with increased doses (n = 31, 34.8%) were 70.7 mg (SD 25.3) and 89.7 mg (SD 21.0), respectively. The incidence of medically treated NAS did not differ between dosage groups. Antidepressants were dispensed for 29 women (25.7%) during pregnancy, with the rate decreasing from pre-pregnancy to postpartum. Benzodiazepines were prescribed for 43 women (38.0%). In the Irish health service, opioid-dependent women frequently have their methadone dose decreased during pregnancy but this does not appear to affect the incidence of the neonatal abstinence syndrome in their babies. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.
"antidepressant agent/dt [Drug Therapy]"
"antiinfective agent/dt [Drug Therapy]"
"benzodiazepine derivative/dt [Drug Therapy]"
"hypnotic sedative agent/dt [Drug Therapy]"
"*methadone/ad [Drug Administration]"
"*narcotic agent/ad [Drug Administration]"
"prescription drug/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from Wiley in Addiction; Note: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

118. Early life influences on the risk of injecting drug use: case control study based on the Edinburgh Addiction Cohort

Citation: Addiction (Abingdon, England), April 2013, vol./iss. 108/4(743-750), 1360-0443 (Apr 2013)

Author(s): Macleod J.; Hickman M.; Jones H.E.; Copeland L.; McKenzie J.; De Angelis D.; Kimber J.; Robertson J.R.

Institution: (Macleod) School of Social and Community Medicine, University of Bristol, Bristol, UK.

Language: English

Abstract: To investigate childhood influences on onset of injection drug use. Matched case-control study. Edinburgh, Scotland. A total of 432 individuals presenting at a community health facility with injection drug use and 432 age- and sex-matched non-injecting controls recruited through the same facility. Main exposures considered were family structure and experience of public care, carer substance use, physical and sexual victimization and conduct problems, all measured at personal interview. The outcome was history of adult injection drug use recorded in medical records corroborated at personal interview. Compared to two-parent families all other family structures were associated with increased risk of injection drug use, the greatest increased risk being associated with public care. Violence, criminality and financial problems in the family were also associated with increased risk, as were all types of carer substance use. The greatest increased risk was associated with markers of early conduct problems, particularly school exclusion and childhood contact with the criminal justice system. In multivariable analyses the strongest risk factors for later injecting were always having lived with a relative or family friend (not always a parent) and in care/adopted/foster home at any point [odds ratio (OR) = 2.66, 95% confidence interval (CI): 1.02-6.92 and OR = 2.17, 95% CI: 0.91-5.17, respectively], experienced violence from parent or carer (OR = 2.06, 95% CI: 1.26, 3.38) and early evidence of conduct problems [ever excluded from school (OR = 2.73, 95% CI: 1.68, 4.45); childhood criminality (ever arrested by police pre-adult OR = 3.05, 95% CI: 1.90, 4.89, ever been in borstal/young offenders/list D school OR = 4.70, 95% CI: 2.02, 10.94)]. After adjustment for family structure and conduct problems, sexual victimization was associated weakly with injecting onset (OR = 1.29, 95% CI: 0.76-2.19). More than 70% of injection drug use onset appeared attributable to the risk factors identified. Injection drug use in adults is associated strongly with prior childhood adversity, in particular not living with both parents and early conduct problems. Prevention initiatives should also consider these risk factors. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: adult
article
caregiver
case control study
child
cohort analysis
"conduct disorder/co [Complication]"
family size
female
human
*life event
male
onset age
psychological aspect
risk factor
*substance abuse
United Kingdom
young adult

Source: EMBASE

Full Text: Available from Wiley in Addiction; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

119. Graphic imagery is not sufficient for increased attention to cigarette warnings: the role of text captions

Citation: Addiction (Abingdon, England), April 2013, vol./is. 108/4(820-825), 1360-0443 (Apr 2013)

Author(s): Brown K.G.; Reidy J.G.; Weighall A.R.; Arden M.A.

Institution: (Brown) Department of Psychology, Sociology and Politics, Sheffield Hallam University, Sheffield, UK.

Language: English

Abstract: The present study aims to assess the extent to which attention to UK cigarette warnings is attributable to the graphic nature of the content. A visual dot probe task was utilised, with the warnings serving as critical stimuli that were manipulated for the presence of graphic versus neutral image content, and the accompanying text caption. This mixed design yielded image content (graphic versus neutrally-matched images) and presence (versus absence) of text caption as within subjects variables and smoking status as a between-participants variable. The experiment took place within the laboratories of a UK university. Eighty-six psychology undergraduates (51% smokers, 69% female), predominantly of Caucasian ethnicity took part. Reaction times towards probes replacing graphic images relative to probes replacing neutral images were utilised to create an index of attentional bias. Bias scores (M = 10.20 + 2.56) highlighted that the graphic image content of the warnings elicited attentional biases (relative to neutral images) for smokers. This only occurred in the presence of an accompanying text caption [t (43) = 3.950, P < 0.001] as opposed to when no caption was present [t (43) = 0.029, P = 0.977]. Non-smokers showed no biases in both instances. Graphic imagery on cigarette packets increases attentional capture, but only when accompanied by a text message about health risks. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: article
*attention
female
*health promotion
human
male
methodology
*packaging
psychological aspect
*smoking
*smoking cessation
*tobacco
young adult
120. ESCAPE: a randomised controlled trial of computer-tailored smoking cessation advice in primary care

Citation: Addiction (Abingdon, England), April 2013, vol./is. 108/4(811-819), 1360-0443 (Apr 2013)

Author(s): Gilbert H.M.; Leurent B.; Sutton S.; Alexis-Garsee C.; Morris R.W.; Nazareth I.

Institution: (Gilbert) Research Department of Primary Care and Population Health, University College Medical School, London, UK.

Language: English

Abstract: To evaluate the effectiveness of tailored cessation advice reports, including levels of reading ability, compared with a generic self-help booklet. Participants were randomised to receive standard non-tailored information or to receive standard information plus a cessation advice report and a progress report, both tailored to individual characteristics. One hundred and twenty-three general practices located throughout the UK. Questionnaires were mailed to 58 660 current cigarette smokers aged 18-65 years, identified from general practitioner records. Of the 6911 (11.8%) who completed the questionnaire, provided consent and were enrolled into the study, 6697 (11.4%) were included in the analysis. Follow-up was by postal questionnaire sent six months after randomisation, or by telephone interview for participants failing to return the questionnaire. The primary outcome was self-reported prolonged abstinence for at least three months at the six-month follow-up. Quit rates on the primary outcome were not significantly different (3.2% versus 2.7%) (OR = 1.20, 95% CI [0.94, 1.54], P = 0.15). A significantly higher proportion of intervention group participants made a quit attempt during the follow-up period (32.3% versus 29.6%; OR = 1.13, 95% CI [1.01, 1.26], P = 0.026). ESCAPE, a brief tailored smoking cessation intervention delivered by post and designed to reach a wide population of smokers, appears to increase the rate at which smokers try to stop, but if there is an effect on prolonged abstinence it is small. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.
121. Early life socio-economic position and later alcohol use: birth cohort study

Citation: Addiction (Abingdon, England), March 2013, vol./is. 108/3(516-525), 1360-0443 (Mar 2013)

Author(s): Melotti R.; Lewis G.; Hickman M.; Heron J.; Araya R.; Macleod J.

Institution: (Melotti) School of Social and Community Medicine, University of Bristol, Bristol, United Kingdom; Center for Biomedicine, EURAC, Bolzano, Italy.

