

# Search Results

## Table of Contents

---

|   |         |
|---|---------|
| Search History .....  | page 6  |
| 1. The effect of melatonin on nicotine behaviors and nicotinic acetylcholine receptor function. ....  | page 7  |
| 2. Drug use trajectory course through mid-life. ....  | page 7  |
| 3. The relationship between age of initial illicit substance use and risky behavior among substance using arrestees. ....   | page 8  |
| 4. Correlation study between attachment style and substance dependence. ....  | page 9  |
| 5. The role of bdnf in regulating cocaine craving and associated ampa receptor trafficking. ....  | page 9  |
| 6. The emotional changes with substance use disorder treatment as evidenced by the beck anxiety inventory, beck depression inventory-ii, and the substance abuse subtle screening inventory-3. .... | page 10 |
| 7. The relationship between alcohol relapse and significant emotional attachments. ....   | page 11 |
| 8. The crack room: A study of therapeutic simulation techniques and the response to drug-related cues. ....   | page 11 |
| 9. Distress driven impulsivity as a risk factor and treatment target for substance use disorder. ....   | page 12 |
| 10. Role of home practice in randomized controlled trial of mindfulness training for smoking cessation. ....  | page 13 |
| 11. Probing the interface of heroin abuse and negative mood states: A translational role for amygdala opioid neuropeptides. ....  | page 14 |
| 12. Efficacy of interventions to combat tobacco addiction: Cochrane update of 2013 reviews. ....  | page 15 |
| 13. Gabab receptors as a therapeutic strategy in substance use disorders: Focus on positive allosteric modulators. ....   | page 15 |
| 14. Food addiction and bulimia nervosa. ....  | page 16 |
| 15. Stress mediates the relationship between past drug addiction and current risky sexual behaviour among low-income women. ....  | page 16 |
| 16. Marijuana use and achievement of abstinence from alcohol and other drugs among people with substance dependence: A prospective cohort study. ....   | page 17 |
| 17. The relationship between Internet addiction and bulimia in a sample of Chinese college students: Depression as partial mediator between Internet addiction and bulimia. ....                    | page 18 |
| 18. Review of Preventing child and adolescent problem behavior: Evidence-based strategies in schools, families and communities. ....  | page 18 |
| 19. E-cigarettes-Prevention, pulmonary health, and addiction. ....  | page 19 |
| 20. Problem gambling over time: History, current status, and future prospects. ....   | page 20 |
| 21. Mobile technology: A synopsis and comment on "Mobile phone-based interventions for smoking cessation". ....   | page 20 |
| 22. Association between DRD2/DRD4 interaction and conduct disorder: A potential developmental pathway to alcohol dependence. ....   | page 21 |
| 23. Review of From ecstasy to agony and back. ....  | page 22 |
| 24. Effect of level of alcoholism and personality on cognitive failure among male alcoholics. ....  | page 23 |
| 25. An evaluation of the 4-H Health Rocks program: Implications for program improvement. ....   | page 24 |
| 26. The culpability of drivers killed in New Zealand road crashes and their use of alcohol and other drugs. ....  | page 24 |
| 27. The gender-specific association between age at first drink and later alcohol drinking patterns in Korea. ....   | page 25 |
| 28. Bipolar disorder and cannabis. A case report. ....  | page 26 |
| 29. Raising the issue of alcohol with the patient: A relational tool. ....  | page 27 |
| 30. From social drinking to addiction. Alcohol consumption in the world of nighttime radio. ....  | page 27 |

|  |         |
|--|---------|
| 31. What strategy should be adopted for the management of alcoholism? .....  | page 28 |
| 32. The Strasbourg "maternity and addictions" network. The 10-year Alsace experience and changing profiles of young mothers (2005-2011). .....   | page 28 |
| 33. Excessive consumption of caffeine. Experience of screening, assessment and information in a hospital addiction medicine unit. ....   | page 29 |
| 34. Excessive consumption of caffeine, intoxication, addiction and psychopathology. ....   | page 30 |
| 35. Depression and risk behavior in adolescence. ....  | page 30 |
| 36. Smoking and health-related quality of life in the general population. Independent relationships and large differences according to patterns and quantity of smoking and to gender. ....                          | page 31 |
| 37. The use of Haiku to convey complex concepts in neuroscience. ....  | page 32 |
| 38. Pleasure and pain: Teaching neuroscientific principles of hedonism in a large general education undergraduate course. ....   | page 33 |
| 39. Assessing the subjective and physiological effects of intranasally administered crushed extended-release morphine formulations with and without a sequestered naltrexone core in recreational opioid users. .... | page 34 |
| 40. Self-reported practices in opioid management of chronic noncancer pain: A survey of Canadian family physicians. ....   | page 35 |
| 41. Comorbidity in adolescence: Simultaneous declaration of depressive, eating symptoms and use of psychoactive substances in general population of 17 year old students in a big city. ....                         | page 36 |
| 42. Measuring the burden-Current and future research trends: Results from the NIAAA expert panel on alcohol and chronic disease epidemiology. ....   | page 37 |
| 43. Gaps in clinical prevention and treatment for alcohol use disorders: Costs, consequences, and strategies. ....   | page 38 |
| 44. Focus on: Ethnicity and the social and health harms from drinking. ....  | page 38 |
| 45. Focus on: Women and the costs of alcohol use. ....   | page 39 |
| 46. APIS: The NIAAA Alcohol Policy Information System. ....  | page 40 |
| 47. Chronic diseases and conditions related to alcohol use. ....   | page 40 |
| 48. Measuring the burden: Alcohol's evolving impact. ....  | page 41 |
| 49. Measuring the burden: Alcohol's evolving impact on individuals, families, and society. ....  | page 42 |
| 50. The impact of group music therapy on negative affect of people with co-occurring substance use disorders and mental illnesses. ....  | page 42 |
| 51. Women with addictions: Music therapy clinical postures and interventions. ....   | page 43 |
| 52. Driving frequency and its impact on road rage offending and victimization: A view from opportunity theory. ....  | page 44 |
| 53. Reducing risk, producing order: The surprisingly disciplinary world of needle exchange. ....   | page 44 |
| 54. Opiate substitution treatment: Poisoned bodies and the history of substitution. ....   | page 45 |
| 55. "The meth factor": Group membership, information management, and the navigation of stigma. ....  | page 46 |
| 56. Moderating role of family and friends' factors between disocial behavior and consumption in adolescents. ....  | page 46 |
| 57. Topiramate-induced bilateral angle-closure glaucoma. ....  | page 47 |
| 58. Assessment of frontal brain functions in alcoholics following a health mobile cognitive stimulation approach. ....   | page 48 |
| 59. The impact of Internet and PC addiction in school performance of Cypriot adolescents. ....   | page 48 |
| 60. Physical complications of alcohol-use disorders. ....  | page 49 |
| 61. Can price get the monkey off our back? A meta-analysis of illicit drug demand. ....  | page 50 |
| 62. Internet and videogame addiction: Clinical implications for assessment and treatment. ....   | page 50 |

