

Search Results

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Search History

1. MEDLINE; exp SUBSTANCE-RELATED DISORDERS/; 190082 results.
2. MEDLINE; addict*.ti,ab; 30846 results.
3. MEDLINE; 1 OR 2; 200293 results.
4. MEDLINE; exp GREAT BRITAIN/; 259597 results.
5. MEDLINE; "United Kingdom".ti,ab; 19970 results.
6. MEDLINE; "Great Britain".ti,ab; 5453 results.
7. MEDLINE; "England".ti,ab; 25898 results.
8. MEDLINE; "Scotland".ti,ab; 9718 results.
9. MEDLINE; "Wales".ti,ab; 13517 results.
10. MEDLINE; UK.ti,ab; 48994 results.
11. MEDLINE; GB.ti,ab; 5203 results.
12. MEDLINE; ireland.ti,ab; 18758 results.
13. MEDLINE; IRELAND/; 10223 results.
14. MEDLINE; "British Isles".ti,ab; 627 results.
15. MEDLINE; "Channel islands".ti,ab; 78 results.
16. MEDLINE; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15; 334744 results.
17. MEDLINE; 3 AND 16; 6079 results.

1. High risk medicolegal autopsies: is a full postmortem examination necessary?.

Citation:	Journal of Clinical Pathology, January 2013, vol./is. 66/1(1-7), 0021-9746;1472-4146 (2013 Jan)
Author(s):	Fryer EP; Traill ZC; Benamore RE; Roberts IS
Institution:	Department of Cellular Pathology, John Radcliffe Hospital, Oxford, UK.
Language:	English
Abstract:	<p>AIMS: Aiming to reduce the numbers of high risk autopsies, we use a minimally invasive approach. HIV/hepatitis C virus (HCV)-positive coronial referrals, mainly intravenous drug abusers, have full autopsy only if external examination, toxicology and/or postmortem CT scan do not provide the cause of death. In this study, we review and validate this protocol.METHODS AND RESULTS: 62 HIV/HCV-positive subjects were investigated. All had external examination, 59 toxicology and 24 CT. In 42/62, this minimally invasive approach provided a cause of death. Invasive autopsy was required in 20/62, CT/toxicology being inconclusive, giving a potential rather than definite cause of death. Autopsy findings provided the cause of death in 6/20; in the remainder, a negative autopsy allowed more weight to be given to toxicological results previously regarded as inconclusive. In order to validate selection of cases for invasive autopsy using history, external examination and toxicology, a separate group of 57 non-infectious full autopsies were analysed. These were consecutive cases in which there was a history that suggested drug abuse. A review pathologist, provided only with clinical summary, external findings and toxicology, formulated a cause of death. This formulation was compared with the original cause of death, based on full autopsy. The review pathologist correctly identified a drug-related death or requirement for full autopsy in 56/57 cases. In one case, diagnosed as cocaine toxicity by the review pathologist, autopsy additionally revealed subarachnoid haemorrhage and Berry aneurysm.CONCLUSIONS: These findings support the use of minimally invasive techniques in high risk autopsies, which result in a two-thirds reduction in full postmortems.</p>
Country of Publication:	England
Publication Type:	Comparative Study; Journal Article; Research Support, Non-U.S. Gov't; Validation Studies
Subject Headings:	<p>Adult Aged Aged 80 and over "*Autopsy/mt [Methods]" *Cause of Death Female "Forensic Pathology/lj [Legislation and Jurisprudence]" "*Forensic Pathology/mt [Methods]" "Great Britain/ep [Epidemiology]" "HIV Infections/di [Diagnosis]" "HIV Infections/mo [Mortality]" "HIV Infections/tm [Transmission]" "Hepatitis C Chronic/di [Diagnosis]" "Hepatitis C Chronic/mo [Mortality]" "Hepatitis C Chronic/tm [Transmission]" Homicide Humans "*Infectious Disease Transmission Patient-to-Professional/pc [Prevention and Control]" Male Middle Aged "*Occupational Diseases/pc [Prevention and Control]" Reproducibility of Results "*Substance Abuse Intravenous/di [Diagnosis]" "Substance Abuse Intravenous/vi [Virology]" Suicide</p>

Tomography X-Ray Computed
Young Adult

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Journal of Clinical Pathology*

2. Childhood sexual abuse and psychiatric disorders in middle-aged and older adults: evidence from the 2007 Adult Psychiatric Morbidity Survey.

Citation: Journal of Clinical Psychiatry, November 2012, vol./is. 73/11(e1365-71), 0160-6689;1555-2101 (2012 Nov)

Author(s): Chou KL

Institution: Department of Social Work and Social Administration, The University of Hong Kong, Pokfulam Rd, Hong Kong, China. klchou@hku.hk

Language: English

Abstract: OBJECTIVE: This study aimed (1) to assess the relationship of childhood sexual abuse and revictimization with 6 common mental disorders, alcohol and drug dependence, posttraumatic stress disorder, eating disorders, and suicidal behavior; (2) to test whether gender moderates the relationship between childhood sexual abuse and psychiatric comorbidity; and (3) to assess the association of childhood sexual abuse with health care service use among middle-aged and older adults. METHOD: The author conducted secondary analyses of data from a population-based, nationally representative sample of 3,493 community-dwelling adults aged 50 years and above who were interviewed in England in 2006 and 2007 as part of the 2007 Adult Psychiatric Morbidity Survey. The survey assessed childhood sexual abuse (sexual touching and sexual intercourse), sexual abuse revictimization (experiencing both childhood and adult sexual abuse), demographics, health care service use, 6 common mental disorders according to ICD-10 diagnostic criteria (depressive episode, mixed anxiety and depression, generalized anxiety disorder, panic disorder, phobia, and obsessive-compulsive disorder), eating disorders, posttraumatic stress disorder, alcohol and drug dependence, and suicidal behavior. RESULTS: After weighting, the prevalence of childhood sexual abuse was 8.0%, and the prevalence of revictimization was 1.9%. Multivariate analyses revealed that childhood sexual abuse was significantly associated with mixed anxiety and depression (adjusted odds ratio [AOR] = 1.69; 95% CI, 1.09-2.63), generalized anxiety disorder (AOR = 1.78; 95% CI, 1.01-3.11), eating disorders (AOR = 2.04; 95% CI, 1.12-3.75), posttraumatic stress disorder (AOR = 2.45; 95% CI, 1.20-4.99), and suicidal ideation (AOR = 2.32; 95% CI, 1.27-4.27). Revictimization was significantly related to mixed anxiety and depression (AOR = 3.21; 95% CI, 1.63-6.32), generalized anxiety disorder (AOR = 2.60; 95% CI, 1.07-6.35), phobia (AOR = 4.07; 95% CI, 1.23-13.46), posttraumatic stress disorder (AOR = 8.88; 95% CI, 3.68-21.40), and suicidal ideation (AOR = 3.03; 95% CI, 1.08-8.51). Gender did not moderate the association of childhood sexual abuse or revictimization with psychiatric disorders. Finally, both childhood sexual abuse (AOR = 3.73; 95% CI, 2.03-6.86) and revictimization (AOR = 7.54; 95% CI, 3.09-17.42) were significantly associated with psychiatric hospitalization. CONCLUSIONS: The prevalence of childhood sexual abuse in this sample was comparable to the prevalence rates identified in previous studies. The associations of childhood sexual abuse and revictimization with a wide range of psychiatric disorders raises further questions about the underlying mechanisms in the elderly. This study also supports the notion that childhood sexual abuse and revictimization are associated with a higher rate of utilization of mental health services. Copyright 2012 Physicians Postgraduate Press, Inc.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Aged](#)
["Alcoholism/di \[Diagnosis\]"](#)
["Alcoholism/ep \[Epidemiology\]"](#)
["Alcoholism/px \[Psychology\]"](#)

"Anxiety Disorders/di [Diagnosis]"
 "Anxiety Disorders/ep [Epidemiology]"
 "Anxiety Disorders/px [Psychology]"
 Causality
 Child
 "*Child Abuse Sexual/px [Psychology]"
 "*Child Abuse Sexual/sn [Statistics and Numerical Data]"
 Comorbidity
 "Depressive Disorder/di [Diagnosis]"
 "Depressive Disorder/ep [Epidemiology]"
 "Depressive Disorder/px [Psychology]"
 "Eating Disorders/di [Diagnosis]"
 "Eating Disorders/ep [Epidemiology]"
 "Eating Disorders/px [Psychology]"
 England
 Female
 "Health Services/ut [Utilization]"
 Health Surveys
 Humans
 Male
 "Mental Disorders/di [Diagnosis]"
 "*Mental Disorders/ep [Epidemiology]"
 "Mental Disorders/px [Psychology]"
 Middle Aged
 "Panic Disorder/di [Diagnosis]"
 "Panic Disorder/ep [Epidemiology]"
 "Panic Disorder/px [Psychology]"
 "Phobic Disorders/di [Diagnosis]"
 "Phobic Disorders/ep [Epidemiology]"
 "Phobic Disorders/px [Psychology]"
 Risk Factors
 "Sex Offenses/px [Psychology]"
 "Sex Offenses/sn [Statistics and Numerical Data]"
 "Stress Disorders Post-Traumatic/di [Diagnosis]"
 "Stress Disorders Post-Traumatic/ep [Epidemiology]"
 "Stress Disorders Post-Traumatic/px [Psychology]"
 "Substance-Related Disorders/di [Diagnosis]"
 "Substance-Related Disorders/ep [Epidemiology]"
 "Substance-Related Disorders/px [Psychology]"
 Suicidal Ideation
 Utilization Review

Source: MEDLINE

3. Amphetamine-induced rotation and L-DOPA-induced dyskinesia in the rat 6-OHDA model: a correlation study.

Citation: Neuroscience Research, June 2012, vol./is. 73/2(168-72), 0168-0102;1872-8111 (2012 Jun)

Author(s): Tronci E; Shin E; Bjorklund A; Carta M

Institution: Wallenberg Neuroscience Center, Division of Neurobiology, Department of Experimental Medical Science, Lund University, Lund 221 84, Sweden.

Language: English

Abstract: The present study investigated whether the rotation rate induced by amphetamine in 6-OHDA-lesioned rats was predictive of development of L-DOPA-induced dyskinesia (LID) and success of the lesion procedure in our experimental settings. We collected data from 312 6-OHDA-lesioned rats (from different sets of experiments). Rats were subjected to the amphetamine-induced rotation test (2.5mg/kg) and chronically treated with L-DOPA (6 mg/kg) to establish dyskinesia. A poor correlation was present between amphetamine-induced rotation and LID. Moreover, no correlation was found between

amphetamine-induced rotation and tyrosine hydroxylase (TH) positive cell number in the lesioned substantia nigra pars compacta, while there was a weak correlation between the percentage of TH positive cell number and LID. These results indicate that the amphetamine-induced rotation test is a poor predictor of the 6-OHDA-lesion success, as well as of the development of LID at the dose of amphetamine used here. Our data also suggest that all rats with amphetamine-induced rotation ≥ 3 turns/min should be included in dyskinesia studies, as they showed the same propensity to develop dyskinesia. Moreover, SERT expression levels suggest that reduced striatal and pallidal serotonin innervation might have contributed to the lower dyskinesia levels observed in a subset of amphetamine-responsive rats. Copyright 2012 Elsevier Ireland Ltd and the Japan Neuroscience Society. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Levodopa); 1199-18-4 (Oxidopamine); 300-62-9 (Amphetamine)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: ["*Amphetamine/to \[Toxicity\]"](#)
[Animals](#)
[*Disease Models Animal](#)
["Dyskinesia Drug-Induced/me \[Metabolism\]"](#)
["*Dyskinesia Drug-Induced/pp \[Physiopathology\]"](#)
[Female](#)
["*Levodopa/to \[Toxicity\]"](#)
["*Oxidopamine/to \[Toxicity\]"](#)
[Rats](#)
[Rats Sprague-Dawley](#)
[*Rotation](#)

Source: MEDLINE

4. Children who run away from home: risks for suicidal behavior and substance misuse.

Citation: Journal of Adolescent Health, November 2012, vol./is. 51/5(415-21), 1054-139X;1879-1972 (2012 Nov)

Author(s): Meltzer H; Ford T; Bebbington P; Vostanis P

Institution: Department of Health Sciences, College of Medicine, Biological Sciences and Psychology, University of Leicester, Leicester, United Kingdom. hm74@le.ac.uk

Language: English

Abstract: **PURPOSE:** The primary aim of this study is to examine the extent to which running away from home as a child is associated with behavioral problems and victimization during childhood and with suicidal behavior and substance abuse during early adulthood.**METHODS:** A random probability sample comprising 7,461 respondents was interviewed for the 2007 survey of psychiatric morbidity of adults in England. A subsample of 16- to 34-year-old individuals was selected for secondary analysis (N = 2,247). All survey respondents were asked whether they had run away from home and asked specific questions on being physically, emotionally and sexually abused as children. They were also asked about suicidal behavior and alcohol and drug dependence in early adulthood.**RESULTS:** Approximately 7% of 16- to 34-year-old individuals reported running away from home before the age of 16 years, with higher rates in women than in men (9.8% compared with 5.3%). Overall, 45.3% reported being bullied, 25.3% experienced violence at home, and 8.8% reported unwanted sexual intercourse. Runaways were far more likely than other children to have suffered victimization and family difficulties and to exhibit behavioral problems. Adults who reported running away from home were three times more likely than other adults to have thought about or attempted suicide, but the relationship with substance abuse was far less pronounced.**CONCLUSIONS:** Sexual, physical, and emotional abuse, along with family difficulties, can all impact children who run away from home. Running away from home was strongly associated with suicidal behavior in adulthood, regardless of other childhood adversities. Copyright 2012 Society for Adolescent Health and Medicine. Published by Elsevier Inc. All rights reserved.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings: Adolescent
Adult
"*Child Abuse Sexual/px [Psychology]"
Data Collection
"England/ep [Epidemiology]"
Female
"*Homeless Youth/px [Psychology]"
Humans
Male
Risk
Sex Factors
"*Substance-Related Disorders/ep [Epidemiology]"
"*Suicide/px [Psychology]"
Violence
Young Adult

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Journal of Adolescent Health*

5. Aminorex poisoning in cocaine abusers.

Citation: International Journal of Cardiology, July 2012, vol./is. 158/3(344-6), 0167-5273;1874-1754 (2012 Jul 26)

Author(s): Karch SB; Mari F; Bartolini V; Bertol E

Institution: Consultant Pathologist/Toxicologist, Berkeley, California, United States. skarch@fdaa.com

Language: English

Abstract: Levamisole is found in more than 80% of illicit cocaine seized within United States borders. Percentages are somewhat lower in Europe. In 2009, controlled in vivo studies demonstrated that horses metabolize levamisole to aminorex. Earlier this year our laboratory demonstrated that the same conversion occurs in man. Levamisole itself causes aplastic anemia and numerous reports have begun to appear in the literature, but the conversion of levamisole to aminorex is of much more concern. Aminorex ingestion was responsible for a five-year epidemic (1967-1972) of idiopathic pulmonary hypertension (IPH) confined to Switzerland, Austria, and Germany, the only countries where aminorex had been marketed as an anorectic. The incidence of IPH reverted to normal levels as soon as aminorex was withdrawn. In most cases onset of symptoms in IPH began after six to nine months of aminorex use, with average dosage ranges of 10 to 40 mg per day. The outcome was almost uniformly fatal. The conversion rate of levamisole to aminorex has not been established, but given the high daily intake of cocaine by many abusers, it seems likely that many of them will have ingested enough contaminated cocaine to ultimately cause IPH. Until the disease is well established, the symptoms of IHP are vague, and existing drug registries specifically exclude drug abusers, making it difficult to track these cases. This review is intended to draw attention to what may be a slowly emerging new epidemic. Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Netherlands