Language: English

Abstract: To investigate associations between socio-economic position in early life and later alcohol use and problem use among male and female adolescents. Birth cohort study. South West England. A total of 2711 girls and 2379 boys with one or more measures of alcohol use or problem use at age 15 years. Exposure measures were highest parental social class, maternal education and household disposable income (all maternal self-report before school-age); outcome measures were heavy typical drinking, frequent drinking, regular binge drinking, alcohol-related psychosocial problems and alcohol-related behavioural problems. Alcohol use and related problems were relatively common amongst adolescent girls and boys. Boys were slightly more likely to report frequent drinking and girls were slightly more likely to drink heavily and to experience alcohol-related psychosocial problems. Higher maternal education appeared protective in relation to alcohol-related problems, particularly among boys. Higher household income was associated with greater risk of alcohol use and problem use, most apparently among girls. Children from higher-income households in England appear to be at greater risk of some types of adolescent alcohol problems, and these risks appear different in girls compared to boys. Childhood social advantage may not generally be associated with healthier behaviour in adolescence. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: adolescent
"*alcoholism/ep [Epidemiology]"
article
"binge drinking/ep [Epidemiology]"
"*developmental disorder/ep [Epidemiology]"
"*drinking behavior/ep [Epidemiology]"
educational status
female
human
income
longitudinal study
male
mother
onset age
psychological aspect
regression analysis
sex ratio
*social class
statistics
"United Kingdom/ep [Epidemiology]"

Source: EMBASE

Full Text: Available from Wiley in Addiction; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"
122. Alcohol education revisited: Exploring how much time we devote to alcohol education in the nursing curriculum

Citation: Nurse Education in Practice, January 2013, vol./is. 13/1(35-39), 1471-5953 (January 2013)

Author(s): Cund A.

Institution: (Cund) University of West of Scotland, School of Nursing, Paisley Campus, Paisley PA1 2BE, United Kingdom

Language: English

Abstract: Introduction: This study examines student nurses knowledge, attitudes and educational preparation to work with patients who misuse alcohol. The study begins to quantify how much time is devoted to alcohol education at one Scottish University. Method: The study modified the Short Alcohol Attitudes Problem Perception Questionnaire (SAAPPPQ) and incorporated three case vignettes to examine the student nurses knowledge, attitudes and experience of working with patients who have an alcohol problem. The questionnaire was hand delivered to a convenience sample of third year nursing students. Results: The results show that the student nurses exhibit positive attitudes and beliefs about working with patients who have an alcohol misuse problem. A series of significant associations was found between the adult nursing cohort and their ability to include a comprehensive alcohol history in their nursing assessments ($\chi^2 = 19.82$, df = 4, $p < 0.0005$); recognise signs of acute alcohol withdrawal ($\chi^2 = 52.26$, df = 16, $p < 0.000$); and the psychological signs associated with alcohol misuse ($\chi^2 = 41.81$, df = 16, $p < 0.000$). A baseline figure of 2.5 h of alcohol education is noted at this university. Conclusions: Alcohol education strongly features in three out of the five nursing programmes surveyed. Nurse education needs to focus on strategies that extend to teaching nurses how to respond, provide brief interventions and identify when to refer the patient for specialist intervention. These approaches should be universal to all areas of nursing practice. 2012 Elsevier Ltd.
123. The dissonant care management of illicit drug users in medical wards, the views of nurses and patients: A grounded theory study

Citation: Journal of Advanced Nursing, April 2013, vol./is. 69/4(935-946), 0309-2402;1365-2648 (April 2013)

Author(s): Monks R.; Topping A.; Newell R.

Institution: (Monks) School of Health, University of Central Lancashire, Preston, United Kingdom; (Topping) Centre for Health and Social Care Research, University of Huddersfield, United Kingdom; (Newell) Nursing Research and Knowledge Transfer, University of Bradford, United Kingdom

Language: English

Abstract: Aims: The aim of this study was to explore how registered nurses manage and deliver care to patients admitted to medical wards and Medical Assessment Units with complications of drug use and to elicit the experiences and views of those receiving that care. Background: Illicit drug use is a major public health problem worldwide. The physical complications of problem drug use often result in admission to medical wards. Registered nurses working in these settings have been reported as possessing negative attitudes towards patients who use illicit drugs and lacking preparation to provide problem drug use-related care needs. Design: Grounded theory. Methods: A grounded theory approach was used to collect and analyse 41 semi-structured interviews. Data collection and analysis were undertaken in nine medical wards in the Northwest of England in 2008. A combination of purposive and theoretical sampling was adopted to recruit registered nurses (n = 29) and medical ward patients (n = 12) admitted for physical complications of problem drug use. Data were subjected to constant comparative analysis. Findings: Two sub-categories emerged: 'Lack of knowledge to care' and 'Distrust and detachment' and these formed the core category 'Dissonant care'. The combination of lack of educational preparation, negative attitudes and experience of conflict, aggression, and untrustworthiness appeared to affect negatively the nurse-patient relationship. Conclusions: This study illuminated interplay of factors that complicated the delivery of care. The complexity of caring for patients who are pre-judged negatively by nurses appears to engender dissonance and disparities in care delivery. Better education and training, coupled with role support about problem drug use may reduce conflict, disruption, and violence and facilitate competent care for these patients. 2012 Blackwell Publishing Ltd.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

Publication Type: Journal: Article

Subject Headings: "*addiction/th [Therapy]"
adult
article
female
*hospital patient
human
male
*nurse
psychological aspect
*theoretical model
young adult
*street drug

Source: EMBASE
124. The impact of training and delivering alcohol brief intervention on the knowledge and attitudes of community pharmacists: A before and after study

Citation: Drug and Alcohol Review, March 2013, vol./is. 32/2(147-156), 0959-5236;1465-3362 (March 2013)

Author(s): Dhital R.; Whittlesea C.M.; Milligan P.; Khan N.S.; Norman I.J.

Institution: (Dhital, Milligan, Norman) Florence Nightingale School of Nursing and Midwifery, King's College London, London, United Kingdom; (Whittlesea, Khan) King's Health Partners, Pharmaceutical Science Clinical Academic Group, Institute of Pharmaceutical Science, King's College London, London, United Kingdom

Language: English

Abstract: Introduction and Aims: Alcohol misuse is the third leading cause of ill health in the UK. Alcohol brief intervention can identify risky drinkers and motivate individuals to take action. Community pharmacists have been identified as having a role in providing brief interventions. This study aimed to evaluate: pharmacists' attitudes towards hazardous/harmful drinkers and knowledge before training and after delivering brief intervention; and their experience of training. Design and Methods: Pharmacists' attitudes to alcohol problems were assessed using Short Alcohol and Alcohol Problems Perception Questions before training and after brief intervention delivery. Alcohol misuse knowledge was assessed by questionnaire prior to and immediately after training, and after the delivery period. Following brief intervention delivery, pharmacists' experience of training was obtained using a questionnaire and focus groups. Qualitative thematic analysis identified experiences of brief intervention training. Quantitative data were analysed using spss. Results: One hundred and thirty-nine alcohol interventions were delivered by 19 pharmacists over five months (recruiters). Ten pharmacists completed no interventions (non-recruiters). Both groups improved their alcohol knowledge between baseline and immediately following training; and their knowledge decreased between the end of training and following service delivery. Pharmacists who were initially more motivated recruited more participants and increased their work satisfaction. Discussion and Conclusions: This confirmed findings of previous studies that pharmacists unfamiliar with brief intervention could be trained to deliver this service. Pharmacists with positive attitude towards drinkers delivered a greater number of alcohol interventions and experienced increased work satisfaction than those pharmacists with less positive attitudes. 2012 Australasian Professional Society on Alcohol and other Drugs.
125. Homemade heroin substitute causing hallucinations

Citation: African Journal of Psychiatry (South Africa), 2013, vol./is. 16/6(411), 1994-8220 (2013)
Author(s): Lemon T.I.
Institution: (Lemon) School of Medicine, Cardiff University, University Hospital of Wales, Cardiff, Wales, United Kingdom
Language: English
Country of Publication: South Africa
Publisher: In House Publications (P.O. Box 412748, Craighall, Johannesburg 2024, South Africa)
CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine)
Publication Type: Journal: Letter
Subject Headings: adult
case report
clinical feature
disease association
"erythema/di [Diagnosis]"
female
"hand edema/di [Diagnosis]"
human
letter
medical history
"opiate addiction/di [Diagnosis]"
outcome assessment
patient assessment
physical examination
"skin defect/di [Diagnosis]"
"tooth discoloration/di [Diagnosis]"
United Kingdom
"*visual hallucination/di [Diagnosis]"
amphetamine derivative
*desomorphine
*diamorphine
*narcotic analgesic agent
unclassified drug