|   |         |
|---|---------|
| 63. Effectiveness of quality of life therapy aimed at improving sexual self-efficacy and marital satisfaction in addict couples of treatment period. .... | page 51 |
| 64. Sex differences in opioid analgesia and addiction: Interactions among opioid receptors and estrogen receptors. ....                                   | page 52 |
| 65. An error-related negativity potential investigation of response monitoring function in individuals with Internet addiction disorder. ....             | page 53 |
| 66. Opioid system genes in alcoholism: A case-control study in Croatian population. ....  | page 53 |
| 67. Addiction and will. ....  | page 54 |
| 68. Breaking the addiction loop. ....   | page 55 |
| 69. Mindfulness and psychotherapy (2nd ed.). ....   | page 55 |
| 70. National policy issues. ....  | page 56 |
| 71. Economic evaluation of substance abuse interventions: Overview of recent research findings and policy implications. ....                              | page 57 |
| 72. Prevention aimed at the environment. ....   | page 57 |
| 73. Prevention aimed at individuals. ....   | page 58 |
| 74. Lesbian, gay, bisexual, and transgender individuals. ....   | page 58 |
| 75. Women and addiction. ....   | page 59 |
| 76. Ethnic and cultural minority populations. ....  | page 59 |
| 77. Treatment of older adults. ....   | page 60 |
| 78. Treatment for adolescent alcohol and drug problems. ....  | page 61 |
| 79. Treatment of persons with substance use disorder and co-occurring other mental disorders. ....  | page 61 |
| 80. Interfaces of substance use treatment with other health and social systems. ....  | page 62 |
| 81. Legal and ethical issues. ....  | page 63 |
| 82. Treatment for substance use disorders in the United States: An organizational technology perspective. ....  | page 63 |
| 83. Mechanisms of behavior change in treatment for alcohol and other drug use disorders. ....   | page 64 |
| 84. Treatment models for clients diverted or mandated into drug treatment. ....   | page 64 |
| 85. Pharmacotherapies for alcohol and drug use disorders. ....  | page 65 |
| 86. Mutual-help groups for alcohol and other substance use disorders. ....  | page 66 |
| 87. Extended treatment models. ....   | page 66 |
| 88. Disease model treatments. ....  | page 67 |
| 89. Behavioral treatments. ....   | page 67 |
| 90. Cognitive-behavioral treatment for addictions. ....   | page 68 |
| 91. Enhancing motivation for treatment and change. ....   | page 69 |
| 92. Treatment decision making and goal setting. ....  | page 69 |
| 93. Evidence-based assessment: Strategies and measures in addictive behaviors. ....   | page 70 |
| 94. Other drugs of abuse: Inhalants, steroids, and designer drugs. ....   | page 70 |
| 95. Nicotine. ....  | page 71 |
| 96. Opioids. ....   | page 72 |
| 97. Cannabis and hallucinogens. ....  | page 72 |
| 98. Cocaine. ....   | page 73 |
| 99. Amphetamine-type stimulants. ....   | page 73 |
| 100. Alcohol. ....  | page 74 |