CAS Registry Number: 0 (Antirheumatic Agents); 0 (Appetite Depressants); 14769-73-4 (Levamisole); 2207-50-3 (Aminorex)

Publication Type: Journal Article; Review

Subject Headings: "Aminorex/me [Metabolism]"
"*Aminorex/po [Poisoning]"
"Antirheumatic Agents/pk [Pharmacokinetics]"
"Antirheumatic Agents/po [Poisoning]"
"Appetite Depressants/me [Metabolism]"

"*Appetite Depressants/po [Poisoning]"
 "*Cocaine-Related Disorders/ep [Epidemiology]"
 Drug Contamination
 "*Epidemics/sn [Statistics and Numerical Data]"
 Humans
 "*Hypertension Pulmonary/ci [Chemically Induced]"
 "Levamisole/pk [Pharmacokinetics]"
 "Levamisole/po [Poisoning]"

Source: MEDLINE

Full Text: Available from *Clinical Key* in *International Journal of Cardiology*

6. Can screening and brief intervention lead to population-level reductions in alcohol-related harm?.

Citation: Addiction Science & Clinical Practice, 2012, vol./is. 7/1(15), 1940-0632;1940-0640 (2012)

Author(s): Heather N

Institution: Northumbria University, Newcastle upon Tyne, NE1 8ST, UK.
 nick.heather@northumbria.ac.uk

Language: English

Abstract: A distinction is made between the clinical and public health justifications for screening and brief intervention (SBI) against hazardous and harmful alcohol consumption. Early claims for a public health benefit of SBI derived from research on general medical practitioners' (GPs') advice on smoking cessation, but these claims have not been realized, mainly because GPs have not incorporated SBI into their routine practice. A recent modeling exercise estimated that, if all GPs in England screened every patient at their next consultation, 96% of the general population would be screened over 10 years, with 70-79% of excessive drinkers receiving brief interventions (BI); assuming a 10% success rate, this would probably amount to a population-level effect of SBI. Thus, a public health benefit for SBI presupposes widespread screening; but recent government policy in England favors targeted versus universal screening, and in Scotland screening is based on new registrations and clinical presentation. A recent proposal for a national screening program was rejected by the UK National Health Service's National Screening Committee because 1) there was no good evidence that SBI led to reductions in mortality or morbidity, and 2) a safe, simple, precise, and validated screening test was not available. Even in countries like Sweden and Finland, where expensive national programs to disseminate SBI have been implemented, only a minority of the population has been asked about drinking during health-care visits, and a minority of excessive drinkers has been advised to cut down. Although there has been research on the relationship between treatment for alcohol problems and population-level effects, there has been no such research for SBI, nor have there been experimental investigations of its relationship with population-level measures of alcohol-related harm. These are strongly recommended. In this article, conditions that would allow a population-level effect of SBI to occur are reviewed, including their political acceptability. It is tentatively concluded that widespread dissemination of SBI, without the implementation of alcohol control measures, might have indirect influences on levels of consumption and harm but would be unlikely on its own to result in public health benefits. However, if and when alcohol control measures were introduced, SBI would still have an important role in the battle against alcohol-related harm.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: "*Alcoholism/di [Diagnosis]"
 "Alcoholism/pc [Prevention and Control]"
 "*Alcoholism/th [Therapy]"
 Cost-Benefit Analysis
 "Emergency Service Hospital/og [Organization and Administration]"
 Humans
 "*Mass Screening/og [Organization and Administration]"

"Primary Health Care/og [Organization and Administration]"
 "*Psychotherapy Brief/mt [Methods]"
 *Public Health Practice
 Quality-Adjusted Life Years

Source: MEDLINE

Full Text: Available from *BioMedCentral* in *Addiction Science and Clinical Practice*
 Available from *National Library of Medicine* in *Addiction Science and Clinical Practice*

7. Moving ahead: evaluation of a work-skills training program for homeless adults.

Citation: Community Mental Health Journal, December 2012, vol./is. 48/6(711-22), 0010-3853;1573-2789 (2012 Dec)

Author(s): Nelson SE; Gray HM; Maurice IR; Shaffer HJ

Institution: Division on Addiction, Cambridge Health Alliance, Medford, MA 01060, USA.
 snelson@hms.harvard.edu

Language: English

Abstract: This study examines the impact of a work-skills program grounded in an integrated services approach on both employment and related life domains among homeless individuals. Six hundred thirty-eight participants in a 14-week work-skills program at a large day center in New England completed assessments at intake between 1999 and 2007; a subsample of 333 also completed assessments at graduation from the program; a smaller subsample of 55 participants were re-assessed 6months after graduation. These assessments measured work and related life skills, employment, housing status, general health status, substance use, self-esteem and self-efficacy, and legal involvement. Results revealed improvement in all types of work and related life skills, employment and income, and multiple other life domains from baseline to graduation and follow-up. Exploratory analyses suggested that improvements in work and related life skills were associated with improvement in self-esteem and self-efficacy, and that these improvements predicted stable housing situations at follow-up. Overall, these findings indicate that, for individuals struggling with the challenges of homelessness, completion of a work-skills program has a positive impact on skills and employment, and on a diverse set of life domains.

Country of Publication: United States

Publication Type: Evaluation Studies; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: Adult
 "*Delivery of Health Care Integrated/og [Organization and Administration]"
 *Employment
 Female
 Follow-Up Studies
 "*Homeless Persons/px [Psychology]"
 Humans
 Male
 Middle Aged
 New England
 *Outcome and Process Assessment (Health Care)
 Program Evaluation
 Quality of Life
 Rehabilitation Vocational
 Self Concept
 Self Efficacy
 "Substance-Related Disorders/px [Psychology]"
 "Substance-Related Disorders/rh [Rehabilitation]"

Source: MEDLINE

8. Heroin users' experiences of depression: a qualitative study.

Citation: Family Practice, October 2012, vol./is. 29/5(586-92), 0263-2136;1460-2229 (2012 Oct)

Author(s): Cornford CS; Umeh K; Manshani N

Institution: Fulcrum Medical Practice, Acklam Road, Middlesbrough TS5 4EQ, UK.
charles.cornford@nhs.net

Language: English

Abstract: BACKGROUND: Heroin users represent a challenging group of patients for GPs, with a high morbidity including a high prevalence of depression. Compared to other groups, management of 'depression' in heroin users is likely to require different approaches. Aim. To examine heroin users' beliefs about connections between depressive symptoms and drug taking.DESIGN: Qualitative.SETTING: Primary care.METHODS: A total of 17 semi-structured interviews were conducted with patients receiving opioid substitution therapy and antidepressants. One focus group of service users was also interviewed.RESULTS: A wide range of thoughts and emotions were described as 'depression'. Adverse childhood events were viewed as both the cause of depression and as simultaneously placing the individual in social circles where drug use was common. Drug taking was thought to lead to depression through resultant adverse social consequences, though illicit drug use was also regarded as an understandable way to cope with depression. Examples of stigma from taking drugs were commonly described and thought a cause of depression; in contrast, stigmatizing effects of depression were not apparent. The participants often felt isolated. Beliefs about how antidepressants worked incorporated ideas about blocking out thoughts, stopping thoughts racing and keeping emotions level. Self-management techniques for treating depression were rarely described.CONCLUSIONS: Heroin users' experiences of depression-including ideas about causation, how symptoms are felt and experienced and treatment strategies-are overwhelmingly framed by the context of drug taking.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[*Attitude to Health](#)
["*Depression/dt \[Drug Therapy\]"](#)
["Depression/px \[Psychology\]"](#)
[England](#)
[Female](#)
[Focus Groups](#)
["Heroin Dependence/dt \[Drug Therapy\]"](#)
["*Heroin Dependence/px \[Psychology\]"](#)
[Humans](#)
[Male](#)
[Primary Health Care](#)
[Qualitative Research](#)

Source: MEDLINE

Full Text: Available from *Oxford University Press* in [Family Practice](#)

9. The "silent epidemic": the damaging effect of alcohol misuse on British families.

Citation: Journal of Family Health Care, September 2012, vol./is. 22/5(9-12), 1474-9114;1474-9114 (2012 Sep-Oct)

Author(s): Hosie P

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
["Alcoholism/di \[Diagnosis\]"](#)
["*Alcoholism/ep \[Epidemiology\]"](#)

"Alcoholism/th [Therapy]"
 Child
 "*Child Welfare/sn [Statistics and Numerical Data]"
 "*Child of Impaired Parents/sn [Statistics and Numerical Data]"
 Child Preschool
 Community Health Nursing
 *Family Relations
 "Family Therapy/mt [Methods]"
 "Family Therapy/st [Standards]"
 "Great Britain/ep [Epidemiology]"
 Humans
 Infant

Source: MEDLINE

Full Text: Available from *Journal of Family Health Care* in *Newcomb Library & Information Service*

10. Safeguarding gaps and alcohol.

Citation: *Journal of Family Health Care*, September 2012, vol./is. 22/5(4), 1474-9114;1474-9114 (2012 Sep-Oct)

Author(s): Hosie P

Language: English

Country of Publication: England

Publication Type: Editorial; Introductory Journal Article

Subject Headings: Adolescent
 "*Alcoholism/co [Complications]"
 "Alcoholism/ep [Epidemiology]"
 Child
 "*Child Abuse Sexual/pc [Prevention and Control]"
 *Child Welfare
 "Child of Impaired Parents/sn [Statistics and Numerical Data]"
 "Community Health Nursing/st [Standards]"
 "Great Britain/ep [Epidemiology]"
 Humans
 London
 Midwifery

Source: MEDLINE

Full Text: Available from *Journal of Family Health Care* in *Newcomb Library & Information Service*

11. Families 'oblivious' to negative effects of alcohol misuse.

Citation: *Community Practitioner*, December 2012, vol./is. 85/12(4), 1462-2815;1462-2815 (2012 Dec)

Author(s): anonymous

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: "*Alcoholism/pc [Prevention and Control]"
 "*Alcoholism/px [Psychology]"
 "*Family/px [Psychology]"
 Female
 Great Britain
 Humans

Male
 "*Parents/px [Psychology]"
 *Patient Education as Topic

Source: MEDLINE

Full Text: Available from *ProQuest* in *Community Practitioner*

12. A perspective on the future public health: an integrative and ecological framework.

Citation: Perspectives in Public Health, November 2012, vol./is. 132/6(313-9), 1757-9139;1757-9147 (2012 Nov)

Author(s): Hanlon P; Carlisle S; Hannah M; Lyon A; Reilly D

Institution: Centre for Population and Health Sciences, School of Medical, Veterinary and Life Sciences, University of Glasgow, UK.

Language: English

Abstract: Modernity has brought health and social benefits to many societies, not least through the insights of science and technology. Yet, modernity has also been associated with a number of cultural characteristics, such as materialism, individualism, consumerism and an addiction to continuing economic growth, that seem potentially harmful to health and well-being and inimical to social equity. There is an emerging body of evidence that suggests that, in the affluent world, some of our most intractable contemporary health problems are, in fact, the product of modernity. This suggests that the tools of modernity (its science and its technology) are ill suited to finding solutions. This poses a problem for public health, as this discipline is itself a product of modernity and thus appears ill equipped to deal with the conditions and challenges of a rapidly changing and unstable world, one where the very sustainability of human society is now in question. This paper argues that a new paradigm for the future public health is needed. It presents an integrative, ecological framework as a starting point from which public health might grasp the opportunities for change inherent in the 'modern' threats we face. It suggests a number of features that will need to underpin such a paradigm shift in thinking and practice. However, as this paper is written from the perspective of an affluent, developed society (albeit from a perspective that is explicitly critical of the goals, trends and values that seem to characterise such societies), other voices from other places need to be heard. We hope that others will want to engage with our arguments and suggestions, whether to challenge and refute these, or to further their development.

Country of Publication: United States

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: Curriculum
 "Developed Countries/ec [Economics]"
 *Ecological and Environmental Processes
 "Education Public Health Professional/st [Standards]"
 "*Education Public Health Professional/td [Trends]"
 *Ethics Medical
 Forecasting
 Great Britain
 Humans
 "*Public Health/td [Trends]"
 Socioeconomic Factors
 "Technology/st [Standards]"
 "Technology/td [Trends]"

Source: MEDLINE

Full Text: Available from *ProQuest* in *Perspectives in Public Health*
 Available from *Highwire Press* in *Perspectives in Public Health*

13. Opportunities for prevention of alcohol-related death in primary care: results from a population-based cross-sectional study.

Citation: Alcohol, November 2012, vol./is. 46/7(703-7), 0741-8329;1873-6823 (2012 Nov)

Author(s): Morris M; Johnson D; Morrison DS

Institution: Specialist Registrar in Public Health Medicine, NHS Greater Glasgow and Clyde, Glasgow, Scotland, UK.

Language: English

Abstract: The mortality rate from alcohol-related conditions has risen sharply in the United Kingdom and it is not known whether opportunities for preventive interventions could be improved. The purpose of our study was to identify opportunities to detect, assess, and manage alcohol problems in primary care according to evidence-based guidelines. We carried out a cross-sectional study on patients who died from alcohol-related conditions in the calendar year 2003 within National Health Service Greater Glasgow Health Board area, Scotland (population 920,000). We described patient characteristics and care recorded in health service records, comparing it with best evidence-based practice in Scottish Intercollegiate Guidelines Network and Health Technology Board for Scotland recommendations on the management of harmful drinking and alcohol dependence. 501 deaths occurred from an alcohol-related cause. The mean age at death was 57.5 years and 72% were male. The most common causes of death, recorded by the International Classification of Diseases, revision 10, excluding accidents, were alcoholic liver disease (290, 57.9%) and mental and behavioural disorders due to alcohol (70, 14.0%). Lifetime mean consultations at primary care general practitioner and hospital outpatient departments were 24 in males and 5 in females. All individuals who died from an alcohol-related cause had at least one biochemical or physical indicator suggestive of alcohol misuse. 21% (95% CI 13-33%) had no record of having been advised to abstain from alcohol and 23% (95% CI 15-35%) had received brief interventions. 58% (95% CI 46-70%) had been referred to specialist alcohol services but a third of them did not attend. The majority of patients (83%, 95% CI 72-90%) had no evidence of shared health service and social work care. We concluded that individuals who died from alcohol-related conditions were usually in contact with statutory and voluntary services but further efforts were required to use these opportunities to detect, assess, and manage serious alcohol problems according to evidence-based guidelines. Copyright 2012 Elsevier Inc. All rights reserved.