126. Development and validation of a single LC-MS/MS assay following SPE for simultaneous hair analysis of amphetamines, opiates, cocaine and metabolites

Citation: Forensic Science International, January 2014, vol./is. 234/(132-138), 0379-0738;1872-6283 (January 2014)
Author(s): Imbert L.; Dulaurent S.; Mercerolle M.; Morichon J.; Lachatre G.; Gaulier J.-M.
Institution: (Imbert, Dulaurent, Mercerolle, Morichon, Lachatre, Gaulier) Department of Pharmacology and Toxicology, University Hospital, 2, Avenue Martin-Luther-King, 87042 Limoges Cedex, France; (Lachatre) Laboratory of Toxicology, Faculty of Pharmacy, 2 rue Docteur Raymond Marcland, 87000 Limoges, France; (Mercerolle) Shimadzu France, Le Lizzard II - Bat. A, Bd Salvador Allende, Noisiel - 77448 Marne la Vallee Cedex 2, France
The two major challenges in hair analysis are the limited amount of samples usually available and the low targeted concentrations. To overcome these limitations, a liquid chromatography-electrospray-tandem mass spectrometry method (LC-ESI-MS/MS) allowing the simultaneous analysis of 17 amphetamines (amphetamine, BDB, m-CPP, dexfenfluramine, DOB, DOM, ephedrine, MBDB, MDA, MDEA, MDMA, methamphetamine, methylphenidate, 4-MTA, norephedrine, norfenfluramine and PMA), 5 opiates (morphine, codeine, heroin, ethylmorphine, and 6AM), cocaine and 5 metabolites [ecgonine methyl ester (EME), benzoylecgonine (BZE), anhydroecgonine methyl ester (AME), cocaethylene, and norcocaine] has been developed. The validation procedure included linearity, intra-day and inter-day variability and accuracy for 5 days (5 replicates at 3 concentration levels). Proficiency studies were used to check the accuracy of the method. As a result, all amphetamines, opiates and cocaine derivatives were satisfactorily identified by 2 MRM transitions in 15 min. Calibration curves were performed by a quadratic 1/x weighted regression. The calibration model fits from 0.05 to 10 ng/mg. The limits of detection (LODs) range between 0.005 and 0.030 ng/mg. Precision has been checked by intra-day and inter-day RSD, and associated relative bias, which were lower than 25% for the limits of quantifications (LOQs) and lower than 20% for the other levels tested. This method was routinely applied to hair samples: two positive results of adult drug addicts are presented. 2013 Elsevier Ireland Ltd.
Genes encoding the opioid receptors (OPRM1, OPRD1 and OPRK1) are obvious candidates for involvement in risk for heroin dependence. Prior association studies commonly had samples of modest size, included limited single nucleotide polymorphism (SNP) coverage of these genes and yielded inconsistent results. Participants for the current investigation included 1459 heroin-dependent cases ascertained from maintenance clinics in New South Wales, Australia, 1495 unrelated individuals selected from an Australian sample of twins and siblings as not meeting DSM-IV criteria for lifetime alcohol or illicit drug dependence (non-dependent controls) and 531 controls ascertained from economically disadvantaged neighborhoods in proximity to the maintenance clinics. A total of 136 OPRM1, OPRD1 and OPRK1 SNPs were genotyped in this sample. After controlling for admixture with principal components analysis, our comparison of cases to non-dependent controls found four OPRD1 SNPs in fairly high linkage disequilibrium for which adjusted P values remained significant (e.g. rs2236857; OR 1.25; P = 2.95 x 10^-4) replicating a previously reported association. A post hoc analysis revealed that the two SNP (rs2236857 and rs581111) GA haplotype in OPRD1 is associated with greater risk (OR 1.68; P = 1.41 x 10^-5). No OPRM1 or OPRK1 SNPs reached more than nominal significance. Comparisons of cases to neighborhood controls reached only nominal significance. Our results replicate a prior report providing strong evidence implicating OPRD1 SNPs and, in particular, the two SNP (rs2236857 and rs581111) GA haplotype in liability for heroin dependence. Support was not found for similar association involving either OPRM1 or OPRK1 SNPs. Genes encoding the opioid receptors (OPRM1, OPRD1 and OPRK1) are obvious candidates for involvement in risk for heroin dependence. Participants for the current investigation included 1459 heroin-dependent cases ascertained from maintenance clinics in New South Wales, Australia, 1495 unrelated individuals selected from an Australian sample of twins and siblings as not meeting DSM-IV criteria for lifetime alcohol or illicit drug dependence (non-dependent controls) and 531 controls ascertained from economically disadvantaged neighborhoods in proximity to the maintenance clinics. 2012 Society for the Study of Addiction.
128. Neurobiological mechanisms underlying relapse to cocaine use: Contributions of CRF and noradrenergic systems and regulation by glucocorticoids

Citation: Stress, January 2014, vol./is. 17/1(22-38), 1025-3890;1607-8888 (January 2014)

Author(s): McReynolds J.R.; Pena D.F.; Blacktop J.M.; Mantsch J.R.

Institution: (McReynolds, Pena, Blacktop, Mantsch) Department of Biomedical Sciences, Marquette University, Box 1881, Milwaukee, WI 53201, United States

Language: English

Abstract: Considering its pervasive and uncontrollable influence in drug addicts, understanding the neurobiological processes through which stress contributes to drug use is a critical goal for addiction researchers and will likely be important for the development of effective...
medications aimed at relapse prevention. In this paper, we review work from our laboratory and others focused on determining the neurobiological mechanisms that underlie and contribute to stress-induced relapse of cocaine use with an emphasis on the actions of corticotropin-releasing factor in the ventral tegmental area (VTA) and a key pathway from the bed nucleus of the stria terminalis to the VTA that is regulated by norepinephrine and beta adrenergic receptors. Additionally, we discuss work suggesting that the influence of stress in cocaine addiction changes and intensifies with repeated cocaine use in an intake-dependent manner and examine the potential role of glucocorticoid hormones in the underlying drug-induced neuroadaptations. It is our hope that research in this area will inform clinical practice and medication development aimed at minimizing the contribution of stress to the addiction cycle, thereby improving treatment outcomes and reducing the societal costs of addiction. 2014 Informa UK Ltd. All rights reserved: reproduction in whole or part not permitted.
High novelty-seeking rats are resilient to negative physiological effects of the early life stress

Citation: Stress, January 2014, vol./is. 17/1(97-107), 1025-3890;1607-8888 (January 2014)

Author(s): Clinton S.M.; Watson S.J.; Akil H.

Institution: (Clinton) Department of Psychiatry and Behavioral Neurobiology, University of Alabama-Birmingham, 1720 7th Avenue South, SC 745, Birmingham, AL 35233, United States; (Watson, Akil) Molecular and Behavioral Neuroscience Institute, University of Michigan, Ann Arbor, MI, United States

Language: English

Abstract: Exposure to early life stress dramatically impacts adult behavior, physiology, and neuroendocrine function. Using rats bred for novelty-seeking differences and known to display divergent anxiety, depression, and stress vulnerability, we examined the interaction between early life adversity and genetic predisposition for high- versus low-emotional reactivity. Thus, bred Low Novelty Responder (bLR) rats, which naturally exhibit high anxiety- and depression-like behavior, and bred High Novelty Responder (bHR) rats, which show low anxiety/depression together with elevated aggression, impulsivity, and addictive behavior, were subjected to daily 3h maternal separation (MS) stress postnatal days 1-14. We hypothesized that MS stress would differentially impact adult bHR/bLR behavior, physiology (stress-induced defecation), and neuroendocrine reactivity. While MS stress did not impact bHR and bLR anxiety-like behavior in the open field test and elevated plus maze, it exacerbated bLRs' already high physiological response to stress-stress-induced defecation. In both tests, MS bLR adult offspring showed exaggerated stress-induced defecation compared to bLR controls while bHR offspring were unaffected. MS also selectively impacted bLRs' (but not bHRs') neuroendocrine stress reactivity, producing an exaggerated corticosterone acute stress response in MS bLR versus control bLR rats. These findings highlight how genetic predisposition shapes individuals' response to early life stress. Future work will explore neural mechanisms underlying the distinct behavioral and neuroendocrine consequences of MS in bHR/bLR animals. 2014 Informa UK Ltd. All rights reserved: reproduction in whole or part not permitted.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 50-22-6 (corticosterone); 11136-52-0 (corticotropin); 9002-60-2 (corticotropin); 9061-27-2 (corticotropin)