|   |         |
|---|---------|
| 101. The course of treated and untreated substance use disorders: Remission and resolution, relapse and mortality.  | page 75 |
| 102. Epidemiology and diagnosis.  | page 75 |
| 103. Etiology.  | page 76 |
| 104. Neuroscience of addiction.   | page 77 |
| 105. What is addiction?   | page 77 |
| 106. Addictions: A comprehensive guidebook (2nd ed.).   | page 78 |
| 107. Suicide and substance abuse.   | page 79 |
| 108. Alcohol advertising and underage drinking.   | page 79 |
| 109. Mobilizing communities for alcohol, drug, and tobacco prevention.  | page 80 |
| 110. Etiology and prevention of stimulants (including cocaine, amphetamines and misuse of prescription stimulants). | page 81 |
| 111. Screening and assessment of substance use disorders in youth and young adults.                                 | page 81 |
| 112. Policies and interventions to reduce HIV risk.   | page 82 |
| 113. International policies to reduce illicit drug-related harm and illicit drug use.                               | page 82 |
| 114. Drug decriminalization and legalization.   | page 83 |
| 115. Improving medication use in addictions treatment.  | page 83 |
| 116. Dissemination of evidence-based treatment into practice.   | page 84 |
| 117. Internet screening and intervention programs.  | page 84 |
| 118. Therapeutic communities.   | page 85 |
| 119. Harm reduction approaches.   | page 86 |
| 120. Evidence-Based Treatment.  | page 86 |
| 121. Ethical issues in the treatment of drug dependence.  | page 87 |
| 122. Economic analysis of addiction treatment programs.   | page 88 |
| 123. Evaluating treatment efficacy.   | page 88 |
| 124. Improving the quality of addiction treatment.  | page 89 |
| 125. Health care reforms and treatment for substance use disorders.   | page 89 |
| 126. Medications for behavioral addictions.   | page 90 |
| 127. Vaccines for addictive disorders.  | page 91 |
| 128. Medication for cravings in substance use disorders.  | page 91 |
| 129. The treatment of insomnia in substance-abusing patients.   | page 92 |
| 130. Pain and addiction.  | page 93 |
| 131. Comorbid addictions and schizophrenia.   | page 93 |
| 132. Treatment of anxiety in substance-using patients.  | page 94 |
| 133. Medications for comorbid bipolar disorder and addiction.   | page 95 |
| 134. The treatment of depressed alcoholics.   | page 95 |
| 135. Medication development for amphetamine dependence.   | page 96 |
| 136. Agonist-like (substitution) treatment for cocaine and other stimulant dependence.                              | page 96 |
| 137. Buprenorphine for opioid dependence.   | page 97 |
| 138. Methadone maintenance.   | page 98 |
| 139. Anticonvulsant medications for the treatment of alcohol dependence.  | page 98 |
| 140. Acamprosate for alcohol dependence.  | page 99 |

|  |          |
|--|----------|
| 141. Naltrexone and opioid antagonists for alcohol dependence. ....  | page 99  |
| 142. Disulfiram for alcohol and other drug use. ....   | page 100 |
| 143. Medications to treat addictions: Nicotine replacement. ....   | page 101 |
| 144. Treatment for co-occurring substance abuse and mental health disorders. ....                            | page 101 |
| 145. Diagnostic dilemmas in comorbidity. ....  | page 102 |
| 146. Screening and assessment of comorbidity. ....   | page 102 |
| 147. Screening and interventions in medical settings including brief feedback-focused interventions. ....    | page 103 |
| 148. Technology-delivered treatments for substance use disorders: Current status and future directions. .... | page 104 |
| 149. A decade of research on recovery management checkups. ....  | page 104 |
| 150. Disparities in health services for the treatment of substance use disorders. ....                       | page 105 |

## Search History

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1. PsycINFO; exp ADDICTION/ OR DRUG ABUSE [+NT]/ OR DRUG USAGE [+NT]/; 35456 results.
2. PsycINFO; addict\*.ti,ab; 25722 results.
3. PsycINFO; 1 OR 2; 47561 results.

**1. The effect of melatonin on nicotine behaviors and nicotinic acetylcholine receptor function.**

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**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** Horton, William James

**Institution:** U Colorado at Boulder, US

**Language:** English

**Abstract:** Cigarette smoking is the most common cause of preventable death in the United States. Approximately 440,000 deaths occur annually in the U.S. due to tobacco related illnesses, including cancer, stroke, and heart disease. Despite the known health-risks associated with smoking and strong motivation to quit, the lifetime cessation rate is only 4-7%, even with the most effective treatments available. Understanding the biological processes that underlie smoking and how other physiological changes modify this addiction is critical for development of more effective treatments. Broadly, there were three aims of this thesis. The first was to determine if mice would be a good model for diurnal differences in smoking behavior in humans. We show that mice do exhibit changes in sensitivity to an acute dose of nicotine (the primary neuroactive ingredient in cigarettes) over the course of the day. Once this was established, the second goal was to determine if melatonin was responsible for the diurnal differences observed in nicotine behaviors. Our results show that melatonin signaling is required for changes across the day in acute nicotine sensitivity, and also is responsible for reductions in nicotine intake in a 2-bottle nicotine preference paradigm (a model of drug seeking behavior). Finally, the third goal of the experiments detailed in this thesis was to determine the molecular mechanism by which melatonin receptor(s) are affecting nicotinic receptor(s) and resulting in behavioral changes. We were able to determine that signaling through both MT1 and MT2 melatonin receptors are required for the melatonin to change behavior, however the specific nicotinic receptor that is modulated remains unclear. These findings have implications for development of novel therapeutic drugs for treatment of drug addiction, and suggest that clock-time should be carefully considered when designing pharmacological experiments. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Acetylcholine](#)  
[\\*Melatonin](#)  
[\\*Tobacco Smoking](#)  
[\\*Drug Seeking](#)  
[Cholinergic Receptors](#)  
[Drug Therapy](#)  
[Nicotine](#)

**Source:** PsycINFO

**2. Drug use trajectory course through mid-life.**

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**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** Wachsmuth, Wendi Leigh