Country of Publication: United States

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
[Aged](#)
[Aged 80 and over](#)
["Alcohol-Induced Disorders/di \[Diagnosis\]"](#)
["*Alcohol-Induced Disorders/mo \[Mortality\]"](#)
["Alcohol-Induced Disorders/pc \[Prevention and Control\]"](#)
["Alcohol-Induced Disorders/rh \[Rehabilitation\]"](#)
["*Alcoholics/sn \[Statistics and Numerical Data\]"](#)
["Alcoholism/di \[Diagnosis\]"](#)
["*Alcoholism/mo \[Mortality\]"](#)
["Alcoholism/pc \[Prevention and Control\]"](#)
["Alcoholism/rh \[Rehabilitation\]"](#)
[Benchmarking](#)
[Cause of Death](#)
[Chi-Square Distribution](#)
["Community Health Services/sn \[Statistics and Numerical Data\]"](#)
["Crime/sn \[Statistics and Numerical Data\]"](#)
[Cross-Sectional Studies](#)
[Evidence-Based Medicine](#)
[Female](#)
["*Health Services Accessibility/sn \[Statistics and Numerical Data\]"](#)
[Humans](#)
[Male](#)
[Middle Aged](#)

Practice Guidelines as Topic
 "*Preventive Health Services/sn [Statistics and Numerical Data]"
 "*Primary Health Care/sn [Statistics and Numerical Data]"
 "Referral and Consultation/sn [Statistics and Numerical Data]"
 Retrospective Studies
 Risk Assessment
 Risk Factors
 "Scotland/ep [Epidemiology]"
 "Social Work/sn [Statistics and Numerical Data]"

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Alcohol*

14. Quality of life among alcohol-dependent patients: how satisfactory are the available instruments? A systematic review.

Citation: Drug & Alcohol Dependence, October 2012, vol./is. 125/3(192-202), 0376-8716;1879-0046 (2012 Oct 1)

Author(s): Luquiens A; Reynaud M; Falissard B; Aubin HJ

Institution: Hopital Paul Brousse, Univ Paris-Sud, INSERM U669, 94804 Villejuif, France. amandineluquiens@yahoo.fr

Language: English

Abstract: AIM: The purpose of this systematic review was to compare quality-of-life instruments used as outcome measures in randomized clinical trials for alcohol-dependence treatment. METHODS: Randomized controlled clinical trials, indexed in the EMBASE, PubMed and PsycINFO databases since 1981, which aimed at improving the quality of life in alcohol-dependent patients and used as instrument to measure the quality of life, as specifically designated by the authors, were included. RESULTS: Of the 331 articles screened, 18 studies were included in the review. Eight different quality-of-life instruments were used as outcome measures. Twenty-seven life domains were explored. Between-scale heterogeneity was high. The scale most frequently used was the medical outcomes study 36-item short-form health survey (SF-36). Only 1 clinical trial demonstrated a significant difference between intervention groups at all endpoints, using the quality of life enjoyment and satisfaction questionnaire (Q-LES-Q). CONCLUSION: Because many different instruments were used, it is difficult to compare quality-of-life improvement between trials. The most frequently used instrument was a generic health status measure that may not be well suited as a quality-of-life measure for subjects with alcohol dependence. The construction and validation of a specific patient-reported outcome based on alcohol-dependent patients' concerns would effectively contribute to the assessment of treatment efficacy. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Meta-Analysis; Review

Subject Headings: "*Alcoholism/px [Psychology]"
 Clinical Trials as Topic
 Health Status
 Humans
 "*Neuropsychological Tests/st [Standards]"
 Personal Satisfaction
 "*Quality of Life/px [Psychology]"
 Questionnaires
 Randomized Controlled Trials as Topic
 Reproducibility of Results

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Drug and Alcohol Dependence*

15. The genetics of alcohol dependence: advancing towards systems-based approaches.

- Citation:** Drug & Alcohol Dependence, October 2012, vol./is. 125/3(179-91), 0376-8716;1879-0046 (2012 Oct 1)
- Author(s):** Palmer RH; McGeary JE; Francazio S; Raphael BJ; Lander AD; Heath AC; Knopik VS
- Institution:** Division of Behavioral Genetics, Department of Psychiatry at Rhode Island Hospital, USA. Roha_Palmer@Brown.edu
- Language:** English
- Abstract:** BACKGROUND: Personalized treatment for psychopathologies, in particular alcoholism, is highly dependent upon our ability to identify patterns of genetic and environmental effects that influence a person's risk. Unfortunately, array-based whole genome investigations into heritable factors that explain why one person becomes dependent upon alcohol and another does not, have indicated that alcohol's genetic architecture is highly complex. That said, uncovering and interpreting the missing heritability in alcohol genetics research has become all the more important, especially since the problem may extend to our inability to model the cumulative and combinatorial relationships between common and rare genetic variants. As numerous studies begin to illustrate the dependency of alcohol pharmacotherapies on an individual's genotype, the field is further challenged to identify new ways to transcend agnostic genomewide association approaches. We discuss insights from genetic studies of alcohol related diseases, as well as issues surrounding alcohol's genetic complexity and etiological heterogeneity. Finally, we describe the need for innovative systems-based approaches (systems genetics) that can provide additional statistical power that can enhance future gene-finding strategies and help to identify heretofore-unrealized mechanisms that may provide new targets for prevention/treatments efforts. Emerging evidence from early studies suggest that systems genetics has the potential to organize our neurological, pharmacological, and genetic understanding of alcohol dependence into a biologically plausible framework that represents how perturbations across evolutionarily robust biological systems determine susceptibility to alcohol dependence. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- Publication Type:** Journal Article; Research Support, N.I.H., Extramural; Review
- Subject Headings:** ["Alcoholism/ep \[Epidemiology\]"](#)
["*Alcoholism/ge \[Genetics\]"](#)
["Alcoholism/px \[Psychology\]"](#)
[Epistasis Genetic](#)
[Genetic Predisposition to Disease](#)
[Genetic Variation](#)
[Genome-Wide Association Study](#)
[Humans](#)
[Phenotype](#)
- Source:** MEDLINE
- Full Text:** Available from *Clinical Key* in [Drug and Alcohol Dependence](#)

16. Trajectories of criteria of nicotine dependence from adolescence to early adulthood.

- Citation:** Drug & Alcohol Dependence, October 2012, vol./is. 125/3(283-9), 0376-8716;1879-0046 (2012 Oct 1)
- Author(s):** Hu MC; Griesler PC; Schaffran C; Wall MM; Kandel DB
- Institution:** Department of Psychiatry, Columbia University, New York, NY 10032, USA.
- Language:** English
- Abstract:** BACKGROUND: To identify patterns and correlates of developmental trajectories of DSM-IV nicotine dependence criteria from adolescence to early adulthood.METHODS: The analytical sample of lifetime smokers (N=877) is from a longitudinal cohort of

6th-10th graders drawn from an urban school system. Subjects were interviewed 5 times at 6-month intervals and once 4.5 years later. Growth mixture models were estimated to identify trajectories of DSM-IV nicotine dependence criteria over ages 12-23. RESULTS: A four-class solution fitted the data best: No dependence criteria (class 1, 32.0%); early onset/chronic course (class 2, 26.1%); early onset/remission (class 3, 15.4%); late onset (class 4, 26.5%). There appeared to be three critical periods. At ages 12-15, symptoms increased rapidly. As of age 16, the early onset/chronic class stabilized at high levels of symptoms, the early onset/remission class started its symptomatic decline, and the late onset class experienced a sharp increase in symptoms. At age 20, there was a convergence in the prevalence of symptoms experienced at high (classes 2 and 4) and low levels (classes 1 and 3). Extensiveness of smoking and marijuana use were associated with higher baseline levels of nicotine dependence criteria. Anxiety disorders were associated with all three symptomatic trajectories. Parental smoking and nicotine dependence were associated specifically with the early/chronic class, while pleasant initial sensitivity and earlier onset ages of cigarette and marijuana use characterized the two early onset classes (2 and 3). CONCLUSIONS: Trajectories of dependence criteria constitute an advantageous phenotype for research and intervention over static summaries of smoking behaviors. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication:	Ireland
Publication Type:	Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't
Subject Headings:	Adolescent Age of Onset "Alcohol Drinking/ep [Epidemiology]" "Anxiety Disorders/co [Complications]" "Anxiety Disorders/ep [Epidemiology]" Child Cohort Studies Diagnostic and Statistical Manual of Mental Disorders Educational Status Ethnic Groups "Exploratory Behavior/ph [Physiology]" Female Humans Longitudinal Studies Male "Marijuana Smoking/ep [Epidemiology]" "Mental Disorders/co [Complications]" "Mental Disorders/ep [Epidemiology]" Models Statistical Parents Sex Factors "Smoking/px [Psychology]" Socioeconomic Factors "Tobacco Use Disorder/di [Diagnosis]" "Tobacco Use Disorder/ep [Epidemiology]" "*Tobacco Use Disorder/px [Psychology]" "United States/ep [Epidemiology]" Young Adult
Source:	MEDLINE
Full Text:	Available from <i>Clinical Key</i> in Drug and Alcohol Dependence
17. All-cause mortality among individuals with disorders related to the use of methamphetamine: a comparative cohort study.	
Citation:	Drug & Alcohol Dependence, October 2012, vol./is. 125/3(290-4), 0376-8716;1879-0046 (2012 Oct 1)
Author(s):	Callaghan RC; Cunningham JK; Verdichevski M; Sykes J; Jaffer SR; Kish SJ

- Institution:** Centre for Addiction and Mental Health, Social, Epidemiological Research Department, 33 Russell St., Toronto, Ontario, M5S 2S1, Canada. Russell_Callaghan@CAMH.net
- Language:** English
- Abstract:** BACKGROUND: Understanding the mortality rate of methamphetamine users, especially in relation to other drug users, is a core component of any evaluation of methamphetamine-related harms. Although methamphetamine abuse has had a major impact on United States (U.S.) drug policy and substance-abuse treatment utilization, large-scale cohort studies assessing methamphetamine-related mortality are lacking. METHODS: The current study identified cohorts of individuals hospitalized in California from 1990 to 2005 with ICD-9 diagnoses of methamphetamine- (n=74,139), alcohol- (n=582,771), opioid- (n=67,104), cannabis- (n=46,548), or cocaine-related disorders (n=48,927), and these groups were followed for up to 16 years. Age-, sex-, and race-adjusted standardized mortality rates (SMRs) were generated. RESULTS: The methamphetamine cohort had a higher SMR (4.67, 95% CI 4.53, 4.82) than did users of cocaine (2.96, 95% CI 2.87, 3.05), alcohol (3.83, 95% CI 3.81, 3.85), and cannabis (3.85, 95% CI 3.67, 4.03), but lower than opioid users (5.71, 95% CI 5.60, 5.81). CONCLUSIONS: Our study demonstrates that individuals with methamphetamine-use disorders have a higher mortality risk than those with diagnoses related to cannabis, cocaine, or alcohol, but lower mortality risk than persons with opioid-related disorders. Given the lack of long-term cohort studies of mortality risk among individuals with methamphetamine-related disorders, as well as among those with cocaine- or cannabis-related conditions, the current study provides important information for the assessment of the comparative drug-related burden associated with methamphetamine use. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- CAS Registry Number:** 0 (Central Nervous System Stimulants); 537-46-2 (Methamphetamine)
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adult](#)
[Age Factors](#)
["Amphetamine-Related Disorders/co \[Complications\]"](#)
["Amphetamine-Related Disorders/ep \[Epidemiology\]"](#)
["*Amphetamine-Related Disorders/mo \[Mortality\]"](#)
["California/ep \[Epidemiology\]"](#)
[*Central Nervous System Stimulants](#)
[Cohort Studies](#)
[Databases Factual](#)
[Ethnic Groups](#)
[Female](#)
[Follow-Up Studies](#)
[Humans](#)
[Male](#)
[*Methamphetamine](#)
[Middle Aged](#)
[Sample Size](#)
[Sex Factors](#)
- Source:** MEDLINE
- Full Text:** Available from *Clinical Key* in [Drug and Alcohol Dependence](#)
- 18. Transition to parenthood and substance use disorders: findings from a 30-year longitudinal study.**
- Citation:** Drug & Alcohol Dependence, October 2012, vol./is. 125/3(295-300), 0376-8716;1879-0046 (2012 Oct 1)
- Author(s):** Fergusson DM; Boden JM; John Horwood L
- Institution:** Christchurch Health and Development Study, Department of Psychological Medicine, University of Otago, Christchurch School of Medicine and Health Sciences, Christchurch, New Zealand. dm.fergusson@otago.ac.nz

Language:	English
Abstract:	<p>BACKGROUND: This study examined the associations between the transition to parenthood and substance use disorders from ages 18 to 30 in a New Zealand birth cohort. METHODS: Outcomes included: DSM-IV criteria for: (a) alcohol abuse/dependence (AAD) and (b) illicit substance abuse/dependence. The study also used measures transition to parenthood during the period 18-30 years; and observed covariate factors including: family socio-economic status; family functioning; childhood abuse exposure; childhood personal and behavioural characteristics; and psychosocial adjustment in adolescence. Data were analysed using repeated measures generalised estimating equation models, and conditional fixed effects regression modelling to control for confounding. Gender interactions were examined using moderated regression analyses. RESULTS: Those who became parents had unadjusted odds of substance use disorder outcomes that were approximately 50% lower than those who had not become parents. Adjustment of the associations for both: (a) observed confounding factors and (b) non-observed fixed effects; strengthened the associations between parenthood status and substance use disorders. Custodial parents had odds of substance use disorders that were 57-78% lower than those who did not become parents after adjusting for non-observed fixed effects. Additional analyses suggested these effects were confined to custodial parents only. There was also evidence for genderxparenthood status interactions for AAD, with the effects of parenthood on AAD being stronger for females. CONCLUSIONS: The results suggest that the transition to custodial parenthood may result in reduced risks of substance use disorder, particularly amongst female cohort members. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.</p>
Country of Publication:	Ireland
CAS Registry Number:	0 (Street Drugs)
Publication Type:	Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	<p>Adolescent Adult Child "Child Abuse/px [Psychology]" Child Preschool Cohort Studies Diagnostic and Statistical Manual of Mental Disorders Family Female Humans Infant Infant Newborn Longitudinal Studies Male Models Statistical "New Zealand/ep [Epidemiology]" "*Parents/px [Psychology]" Regression Analysis Sample Size Sex Characteristics Socioeconomic Factors Street Drugs "Substance-Related Disorders/ep [Epidemiology]" "*Substance-Related Disorders/px [Psychology]" Young Adult</p>
Source:	MEDLINE
Full Text:	Available from <i>Clinical Key</i> in <i>Drug and Alcohol Dependence</i>

19. Marijuana use trajectories during the post-college transition: health outcomes in young adulthood.

Citation: Drug & Alcohol Dependence, October 2012, vol./is. 125/3(267-75), 0376-8716;1879-0046 (2012 Oct 1)

Author(s): Caldeira KM; O'Grady KE; Vincent KB; Arria AM

Institution: Center on Young Adult Health and Development, University of Maryland School of Public Health, Department of Family Science, 1142 School of Public Health Building, College Park, MD 20742, USA.