Publication Type: Journal: Article

Subject Headings: aggression
animal experiment
Exposure to an uncontrollable stressor elicits a constellation of physiological and behavioral sequel in laboratory rats that often reflect aspects of anxiety and other emotional disruptions. We review evidence suggesting that plasticity within the serotonergic dorsal raphe nucleus (DRN) is critical to the expression of uncontrollable stressor-induced anxiety. Specifically, after uncontrollable stressor exposure subsequent anxiogenic stimuli evoke greater 5-HT release in DRN terminal regions including the amygdala and striatum; and pharmacological blockade of postsynaptic 5-HT2C receptors in these regions prevents expression of stressor-induced anxiety. Importantly, the controllability of stress, the presence of safety signals, and a history of exercise mitigate the expression of stressor-induced anxiety. These stress-protective factors appear to involve distinct neural substrates; with stressor controllability requiring the medial prefrontal cortex, safety signals the insular cortex and exercise affecting the 5-HT system directly. Knowledge of the distinct yet converging mechanisms underlying these stress-protective factors could provide insight into novel strategies for the treatment and prevention of stress-related psychiatric disorders. 2014 Informa UK Ltd. All rights reserved: reproduction in whole or part not permitted.
CAS Registry Number: 218441-99-7 (brain derived neurotrophic factor); 178359-01-8 (corticotropin releasing factor); 79804-71-0 (corticotropin releasing factor); 86297-72-5 (corticotropin releasing factor); 86784-80-7 (corticotropin releasing factor); 9015-71-8 (corticotropin releasing factor); 50-67-9 (serotonin)

Publication Type: Journal: Conference Paper

Subject Headings: basolateral amygdala
conference paper
corpus striatum
dorsal raphe nucleus
drug seeking behavior
exercise
genetic transcription
human
immunoreactivity
insula
locus ceruleus
nerve cell plasticity
nonhuman
nucleus accumbens
physical activity
*prefrontal cortex
priority journal
social interaction test
somatosensory system
*stress
stria terminalis
brain derived neurotrophic factor
corticotropin releasing factor
messenger RNA
protein fos
serotonin

Source: EMBASE

Full Text: Available from Informa Healthcare in Stress

131. Prenatal buprenorphine exposure decreases neurogenesis in rats

Citation: Toxicology Letters, 2014, vol./is. 225/1(92-101), 0378-4274;1879-3169 (2014)

Author(s): Wu C.-C.; Hung C.-J.; Shen C.-H.; Chen W.-Y.; Chang C.-Y.; Pan H.-C.; Liao S.-L.; Chen C.-J.

Institution: (Wu, Hung, Shen) Department of Anesthesiology, Taichung Veterans General Hospital, Taichung 407, Taiwan (Republic of China); (Wu) Department of Financial and Computational Mathematics, Providence University, Taichung 433, Taiwan (Republic of China); (Hung, Chen) Graduate School of Nursing, HungKuang University, Taichung 433, Taiwan (Republic of China); (Chen) Department of Veterinary Medicine, National Chung Hsing University, Taichung 402, Taiwan (Republic of China); (Chang) Department of Surgery, Feng Yuan Hospital, Taichung 420, Taiwan (Republic of China); (Pan) Department of Neurosurgery, Taichung Veterans General Hospital, Taichung 407, Taiwan (Republic of China); (Pan) Faculty of Medicine, School of Medicine, National Yang-Ming University, Taipei 112, Taiwan (Republic of China); (Liao, Chen) Department of Education and Research, Taichung Veterans General Hospital, Taichung 407, Taiwan (Republic of China); (Chen) Institute of Biomedical Sciences, National Chung Hsing University, Taichung 402, Taiwan (Republic of China); (Chen) Center for General Education, Tunghai University, Taichung 407, Taiwan (Republic of China)

Language: English

Abstract: Perinatal opioid exposure has a negative effect on neurogenesis and produces neurological consequences. However, its mechanisms of action are incompletely understood. Buprenorphine, a mixed opioid agonist/antagonist, is an alternative
medication for managing pregnant opioid addicts. This study provides evidence of decreased neurogenesis and depression-like consequences following prenatal exposure to buprenorphine and sheds light on mechanisms of action in a rat model involving administration of intraperitoneal injection to pregnant rats starting from gestation day 7 and lasting for 14 days and a cultured neurosphere model. Results of forced swimming test and tail suspension test showed that pups at postnatal day 21 had worse parameters of depression-like neurobehaviors, independent of gender. Neurobehavioral changes were accompanied by reduction of neuronal composition, biochemical parameters of neural stem/progenitor cells, brain-derived neurotrophic factor (BDNF) expression, tropomyosin-related kinase receptor type B phosphorylation, protein kinase A (PKA) activity, and cAMP response element-binding protein phosphorylation. Results of parallel cell studies further demonstrated a negative impact of buprenorphine on cultured neurospheres, including proliferation, differentiation, BDNF expression and signaling, and PKA activity. Taken together, our results suggest that prenatal exposure to buprenorphine might result in depression-like phenotypes associated with impaired BDNF action and decreased neurogenesis in the developing brain of weanlings. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 218441-99-7 (brain derived neurotrophic factor); 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 130428-87-4 (cyclic AMP responsive element binding protein); 130939-96-7 (cyclic AMP responsive element binding protein); 202938-39-4 (doublecortin); 146315-66-4 (nestin); 72067-79-9 (tropomyosin)
Publication Type: Journal: Article
Subject Headings: animal cell
animal experiment
animal model
article
astrocyte
cell differentiation
cell proliferation
cognition
"depression/et [Etiology]"
enzyme activity
female
forced swim test
immunohistochemistry
immunoreactivity
male
*nervous system development
neural stem cell
nonhuman
oligodendroglia
*prenatal exposure
priority journal
protein phosphorylation
rat
signal transduction
tail suspension test
Western blotting
"brain derived neurotrophic factor/ec [Endogenous Compound]"
"buprenorphine/to [Drug Toxicity]"
"cyclic AMP dependent protein kinase/ec [Endogenous Compound]"
"cyclic AMP responsive element binding protein/ec [Endogenous Compound]"
"doublecortin/ec [Endogenous Compound]"
"kruppel like factor 4/ec [Endogenous Compound]"
"nestin/ec [Endogenous Compound]"
"receptor/ec [Endogenous Compound]"
Evidence Services | library.nhs.uk

"transcription factor Sox2/ec [Endogenous Compound]"
"tropomyosin/ec [Endogenous Compound]"
"tropomyosin related kinase receptor/ec [Endogenous Compound]"
unclassified drug

Source: EMBASE

132. L-Stepholidine, a natural dopamine receptor D1 agonist and D2 antagonist, inhibits heroin-induced reinstatement

Citation: Neuroscience Letters, January 2014, vol./is. 559/(67-71), 0304-3940;1872-7972 (24 Jan 2014)

Author(s): Ma B.; Yue K.; Chen L.; Tian X.; Ru Q.; Gan Y.; Wang D.; Jin G.; Li C.