**Institution:** Palo Alto U., US

**Language:** English

**Abstract:** Objective: It has been recognized that the course of alcoholism and drug abuse differs across individuals, but there is a lack of investigation of drug use lifetime course trajectories. The purpose of this study was to determine whether distinct trajectories in course of drug use over a lifetime exist for drug use as for alcohol use. The current research examined trajectories of drug use dependence from early adulthood to the mid-40s in a sample of 318 men with a lifetime diagnosis of a drug use disorder. Men from the Vietnam Era Study, a 25-year follow-up of the Vietnam Drug User Returns project that assessed the long-term medical and psychiatric consequences of substance

abuse or dependence in Vietnam. Method: Drug-related behaviors and psychiatric status were assessed in a sample of 839 individuals that comprised 323 veterans who tested positive for drugs (i.e. opiates, barbiturates or amphetamines) on discharge from Vietnam, 319 veterans who tested negative for drugs at that time and a nonveteran control sample (n=197). Individuals with a lifetime diagnosis of a drug use disorder (n=318) were selected for further analysis. Using detailed life-history charts, in-person structured interviews were conducted, which entailed retrospective reports covering the 25 years since the 1972 survey. Measures of alcohol and drug use in addition to psychiatric symptoms were obtained by assessing each year of the follow-up interval, beginning with 1972. Results: Using latent growth mixture modeling, a four-class model was identified with trajectories that were parallel to those identified in previous studies examining alcohol use within the same sample; severe chronic drug use, severe non-chronic drug use, late-onset drug use and young adult drug use. Conclusion: Present results provide support for the existence of identifiable and distinctive drug use course trajectories that are similar to those found in the long term course of alcohol use. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drugs](#)  
[\\*Prognosis](#)  
[Disease Course](#)  
[Mental Disorders](#)

**Source:** PsycINFO

### 3. The relationship between age of initial illicit substance use and risky behavior among substance using arrestees.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** King, Jennifer C

**Institution:** Palo Alto U., US

**Language:** English

**Abstract:** Research has shown that age of initial substance use is related to continued substances use, intravenous substance use, trading sex for illicit substances, and arrest rates. However, this research has never focused on arrestees in general or substance using arrestees in particular. Thus, the purpose of this study was to determine whether age of initial illicit substance use can predict these four risky behaviors among a sample of substance using adult arrestees (n = 16,445). To determine this, four hypotheses were tested where age of initial illicit substance use predicted current illicit substance use, intravenous substance use, trading sex for illicit substance acquisition, and arrest rates. Because marijuana use is more prevalent than powder cocaine, crack cocaine, methamphetamine, or heroin use, the age of initiation of the latter four substances were combined to create one variable known as "age of initial hard drug use." All four hypotheses were tested with two independent variables: age of initial marijuana use and age of initial hard drug use. Logistic regressions were used to analyze the first three hypotheses and a generalized linear model that assumed a negative binomial distribution for count data was created to analyze the last hypothesis. As expected, age of initial marijuana use and age of initial hard drug use predicted current illicit substance use, past-year intravenous substance use, and arrest rates. However, none of the statistical models were valid in predicting the trade of sex for illicit substance acquisition. These results are likely due to the very low response rate in general and even lower positive response rate in particular. The primary limitation of this study is the robust sample size for a few of the statistical models used to make predictions. While some of the models (current use of powder cocaine, methamphetamine, heroin, and hard drug use; arrest rates) had acceptable fit, others did not (current use of marijuana and crack cocaine, past-year intravenous substance use); this is believed to be due to the influence of sample size on chi-square analyses. The results of this study adds to the body of knowledge where it was lacking, thereby providing information that could benefit prevention and

treatment programming, and public health and criminal justice policy. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Crack Cocaine](#)  
[\\*Drug Abuse](#)  
[Age Differences](#)  
[Crime](#)

**Source:** PsycINFO

#### 4. Correlation study between attachment style and substance dependence.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** Pastore, Michael A

**Institution:** Pacifica Graduate Inst., US

**Language:** English

**Abstract:** The issue of addictions to alcohol and other drugs continues to be a focus of study and concern for clinical professionals and has a significant impact on society as a whole. The purpose of this study was to evaluate the correlation between addictions and attachment theory. Further, this study investigated the correlation between drug of choice and attachment. The Experiences in Close Relations-Revised (ECR-R) was utilized as the instrument of attachment assessment. The ECR-R is a self-report measure of attachment and measures relationship anxiety and relationship avoidance. There were 110 participants, of which 20 did not identify as having an addiction. These 20 were identified as having no diagnosis. The types of addiction studied included alcohol dependent, cannabis dependent, stimulant dependent, and opioid dependent. The participants were from an outpatient drug treatment facility or participants in 12-Step recovery groups such as Alcoholic Anonymous (AA) and Narcotics Anonymous (NA). Individuals with polysubstance dependence were not included in this study. The surveys were analyzed and the substance dependent sample was compared to the no diagnosis sample. The substance dependent samples were seen to have an overall statistical correlation to an insecure attachment style. The study results indicated a positive correlation between alcohol dependent and the ambivalent attachment style. There was a positive correlation between cannabis dependent and an avoidant attachment style, and a positive correlation between opioid dependent and the ambivalent attachment style. No correlation was found between stimulant dependent and a disorganized attachment style. This study may help inform clinical professionals involved in the treatment of chemical dependency as to the importance of considering attachment style in building a therapeutic relationship. There does generally seem to be a correlation between individuals with an insecure attachment style and drug of choice. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Attachment Behavior](#)  
[\\*Society](#)  
[Alcoholism](#)  
[Drug Therapy](#)

**Source:** PsycINFO

#### 5. The role of bdnf in regulating cocaine craving and associated ampa receptor trafficking.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** Li, Xuan Anna