Language: English

Abstract: BACKGROUND: Despite the relatively high prevalence of marijuana use among college students, little information exists regarding health outcomes associated with different use patterns or trajectories. METHODS: Seven annual personal interviews (years 1-7) were administered to 1253 individuals, beginning in their first year in college. Growth mixture modeling was used to identify trajectories of marijuana, alcohol, and tobacco use frequency during years 1-6. Logistic regression was used to evaluate the relationship between marijuana use trajectories and several year 7 health outcomes, holding constant year 1 health, demographics, and alcohol and tobacco use trajectories. RESULTS: Six marijuana use trajectories were identified: non-use (71.5% (wt) of students), low-stable (10.0% (wt)), late-increase (4.7% (wt)), early-decline (4.3% (wt)), college-peak (5.4% (wt)), and chronic (4.2% (wt)). The six marijuana trajectory groups were not significantly different on year 1 health-related variables, but differed on all ten year 7 health outcomes tested, including functional impairment due to injury, illness, or emotional problems; general health rating; psychiatric symptoms; health-related quality of life; and service utilization for physical and mental health problems. Non-users fared significantly better than most of the marijuana-using trajectory groups on every outcome tested. Chronic and late-increase users had the worst health outcomes. CONCLUSIONS: Marijuana use patterns change considerably during college and the post-college period. Marijuana-using students appear to be at risk for adverse health outcomes, especially if they increase or sustain a frequent pattern of use. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: [Adolescent](#)
[Adult](#)
[Age Factors](#)
["Alcohol Drinking/ep \[Epidemiology\]"](#)
[Bayes Theorem](#)
[Demography](#)
[Female](#)
["Health Services/ut \[Utilization\]"](#)
[Health Status](#)
[Humans](#)
[Longitudinal Studies](#)
[Male](#)
["*Marijuana Abuse/ep \[Epidemiology\]"](#)
["Mental Disorders/co \[Complications\]"](#)
["Mental Disorders/ep \[Epidemiology\]"](#)
["Mid-Atlantic Region/ep \[Epidemiology\]"](#)
[Psychiatric Status Rating Scales](#)
[Quality of Life](#)
[Regression Analysis](#)
[Socioeconomic Factors](#)
["Tobacco Use Disorder/ep \[Epidemiology\]"](#)
[Universities](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Clinical Key* in [Drug and Alcohol Dependence](#)

20. Individual variability in the locus of prefrontal craving for nicotine: implications for brain stimulation studies and treatments.

- Citation:** Drug & Alcohol Dependence, October 2012, vol./is. 125/3(239-43), 0376-8716;1879-0046 (2012 Oct 1)
- Author(s):** Hanlon CA; Jones EM; Li X; Hartwell KJ; Brady KT; George MS
- Institution:** Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, SC 29425, USA. hanlon@musc.edu
- Language:** English
- Abstract:** BACKGROUND: Attenuation of cue-elicited craving with brain stimulation techniques is a growing area of attention in addiction research. This investigation aims to guide these studies by assessing individual variability in the location of peak cortical activity during cue-elicited craving. METHOD: Twenty-six nicotine-dependent individuals performed a cue-elicited craving task in a 3T MRI scanner while BOLD signal data was collected. The task included epochs of smoking cues, neutral cues, and rest. The location of peak activity during smoking cues relative to neutral cues ('hot spot') was isolated for each individual. The spatial dispersion of the 26 cue-elicited hot spots (1 per participant) was quantified via hierarchical clustering. RESULTS: When viewing nicotine cues all 26 participants had at least one cluster of significant prefrontal cortex activity ($p < 0.05$, cluster corrected). Only 62% had peak activity in the medial prefrontal cortex cluster (including 100% of the men). In 15% of the participants peak activity was located in either the left lateral prefrontal cortex or left insula cluster. Peak activity in the remaining 23% was dispersed throughout the prefrontal cortex. CONCLUSION: There is considerable individual variability in the location of the cue-elicited 'hot spot' as measured by BOLD activity. Men appear to have a more uniform location of peak BOLD response to cues than women. Consequently, acquiring individual functional imaging data may be advantageous for either tailoring treatment to the individual or filtering participants before enrollment in treatment. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- CAS Registry Number:** 7782-44-7 (Oxygen)
- Publication Type:** Journal Article; Research Support, N.I.H., Extramural
- Subject Headings:** [Adult](#)
["*Brain/ph \[Physiology\]"](#)
[Brain Mapping](#)
[Cluster Analysis](#)
[Cues](#)
[Female](#)
[Humans](#)
[Image Processing Computer-Assisted](#)
[Individuality](#)
[Magnetic Resonance Imaging](#)
[Male](#)
[Middle Aged](#)
["Oxygen/bl \[Blood\]"](#)
["*Prefrontal Cortex/ph \[Physiology\]"](#)
["*Tobacco Use Disorder/px \[Psychology\]"](#)
["*Tobacco Use Disorder/th \[Therapy\]"](#)
["*Transcranial Magnetic Stimulation/mt \[Methods\]"](#)
- Source:** MEDLINE
- Full Text:** Available from *Clinical Key* in *Drug and Alcohol Dependence*

21. Prefrontal and limbic resting state brain network functional connectivity differs between nicotine-dependent smokers and non-smoking controls.

Citation: Drug & Alcohol Dependence, October 2012, vol./is. 125/3(252-9), 0376-8716;1879-0046 (2012 Oct 1)

Author(s): Janes AC; Nickerson LD; Frederick Bde B; Kaufman MJ

Institution: Brain Imaging Center, McLean Hospital, Department of Psychiatry, Harvard Medical School, Belmont, MA 02478, USA. ajanes@mclean.harvard.edu

Language: English

Abstract: BACKGROUND: Brain dysfunction in prefrontal cortex (PFC) and dorsal striatum (DS) contributes to habitual drug use. These regions are constituents of brain networks thought to be involved in drug addiction. To investigate whether networks containing these regions differ between nicotine dependent female smokers and age-matched female non-smokers, we employed functional MRI (fMRI) at rest. METHODS: Data were processed with independent component analysis (ICA) to identify resting state networks (RSNs). We identified a subcortical limbic network and three discrete PFC networks: a medial prefrontal cortex (mPFC) network and right and left lateralized fronto-parietal networks common to all subjects. We then compared these RSNs between smokers and non-smokers using a dual regression approach. RESULTS: Smokers had greater coupling versus non-smokers between left fronto-parietal and mPFC networks. Smokers with the greatest mPFC-left fronto-parietal coupling had the most DS smoking cue reactivity as measured during an fMRI smoking cue reactivity paradigm. This may be important because the DS plays a critical role in maintaining drug-cue associations. Furthermore, subcortical limbic network amplitude was greater in smokers. CONCLUSIONS: Our results suggest that prefrontal brain networks are more strongly coupled in smokers, which could facilitate drug-cue responding. Our data also are the first to document greater reward-related network fMRI amplitude in smokers. Our findings suggest that resting state PFC network interactions and limbic network amplitude can differentiate nicotine-dependent smokers from controls, and may serve as biomarkers for nicotine dependence severity and treatment efficacy. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: [Adult](#)
[Cues](#)
[Diagnostic and Statistical Manual of Mental Disorders](#)
[Female](#)
[Humans](#)
[Image Processing Computer-Assisted](#)
["Limbic System/de \[Drug Effects\]"](#)
["*Limbic System/ph \[Physiology\]"](#)
[Magnetic Resonance Imaging](#)
[Male](#)
[Middle Aged](#)
["Nerve Net/de \[Drug Effects\]"](#)
["*Nerve Net/ph \[Physiology\]"](#)
["Parietal Lobe/de \[Drug Effects\]"](#)
["Parietal Lobe/ph \[Physiology\]"](#)
["Prefrontal Cortex/de \[Drug Effects\]"](#)
["*Prefrontal Cortex/ph \[Physiology\]"](#)
[Principal Component Analysis](#)
[Regression Analysis](#)
["Rest/ph \[Physiology\]"](#)
["*Smoking/pp \[Physiopathology\]"](#)
["Smoking/px \[Psychology\]"](#)
["*Tobacco Use Disorder/pp \[Physiopathology\]"](#)
["Tobacco Use Disorder/px \[Psychology\]"](#)

Source: MEDLINE

Full Text: Available from *Clinical Key* in [Drug and Alcohol Dependence](#)

22. Stereotypic information about drinkers and students' observed alcohol intake: an experimental study on prototype-behavior relations in males and females in a naturalistic drinking context.

- Citation:** Drug & Alcohol Dependence, October 2012, vol./is. 125/3(301-6), 0376-8716;1879-0046 (2012 Oct 1)
- Author(s):** Teunissen HA; Spijkerman R; Larsen H; Kremer KA; Kuntsche E; Gibbons FX; Scholte RH; Engels RC
- Institution:** Department of Developmental Psychopathology, Behavioural Science Institute, Radboud University Nijmegen, P.O. Box 9104, 6500 HE Nijmegen, The Netherlands.
H.Teunissen@pwo.ru.nl
- Language:** English
- Abstract:** BACKGROUND: Cross-sectional and longitudinal research has shown that favorable drinker prototypes (i.e., perceptions about the typical drinker) are related to higher levels of alcohol consumption in adolescents and college students. So far, few studies have experimentally tested the causality of this relationship and it is not clear what type of manipulation affects drinker prototypes and drinking levels. METHODS: In an experimental 1-factor design with two levels, we tested the short-term effects of exposing students to either positive or negative stereotypic information about drinkers on their drinker prototypes and actual drinking behaviors. We exposed 192 male and female college students to positive drinker prototype information (drinkers in general were presented as being attractive, sociable and successful), or to negative information (unattractive, unsociable and unsuccessful). Subsequently, participants' levels of alcohol consumption were observed unobtrusively while they were interacting with peers in a naturalistic drinking context, namely a bar lab. RESULTS: Participants exposed to positive stereotypic information about drinkers reported more favorable drinker prototypes than participants exposed to negative stereotypic information. Multilevel analyses revealed that men's subsequent alcohol consumption in the bar lab was higher in the positive prototype condition than in the negative prototype condition. For women, no prototype effects on alcohol use were found. CONCLUSIONS: These findings underline that drinker prototypes affect actual alcohol use in men and suggest that changing perceptions of drinkers may be a useful tool in alcohol prevention programs. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adolescent](#)
[Adolescent Behavior](#)
[Adult](#)
["*Alcohol Drinking/px \[Psychology\]"](#)
["Alcoholism/px \[Psychology\]"](#)
[Algorithms](#)
[Female](#)
[Humans](#)
[Male](#)
[Questionnaires](#)
[Regression Analysis](#)
[Sex Characteristics](#)
[Social Desirability](#)
[*Social Environment](#)
[Social Perception](#)
[Young Adult](#)
- Source:** MEDLINE
- Full Text:** Available from *Clinical Key* in [Drug and Alcohol Dependence](#)

23. Development and validation of the cannabis refusal self-efficacy questionnaire (CRSEQ) in adult cannabis users in treatment.

- Citation:** Drug & Alcohol Dependence, October 2012, vol./is. 125/3(244-51), 0376-8716;1879-0046 (2012 Oct 1)
- Author(s):** Young RM; Gullo MJ; Feeney GF; Connor JP
- Institution:** Alcohol and Drug Assessment Unit, Princess Alexandra Hospital, Brisbane, QLD 4102, Australia.
- Language:** English
- Abstract:** BACKGROUND: There are few valid clinical assessment instruments for cannabis. Self-efficacy, or the ability of users to resist temptation, is a central feature of social cognitive theory. This study outlines the development and validation of the cannabis refusal self-efficacy questionnaire (CRSEQ), which measures the situational confidence to refuse cannabis.METHOD: One thousand two hundred and forty-six patients referred for cannabis assessment completed the CRSEQ including measures of cannabis consumption and dependence severity (severity of dependence scale-cannabis, SDS-C). The CRSEQ was subject to independent exploratory (n=621, mean age 26.88, 78.6% male) and confirmatory (n=625, mean age 27.51, 76.8% male) factor analysis.RESULTS: Three factors: Emotional Relief, Opportunistic and Social Facilitation were identified. They provided a good statistical and conceptual fit for the data. Emotional relief cannabis refusal self-efficacy was identified as most predictive of cannabis dependence, after controlling for cannabis consumption.CONCLUSIONS: The CRSEQ is recommended as a psychometrically sound and clinically useful measure for cannabis misuse treatment planning and assessment. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't; Validation Studies
- Subject Headings:** [Adult](#)
[Cues](#)
[Demography](#)
["Emotions/ph \[Physiology\]"](#)
[Factor Analysis Statistical](#)
[Female](#)
[Health Status](#)
[Humans](#)
[Male](#)
["*Marijuana Abuse/px \[Psychology\]"](#)
["*Marijuana Abuse/rh \[Rehabilitation\]"](#)
[*Neuropsychological Tests](#)
[Predictive Value of Tests](#)
[Principal Component Analysis](#)
[Psychiatric Status Rating Scales](#)
[Questionnaires](#)
[Reproducibility of Results](#)
[*Self Efficacy](#)
[Sex Factors](#)
[Social Environment](#)
- Source:** MEDLINE
- Full Text:** Available from *Clinical Key* in [Drug and Alcohol Dependence](#)

24. Gray-matter volume in methamphetamine dependence: cigarette smoking and changes with abstinence from methamphetamine.

- Citation:** Drug & Alcohol Dependence, October 2012, vol./is. 125/3(230-8), 0376-8716;1879-0046 (2012 Oct 1)
- Author(s):** Morales AM; Lee B; Hellemann G; O'Neill J; London ED
- Institution:** Neuroscience Interdepartmental Program, University of California, Los Angeles, Los Angeles, CA 90024, USA.
- Language:** English

Abstract: BACKGROUND: Group differences in brain structure between methamphetamine-dependent and healthy research participants have been reported, but findings in the literature present discrepancies. Although most methamphetamine-abusing individuals also smoke cigarettes, the effects of smoking on brain structure have not been distinguished from those of methamphetamine. Changes with abstinence from methamphetamine have also been relatively unexplored. This study, therefore, attempted to account for effects of smoking and brief abstinence from methamphetamine on gray-matter measures in methamphetamine-dependent research participants. METHODS: Gray matter was measured using voxel-based morphometry in three groups: 18 control nonsmokers, 25 control smokers, and 39 methamphetamine-dependent smokers (methamphetamine-abstinent 4-7 days). Subgroups of methamphetamine-dependent and control participants (n=12/group) were scanned twice to determine change in gray matter over the first month of methamphetamine abstinence. RESULTS: Compared with Control Nonsmokers, Control Smokers and Methamphetamine-dependent Smokers had smaller gray-matter volume in the orbitofrontal cortex and caudate nucleus. Methamphetamine-dependent Smokers also had smaller gray-matter volumes in frontal, parietal and temporal cortices than Control Nonsmokers or Smokers, and smaller gray-matter volume in insula than control nonsmokers. Longitudinal assessment revealed gray matter increases in cortical regions (inferior frontal, angular, and superior temporal gyri, precuneus, insula, occipital pole) in methamphetamine-dependent but not control participants; the cerebellum showed a decrease. CONCLUSIONS: Gray-matter volume deficits in the orbitofrontal cortex and caudate of methamphetamine-dependent individuals may be in part attributable to cigarette smoking or pre-morbid conditions. Increase in gray matter with methamphetamine abstinence suggests that some gray-matter deficits are partially attributable to methamphetamine abuse. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Central Nervous System Stimulants); 537-46-2 (Methamphetamine)

Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't

Subject Headings: Adolescent
Adult
"*Amphetamine-Related Disorders/pa [Pathology]"
"Amphetamine-Related Disorders/px [Psychology]"
"*Brain/pa [Pathology]"
"Caudate Nucleus/pa [Pathology]"
*Central Nervous System Stimulants
"Cerebral Cortex/pa [Pathology]"
Cross-Sectional Studies
Female
"Globus Pallidus/ph [Physiology]"
Humans
Image Processing Computer-Assisted
Longitudinal Studies
Magnetic Resonance Imaging
Male
*Methamphetamine
Middle Aged
"Neostriatum/ph [Physiology]"
"Prefrontal Cortex/ph [Physiology]"
"*Smoking/pa [Pathology]"
"Smoking/px [Psychology]"
"Substance Withdrawal Syndrome/px [Psychology]"
Young Adult

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Drug and Alcohol Dependence*

25. Spending trends on substance abuse treatment under private employer-sponsored insurance, 2001-2009.

Citation: Drug & Alcohol Dependence, October 2012, vol./is. 125/3(203-7), 0376-8716;1879-0046 (2012 Oct 1)

Author(s): Mark TL; Vandivort-Warren R

Institution: Thomson Reuters Healthcare, 4301 Connecticut Avenue, NW Suite 330, Washington, DC 20008, USA. Tami.Mark@thomsonreuters.com

Language: English

Abstract: BACKGROUND: From 1986 to 2003, substance abuse spending covered by private insurance fell in nominal dollars from \$2444 million to \$2239 million. The present study updated this literature to determine recent spending and utilization trends and provides a baseline for assessing the effects of recent health care policy changes. METHODS: We used insurance claims data from Thomson Reuters MarketScan Commercial Claims and Encounters Database to study approximately 100 large, self-insured employers and millions of enrollees. We examined patterns in substance abuse treatment utilization and spending from 2001 through 2009. RESULTS: The study revealed that substance abuse spending remained a relatively constant share of all health spending, comprising about 0.4% of all health spending in 2009. The share of substance abuse spending on medications increased from 1% to 14%, but remained a small share of all health spending at about \$2.45 per-member per-year. CONCLUSIONS: The study has implications for anticipating the effects of the federal parity law, in that the low share of substance abuse treatment means that even large increases in substance abuse utilization and spending are unlikely to have a significant impact on total health care costs. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Psychotropic Drugs)

Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, U.S. Gov't, Non-P.H.S.