Institution: (Ma, Yue, Chen, Tian, Ru, Jin, Li) Wuhan Institutes of Biomedical Sciences, Jianghan University, Wuhan 430056, China; (Gan, Wang) Drug Prevention and Education Center, Hubei Public Security Bureau, Wuhan 430070, China; (Jin) Shanghai Institute of Materia Medica, Chinese Academy of Sciences, Shanghai 201213, China

Language: English

Abstract: L-Stepholidine (l-SPD), an alkaloid extract of the Chinese herb Stephania intermedia, is the first compound known to exhibit mixed dopamine D1 receptor agonist/D2 antagonist properties and is a potential medication for the treatment of opiate addiction. The aim of the present study was to investigate the effects of pretreatment with l-SPD on heroin-seeking behavior induced by heroin priming. Male Sprague-Dawley rats were trained to self-administer heroin (0.05. mg/kg per infusion) under a fixed ratio 1 schedule for 12 consecutive days and nose-poke responding was extinguished for 12 days, after which reinstatement of drug seeking was induced by heroin priming. Pretreatment with l-SPD (2.5, 5.0 and 10.0. mg/kg, i.p.) inhibited the heroin-induced reinstatement of heroin-seeking behavior. Importantly, l-SPD did not affect locomotion, indicating that the observed effects of l-SPD on reinstatement are not the result of motor impairments. The present data suggested that l-SPD inhibits heroin-induced reinstatement and its potential for the treatment of heroin relapse. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 16562-13-3 (stepholidine)

Publication Type: Journal: Article

Subject Headings: animal experiment
animal tissue
article
drug effect
drug self administration
"*heroin dependence/dt [Drug Therapy]"
locomotion
male
nonhuman
priority journal
rat
reinforcement
treatment response
"*diamorphine/to [Drug Toxicity]"
"*stepholidine/dt [Drug Therapy]"
"*stepholidine/ip [Intraperitoneal Drug Administration]"
"*stepholidine/pd [Pharmacology]"

Source: EMBASE

133. Implementation of routine biochemical validation and an 'opt out' referral pathway for smoking cessation in pregnancy

Page 141
Evidence Services | library.nhs.uk

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107 Suppl 2/(53-60), 1360-0443 (Dec 2012)

Author(s): Bauld L.; Hackshaw L.; Ferguson J.; Coleman T.; Taylor G.; Salway R.

Institution: (Bauld) School of Management, University of Stirling, Stirling, UK.

Language: English

Abstract: To introduce an 'opt out' referral pathway for smoking cessation in pregnancy and to compare different methods for identifying pregnant smokers in maternity care. Pilot study that analysed routine data from maternity and smoking cessation services with biochemical validation of smoking status. Dudley and South Birmingham, England. A total of 3712 women who entered the referral pathway-1498 in Dudley and 2214 in South Birmingham. Routine monitoring data on smoking at maternity booking, referral to smoking cessation services, number of women who set quit dates set and short-term (4-week) self-report smoking status. Dudley and South Birmingham, England. A total of 3712 women who entered the referral pathway-1498 in Dudley and 2214 in South Birmingham. Routine monitoring data on smoking at maternity booking, referral to smoking cessation services, number of women who set quit dates set and short-term (4-week) self-report smoking status. Comparison of self-report, carbon monoxide (CO)-validated and urinary cotinine-validated smoking status for a subsample (n = 1492) of women at maternity booking. In Dudley 27% of women who entered the opt out referral pathway were identified as smokers following CO testing. Of those referred to the smoking cessation services, 19% reported stopping smoking at 4-week follow-up. In South Birmingham 17% were smokers at booking, with 5% of those referred recorded as non-smokers at 4 weeks. The number of women quitting did not increase during the study when compared with the previous year, despite higher referral rates in both areas. An optimum cut-off CO measurement of 4 parts per million (p.p.m.) was identified for sensitivity and specificity. The introduction of an opt out referral pathway between maternity and stop smoking services resulted in more women being referred for support to quit but not higher numbers of quitters, suggesting that automatic referral may include women who are not motivated to stop and who may not engage with services. Routine carbon monoxide monitoring introduced as part of a referral pathway should involve a cut-off of 4 p.p.m. to identify smoking in pregnancy. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

CAS Registry Number: 630-08-0 (carbon monoxide); 486-56-6 (cotinine)

Publication Type: Journal: Article

Subject Headings: adult article female human metabolism methodology organization and management *patient attitude *patient referral pilot study pregnancy "*pregnancy complication/pc [Prevention]" *prenatal care receiver operating characteristic self report "*smoking/pc [Prevention]" *smoking cessation statistics treatment outcome United Kingdom urine "carbon monoxide/an [Drug Analysis]" cotinine

Source: EMBASE
Full Text: Available from Wiley in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

134. Smokeless tobacco cessation in South Asian communities: a multi-centre prospective cohort study

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107 Suppl 2/(45-52), 1360-0443 (Dec 2012)

Author(s): Croucher R.; Shanbhag S.; Dahiya M.; Kassim S.; Csikar J.; Ross L.

Institution: (Croucher) Institute of Dentistry, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, UK.

Language: English

Abstract: To evaluate smokeless tobacco cessation in communities of South Asian origin. Multi-centre prospective cohort study. Three tobacco cessation services offering specialist smokeless tobacco cessation outreach clinic support to South Asians (Bangladeshi, Indian and Pakistani) resident in England. A total of 239 South Asian participants seeking to stop smokeless tobacco use between November 2010 and December 2011. Socio-demographics, tobacco use and dependence, self-reported abstinence at 4 weeks and satisfaction measures. Participants' mean age was 45 [standard deviation (SD) = 13] years, were predominantly female (76%), of Bangladeshi origin (74%), either home carers (53%) or not working (29%). Sixty-three per cent were recruited from community locations, 21% through a clinical contact and 16% through friends and family. Mean daily number of smokeless tobacco intakes was 10 (SD = 7) and the mean dependence score was 4.5 (SD = 1.9). Sixty-three per cent of participants achieved continuous abstinence 4 weeks after quitting. Using nicotine replacement therapy (NRT) versus not using it [OR = 3.47, 95% confidence interval (CI): 1.25, 9.62] and below median (< 8) daily smokeless tobacco intakes (OR = 1.91, 95% CI: 1.07, 3.40) predicted successful abstinence. South Asian smokeless tobacco users resident in England accessing services to help them stop appear to have short-term success rates comparable with smokers attending stop-smoking services, with higher success rates being reported by those using nicotine replacement therapy. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

CAS Registry Number: 54-11-5 (nicotine); 96055-45-7 (nicotine gum)

Publication Type: Journal: Article

Subject Headings: adult
ambulatory care
article
Asian
Bangladesh
behavior therapy
ethnology
female
human
male
methodology
middle aged
multicenter study
patient satisfaction
prospective study
"*smokeless tobacco/ae [Adverse Drug Reaction]"
*smoking cessation
statistical model
statistics
"*tobacco dependence/dt [Drug Therapy]"
"*tobacco dependence/pc [Prevention]"
treatment outcome
"United Kingdom/ep [Epidemiology]"
Using text messaging to prevent relapse to smoking: intervention development, practicability and client reactions

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107 Suppl 2/(39-44), 1360-0443 (Dec 2012)

Author(s): Snuggs S.; McRobbie H.; Myers K.; Schmocker F.; Goddard J.; Hajek P.

Institution: (Snuggs) Wolfson Institute of Preventive Medicine, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, UK.