**Institution:** Rosalind Franklin U Medicine and Science, US

**Language:** English

**Abstract:** Brain-derived neurotrophic factor (BDNF) has been suggested to play roles in diverse types of plasticity including cocaine addiction and associated AMPA receptor (AMPA) trafficking. My thesis focuses on the time-dependent intensification (incubation) of cue-induced cocaine craving after prolonged withdrawal from extended access cocaine self-administration, which is accompanied by increased BDNF levels in the rat nucleus accumbens (NAc). Our lab has previously shown that incubation of cocaine craving after the same regimen is mediated by increased levels of GluA2-lacking calcium-permeable AMPA receptors (CP-AMPA) in the NAc. Based on results in several in vitro systems showing that BDNF can promote synaptic delivery of CP-AMPA, I tested the hypothesis that BDNF in the NAc mediates the incubation of cue-induced cocaine craving during prolonged withdrawal from cocaine self-administration training by increasing CP-AMPA levels. First, studies in drug-naive rats showed that intra-NAc infusion of BDNF produced a rapid and transient increase of GluA1 surface expression selectively in the NAc core, while GluA2 was not affected, indicating that acute elevation of BDNF can increase CP-AMPA levels. Then, experiments using the incubation model showed that the gradual increase in BDNF protein levels is not associated with increased BDNF mRNA and follows different time-courses in NAc core versus shell subregions. Behavioral studies using viral vectors to attenuate BDNF-TrkB signaling prior to cocaine self-administration training demonstrated that, while basal levels of BDNF in the NAc core exert a suppressive effect on cocaine seeking during early withdrawal (withdrawal day 1), the late elevation of BDNF in the NAc shell contributes to the long-term maintenance of incubation of cocaine craving during late withdrawal (withdrawal day 90). Furthermore, chronic elevation of BDNF in the NAc has no effect on AMPA expression or distribution, but amphetamines, which potentiate AMPA transmission, increase BDNF levels in the NAc. These results support the novel hypothesis that the gradual increase in BDNF in the NAc during incubation is caused by the enhancement of AMPA transmission. Taken together, these results greatly extend prior in vitro findings on BDNF-mediated modulation of CP-AMPA, help reconcile previous results indicating opposite effects of BDNF in different brain regions on cocaine seeking, and provide a new direction for studying the association between BDNF and CP-AMPA during incubation in the future. Clinically, decreasing BDNF levels might provide a therapeutic strategy for decreasing cue-induced cocaine craving after prolonged withdrawal and thereby preventing relapse. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Addiction](#)  
[\\*Cocaine](#)  
[\\*Rats](#)  
[Craving](#)  
[Brain Derived Neurotrophic Factor](#)  
[AMPA](#)

**Source:** PsycINFO

**6. The emotional changes with substance use disorder treatment as evidenced by the beck anxiety inventory, beck depression inventory-ii, and the substance abuse subtle screening inventory-3.**

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** Hiles, Diane Patricia

**Institution:** Alliant International U., US

**Language:** English

**Abstract:** The present study examined the emotional changes with the adult substance use disorder population in treatment as evidenced by the Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI-II) and the Substance Abuse Subtle Screening Inventory-3 (SASSI-3). It was hypothesized that the BAI, BDI-II, and SASSI-3 would demonstrate a decrease of anxiety and depressive symptomology as well as substance use disorders in pre versus posttreatment for those involved in relapse prevention services. Anonymous

archival data from 2007 through 2008 was gathered from program graduates' records/files under supervision from an aftercare relapse prevention treatment program located in Central California. The adult population was comprised of substance use disorder court-mandated participants. The data were coded and analysis was done via the Statistical Package for the Social Sciences (SPSS). The Paired Samples t-Test was used to run the coded data, which resulted in support of hypotheses stating that the levels of depressive emotions (test scores) and anxiety (test scores) would decrease upon graduation from the aftercare relapse treatment program. The SASSI-3 data were insufficient in quantity to use in analysis and thus these data were not analyzed. The findings suggest that the aftercare relapse program treatment was effective in reducing depressive symptomology as well as anxiety symptomology when measured with the BAI and BDI-II pre and postprogram completion. Further, the instruments used appear to be accurate when used with the substance use disorder population, specifically the court-mandated population in spite of each being a self-report measure. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Beck Depression Inventory](#)  
[\\*Drug Abuse](#)  
[\\*Screening Tests](#)  
[Anxiety](#)  
[Depression \(Emotion\)](#)  
[Inventories](#)

**Source:** PsycINFO

#### 7. The relationship between alcohol relapse and significant emotional attachments.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** Biskeborn, Evelyn F

**Institution:** Capella U., US

**Language:** English

**Abstract:** No current research links relapse from alcohol addiction to both the dissolution of an emotional attachment relationship and to attachment theory. In order to explore a possible link, an experimental quantitative research study was conducted. The study used a purposeful random sample composed of 80 male and female adults who were enrolled in local Alcoholics Anonymous (AA) programs, and who had a history of one year of sobriety from chronic alcoholism and a subsequent relapse. In an effort to identify contributing factors toward relapse, study participants completed several questionnaires involving: the frequency of relapse to alcohol among participants; the confidence of participants not to relapse over different periods of time; the relationship among relapse variables; the relationships among the two Anxious Romantic Scales (Romantic Anxiety and Romantic Obsession), and Attachment Style Scales (Discomfort with Closeness, Need for Approval, Confidence, Preoccupation with Relationships, and Relationships), and the Dissolution of a relationship. Study results were not significant. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Anxiety](#)  
[\\*Quantitative Methods](#)  
[Alcoholism](#)  
[Attachment Behavior](#)

**Source:** PsycINFO

#### 8. The crack room: A study of therapeutic simulation techniques and the response to drug-related cues.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** Carlton, Hallie Smith