Subject Headings: "Ambulatory Care/ec [Economics]"
 "Ambulatory Care/td [Trends]"
 Databases Factual
 "Drug Prescriptions/ec [Economics]"
 Employer Health Costs
 Female
 "*Health Benefit Plans Employee/ec [Economics]"
 "Health Benefit Plans Employee/td [Trends]"
 Health Care Costs
 "Health Expenditures/td [Trends]"
 "Health Services/ec [Economics]"
 "Health Services/ut [Utilization]"
 Humans
 "Inpatients/sn [Statistics and Numerical Data]"
 Male
 Population
 Pregnancy
 "Pregnancy Complications/ec [Economics]"
 "Pregnancy Complications/th [Therapy]"
 "Psychotropic Drugs/ec [Economics]"
 "Psychotropic Drugs/tu [Therapeutic Use]"
 "*Substance-Related Disorders/ec [Economics]"
 "*Substance-Related Disorders/rh [Rehabilitation]"
 United States

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Drug and Alcohol Dependence*

26. Cost-effectiveness of integrating methadone maintenance and antiretroviral treatment for HIV-positive drug users in Vietnam's injection-driven HIV epidemics.

Citation: Drug & Alcohol Dependence, October 2012, vol./is. 125/3(260-6), 0376-8716;1879-0046 (2012 Oct 1)

Author(s): Tran BX; Ohinmaa A; Duong AT; Nguyen LT; Vu PX; Mills S; Houston S; Jacobs P

Institution: School of Public Health, University of Alberta, Canada. bach.tran@ualberta.ca

Language: English

Abstract: Drug use negatively affects adherence to and outcomes of antiretroviral treatment (ART). This study evaluated the cost-effectiveness of integrating methadone maintenance treatment (MMT) with ART for HIV-positive drug users (DUs) in Vietnam. A decision analytical model was developed to compare the costs and consequences of 3 HIV/AIDS treatment strategies for DUs: (1) only ART, (2) providing ART and MMT in separated sites (ART-MMT), and (3) integrating ART and MMT with direct administration (DAART-MMT). The model was parameterized using empirical data of costs and outcomes extracted from the MMT and ART cohort studies in Vietnam, and international published sources. Probabilistic sensitivity analysis was conducted to examine the model's robustness. The base-case analysis showed that the cost-effectiveness ratio of ART, DAART-MMT, and ART-MMT strategies was USD 1358.9, 1118.0 and 1327.1 per 1 Quality-Adjusted Life Year (QALY), equivalent to 1.22, 1.00, and 1.19 times Gross Domestic Product per capita (GDPpc). The incremental cost-effectiveness ratio for DAART-MMT and ART-MMT versus ART strategy was 569.4 and 1227.8, approximately 0.51 and 1.10 times GDPpc/QALY. At the willingness to pay threshold of 3 times GDPpc, the probability of being cost-effective of DAART-MMT versus ART was 86.1%. These findings indicated that providing MMT along with ART for HIV-positive DUs is a cost-effective intervention in Vietnam. Integrating MMT and ART services could facilitate the use of directly observed therapy that supports treatment adherence and brings about clinically important improvements in health outcomes. This approach is also incrementally cost-effective in this large injection-driven HIV epidemic. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Narcotics); 76-99-3 (Methadone)

Publication Type: Journal Article

Subject Headings: [Adult](#)
["*Antiretroviral Therapy Highly Active/ec \[Economics\]"](#)
["Antiretroviral Therapy Highly Active/mt \[Methods\]"](#)
[Attitude](#)
[Cohort Studies](#)
[Cost-Benefit Analysis](#)
[Drug Users](#)
[Epidemics](#)
[Female](#)
["HIV Seropositivity/ec \[Economics\]"](#)
["*HIV Seropositivity/th \[Therapy\]"](#)
["*HIV Seropositivity/tm \[Transmission\]"](#)
["Health Services/ec \[Economics\]"](#)
["Health Services/ut \[Utilization\]"](#)
[Humans](#)
[Male](#)
["Methadone/ec \[Economics\]"](#)
["*Methadone/tu \[Therapeutic Use\]"](#)
[Models Statistical](#)
[Monte Carlo Method](#)
["Narcotics/ec \[Economics\]"](#)
["*Narcotics/tu \[Therapeutic Use\]"](#)
[Odds Ratio](#)
["*Opiate Substitution Treatment/ec \[Economics\]"](#)
["Opiate Substitution Treatment/mt \[Methods\]"](#)
[Quality-Adjusted Life Years](#)

"*Substance Abuse Intravenous/co [Complications]"
 "*Substance Abuse Intravenous/ep [Epidemiology]"
 "Vietnam/ep [Epidemiology]"

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Drug and Alcohol Dependence*

27. A stage I pilot study of acceptance and commitment therapy for methadone detoxification.

Citation: Drug & Alcohol Dependence, October 2012, vol./is. 125/3(215-22), 0376-8716;1879-0046 (2012 Oct 1)

Author(s): Stotts AL; Green C; Masuda A; Grabowski J; Wilson K; Northrup TF; Moeller FG; Schmitz JM

Institution: University of Texas Medical School at Houston, 77030, USA.
 Angela.L.Stotts@uth.tmc.edu

Language: English

Abstract: BACKGROUND: While agonist replacement therapies are effective for managing opioid dependence, community treatment programs are increasingly choosing detoxification. Unfortunately, success rates for opioid detoxification are very low, in part, due to physical and psychological symptoms associated with opioid withdrawal. Few behavior therapies specifically address the distressing experiences specific to opioid withdrawal. A novel behavioral treatment, acceptance and commitment therapy (ACT), works from the premise that the avoidance of unpleasant private experiences (thoughts, feelings, bodily sensations) is ubiquitous yet may be pathogenic, resulting in treatment drop-out and further drug use. METHODS: This Stage I pilot study developed and tested an ACT-based opioid detoxification behavioral therapy. Opioid dependent patients (N=56) who were attending a licensed methadone clinic were randomized to receive either 24 individual therapy sessions of ACT or drug counseling (DC) in the context of a 6-month methadone dose reduction program. RESULTS: While no difference was found on opioid use during treatment, 37% of participants in the ACT condition were successfully detoxified at the end of treatment compared to 19% of those who received DC. Fear of detoxification was also reduced across time in the ACT condition relative to DC. CONCLUSION: This first study of ACT to assist opioid detoxification indicates promise. Research is needed to refine specific treatment strategies for this population to further strengthen effects. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Narcotics); 76-99-3 (Methadone)

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural

Subject Headings: [Adult](#)
[Counseling](#)
[Diagnostic and Statistical Manual of Mental Disorders](#)
["Fear/px \[Psychology\]"](#)
[Female](#)
[Humans](#)
[Male](#)
["Mental Disorders/co \[Complications\]"](#)
["Mental Disorders/px \[Psychology\]"](#)
[Metabolic Detoxication Drug](#)
["Methadone/ad \[Administration and Dosage\]"](#)
["*Methadone/tu \[Therapeutic Use\]"](#)
[Middle Aged](#)
["Narcotics/ad \[Administration and Dosage\]"](#)
["*Narcotics/tu \[Therapeutic Use\]"](#)
["*Opiate Substitution Treatment/px \[Psychology\]"](#)
["Opioid-Related Disorders/px \[Psychology\]"](#)
["*Opioid-Related Disorders/rh \[Rehabilitation\]"](#)
[Patient Acceptance of Health Care](#)

[Patient Dropouts](#)
[Pilot Projects](#)
[Risk-Taking](#)
[Socioeconomic Factors](#)
[Substance Abuse Detection](#)
["Substance Withdrawal Syndrome/px \[Psychology\]"](#)
[Treatment Outcome](#)

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Drug and Alcohol Dependence*

28. Sobriety as an admission criterion for transitional housing: a multi-site comparison of programs with a sobriety requirement to programs with no sobriety requirement.

Citation: Drug & Alcohol Dependence, October 2012, vol./is. 125/3(223-9), 0376-8716;1879-0046 (2012 Oct 1)

Author(s): Tsai J; Rosenheck RA; KasproW WJ; McGuire JF

Institution: VA New England Mental Illness Research, Education, and Clinical Center, 950 Campbell Ave., 151D, West Haven, CT 06516, USA. Jack.Tsai@yale.edu

Language: English

Abstract: BACKGROUND: This study examined whether homeless clients enrolled in transitional housing programs that required sobriety (SR) as an admission criterion have outcomes comparable to clients enrolled in programs that did not require sobriety (NSR) as an admission criterion. METHODS: A total of 1062 military veterans in 40 transitional housing programs funded by the United States Department of Veterans Affairs were grouped based on whether they were in SR or NSR programs and followed over a one-year period after program discharge. Participants in SR and NSR programs were compared on their ratings of the social climate of the program, and housing and psychosocial outcomes. RESULTS: Participants in SR programs reported more days housed and better psychosocial outcomes than participants in NSR programs, although the differences were small and there were no differences in ratings of their social climate. Both participants in SR and NSR programs showed improvements on most outcomes after discharge from transitional housing. There were no significant differences in outcomes between participants actively abusing substances at program entry compared to those who were not. CONCLUSIONS: Requiring sobriety as an admission criterion in transitional housing made only a small difference in housing outcomes post-discharge. Further study is needed to determine whether requiring sobriety at admission in transitional housing is necessary for successful client outcomes. Published by Elsevier Ireland Ltd.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
[Comorbidity](#)
[Data Interpretation Statistical](#)
[Employment](#)
[Female](#)
[Health Care Surveys](#)
[Health Status](#)
[Homeless Persons](#)
["*Housing/st \[Standards\]"](#)
[Humans](#)
[Income](#)
[Male](#)
["Mental Disorders/co \[Complications\]"](#)
["Mental Disorders/rh \[Rehabilitation\]"](#)
[Mental Health](#)
[Middle Aged](#)
["Patient Admission/st \[Standards\]"](#)
[Quality of Life](#)

Socioeconomic Factors
 "*Substance-Related Disorders/rh [Rehabilitation]"
 "*Temperance/px [Psychology]"
 Treatment Outcome
 United States
 United States Department of Veterans Affairs
 Veterans

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Drug and Alcohol Dependence*

29. Trait impulsivity and prefrontal gray matter reductions in cocaine dependent individuals.

Citation: Drug & Alcohol Dependence, October 2012, vol./is. 125/3(208-14), 0376-8716;1879-0046 (2012 Oct 1)

Author(s): Moreno-Lopez L; Catena A; Fernandez-Serrano MJ; Delgado-Rico E; Stamatakis EA; Perez-Garcia M; Verdejo-Garcia A

Institution: Department of Clinical Psychology, School of Psychology, University of Granada, Spain.

Language: English

Abstract: BACKGROUND: Impulsivity is thought to play a key role in cocaine addiction onset and progression; therefore, we hypothesized that different facets of impulsive personality may be significantly associated with brain structural abnormalities in cocaine-dependent individuals. METHODS: Thirty-eight cocaine-dependent individuals and 38 non-drug using controls completed the UPPS-P scale (measuring five different facets of impulsivity: sensation seeking, lack of premeditation, lack of perseverance, and positive and negative urgency) and were scanned on a 3T MRI scanner. We used whole-brain voxel-based morphometry analyses (VBM) to detect differences in gray matter (GM) and white matter (WM) volumes between cocaine users and controls, and to measure differences in the way that impulsivity relates to GM and WM volumes in cocaine users vs. controls. RESULTS: Cocaine-dependent individuals had lower GM volumes in a number of sections of the orbitofrontal cortex, right inferior frontal gyrus, right insula, left amygdala and parahippocampal gyrus, temporal gyrus, and bilateral caudate. They also had lower WM volumes in the left inferior and medial frontal gyrus, superior temporal gyrus, right anterior cingulate cortex, insula and caudate. There was a positive correlation between trait impulsivity and GM volume in the left inferior/middle frontal gyrus of cocaine-dependent individuals, a pattern directly opposed to the association in controls. Conversely, in cocaine users lack of premeditation was negatively correlated with GM volume in the insula and the putamen. CONCLUSIONS: Trait impulsivity may influence cocaine dependence by impacting its neurobiological underpinnings in frontostriatal systems. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: Adult
 "*Cocaine-Related Disorders/pa [Pathology]"
 "*Cocaine-Related Disorders/px [Psychology]"
 Female
 Humans
 Image Processing Computer-Assisted
 "*Impulsive Behavior/px [Psychology]"
 Magnetic Resonance Imaging
 Male
 "Neostriatum/pa [Pathology]"
 Neuropsychological Tests
 "*Prefrontal Cortex/pa [Pathology]"
 Regression Analysis
 "Substance-Related Disorders/co [Complications]"
 "Substance-Related Disorders/px [Psychology]"

Source: MEDLINE
Full Text: Available from *Clinical Key* in *Drug and Alcohol Dependence*

30. Development of insulin allergy after bone marrow transplantation.

Citation: Diabetic Medicine, October 2012, vol./is. 29/10(1339-41), 0742-3071;1464-5491 (2012 Oct)
Author(s): Yoshida N; Okubo M; Ishiguro K; Mori Y
Institution: Department of Endocrinology and Metabolism, Toranomon Hospital, Tokyo, Japan.
Language: English
Abstract: BACKGROUND: Insulin allergy is a not uncommon condition even though human insulin and insulin analogues are widely used. However, the development of insulin allergy after bone marrow transplantation has not been reported. CASE REPORT: A 44-year-old Japanese woman had aplastic anaemia and secondary haemochromatosis. She was diagnosed with having diabetes at age 32 years and had been treated with human insulin. At age 34 years, bone marrow transplantation was performed. One year later, a rash and urticaria appeared immediately after insulin injections. Intracutaneous tests were positive for both human insulins and analogues, whereas the test for protamine was negative. Furthermore, an IgE-radioallergosorbent test against insulin was positive. Thus, we diagnosed the patient with having an IgE-mediated type I allergy against insulin. Insulin therapy with insulin aspart, which showed the least skin reaction, was continued and the insulin allergy disappeared in 7 years. CONCLUSIONS: This is the first description of insulin allergy after bone marrow transplantation. Our case underscores the effects of bone marrow cells on IgE-mediated type I allergy for insulin. 2012 The Authors. Diabetic Medicine 2012 Diabetes UK.
Country of Publication: England
CAS Registry Number: 0 (Hypoglycemic Agents); 0 (Insulin); 0 (Insulin Aspart); 37341-29-0 (Immunoglobulin E)
Publication Type: Case Reports; Journal Article
Subject Headings: Adult
 "*Bone Marrow Transplantation/ae [Adverse Effects]"
 "Bone Marrow Transplantation/im [Immunology]"
 "Drug Eruptions/et [Etiology]"
 "*Drug Hypersensitivity/im [Immunology]"
 Female
 "*Graft vs Host Reaction/im [Immunology]"
 Humans
 "*Hypoglycemic Agents/ad [Administration and Dosage]"
 "Immunoglobulin E/bl [Blood]"
 Injections Subcutaneous
 "*Insulin/ae [Adverse Effects]"
 "*Insulin/im [Immunology]"
 "*Insulin Aspart/ad [Administration and Dosage]"
 Radioallergosorbent Test
 "Urticaria/ci [Chemically Induced]"

Source: MEDLINE
Full Text: Available from *Wiley* in *Diabetic Medicine*

31. "Lipid rescue" for tricyclic antidepressant cardiotoxicity.