Language: English

Abstract: The NHS Stop Smoking Service (NHS-SSS) helps approximately half its clients to quit for 4 weeks. However, most initially successful quitters relapse within 6 months. Short message service (SMS) texting has been shown to facilitate stopping smoking. We describe the development, implementation and subsequent evaluation, in terms of practicability and client response, of an SMS text-based relapse prevention intervention (RPI) delivered within routine community and specialist National Health Service (NHS) Stop Smoking Service (SSS) provision in four Primary Care Trusts. Text messages aimed at motivation to remain abstinent, preventing careless lapses and continuing the full course of medicine for smoking cessation were developed and sent weekly to clients' mobile phones for 12 weeks and fortnightly for 6 months. They were asked to respond to some of the texts and contact the NHS SSS if they lapsed. They were also offered free nicotine mini lozenges to be sent via the mail on three occasions. NHS SSS. 202 clients who had been abstinent for 4 weeks. Feasibility of introducing RPI into routine care; response to interactive messages and requests for the medication; rating of the helpfulness of RPI; self-reported and carbon monoxide (CO)-validated smoking status for up to 26 weeks. A text-based RPI was easy to implement within the NHS SSS provided by specialist advisers, but enrollment of clients from services provided by a network of pharmacists was difficult because client contact details were often lacking. Where records of the number of people invited to RPI were available, 94% of eligible participants enrolled. The RPI was well received by both SSS clients and staff, with 70% (n = 63) of clients who completed follow-up considering the intervention helpful. Eighty-five per cent (n = 172) of clients responded to at least one of the nine interactive text messages. Sixty-four clients (32% of the total, 47% of those we managed to contact) reported continuous abstinence at 6 months. Eighteen (9%) clients who relapsed to smoking used the RPI to re-engage with the NHS SSS and 10 (5%) successfully re-established abstinence. In smokers attending National Health Service Stop Smoking Services who are abstinent 4 weeks after their quit date, a relapse prevention intervention based on SMS text messaging was well received, and can be implemented economically and rapidly. A controlled trial is needed to establish whether it has a significant impact on relapse. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.
136. Barriers and facilitators to a criminal justice tobacco control coordinator: an innovative approach to supporting smoking cessation among offenders

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107 Suppl 2/(26-38), 1360-0443 (Dec 2012)

Author(s): Eadie D.; MacAskill S.; McKell J.; Baybutt M.

Institution: (Eadie) Institute for Social Marketing, University of Stirling and Open University, Stirling, UK.

Language: English

Abstract: To examine the barriers and facilitators to effective operation of a regional tobacco control coordinator working within and across criminal justice and public health, whose goal was to raise tobacco control awareness and support the development of smoking cessation treatment for offenders. A reflexive, mixed-methods case study approach using in-depth interviews, project reports and observation of advisory board meetings. The coordinator worked with prisons, probation and police custody, where there are high levels of social disadvantage and smoking. Interviews (n = 34) at different stages of project with the coordinator, project advisers and local stakeholders from criminal justice and public health. Analysis of facilitators and barriers and the coordinator role from different perspectives. Readiness to develop cessation services was a critical predictor of different criminal justice settings' engagement with the coordinator role. The coordinator enhanced cessation service delivery in individual prisons where there was a requirement and infrastructure in place to provide such services. In police custody, where there was no central guidance or pre-existing requirements, efforts to establish smoking cessation on the local agenda proved ineffective. In probation settings, the coordinator documented examples of good practice and supported brief intervention training. Variability in willingness to engage limited the project's ability to create joined-up working across criminal justice settings. In the English criminal justice system, the prison service appears to provide a favourable context for development of smoking cessation support and a means of accessing hard-to-reach groups. Other criminal justice settings, most specifically police custody, appear less responsive to such activity. A coordinator role can improve smoking cessation support in the prison setting, and develop local improvements in tobacco control interventions in other settings such as probation, but as configured here, does not have the capacity to effect change across the criminal justice system. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.
137. Tailored tobacco dependence support for mental health patients: a model for inpatient and community services

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107 Suppl 2/(18-25), 1360-0443 (Dec 2012)

Author(s): Parker C.; McNeill A.; Ratschen E.

Institution: (Parker) Division of Epidemiology and Public Health, UK Centre for Tobacco Control Studies, University of Nottingham, Nottingham, UK.

Language: English

Abstract: Although smoking prevalence among people with severe mental illness is high, it remains largely unaddressed. This pragmatic pilot project aimed to develop and implement a tailored tobacco dependence service in mental health settings and to assess its impact, as well as barriers and facilitators to implementation. An integrative service model, spanning acute, rehabilitation and community services, including the design of tailored instruments and referral pathways, delivered by two mental health professionals. Four adult acute and two rehabilitation wards (129 beds), and the community recovery team (2038 cases) of the United Kingdom’s largest Mental Health Trust. Audit of smoking information in patient notes; service uptake; quit attempts; smoking cessation and reduction; qualitative data on implementation barriers/facilitators. A total of 110 patients attended at least one support session: 53 inpatients (23% of inpatient smokers) and 57 community (of unknown number of community smokers, as recording of smoking status is not mandatory). Thirty-four of these (31%) made a quit attempt; 17 (15%) stopped smoking and 29 (26%) reduced cigarette consumption by up to 50% at the final contact. Barriers to service implementation related to: (i) trust policy, systems and procedures, (ii) staff knowledge and attitudes and (iii) illness-related factors. Despite the strong anti-smoking climate in the United Kingdom, including a law requiring smoke-free policies in mental health settings, establishing a smoking cessation treatment service for people with mental illness proved difficult, due to complex systemic barriers. However, there is clearly a demand, by patients, for such a service. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom
Publication Type: Journal: Article
Subject Headings: adult
138. Evaluation of a programme to increase referrals to stop-smoking services using Children's Centres and smoke-free families schemes

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107 Suppl 2/(8-17), 1360-0443 (Dec 2012)

Author(s): McEwen A.; Hackshaw L.; Jones L.; Laverty L.; Amos A.; Robinson J.


Language: English

Abstract: To assess the feasibility and effectiveness of a new service using referral liaison advisers to increase the number of referrals of parents/carers at selected Children's Centres to National Health Service (NHS) Stop Smoking Services (SSS) and/or smoke-free families schemes (SFS). This mixed-methods pilot study collected numerical data on indicators of smoking behaviours and carried out face-to-face and telephone interviews. Thirteen Children's Centres in Liverpool and Nottingham using local providers of smoking cessation services, from September 2010 to April 2011. Parents and carers registered with, and staff working for, Children's Centres. Number of smokers referred to smoking cessation services and/or smoke-free family schemes and the views of service providers and users on the new service. In Liverpool, 181 referrals to NHS SSS were made from 331 identified smokers (54.7%); extrapolated to 12 months, this represents a 182% increase in referrals from baseline and a similar extrapolation indicates a 643% increase from baseline of referrals to smoke-free families schemes. There were no reliable baseline data for Nottingham; 31 referrals were made (30.7% of smokers) to SSS and 44 referrals to SFS from 52 contacts (84.6%). The interviews highlighted the need for sustained personal contact with parents/carers to discuss smoking behaviours and concerns and their willingness to be referred to SFS as part of caring for their child. Routine recording of smoking status and appropriate follow-up by trained staff in Children's Centres can lead
to significant numbers of clients attending stop-smoking services, although relatively few stop smoking. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom
Publication Type: Journal: Article
Subject Headings: adult
article
*attitude to health
*child health care
evaluation study
family health
female
human
human relation
male
middle aged
national health service
organization and management
parent
"passive smoking/ae [Adverse Drug Reaction]"
"passive smoking/pc [Prevention]"
*patient referral
pilot study
preschool child
program evaluation
psychological aspect
qualitative research
"*smoking/pc [Prevention]"
smoking ban
*smoking cessation
statistics
United Kingdom
urban population
young adult
Source: EMBASE
Full Text: Available from Wiley in Addiction; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

139. Developing the evidence base for addressing inequalities and smoking in the United Kingdom

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107 Suppl 2/(1-7), 1360-0443 (Dec 2012)

Author(s): McNeill A.; Amos A.; McEwen A.; Ferguson J.; Croghan E.

Institution: (McNeill) UK Centre for Tobacco Control Studies, University of Nottingham, Nottingham, UK.