**Institution:** Duquesne U., US

**Language:** English

**Abstract:** Drug addiction is a disorder frequently associated with chronic relapse. An individual's return to use is a fairly prevalent topic in the literature, but receiving less examination is the significance of drug-related stimuli as they apply to drug-seeking behaviors. It cannot be ignored that triggers and cues are a prominent feature in everyday life. Although many non-addicted people fail to become aroused by common stimuli, individuals who are addicted to alcohol and other drugs see depictions of use in unlikely places. In the eyes of an addict, a light bulb may prompt a desire to smoke methamphetamines, and a simple plastic waster bottle may conjure memories of huffing methane gas. As such these cues often invoke a desire to engage in the use of psychoactive substances. Using a phenomenologically-oriented approach, this qualitative investigation examined the lived experiences of individuals in recovery from alcohol and drug addiction, and their experiences in The Crack Room. The results of this research reflect relatively consistent findings about the response of individuals in recovery when faced with prominent triggers and cues. This topic largely has been discounted in the literature. The findings illuminated issues regarding familial disconnectedness, the numbing affect of drugs and alcohol, genetic indicators, trauma, specific triggers that may ignite an individual's desire to use, and the development of skill sets that may be used to combat urges. Another prominent concern for individuals in recovery from alcohol and drug addiction is a fear of returning to placement in prisons, jails, and psychiatric hospitals. The results of this investigation provided evidence that therapeutic simulation is a viable option for individuals seeking treatment for addiction. This phenomenologically-oriented study was conducted through individual interviews and researcher observations. The results of the study also showed a consistency with the original design and purpose of The Crack Room, which is to minimize one's startle response when an individual is faced with drug-related cues. However, this investigation provided additional outcomes that were not expected and offered other positive uses for The Crack Room as a solid therapeutic tool. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Cues](#)  
[\\*Drug Therapy](#)  
[\\*Simulation](#)  
[Alcoholism](#)  
[Drug Addiction](#)  
[Drugs](#)

**Source:** PsycINFO

### 9. Distress driven impulsivity as a risk factor and treatment target for substance use disorder.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** Malouf, Elizabeth T

**Institution:** George Mason U., US

**Language:** English

**Abstract:** This dissertation investigated distress-driven impulsivity as a potential treatment target for substance misuse among jail inmates. This dissertation included two studies that examined: 1) the relationship between distress-driven impulsivity and pre-incarceration substance misuse [Study 1] and 2) changes in distress-driven impulsivity before and after a mindfulness-based intervention [Study 2]. In Study 1, 108 jail inmates completed self-report and behavioral measures of distress-driven impulsivity and provided retrospective reports of pre-incarceration substance misuse. A self-report measure of distress-driven impulsivity was significantly related to alcohol and hard drug misuse and marginally significantly related to marijuana misuse. When controlling for the effects of general impulsivity, the relationship between self-reported distress-driven impulsivity and

alcohol misuse remained significant, while the relationship with hard drug misuse dropped to non-significant. Regarding behavioral measures, a behavioral measure of distress-intolerance was related to hard drug misuse while a behavioral measure of distress-driven risk taking was related to marijuana misuse. Study 2 was a small scale Randomized Clinical Trial of a mindfulness-based re-entry intervention in a sample of 40 jail inmates. There was some evidence that the treatment group improved in general impulsivity compared to the control group. While no evidence of improvements in distress-driven impulsivity was observed, the small sample size of this study limited the ability to detect effects. Attendance and participant feedback suggested that this treatment was feasible and acceptable in a high-risk sample of jail inmates. Implications for future research and treatment are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Distress](#)  
[\\*Risk Factors](#)  
[\\*Mindfulness](#)  
[Drug Abuse](#)  
[Intervention](#)  
[Prisoners](#)

**Source:** PsycINFO

#### 10. Role of home practice in randomized controlled trial of mindfulness training for smoking cessation.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** Mallik, Sarah

**Institution:** Yale U., US

**Language:** English

**Abstract:** Mindfulness training (MT) has been shown to be a promising therapy for addictions, but its use for smoking cessation has not been investigated through randomized controlled trials. Within MT, participants are encouraged to perform home practice of mindfulness techniques, but few studies have been conducted concerning the relationship between home practice and therapy outcomes. Data was collected from 88 treatment-seeking adults who were randomly assigned to receive MT or the American Lung Association's Freedom from Smoking (FFS) treatment. Participants in both groups were asked to log the amount of home practice performed daily. Individuals who performed more home practice in the MT group were hypothesized to have better smoking cessation outcomes compared to those who practiced less by the end of the treatment period at week 4 and through follow-up at week 17. Primary outcomes included expired-air carbon monoxide-confirmed 7-day point prevalence abstinence and number of cigarettes/day. Home practice was not associated with outcomes among individuals receiving FFS (all  $p > .315$ ). In the MT group, formal practice (including three types of sitting meditation: body scan, awareness of breath and loving-kindness) was inversely correlated with the number of cigarettes smoked/day at week 4 ( $r = -.442$ ,  $p = .019$ ). Informal practice (including setting aspiration, performing daily activity mindfully, and using the mnemonic RAIN to deal with cravings) also showed strong inverse correlations with outcomes ( $r = -.479$ ;  $p = .010$ ). No associations existed between home practice and outcomes at follow-up at week 17 in either group. Home practice may amplify the effectiveness of MT for smoking cessation, whereas it may play a less significant role in other interventions such as FFS. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Addiction](#)  
[\\*Relaxation Therapy](#)  
[\\*Tobacco Smoking](#)  
[Smoking Cessation](#)  
[Mindfulness](#)

**Source:** PsycINFO

**11. Probing the interface of heroin abuse and negative mood states: A translational role for amygdala opioid neuropeptides.**

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2014, vol./is. 74/12-B(E)(No Pagination Specified), 0419-4217 (2014)