Citation: Journal of Emergency Medicine, September 2012, vol./is. 43/3(465-7), 0736-4679;0736-4679 (2012 Sep)
Author(s): Blaber MS; Khan JN; Brebner JA; McColm R

Institution: Department of Cardiology, Sandwell & West Birmingham Hospitals NHS Trust, Birmingham, UK.

Language: English

Abstract: BACKGROUND: Tricyclic antidepressant (TCA) toxicity results predominantly from myocardial sodium-channel blockade. Subsequent ventricular dysrhythmias, myocardial depression, and hypotension cause cardiovascular collapse. Animal studies have demonstrated the effectiveness of intravenous lipid-emulsion in treating TCA cardiotoxicity. CASE REPORT: We report a case of dothiepin (tricyclic antidepressant) overdose causing refractory cardiovascular collapse, which seemed to be successfully reversed with lipid-emulsion therapy (Intralipid(); Fresenius, Cheshire, UK). CONCLUSIONS: Lipid emulsions are a potentially novel therapy for reversing cardiotoxicity seen in TCA overdose. Research is required into the role of lipid emulsion in the management of poisoning by oral lipophilic agents. Copyright 2012 Elsevier Inc. All rights reserved.

Country of Publication: United States

CAS Registry Number: 0 (Antidepressive Agents, Tricyclic); 0 (Emulsions); 0 (Fat Emulsions, Intravenous); 0 (Phospholipids); 0 (soybean oil, phospholipid emulsion); 113-53-1 (Dothiepin); 8001-22-7 (Soybean Oil)

Publication Type: Case Reports; Journal Article

Subject Headings: Adult
 "*Antidepressive Agents Tricyclic/ae [Adverse Effects]"
 "*Dothiepin/ae [Adverse Effects]"
 "Drug Overdose/co [Complications]"
 "*Drug Overdose/dt [Drug Therapy]"
 Electrocardiography
 "Emulsions/tu [Therapeutic Use]"
 "*Fat Emulsions Intravenous/tu [Therapeutic Use]"
 Female
 "Heart Arrest/ci [Chemically Induced]"
 "*Heart Arrest/dt [Drug Therapy]"
 Humans
 "*Phospholipids/tu [Therapeutic Use]"
 "*Soybean Oil/tu [Therapeutic Use]"

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Journal of Emergency Medicine*

32. Determination of bromadiolone and brodifacoum in human blood using LC-ESI/MS/MS and its application in four superwarfarin poisoning cases.

Citation: Forensic Science International, October 2012, vol./is. 222/1-3(313-7), 0379-0738;1872-6283 (2012 Oct 10)

Author(s): Yan H; Xiang P; Zhu L; Shen M

Institution: Department of Forensic Science, Shanghai Medical College, Fudan University, Shanghai 200032, China.

Language: English

Abstract: Superwarfarin poisoning is a growing health problem. A sensitive and reproducible LC-ESI/MS/MS (liquid chromatography electrospray ionization tandem mass spectrometry) method was developed and validated for the determination of bromadiolone and brodifacoum, the most commonly used superwarfarins, in human blood using warfarin-D5 as an internal standard. Bromadiolone and brodifacoum were extracted from whole blood samples by liquid-liquid extraction with ethyl acetate. Multiple-reaction monitoring (MRM) was used to detect bromadiolone and brodifacoum using precursor->product ion combinations of m/z 525->250 and 521->135, respectively. The calibration curves were linear ($r(2)=0.9999$) in the concentration range of 0.5-100.0 ng/mL for bromadiolone and brodifacoum, with a lower limit of detection of 0.1 and 0.2

ng/mL, respectively, in whole blood. This method detected trace levels of bromadiolone and brodifacoum in whole blood samples and can be used in the diagnosis of poisoned human beings. Crown Copyright 2012. Published by Elsevier Ireland Ltd. All rights reserved.

Country of Publication:	Ireland
CAS Registry Number:	0 (4-Hydroxycoumarins); 0 (Rodenticides); 28772-56-7 (bromadiolone); 56073-10-0 (bromfenacoum)
Publication Type:	Case Reports; Journal Article; Research Support, Non-U.S. Gov't; Validation Studies
Subject Headings:	"*4-Hydroxycoumarins/bl [Blood]" "4-Hydroxycoumarins/po [Poisoning]" Adult Chromatography Liquid Female Forensic Toxicology Humans Linear Models Male Middle Aged "Poisoning/di [Diagnosis]" Reproducibility of Results "*Rodenticides/bl [Blood]" Spectrometry Mass Electrospray Ionization Tandem Mass Spectrometry
Source:	MEDLINE
Full Text:	Available from <i>Clinical Key</i> in <i>Forensic Science International</i>

33. Comparison of fatal poisonings by prescription opioids.

Citation:	Forensic Science International, October 2012, vol./is. 222/1-3(327-31), 0379-0738;1872-6283 (2012 Oct 10)
Author(s):	Hakkinen M; Launiainen T; Vuori E; Ojanpera I
Institution:	University of Helsinki, Hjelt Institute, Department of Forensic Medicine, PO Box 40 (Kytösuontie 11), FI-00014 Helsinki, Finland. margareeta.hakkinen@helsinki.fi
Language:	English
Abstract:	<p>There is a rising trend of fatal poisonings due to medicinal opioids in several countries. The present study evaluates the drug and alcohol findings as well as the cause and manner of death in opioid-related post-mortem cases in Finland from 2000 to 2008. During this period, fatal poisonings by prescription opioids (buprenorphine, codeine, dextropropoxyphene, fentanyl, methadone, oxycodone, tramadol) increased as a share of all drug poisonings from 9.5% to 32.4%, being 22.3% over the whole period. A detailed study including the most prevalent opioids was carried out for the age group of 14-44 years, which is the most susceptible age for drug abuse in Finland. Poisonings by the weak opioids, codeine and tramadol, were found to be associated with large, often suicidal overdoses resulting in high drug concentrations in blood. Methadone poisonings were associated with accidental overdoses with the drug concentration in blood remaining within a therapeutic range. The manner of death was accidental in 43%, 55% and 94% of cases in codeine, tramadol and methadone poisonings, respectively. The median concentration of codeine and the median codeine/morphine concentration ratio were higher in codeine poisonings (1.4 and 22.5 mg/l, respectively) than in other causes of death (0.09 and 5.9 mg/l, respectively). The median concentrations of tramadol and O-desmethyltramadol were higher in tramadol poisonings (5.3 and 0.8 mg/l, respectively) than in other causes of death (0.6 and 0.2 mg/l, respectively). In methadone poisonings, the median concentration of methadone (0.35 mg/l) was not different from that in other causes of death (0.30 mg/l). Sedative drugs and/or alcohol were very frequently found in fatal poisonings involving these prescription opioids. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.</p>

Country of Publication: Ireland

CAS Registry Number: 0 (Analgesics, Opioid); 0 (Central Nervous System Depressants); 0 (Hypnotics and Sedatives); 27203-92-5 (Tramadol); 437-38-7 (Fentanyl); 469-62-5 (Dextropropoxyphene); 52485-79-7 (Buprenorphine); 57-27-2 (Morphine); 64-17-5 (Ethanol); 73986-53-5 (O-demethyltramadol); 76-42-6 (Oxycodone); 76-57-3 (Codeine); 76-99-3 (Methadone)

Publication Type: Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: "Accidents/mo [Mortality]"
Adolescent
Adult
"*Analgesics Opioid/bl [Blood]"
"*Analgesics Opioid/po [Poisoning]"
"Buprenorphine/bl [Blood]"
"Buprenorphine/po [Poisoning]"
"Central Nervous System Depressants/bl [Blood]"
"Codeine/bl [Blood]"
"Codeine/po [Poisoning]"
"Dextropropoxyphene/bl [Blood]"
"*Drug Overdose/mo [Mortality]"
"Ethanol/bl [Blood]"
"Fentanyl/bl [Blood]"
"Fentanyl/po [Poisoning]"
"Finland/ep [Epidemiology]"
Forensic Toxicology
Humans
"Hypnotics and Sedatives/bl [Blood]"
"Methadone/bl [Blood]"
"Methadone/po [Poisoning]"
"Morphine/bl [Blood]"
"*Opioid-Related Disorders/mo [Mortality]"
"Oxycodone/bl [Blood]"
"Oxycodone/po [Poisoning]"
"Poisoning/mo [Mortality]"
*Prescription Drug Misuse
"Suicide/sn [Statistics and Numerical Data]"
"Tramadol/aa [Analogues and Derivatives]"
"Tramadol/bl [Blood]"
"Tramadol/po [Poisoning]"
Young Adult

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Forensic Science International*

34. Prolonged excretion of 7-aminoclonazepam in urine after repeated ingestion of clonazepam: a case report.

Citation: Forensic Science International, October 2012, vol./is. 222/1-3(e33-5), 0379-0738;1872-6283 (2012 Oct 10)

Author(s): Storhaug LW; Enger A; Hjelmeland K; Oiestad EL; Vindenes V

Institution: Norwegian Institute of Public health, Division of Forensic Medicine and Drug Abuse Research, PO 4404, Nydalen, N-0403 Oslo, Norway. lisews@gmail.com

Language: English

Abstract: Urinary analyses of the metabolite 7-aminoclonazepam (7-AC) can be helpful in monitoring drug abuse and in the context of suspected drug-facilitated sexual assaults (DFSA). Only two studies have reported detection times of 7-AC in urine after a single dose of clonazepam, and no previous studies have reported detection times after repeated ingestions of clonazepam. This report describes along detection time of 7-AC in urine in the case of a 28-year-old woman with a two year history of daily drug abuse of heroin and

clonazepam, who was admitted to a detoxification unit. Urinary samples were delivered every morning for 9 days. Screening analysis in urine was performed by immunoassay, and confirmation analysis by LC-MS/MS. 7-AC was detected for 9 days, and the concentration at day 9 was still high (97 ng/ml), compared to previously reported data. These results indicate that after repeated ingestions of clonazepam, 7-AC can possibly be detected for about 2-3 weeks after cessation, applying cut-off levels commonly used in drug testing programs and DFSA cases. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (GABA Modulators); 1622-61-3 (Clonazepam); 4959-17-5 (7-aminoclonazepam)

Publication Type: Case Reports; Journal Article

Subject Headings: [Adult](#)
[Chromatography Liquid](#)
["Clonazepam/ad \[Administration and Dosage\]"](#)
["*Clonazepam/aa \[Analog and Derivatives\]"](#)
["Clonazepam/ur \[Urine\]"](#)
[Female](#)
[Forensic Toxicology](#)
["GABA Modulators/ad \[Administration and Dosage\]"](#)
["*GABA Modulators/ur \[Urine\]"](#)
[Heroin Dependence](#)
[Humans](#)
[Mass Spectrometry](#)
["*Substance-Related Disorders/ur \[Urine\]"](#)

Source: MEDLINE

Full Text: Available from *Clinical Key* in [Forensic Science International](#)

35. Concentrations of zolpidem and zopiclone in venous blood samples from impaired drivers compared with femoral blood from forensic autopsies.

Citation: Forensic Science International, October 2012, vol./is. 222/1-3(118-23), 0379-0738;1872-6283 (2012 Oct 10)

Author(s): Jones AW; Holmgren A

Institution: Department of Forensic Genetics and Forensic Toxicology, National board of Forensic Medicine, Linköping, Sweden. wayne.jones@rmv.se

Language: English

Abstract: The concentrations of zolpidem and zopiclone were determined in peripheral blood samples in two forensic materials collected over a 10-year period (2001-2010). The z-hypnotics were determined in venous blood from living subjects (impaired drivers) and in femoral blood from deceased persons (forensic autopsies), with the latter classified as intoxication or other causes of death. The z-hypnotics were determined in blood by capillary column gas chromatography (GC) with a nitrogen-phosphorous (N-P) detector after solvent extraction with n-butyl acetate. The analytical limit of quantitation (LOQ) was 0.02 mg/L for zopiclone and 0.05 mg/L for zolpidem and these have remained unchanged throughout the study. When death was attributed to drug intoxication (N=918), the median concentration of zopiclone in blood was 0.20 mg/L compared with 0.06 mg/L for other causes of death (N=1215) and 0.07 mg/L in traffic offenders (N=691) (p<0.001). Likewise, a higher median concentration (0.30 mg/L) was found in intoxication deaths involving zolpidem (N=357) compared with 0.13 mg/L for other causes of death (N=397) or 0.19 mg/L in impaired drivers (N=837) (p<0.001). Median concentration in blood of both z-hypnotics were appreciably higher in intoxication deaths when no other substances were identified; 0.70 mg/L (N=12) for zopiclone and 1.35 mg/L (N=12) for zolpidem. The median concentrations of z-hypnotics in blood decreased as the number of co-ingested substances increased for intoxication deaths but not other causes of death. The most prevalent co-ingested substances were ethanol in autopsy cases and diazepam in the motorists. This large compilation of forensic cases should prove useful when

toxicologists are required to interpret concentrations of z-hypnotics in blood samples in relation to cause of death. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Azabicyclo Compounds); 0 (Central Nervous System Depressants); 0 (Hypnotics and Sedatives); 0 (Piperazines); 0 (Pyridines); 43200-80-2 (zopiclone); 439-14-5 (Diazepam); 64-17-5 (Ethanol); 7K383OQ123 (zolpidem)

Publication Type: Journal Article

Subject Headings: Adult
Aged
"*Automobile Driving/lj [Legislation and Jurisprudence]"
"*Azabicyclo Compounds/bl [Blood]"
"Azabicyclo Compounds/po [Poisoning]"
"Central Nervous System Depressants/bl [Blood]"
Chromatography Gas
"Diazepam/bl [Blood]"
"Ethanol/bl [Blood]"
Female
Forensic Toxicology
Humans
"*Hypnotics and Sedatives/bl [Blood]"
"Hypnotics and Sedatives/po [Poisoning]"
Male
Middle Aged
"*Piperazines/bl [Blood]"
"Piperazines/po [Poisoning]"
"*Pyridines/bl [Blood]"
"Pyridines/po [Poisoning]"
"*Substance-Related Disorders/bl [Blood]"

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Forensic Science International*

36. Alcohol and UK recreational divers: consumption and attitudes.

Citation: Diving & Hyperbaric Medicine, December 2012, vol./is. 42/4(201-7), 1833-3516;1833-3516 (2012 Dec)

Author(s): St Leger Dowse M; Cridge C; Shaw S; Smerdon G

Institution: Hyperbaric Medical Centre, Tamar Science Park, Plymouth, UK.
marguerite@mstld.co.uk

Language: English

Abstract: INTRODUCTION: Scuba diving demands information processing, recall, reasoning, decision making and the ability to take control of situations under different scenarios. Anecdotal evidence suggests that some divers consume alcohol to excess around the time of a dive. This study investigates alcohol consumption and attitudes to alcohol in United Kingdom (UK) recreational divers. METHODS: A questionnaire addressing diving demographics, general health, type and frequency of alcohol consumption, and attitudes to drinking alcohol around the time of diving was available for anonymous completion online between September 2010 and January 2011. RESULTS: Records from 818 divers were analysed. Older divers were more likely to exceed the weekly alcohol units recommended by the UK government compared to younger divers ($P < 0.001$), but binge drinking was associated with younger divers ($P = 0.014$). Diving when considering themselves unfit to drive a car was reported by 151 (18.5%) respondents and 187 (22.9%) had witnessed a diving incident which they felt was attributable to alcohol. Only 313 (38.3%) respondents reported a responsible attitude to alcohol by their dive clubs both under normal circumstances and whilst on a dive trip. CONCLUSION: Some divers undertook diving activities when potentially over the legal limit to drive a car and demonstrated a possible lack of understanding of the effects of alcohol beyond

dehydration. Divers considered club attitudes to drinking and diving to be less responsible when on a diving trip. Some divers took a more responsible attitude to alcohol consumption having witnessed a diving incident which was potentially related to alcohol.