Language: English

Abstract: Smoking is an increasing cause of health inequalities in high-income countries. This supplement describes pilot projects set up in England to develop and test pathways to ensure that disadvantaged groups, where smoking is frequently the norm, are reached, encouraged and supported to stop their tobacco use. Target groups were: smokers attending centres set up for highly deprived parents; smokers with serious and enduring mental illness; pregnant smokers; prisoners/other offenders who smoked; South Asian tobacco chewers; and recent quitters from 'routine and manual' occupational groups. Commonalities observed across the six projects are summarized, alongside recommendations for implementation. A significant barrier to implementation was the lack of mandatory identification of tobacco users across primary, secondary and community health-care settings and routine use of expired air carbon monoxide
monitoring, particularly for high-risk groups. Appropriate use of financial incentives and national guidance is probably necessary to achieve both this and the adoption of 'joined-up' tobacco dependence treatment pathways for these target groups. Further research is needed on the impact of 'opt out' pathways: while resulting in increased referral rates, success rates were lower. In general, smoking cessation service targets were a barrier to implementation. Flexibility and tailoring of interventions were required and most projects trained those already working in relevant settings, given their greater understanding of target groups. Mandatory training of all frontline health-care staff was deemed desirable. Implementing the findings of these projects will require resources, for training, incentivizing health-care workers and further research. However, continuing with the status quo may result in sustained tobacco use health inequalities for the foreseeable future. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
- adult
- article
- Asian
- attitude to health
- *community care
- *evidence based medicine
- female
- health care disparity
- *health care policy
- *health disparity
- human
- in service training
- methodology
- national health service
- organization and management
- pilot study
- pregnancy
- prisoner
- public health
- "recurrent disease/pc [Prevention]"
- smokeless tobacco
- "*smoking/ep [Epidemiology]"
- "*smoking/pc [Prevention]"
- *smoking cessation
- socioeconomic
- statistics
- "United Kingdom/ep [Epidemiology]"
- vulnerable population

Source: EMBASE

Full Text: Available from Wiley in Addiction; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

140. Cardiac asystole following cannabis (marijuana) usage - Additional mechanism for sudden death?

Citation: Forensic Science International, December 2013, vol./is. 233/1-3(E3-E5), 0379-0738;1872-6283 (10 Dec 2013)

Author(s): Menahem S.

Institution: (Menahem) Monash University, Melbourne, Australia

Language: English

Abstract: A 21 year old university student previously operated during infancy for an unobstructed total anomalous pulmonary venous drainage with an excellent result, was noted on a routine follow up 24 h Holter monitor to have multiple pauses related to cardiac asystole,
the longest lasting 5.8 s and temporally related to marijuana inhalation. A repeat Holter was normal following a two week cessation of marijuana usage and again when carried out 3 months later. The documented periods of asystole may be a precursor of sudden death seen in addicts even without evidence of ischaemic heart disease. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis)
Publication Type: Journal: Article
Subject Headings: adult article *cannabis smoking case report disease duration echocardiography follow up "*heart arrest/di [Diagnosis]" heart arrhythmia "heart right bundle branch block/di [Diagnosis]" Holter monitoring human infancy inhalation ischemic heart disease lung vein drainage anomaly male priority journal sinus rhythm smoking *sudden death unconsciousness university student *cannabis
Source: EMBASE
Full Text: Available from Elsevier in Forensic Science International Available from ProQuest in Forensic Science International; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

141. The association between psychosis proneness and sensory gating in cocaine-dependent patients and healthy controls

Citation: Psychiatry Research, December 2013, vol./is. 210/3(1092-1100), 0165-1781;1872-7123 (30 Dec 2013)
Author(s): Gooding D.C.; Gjini K.; Burroughs S.A.; Boutros N.N.
Institution: (Gooding) University of Wisconsin-Madison, Department of Psychology, 1202 West Johnson Street, Madison, WI 53706, United States; (Gooding) University of Wisconsin-Madison Department of Psychiatry, Madison, WI, United States; (Gjini, Burroughs, Boutros) Wayne State University Department of Psychiatry and Behavioral Neurosciences, Detroit, MI, United States
Language: English
Abstract: This was a naturalistic study of 23 abstinent cocaine-dependent patients and 38 controls who were studied using a paired-stimulus paradigm to elicit three mid-latency auditory evoked responses (MLAERs), namely, the P50, N100, and P200. Sensory gating was defined as the ratio of the S2 amplitude to the S1 amplitude. Psychosis-proneness was assessed using four Chapman psychosis proneness scales measuring perceptual
Evidence Services | library.nhs.uk

aberration, magical ideation, social anhedonia, and physical anhedonia. Omnibus correlations based upon the entire sample revealed significant and differential relationships between the MLAER components and psychosis-proneness. Social Anhedonia scale scores accounted for the largest proportion of variance in the P50 gating ratio, while Perceptual Aberration scores accounted for the largest proportion of variance in P200 gating. Psychosis proneness and sensory gating appear to be associated. In particular, poorer P50 gating is related to higher scores on the Social Anhedonia scale in healthy controls and across mixed samples of cocaine-dependent patients and controls. These findings hold significance for the further understanding of the relationship between deficient sensory gating ability and the propensity to developing psychotic symptoms in a vulnerable population like cocaine-dependent individuals. 2013 Elsevier Ireland Ltd.

**Country of Publication:** Ireland

**Publisher:** Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

**CAS Registry Number:** 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

**Publication Type:** Journal: Article

**Subject Headings:**
- adult anhedonia
- article
- *cocaine dependence
- controlled study
- disease association
- evoked auditory response
- female
- human
- major clinical study
- male
- middle aged
- priority journal
- propensity score
- psychometry
- *psychosis
- questionnaire
- rating scale
- schizophrenia
- scoring system
- *sensory gating
- symptomatology
- young adult
- cocaine

**Source:** EMBASE

**Full Text:** Available from Elsevier in *Psychiatry Research*

142. Does substance use disorder affect clinical expression in first-hospitalization patients with schizophrenia? Analysis of a prospective cohort

**Citation:** Psychiatry Research, December 2013, vol./is. 210/3(780-786), 0165-1781;1872-7123 (30 Dec 2013)

**Author(s):** Picci R.L.; Versino E.; Oliva F.; Giaretto R.M.; Ostacoli L.; Trivelli F.; Venturello S.; Furlan P.M.

**Institution:** (Picci, Versino, Oliva, Giaretto, Ostacoli, Trivelli, Furlan) Department of Clinical and Biological Sciences, San Luigi Gonzaga Medical School, University of Turin, 10043 Orbassano, (TO) Turin, Italy; (Venturello) Department of Mental Health G. Maccacaro, ASL TO2, Turin, Italy

**Language:** English

**Abstract:** Although several papers reported a wide range of negative outcomes among patients with both schizophrenia and Substance Use Disorder (SUD), only a few studies evaluated the
impact of SUD on psychopathology and thus on the length of first-hospitalization. The aim of the present study was to compare clinical expression of first-episode of schizophrenia between inpatients with and without SUD, giving close attention to the length of stay. One hundred and thirty inpatients at first-episode of schizophrenia were assigned to either SUD or not SUD group depending on SUD diagnosis and were assessed through BPRS at admission, during hospitalization and at discharge.

Cross-sectional and longitudinal statistical analysis were performed to investigate differences between groups and also a linear regression was used to evaluate relationship between length of stay and BPRS scores. SUD group showed more disorganization at admission, less marked improvement of symptoms (disorganization, thought disturbance, anergia), and longer hospital stay than not SUD group. Moreover BPRS total score during hospitalization was a significant positive predictor for length of stay. Taken together, these findings suggest that SUD patients have a more severe and drug-resistant expression of schizophrenia, hence, they need longer treatment to achieve the overall symptoms improvement required for discharge. 2013 Elsevier Ireland Ltd.