**Author(s):** Anderson, Sarah Ann R

**Institution:** Icahn School of Medicine at Mount Sinai, US

**Language:** English

**Abstract:** Opiate abuse and addiction are worldwide public health problems due to the escalating non-medicinal misuse of opioid analgesics and a concurrent resurgence of heroin use. Despite its widespread abuse, there remain surprisingly limited neurobiological insights about opiate addiction based on specific knowledge garnered directly from the human brain. In addition, a major clinical feature of opiate addiction vulnerability impeding effective treatment is psychiatric comorbidity with mood/anxiety disorders. Using a translational approach that was based on molecular analysis of the postmortem human brain, we identified disturbances of two opioid neuropeptides, prodynorphin (PDYN) and proenkephalin (PENK) within discrete amygdala nuclei of human heroin dependent subjects. These observations in the human brain directed further experimental studies in animals that elucidated a role for these amygdala neuropeptides in stress responses via activation of brain stress systems. Specifically, the first phase of this project focused on the PDYN gene within the emotional regulatory complex of the amygdala. We found that a shared molecular disturbance in both human heroin abusers and major depressive subjects is impairment of PDYN mRNA expression in the specific sub-nucleus, the periamygdaloid cortex (PAC). Polymorphic variants of the PDYN gene were significantly associated with the heroin phenotype and displayed a direct correlation of genotype to PDYN downregulation in the PAC. Since the functional role of Pdyn in the PAC had never been examined, we used a rodent model of heroin self-administration and validated a similar reduction of Pdyn expression in this nucleus. Next, we used a new functional imaging technology pioneered by our lab entitled DREAMM (Designer Receptors Exclusively Activated by Designer Drugs (DREAMM) - assisted metabolic mapping), which integrates in vivo metabolic mapping with molecular viral-mediated manipulations of neuronal activity. The use of the DREAMM imaging technique is powerful since it enables quantitative, cell-specific, whole-brain functional circuit mapping and revealed that inhibition of the activity of PAC Pdyn neurons leads to selective activation of the brain stress systems and associated stress behaviors. In parallel with our Pdyn studies we examine the anxiogenic-linked neuropeptide Penk in the central amygdala (CeA). The central amygdala nucleus is responsible for the autonomic and neuroendocrine responses to stress. In our human heroin cohort, PENK was upregulated in the CeA and an analogous increase of CeA Penk was observed in a rodent model of heroin self-administration. To determine if Penk in the CeA has a functional role in the brain stress pathways, we analyzed CeA tissue from two different rodent models of chronic social stress and found CeA Penk upregulation in both models. Moreover, these models showed dysregulation of a major receptor in stress response pathways, namely the glucocorticoid receptor (GR), in the CeA. The transcriptional activation of CeA Penk in the social defeat models assessed was positively correlated with CeA GR; thus, implicating a possible mechanistic regulation of Penk in the CeA by extrahypothalamic brain stress systems. Together, our studies revealed profound alterations in amygdala neuropeptide systems in the stress-related neuropsychiatric disorders of addiction and related comorbid negative affect disorders. This work contributes a novel characterization of PDYN and PENK in the human amygdala along with complementary animal studies that helps to further strengthen hypotheses indicating the intimate association of stress neuronal circuits with drug addiction. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** \*Amygdala

\*Emotional States  
 \*Major Depression  
 \*Stress  
 Dopamine  
 Heroin  
 Public Health

**Source:** PsycINFO

## 12. Efficacy of interventions to combat tobacco addiction: Cochrane update of 2013 reviews.

**Citation:** Addiction, July 2014(No Pagination Specified), 0965-2140;1360-0443 (Jul 04, 2014)

**Author(s):** Hartmann-Boyce, Jamie; Stead, Lindsay F; Cahill, Kate; Lancaster, Tim

**Abstract:** Abstract Aims The Cochrane Collaboration is an international not-for profit organization which produces and disseminates systematic reviews. This paper is the second in a series of annual updates of Cochrane reviews on tobacco addiction interventions, covering new and updated reviews from 2013. Methods In 2013, the Group published two new reviews and updated 11 others. This update summarizes and comments on these reviews as well as on a review of psychosocial interventions for smoking cessation in pregnant women, and presents pooled results from reviews of cessation interventions. Results New reviews in 2013 found: low-quality evidence that behavioural interventions with mood management components could significantly increase long-term quit rates in people with current [risk ratio (RR) = 1.47, 95% confidence interval (CI) = 1.13-1.92] and past (RR = 1.41, 95% CI = 1.13-1.77) depression; evidence from network meta-analysis that varenicline and combined forms of nicotine replacement therapy (NRT) are associated with higher quit rates than bupropion or single-form NRT (varenicline versus single-form NRT odds ratio (OR) = 1.57, 95% credibility interval (CredI) = 1.29-1.91; versus bupropion OR = 1.59, 95% CredI = 1.29-1.96); and no evidence of a significant increase in serious adverse events in trial participants randomized to varenicline or bupropion when compared to placebo controls. New evidence emerging from updated reviews suggests that counselling interventions can increase quit rates in pregnant women and that school-based smoking programmes with social competence curricula can lead to a significant reduction in uptake of smoking at more than a year. Updated reviews also suggested that naltrexone, selective serotonin re-uptake inhibitors and St John's wort do not have a significant effect on long-term smoking cessation. Conclusions Cochrane systematic review evidence from 2013 suggests that adding mood management to behavioural support may improve cessation outcomes in smokers with current or past depression and strengthens evidence for previous conclusions, including the safety of varenicline and bupropion and the benefits of behavioural support for smoking cessation in pregnancy. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Society for the Study of Addiction; YEAR: 2014