Country of Publication: Australia

Publication Type: Journal Article

Subject Headings: Adolescent
Adult
Age Distribution
Age Factors
Aged
"Alcohol Drinking/ae [Adverse Effects]"
"*Alcohol Drinking/ep [Epidemiology]"
"Alcohol Drinking/lj [Legislation and Jurisprudence]"
"Automobile Driving/st [Standards]"
"Binge Drinking/ep [Epidemiology]"
"Binge Drinking/lj [Legislation and Jurisprudence]"
"Binge Drinking/px [Psychology]"
"Diving/px [Psychology]"
"*Diving/sn [Statistics and Numerical Data]"
Female
Government Regulation
"Great Britain/ep [Epidemiology]"
*Health Knowledge Attitudes Practice
Humans
Male
Middle Aged
Qualitative Research
Questionnaires
"Recreation/px [Psychology]"
Reference Standards
Sex Distribution
Young Adult

Source: MEDLINE

37. Evaluating the prevalence of tail biting and carcass condemnations in slaughter pigs in the Republic and Northern Ireland, and the potential of abattoir meat inspection as a welfare surveillance tool.

Citation: Veterinary Record, December 2012, vol./is. 171/24(621), 0042-4900;2042-7670 (2012 Dec 15)

Author(s): Harley S; More SJ; O'Connell NE; Hanlon A; Teixeira D; Boyle L

Institution: Wellcome Trust Research Scholar at UCD School of Veterinary Medicine, University College Dublin, Belfield, Dublin 4, Ireland. xp0u800c@student.liverpool.ac.uk

Language: English

Abstract: Despite extensive utilisation in epidemiological investigations of animal health, to date there has been little consideration of the value of abattoir meat inspection as a pig welfare surveillance tool. This study measured the prevalence of tail-docking, tail biting, carcass condemnations and associated financial losses of the latter (Northern Ireland only) in 36,963 pigs slaughtered in six abattoirs from the Republic of Ireland and Northern Ireland in July and August 2010. Over 99 per cent of inspected pigs had been tail-docked, while 58.1 per cent and 1.03 per cent had detectable and severe tail lesions, respectively. Producer losses resulting from carcass condemnation were estimated to be 0.37 per pig slaughtered. Enhanced capture and utilisation of meat inspection data for use in animal welfare surveillance schemes has the potential to drive improvements in production efficiency and animal welfare. However, significant differences were detected in the prevalence of carcass condemnation conditions between abattoirs and judiciaries (Republic and Northern Ireland). This reflects variation in the criteria and methods of data capture used in meat inspection in different abattoirs. Thus, the meat inspection process

needs to be standardised and reformed before it can be reliably utilised in large-scale pig welfare surveillance schemes.

Country of Publication: England

Publication Type: Evaluation Studies; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: *Abattoirs
Animal Welfare
Animals
"Bites and Stings/ep [Epidemiology]"
"*Bites and Stings/ve [Veterinary]"
Female
"Food Inspection/mt [Methods]"
"*Food Inspection/st [Standards]"
"Ireland/ep [Epidemiology]"
Male
"Northern Ireland/ep [Epidemiology]"
Population Surveillance
Prevalence
"Swine/in [Injuries]"
"Swine/su [Surgery]"
*Swine
"*Tail/in [Injuries]"
"*Tail/su [Surgery]"

Source: MEDLINE

38. Naphyrone: a "legal high" not legal any more.

Citation: Drug & Chemical Toxicology, October 2012, vol./is. 35/4(467-71), 0148-0545;1525-6014 (2012 Oct)

Author(s): Vardakou I; Pistos C; Dona A; Spiliopoulou C; Athanasis S

Institution: Department of Forensic Medicine and Toxicology, School of Medicine, National and Kapodistrian University of Athens, Athens, Greece. ibardakou@med.uoa.gr

Language: English

Abstract: Naphyrone, also known as naphthylpyrovalerone and O-2482, is a cathinone derivative that has been recently advertized for purchase on a number of websites. Naphyrone belongs to a new class of "designer drugs" that has emerged on the drugs abuse market and has gained popularity as the new "legal high." Legal highs have been circulating for a number of years in Europe and are becoming popular in the United States. They are affordable, widely available, legal to use and possess, and legal to supply. This review presents any available information about safety profile, clinical data, analytical profile, and legislation of this legal high, which is not legal any more. Any available information has been collected by various literature search engines and the World Wide Web. The structure of naphyrone is similar to that of pyrovalerone, a monoamine uptake inhibitor. This new designer drug does not have a long history of use, so there is little evidence of its long-term effects or on the risks from its use. Because of its similarity to other cathinone derivatives, naphyrone is likely to share the same risks, such as anxiety, paranoia, and overstimulation of the heart and circulatory system. Naphyrone was classified as a controlled drug under the UK Misuse of Drugs Act of 1971 (Amendment No. 2) Regulation 2010.

Country of Publication: England

CAS Registry Number: 0 (1-naphthalen-2-yl-2-pyrrolidin-1-ylpentan-1-one); 0 (Designer Drugs); 0 (Pentanones); 0 (Pyrrolidines); 0 (Street Drugs)

Publication Type: Journal Article; Review

Subject Headings: "*Designer Drugs/ae [Adverse Effects]"
"Designer Drugs/pd [Pharmacology]"
Europe

Humans
 Legislation Drug
 "*Pentanones/ae [Adverse Effects]"
 "Pentanones/pd [Pharmacology]"
 "*Pyrrolidines/ae [Adverse Effects]"
 "Pyrrolidines/pd [Pharmacology]"
 "*Street Drugs/ae [Adverse Effects]"
 "Street Drugs/pd [Pharmacology]"
 "Substance-Related Disorders/ep [Epidemiology]"
 United States

Source: MEDLINE

39. Maternal and neonatal outcomes following methadone substitution during pregnancy.

Citation: Archives of Gynecology & Obstetrics, October 2012, vol./is. 286/4(843-51), 0932-0067;1432-0711 (2012 Oct)

Author(s): Greig E; Ash A; Douiri A

Institution: ST1, Royal Victoria Infirmary, Queen Victoria Road, Newcastle-Upon-Tyne, Tyne and Wear, NE1 4LP, UK.

Language: English

Abstract: PURPOSE: To assess the maternal and neonatal outcomes of pregnant women enrolled on a Methadone Substitution Programme (MSP). DESIGN: Retrospective cohort study. SETTING: Maternity unit of a London teaching hospital and tertiary referral centre. SUBJECTS: Pregnant women on a MSP whose antenatal care and delivery was at St Thomas' Hospital (STH) between January 2005 and March 2008. Controls were non-MSP mothers closely matched for age, parity and delivery date during the same period. METHODS: Maternal data was collected from the Liaison Antenatal Drugs and Alcohol Service clinic records and the STH Maternity Unit's computerised database. Neonatal data was extracted from the STH Neonatal database (part of the UK National Neonatal database). OUTCOME MEASURES: Maternal profiles (age, gravidity, parity, ethnicity, BMI, smoking and alcohol history, relationship and employment history), pregnancy details and mode of delivery. Neonatal outcome measures to include gestation age at delivery, birth weight, head circumference, admission rates and length of stay on Special Care Baby Unit plus Neonatal Abstinence Syndrome (NAS) rates, scoring and treatment. RESULTS: Compared to the non-MSP mothers (n = 88) the MSP group (n = 44) booked later and had a higher incidence of smoking (6.8 vs. 84.1 %), alcohol consumption (10.2 vs. 34.1 %). As a group, they had adverse social background. The MSP group had a higher relative risk (RR) of premature delivery [RR = 2.5, 95% confidence interval (CI) 1.66-3.88] and had lower birth weight babies (adjusted RR = 2.2; 95% CI 1.31-3.71) with smaller head circumferences (adjusted RR 1.9; 95% CI 1.06-3.38). NAS occurred in 27 % (95% CI 15.0-42.8) of the MSP group. There was no difference in congenital abnormality between the two groups, but caesarean section rate was higher in the control group. CONCLUSION: Opiate-addicted mothers have adverse perinatal outcomes even on MSPs. In addition to the drug effect associated social, relationship and accommodation problems should also be addressed as they may affect the outcome. Pregnancy care for these women needs to continue to develop to improve overall outcomes.

Country of Publication: Germany

CAS Registry Number: 0 (Analgesics, Opioid); 76-99-3 (Methadone)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: Adult
 "*Analgesics Opioid/tu [Therapeutic Use]"
 Female
 "Great Britain/ep [Epidemiology]"
 "*Heroin Dependence/dt [Drug Therapy]"
 Humans
 Infant Newborn

[Infant Premature](#)
["*Methadone/tu \[Therapeutic Use\]"](#)
["Neonatal Abstinence Syndrome/ep \[Epidemiology\]"](#)
[*Opiate Substitution Treatment](#)
[Pregnancy](#)
["*Pregnancy Complications/dt \[Drug Therapy\]"](#)
[Pregnancy Outcome](#)
[Retrospective Studies](#)

Source: MEDLINE

40. Mediation analysis of the association between use of NRT for smoking reduction and attempts to stop smoking.

Citation: Psychology & Health, 2012, vol./is. 27/9(1118-33), 0887-0446;1476-8321 (2012)

Author(s): Beard E; Aveyard P; McNeill A; Michie S; Fidler JA; Brown J; West R

Institution: Cancer Research UK Health Behaviour Research Centre, University College London, London, UK. e.beard@ucl.ac.uk

Language: English

Abstract: OBJECTIVES: Use of nicotine replacement therapy (NRT) for smoking reduction (SR) is linked to higher quit attempt rates than SR without NRT. This study aimed to assess the possible mediating roles of confidence in ability to quit, enjoyment of smoking and motivation to quit in this association. DESIGN: Cross-sectional survey. MAIN OUTCOME MEASURES: Smokers were asked if they were currently attempting SR, and if they were, whether they were using NRT. Motivation to stop, enjoyment of smoking, confidence in ability to stop, and previous quit attempts, were also assessed. RESULTS: There was no evidence that confidence in ability to quit or enjoyment of smoking mediated the association between the use of NRT for SR and attempts to quit. Only motivation to stop partially mediated between the use of NRT for SR and attempts to stop (indirect effect: odds ratio 1.08, $p < 0.001$). CONCLUSION: Although this study is limited by its cross-sectional design, the findings point towards the possibility that the use of NRT to aid SR may promote attempts to stop through increasing motivation to quit but not by increasing confidence or by reducing enjoyment of smoking. Longitudinal studies are required to draw firmer conclusions about the possible mediating effects of motivation to quit.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
[Adult](#)
[Cohort Studies](#)
[Cross-Sectional Studies](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Intention](#)
[Male](#)
[Middle Aged](#)
[*Motivation](#)
[Self Efficacy](#)
["*Smoking Cessation/mt \[Methods\]"](#)
["*Smoking Cessation/px \[Psychology\]"](#)
["Smoking Cessation/sn \[Statistics and Numerical Data\]"](#)
[Statistics as Topic](#)
[*Tobacco Use Cessation Products](#)
["Tobacco Use Disorder/ep \[Epidemiology\]"](#)
["Tobacco Use Disorder/px \[Psychology\]"](#)
["Tobacco Use Disorder/rh \[Rehabilitation\]"](#)

Source: MEDLINE

41. The effects of cannabis on mental health.

Citation: Mental Health Today, November 2012(23), 1474-5186;1474-5186 (2012 Nov-Dec)

Author(s): Shrub R

Institution: shrubberz@diomedia.co.uk

Language: English

Country of Publication: England

CAS Registry Number: 0 (Street Drugs)

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[Causality](#)
[Cost Control](#)
["Crime/ec \[Economics\]"](#)
["Crime/pc \[Prevention and Control\]"](#)
[Disease Progression](#)
["Drug and Narcotic Control/ec \[Economics\]"](#)
["Drug and Narcotic Control/lj \[Legislation and Jurisprudence\]"](#)
[Great Britain](#)
[Humans](#)
["Intelligence/de \[Drug Effects\]"](#)
["*Marijuana Smoking/ae \[Adverse Effects\]"](#)
["Marijuana Smoking/px \[Psychology\]"](#)
[Neuropsychological Tests](#)
[Risk](#)
["*Schizophrenia/et \[Etiology\]"](#)
["*Schizophrenia/nu \[Nursing\]"](#)
[Street Drugs](#)
["Substance-Related Disorders/nu \[Nursing\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *EBSCOhost* in *Mental health today*

42. Drug use are set to be ignored.

Citation: Mental Health Today, November 2012(16), 1474-5186;1474-5186 (2012 Nov-Dec)

Author(s): Bogg D

Institution: Daisy Bogg Consultancy Ltd.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Great Britain](#)
[*Health Policy](#)
[Humans](#)
["Marijuana Abuse/nu \[Nursing\]"](#)
["Marijuana Abuse/rh \[Rehabilitation\]"](#)
[*Mass Media](#)
[*National Health Programs](#)
[*Public Opinion](#)
["*Substance-Related Disorders/nu \[Nursing\]"](#)
["Substance-Related Disorders/rh \[Rehabilitation\]"](#)

Source: MEDLINE

Full Text: Available from *EBSCOhost* in [Mental health today](#)

43. Association between harm reduction intervention uptake and recent hepatitis C infection among people who inject drugs attending sites that provide sterile injecting equipment in Scotland.

Citation: International Journal of Drug Policy, September 2012, vol./is. 23/5(346-52), 0955-3959;1873-4758 (2012 Sep)

Author(s): Allen EJ; Palmateer NE; Hutchinson SJ; Cameron S; Goldberg DJ; Taylor A

Institution: Institute for Applied Social and Health Research, School of Social Sciences, University of the West of Scotland, Paisley Campus, Paisley PA1 2BE, United Kingdom.