**Country of Publication:** Ireland

**Publisher:** Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

**CAS Registry Number:** 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 298-46-4 (carbamazepine); 8047-84-5 (carbamazepine); 52-86-8 (haloperidol); 50-37-3 (lysergide); 132539-06-1 (olanzapine); 106266-06-2 (risperidone); 1069-66-5 (valproic acid); 99-66-1 (valproic acid)

**Publication Type:** Journal: Article

**Subject Headings:**
- adult
- article
- Brief Psychiatric Rating Scale
- cannabis addiction
- cocaine dependence
- cohort analysis
- controlled study
- cross-sectional study
- disease association
- disease severity
- disorientation
- *drug dependence
- female
- heroin dependence
- hospital discharge
- hospital patient
- *hospitalization
- human
- length of stay
- longitudinal study
- major clinical study
- male
- multiple drug abuse
- priority journal
- prospective study
- "*schizophrenia/dt [Drug Therapy]"
- substance abuse
- thought disorder
- amphetamine
- "carbamazepine/dt [Drug Therapy]"
- "haloperidol/dt [Drug Therapy]"
- lysergide
- "mood stabilizer/dt [Drug Therapy]"
- "neuroleptic agent/dt [Drug Therapy]"
- "olanzapine/dt [Drug Therapy]"
143. Relationship of internet addiction with impulsivity and severity of psychopathology among Turkish university students

Citation: Psychiatry Research, December 2013, vol./is. 210/3(1086-1091), 0165-1781;1872-7123 (30 Dec 2013)

Author(s): Dalbudak E.; Evren C.; Topcu M.; Aldemir S.; Coskun K.S.; Bozkurt M.; Evren B.; Canbal M.

Institution: (Dalbudak, Topcu, Aldemir) Department of Psychiatry, Faculty of Medicine, Turgut Ozal University, Ankara, Turkey; (Evren, Bozkurt) Bakirkoy Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, Alcohol and Drug Research, Treatment and Training Center (AMATEM), Istanbul, Turkey; (Coskun) Department of Psychiatry, Faculty of Medicine, Afyon Kocatepe University, Afyonkarahisar, Turkey; (Evren) Department of Psychiatry, Baltalimani State Hospital for Muskuloskeletal Disorders, Istanbul, Turkey; (Canbal) Department of Family Medicine, Faculty of Medicine, Turgut Ozal University, Ankara, Turkey

Language: English

Abstract: The previous studies have found a relationship between IA and both impulsivity and psychopathology when they were considered separately. The aim of this study was to investigate the relationship of Internet addiction (IA) with impulsivity and severity of psychopathology among Turkish university students. We also wanted to control the effect of impulsivity dimensions on the relationship between IA and psychopathology. A total of 319 university students from two universities in Ankara participated to the study. Students were assessed through the Internet Addiction Scale (IAS), the Symptom Checklist-Revised (SCL-90-R) and the Barratt Impulsiveness Scale-11 (BIS-11). Correlational analyses revealed that severity of IA was related to both SCL-90-R and BIS-11 scores. Among SCL-90-R subscales, severity of obsessive-compulsive symptoms (OCS) was the only predictor for IAS score. Hierarchical regression analysis indicated that interpersonal sensitivity, additional to attentional and motor impulsiveness, was the predictor of IAS score. Although severity of IA is associated with wide range of psychopathology, particularly OCS, interpersonal sensitivity seems to be the main dimension that predict severity of IAS additional to impulsiveness (attentional and motor). Impulsivity seems to be an important construct when considering IA and its treatment among Turkish university students. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article

Subject Headings: anxiety article Barratt Impulsiveness Scale controlled study depression disease association disease severity female hostility human *impulsiveness *internet addiction Internet Addiction Scale major clinical study male
144. Prevalence and correlates of heavy smoking and nicotine dependence in adolescents with bipolar and cannabis use disorders

Citation: Psychiatry Research, December 2013, vol./is. 210/3(857-862), 0165-1781;1872-7123 (30 Dec 2013)

Author(s): Heffner J.L.; Anthenelli R.M.; Adler C.M.; Strakowski S.M.; Beavers J.; DelBello M.P.

Institution: (Heffner, Adler, Strakowski, Beavers, DelBello) Department of Psychiatry and Behavioral Neuroscience, University of Cincinnati College of Medicine, Cincinnati, OH, United States; (Anthenelli) VA San Diego Healthcare System and Department of Psychiatry, University of California, School of Medicine, San Diego, CA, United States

Language: English

Abstract: The study examined the prevalence and correlates of heavy smoking and nicotine dependence in adolescents with bipolar and cannabis use disorders. Participants were 80 adolescents between 13 and 22 years of age with co-occurring bipolar I disorder and cannabis abuse or dependence who reported ever trying a cigarette. Diagnostic and symptom severity measures were completed as part of the baseline assessments for a clinical trial. Almost half (49%) of these participants who ever tried a cigarette were current heavy smokers (>10 cigarettes/day), and 70% met DSM-IV-TR lifetime criteria for nicotine dependence. Heavy smoking was associated with older age, heavier marijuana use and greater compulsive craving, lifetime diagnoses of attention-deficit/hyperactivity disorder, conduct disorder, illicit drug use disorders, and poorer overall functioning. Nicotine dependence was related to White race, higher current mania severity, and poorer overall functioning. These findings suggest that heavy smoking and nicotine dependence were highly prevalent among these adolescents. Although both were associated with greater physical and psychosocial problems, only heavy smoking was linked to a clear pattern of more severe substance-related and psychiatric problems. Further research to elucidate mechanisms and develop interventions to address early, entrenched patterns of co-use of tobacco and marijuana is warranted.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type: Journal: Article

Subject Headings: adolescent
adolescent smoking
adult
age distribution
article
attention deficit disorder
*bipolar I disorder
*cannabis addiction
Increased rage, TLRS, and hmgb1 expression in the human alcoholic orbitofrontal cortex is linked to adolescent drinking

**Citation:** Neuropsychopharmacology, December 2013, vol./is. 38/(S333), 0893-133X (December 2013)

**Author(s):** Vetreno R.P.; Qin L.; Crews F.T.

**Institution:** (Vetreno, Qin, Crews) University of North Carolina at Chapel Hill, Chapel Hill, NC, United States

**Language:** English

**Abstract:**

Background: We hypothesized that adolescent binge drinking induces long-lasting changes in the expression of receptor for advanced glycation end-products (RAGE) and Toll-like receptors (TLRs) as well as their endogenous agonist, high-mobility group box 1 (HMGB1). We have previously found that adolescent binge ethanol exposure in rats persistently upregulates expression of these proteins in the brain. We measured the expression of these signaling molecules in the human post-mortem brain to determine if they are upregulated in alcoholics and whether their expression is related to age of drinking onset.

Methods: Immunohistochemistry and Western blot analysis was used to compare levels of RAGE, TLRs, and HMGB1 in the post-mortem human alcoholic orbitofrontal cortex with moderate drinking controls. Expression of RAGE, TLRs, and HMGB1 was correlated with age of drinking onset and lifetime alcohol consumption as assessed by the New South Wales Tissue Resource Centre at the University of Sydney using patient and family interviews.

Results: In the post-mortem human alcoholic orbitofrontal cortex, we found increased RAGE (196%, *p*<0.05), TLR2 (208%, *p*<0.01), TLR3 (259%, *p*<0.01), and TLR4 (356%, *p*<0.01) immunoreactivity, relative to moderate drinking controls. Similarly, Western blot analysis found elevated protein levels of RAGE (176%, *p*<0.05), TLR2 (147%, *p*<0.05), TLR3 (180%, *p*<0.05), and TLR4 (184%, *p*<0.01), relative to moderate drinking controls. We also found increased expression of HMGB1-immunoreactive cells (213%, *p*<0.05) and Western blot HMGB1 protein (151%, *p*<0.01) in the alcoholic orbitofrontal cortex. Confocal microscopy revealed that the majority of RAGE (78%), TLR2 (90%), TLR3 (89%), TLR4 (80%), and HMGB1 (83%) colocalized with NeuN-positive neurons. Across subjects, HMGB1 positively correlated with RAGE and TLR expression (*r*=0.85, *p*<0.01), which is consistent with neuroimmune loops of amplification. We also found that age of drinking onset (*r*=-0.63, *p*<0.01) and lifetime alcohol consumption (*r*=0.78, *p*<0.01) correlated with RAGE/TLR-HMGB1 signaling.

Conclusions: These studies suggest that alcohol upregulates RAGE/TLR-HMGB1 signaling in the OFC, which appear to be dependent on age of drinking onset.