Language: English

Abstract: BACKGROUND: Prevalence of the hepatitis C virus (HCV) among people who inject drugs (PWID) in Scotland is high. The Scottish Government has invested significantly in harm reduction interventions with the goal of reducing HCV transmission among PWID. In evaluating the effectiveness of interventions, estimates of HCV incidence are essential. METHODS: During 2008-2009, PWID were recruited from services providing sterile injecting equipment across mainland Scotland, completed an interviewer-administered questionnaire and provided a dried blood spot for anonymous anti-HCV and HCV-RNA testing. Recent infections were defined as anti-HCV negative and HCV-RNA positive. Logistic regression was undertaken to examine associations between recent HCV infection and self-reported uptake of methadone maintenance therapy (MMT) and injection equipment. RESULTS: Fifty-four percent (1367/2555) of participants were anti-HCV positive. We detected 24 recent HCV infections, yielding incidence rate estimates ranging from 10.8 to 21.9 per 100 person-years. After adjustment for confounders, those with high needle/syringe coverage had reduced odds of recent infection (adjusted odds ratio [AOR] 0.32, 95% CI 0.10-1.00, p=0.050). In the Greater Glasgow & Clyde region only, we observed a reduced odds of recent infection among those currently receiving MMT, relative to those on MMT in the last six months but not currently (AOR 0.04, 95% CI 0.001-1.07, p=0.055). The effect of combined uptake of MMT and high needle/syringe coverage was only significant in unadjusted analyses (OR 0.34, 95% CI 0.12-0.97, p=0.043; AOR 0.48, 95% CI 0.16-1.48, p=0.203). CONCLUSION: We report the first large-scale, national application of a novel method designed to determine incidence of HCV among PWID using a cross-sectional design. Subsequent sweeps of this survey will increase statistical power and allow us to gauge the impact of preventive interventions. Copyright 2012 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

CAS Registry Number: 76-99-3 (Methadone)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Cross-Sectional Studies](#)
[Female](#)
[*Harm Reduction](#)
["Hepatitis C/ep \[Epidemiology\]"](#)
["*Hepatitis C/pc \[Prevention and Control\]"](#)
["Hepatitis C/tm \[Transmission\]"](#)
[Humans](#)
[Incidence](#)
[Logistic Models](#)
[Male](#)
["Methadone/tu \[Therapeutic Use\]"](#)
[*Needle-Exchange Programs](#)
["Opiate Substitution Treatment/mt \[Methods\]"](#)
[Prevalence](#)
[Questionnaires](#)
["Scotland/ep \[Epidemiology\]"](#)

["*Substance Abuse Intravenous/ep \[Epidemiology\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Clinical Key* in [International Journal of Drug Policy](#)

44. Examination of the risk of reinfection with hepatitis C among injecting drug users who have been tested in Glasgow.

Citation: International Journal of Drug Policy, September 2012, vol./is. 23/5(353-7), 0955-3959;1873-4758 (2012 Sep)

Author(s): McDonald SA; Hutchinson SJ; Cameron SO; Innes HA; McLeod A; Goldberg DJ

Institution: Health Protection Scotland, Meridian Court, 5 Cadogan Street, Glasgow G26QE, Scotland, UK. smcdonald4@nhs.net

Language: English

Abstract: BACKGROUND: Unsafe injecting practices put injecting drug users (IDUs) at repeat exposure to infection with the hepatitis C virus (HCV). It has not yet been determined if spontaneously clearing one's primary infection influences the risk of reinfection; our aim was to estimate the relative risk of reinfection in IDUs who have cleared the virus. METHODS: We conducted a retrospective study using a large database of HCV test results covering Greater Glasgow Health Board during 1993-2007 to calculate rates of infection and reinfection in current/former IDUs. The relative risk of (re)infection in previously infected compared with never-infected IDUs was estimated using Poisson regression, adjusting for age at study entry, sex, and calendar period of test. RESULTS: Although the rate of reinfection in IDUs who were HCV antibody-positive, RNA-negative at baseline was lower (7/100 person-years, 95% CI: 5-9) than the rate of acute infection in IDUs who were HCV antibody-negative at baseline (10/100 person-years, 95% CI: 9-12), the risk of reinfection was not significantly different than the risk of initial infection (adjusted rate ratio=0.78, 95% CI: 0.57-1.08). CONCLUSION: We found only weak evidence for a reduced risk of HCV reinfection in IDUs who had cleared their previous infection. Further research among those who have cleared infection through antiviral therapy is needed to help inform decisions regarding treatment of IDUs. Copyright 2012 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

CAS Registry Number: 0 (Antiviral Agents); 0 (RNA, Viral)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
["*Antiviral Agents/tu \[Therapeutic Use\]"](#)
[Databases Factual](#)
[Female](#)
["Hepacivirus/im \[Immunology\]"](#)
["Hepatitis C/dt \[Drug Therapy\]"](#)
["*Hepatitis C/ep \[Epidemiology\]"](#)
[Humans](#)
[Incidence](#)
[Male](#)
[Poisson Distribution](#)
["RNA Viral/bl \[Blood\]"](#)
[Recurrence](#)
[Regression Analysis](#)
[Retrospective Studies](#)
[Risk](#)
["Scotland/ep \[Epidemiology\]"](#)
["*Substance Abuse Intravenous/co \[Complications\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Clinical Key* in *International Journal of Drug Policy*

45. Mapping gender variation in the spatial pattern of alcohol-related mortality: a Bayesian analysis using data from South Yorkshire, United Kingdom.

Citation: Spatial and Spatio-Temporal Epidemiology, June 2012, vol./is. 3/2(141-9), 1877-5845;1877-5853 (2012 Jun)

Author(s): Strong M; Pearson T; MacNab YC; Maheswaran R

Institution: Public Health GIS Unit, School of Health and Related Research (ScHARR), University of Sheffield, Regent Court, 30 Regent Street, Sheffield S1 4DA, UK.
m.strong@sheffield.ac.uk

Language: English

Abstract: Gender variation in the spatial pattern of alcohol-related deaths in South Yorkshire, UK for the period 1999 and 2003 was explored using two Bayesian modelling approaches. Firstly, separate models were fitted to male and female deaths, each with a fixed effect deprivation covariate and a random effect with unstructured and spatially structured terms. In a modification to the initial models, covariates were assumed estimated with error rather than known with certainty. In the second modelling approach male and female deaths were modelled jointly with a shared component for random effects. A range of different unstructured and spatially structured specifications for the shared and gender-specific random effects were fitted. In the best fitting shared component model a spatially structured prior was assumed for the shared component, while gender-specific components were assumed unstructured. Deprivation coefficients and random effect standard deviations were very similar between the gender-specific and shared component models. In each case the effect of deprivation was observed to be greater in males than in females, and slightly larger in the measurement error models than in the fixed covariate models. Greater variation was observed in the spatially smoothed estimates of risk for males versus females in both gender-specific and shared component models. The shared component explained a greater proportion of the male risk than it did the female risk. The analysis approach reveals the residual (unexplained by deprivation) gender-specific and shared risk surfaces, information which may be useful for guiding public health action. Copyright 2012 Elsevier Ltd. All rights reserved.

Country of Publication: Netherlands

Publication Type: Comparative Study; Journal Article

Subject Headings: ["*Alcoholism/mo \[Mortality\]"](#)
[*Bayes Theorem](#)
[Female](#)
[*Geographic Mapping](#)
["Great Britain/ep \[Epidemiology\]"](#)
[Humans](#)
[Male](#)
[Models Theoretical](#)
["*Poverty/sn \[Statistics and Numerical Data\]"](#)
[Risk](#)
[Sex Distribution](#)

Source: MEDLINE

46. Royal commission should be set up to look at UK drug policy, MPs say.

Citation: BMJ, 2012, vol./is. 345/(e8403), 0959-535X;1756-1833 (2012)

Author(s): Iacobucci G

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: ["*Drug and Narcotic Control/og \[Organization and Administration\]"](#)

Great Britain
 *Health Policy
 Humans
 Politics
 "*Substance-Related Disorders/pc [Prevention and Control]"

Source: MEDLINE

Full Text: Available from *Highwire Press* in *BMJ: British Medical Journal: Compact Edition*

47. The Edinburgh Addiction Cohort: recruitment and follow-up of a primary care based sample of injection drug users and non drug-injecting controls.

Citation: BMC Public Health, 2010, vol./is. 10/(101), 1471-2458;1471-2458 (2010)

Author(s): Macleod J; Copeland L; Hickman M; McKenzie J; Kimber J; De Angelis D; Robertson JR

Institution: Muirhouse Medical Group, 1 Muirhouse Avenue, Edinburgh EH44PL, UK.

Language: English

Abstract: BACKGROUND: Injection drug use is an important public health problem. Epidemiological understanding of this problem is incomplete as longitudinal studies in the general population are difficult to undertake. In particular little is known about early life risk factors for later drug injection or about the life course of injection once established including the influence of medical and social interventions. METHODS: Individuals thought to be drug injectors were identified through a single primary medical care facility in Edinburgh between 1980 and 2006 and flagged with the General Registry Office. From October 2005 - October 2007, these cases were traced and invited to undergo interview assessment covering early life experience, substance use, health and social histories. Age and sex matched controls for confirmed cases (alive and dead) were later recruited through the same health facility. Controls for living cases completed the same structured interview schedule. Data were also collected on cases and controls through linkage to routine primary care records, death registrations, hospital contact statistics and police and prison records. All interviews were conducted with the knowledge and permission of the current GP. RESULTS: The initial cohort size was 814. At start of follow up 227 had died. Of the remaining 587: 20 had no contact details and 5 had embarked from the UK; 40 declined participation; 38 did not respond to invitations; 14 were excluded by their GP on health or social grounds and 22 had their contact details withheld by administrative authorities. 448 were interviewed of whom 16 denied injection and were excluded. Of 191 dead cases with medical records 4 were excluded as their records contained no evidence of injection. 5 interviewed cases died before follow up was concluded though these individuals were counted as "live" cases. 1 control per case (dead and alive) was recruited. Linkage to Scottish Morbidity Records data (available from 1981 onwards) on general acute inpatient and day cases, mental health inpatient and day cases and cancer was provided by Information Services, NHS Scotland, for all cases interviewed and all dead cases. The Scottish Prison Service provided records for 198 (46%) of cases interviewed, 48 cases not interviewed and 34 (18%) of dead cases. For a sub-sample of 100 interviewees a search of the Lothian and Borders police database was made for official criminal records and 94 had criminal records. Data linkage for controls is ongoing. CONCLUSIONS: Injecting drug users recruited from a community setting can be successfully followed-up through interviews and record linkage. Information from injecting cases is being analysed in terms of injecting patterns and possible influences on these. Comparisons between cases and controls will allow identification of possibly modifiable early life risk factors for drug injection and will also clarify the burden of disease associated with injection and the influence on this of different health and social interventions.

Country of Publication: England

Publication Type: Case Reports; Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: Adolescent
 Adult
 Case-Control Studies

[Child](#)
[Family Characteristics](#)
[Female](#)
[Follow-Up Studies](#)
[Great Britain](#)
[Humans](#)
[Interviews as Topic](#)
[Male](#)
[Middle Aged](#)
[*Patient Selection](#)
[Primary Health Care](#)
[Questionnaires](#)
["Substance Abuse Intravenous/ep \[Epidemiology\]"](#)
["Substance Abuse Intravenous/rh \[Rehabilitation\]"](#)
[*Substance Abuse Intravenous](#)
[Substance-Related Disorders](#)

Source: MEDLINE

Full Text: Available from *National Library of Medicine* in [BMC Public Health](#)
 Available from *ProQuest* in [BMC Public Health](#)
 Available from *BioMedCentral* in [BMC Public Health](#)

48. Socioeconomic deprivation, urban-rural location and alcohol-related mortality in England and Wales.

Citation: BMC Public Health, 2010, vol./is. 10/(99), 1471-2458;1471-2458 (2010)

Author(s): Erskine S; Maheswaran R; Pearson T; Gleeson D

Institution: Public Health GIS Unit, School of Health and Related Research, University of Sheffield, Regent Court, 30 Regent Street, Sheffield S14DA, UK.

Language: English

Abstract: BACKGROUND: Many causes of death are directly attributable to the toxic effects of alcohol and deaths from these causes are increasing in the United Kingdom. The aim of this study was to investigate variation in alcohol-related mortality in relation to socioeconomic deprivation, urban-rural location and age within a national context. METHODS: An ecological study design was used with data from 8797 standard table wards in England and Wales. The methodology included using the Carstairs Index as a measure of socioeconomic deprivation at the small-area level and the national harmonised classification system for urban and rural areas in England and Wales. Alcohol-related mortality was defined using the National Statistics definition, devised for tracking national trends in alcohol-related deaths. Deaths from liver cirrhosis accounted for 85% of all deaths included in this definition. Deaths from 1999-2003 were examined and 2001 census ward population estimates were used as the denominators. RESULTS: The analysis was based on 28,839 deaths. Alcohol-related mortality rates were higher in men and increased with increasing age, generally reaching peak levels in middle-aged adults. The 45-64 year age group contained a quarter of the total population but accounted for half of all alcohol-related deaths. There was a clear association between alcohol-related mortality and socioeconomic deprivation, with progressively higher rates in more deprived areas. The strength of the association varied with age. Greatest relative inequalities were seen amongst people aged 25-44 years, with relative risks of 4.73 (95% CI 4.00 to 5.59) and 4.24 (95% CI 3.50 to 5.13) for men and women respectively in the most relative to the least deprived quintiles. People living in urban areas experienced higher alcohol-related mortality relative to those living in rural areas, with differences remaining after adjustment for socioeconomic deprivation. Adjusted relative risks for urban relative to rural areas were 1.35 (95% CI 1.20 to 1.52) and 1.13 (95% CI 1.01 to 1.25) for men and women respectively. CONCLUSIONS: Large inequalities in alcohol-related mortality exist between sub-groups of the population in England and Wales. These should be considered when designing public health policies to reduce alcohol-related harm.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Adolescent
Adult
Age Distribution
Aged
Aged 80 and over
"*Alcohol-Related Disorders/mo [Mortality]"
"England/ep [Epidemiology]"
Female
*Health Status Disparities
Humans
"Liver Cirrhosis Alcoholic/mo [Mortality]"
Male
Middle Aged
*Poverty Areas
Residence Characteristics
Rural Population
Sex Distribution
Socioeconomic Factors
Urban Population
"Wales/ep [Epidemiology]"
Young Adult

Source: MEDLINE

Full Text: Available from *National Library of Medicine* in *BMC Public Health*
Available from *ProQuest* in *BMC Public Health*
Available from *BioMedCentral* in *BMC Public Health*

49. High-risk drug practices tighten grip on London gay scene.

Citation: Lancet, January 2013, vol./is. 381/9861(101-2), 0140-6736;1474-547X (2013 Jan 12)

Author(s): Kirby T; Thornber-Dunwell M

Language: English

Country of Publication: England

CAS Registry Number: 537-46-2 (Methamphetamine)

Publication Type: News

Subject Headings: "Amphetamine-Related Disorders/ep [Epidemiology]"
"HIV Infections/ep [Epidemiology]"
"*Homosexuality Male/px [Psychology]"
Humans
"London/ep [Epidemiology]"
Male
Methamphetamine
Risk-Taking
Substance Abuse Treatment Centers
"*Substance-Related Disorders/ep [Epidemiology]"

Source: MEDLINE

Full Text: Available from *Lancet* in *Newcomb Library & Information Service*
Available from *Clinical Key* in *Lancet, The*
Available from *Elsevier ScienceDirect Journals* in *Lancet, The*
Available from *The Lancet* in *Lancet, The*