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:**

**Source:** PsycINFO

**Full Text:** Available from *Wiley* in [Addiction](#)

## 13. Gabab receptors as a therapeutic strategy in substance use disorders: Focus on positive allosteric modulators.

**Citation:** Neuropharmacology, June 2014(No Pagination Specified), 0028-3908 (Jun 24, 2014)

**Author(s):** Filip, Malgorzata; Frankowska, Malgorzata; Sadakierska-Chudy, Anna; Suder, Agata; Szumiec, Lukasz; Mierzejewski, Pawel; Bienkowski, Przemyslaw; Przegalinski, Edmund; Cryan, John F

**Abstract:** -Aminobutyric acid B (GABAB) receptors and their ligands are postulated as potential therapeutic targets for the treatment of several brain disorders, including drug dependence. Over the past fifteen years positive allosteric modulators (PAMs) have emerged that enhance the effects of GABA at GABAB receptors and which may have therapeutic effects similar to those of agonists but with superior side-effect profiles. This

review summarizes current preclinical evidence supporting a role of GABAB receptor PAMs in drug addiction in several paradigms with relevance to reward processes and drug abuse liability. Extensive behavioral research in recent years has indicated that PAMs of GABAB receptors may have a therapeutic efficacy in cocaine, nicotine, amphetamine and alcohol dependence. The magnitude of the effects observed are similar to that of the clinically approved drug baclofen, an agonist at GABAB receptors. Moreover, given that anxiolytic effects are also reported with such ligands they may also benefit in mitigating the withdrawal from drugs of abuse. In summary, a wealth of data now supports the benefits of GABAB receptor PAMs and clinical validation is now warranted. This article is part of a Special Issue entitled 'GABAergic signaling'. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:**

**Source:** PsycINFO

**Full Text:** Available from *Elsevier* in *Neuropharmacology*; Note: ; Collection notes: Academic-License. Please note search only titles within the trial dates: 2010 - to-date  
Available from *Elsevier* in *Neuropharmacology*; Note: ; Collection notes: Academic-License. Please note search only titles within the trial dates: 2010 - to-date

#### 14. Food addiction and bulimia nervosa.

**Citation:** European Eating Disorders Review, July 2014(No Pagination Specified), 1072-4133;1099-0968 (Jul 03, 2014)

**Author(s):** Meule, Adrian; Rezori, Vittoria; Blechert, Jens

**Abstract:** Abstract In individuals with obesity and binge eating disorder (BED), eating patterns can show addictive qualities, with similarities to substance use disorders on behavioural and neurobiological levels. Bulimia nervosa (BN) has received less attention in this regard, despite their regular binge eating symptoms. The Yale Food Addiction Scale (YFAS) was developed according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, diagnostic criteria for substance use disorders, and food addiction can be diagnosed when at least three addiction symptoms are endorsed and a clinically significant impairment or distress is present. Although the prevalence of food addiction diagnoses is increased in individuals with obesity and BED, recent studies which used the YFAS showed that there are also individuals with normal weight who can be classified as being 'food addicted'. Based on self-reported eating disorder symptoms, women with current (n = 26) or remitted (n = 20) BN, and a control group of women matched for age and body mass index (n = 63) completed the YFAS and other measures. Results revealed that all patients with current BN received a food addiction diagnosis according to the YFAS while only six (30%) women with remitted BN did. None of the women in the control group received a food addiction diagnosis. Results provide support for the notion that BN can be described as addiction-like eating behaviour and suggest that food addiction most likely improves when BN symptoms remit. Copyright 2014 John Wiley & Sons, Ltd and Eating Disorders Association. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Copyright John Wiley & Sons, Ltd and Eating Disorders Association.; YEAR: 2014

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:**

**Source:** PsycINFO

#### 15. Stress mediates the relationship between past drug addiction and current risky sexual behaviour among low-income women.

**Citation:** Stress and Health: Journal of the International Society for the Investigation of Stress, July 2014(No Pagination Specified), 1532-3005;1532-2998 (Jul 02, 2014)

**Author(s):** Wu, Z. Helen; Tennen, Howard; Hosain, G. M. Monawar; Coman, Emil; Cullum, Jerry; Berenson, Abbey B

**Abstract:** Abstract This study examined the role of stress as a mediator of the relationship between prior drug addiction and current high-risk sexual behaviour. Eight hundred twenty women aged 18 to 30 years, who received care at community-based family planning clinics, were interviewed using the Composite International Diagnostic Interview and the Sexual Risk Behavior Assessment Schedule. They also completed the brief version of the Self-Control Scale as a measure of problem-solving strategies and measures of recent stressful events, daily hassles and ongoing chronic stress. Regardless of addiction history, stress exposure during the previous 12 months was associated with risky sexual behaviour during the previous 12 months. Structural equation modelling revealed that 12-month stress levels mediated the relationship between past drug addiction and 12-month high-risk sexual behaviours, as well as the negative relationship between problem-solving strategies and high-risk sexual behaviours. Problem-solving strategies did not moderate the relationship between drug addiction and high-risk sexual behaviours. These findings suggest that stress management training may help reduce risky behaviour among young, low-income women Copyright 2014 John Wiley & Sons, Ltd. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Copyright John Wiley & Sons, Ltd.; YEAR: 2014

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:**

**Source:** PsycINFO

**Full Text:** Available from *Wiley* in [Stress and Health](#)

#### 16. Marijuana use and achievement of abstinence from alcohol and other drugs among people with substance dependence: A prospective cohort study.

**Citation:** Drug and Alcohol Dependence, June 2014(No Pagination Specified), 0376-8716 (Jun 18, 2014)

**Author(s):** Mojarrad, Mohammadali; Samet, Jeffrey H; Cheng, Debbie M; Winter, Michael R; Saitz, Richard

**Abstract:** BACKGROUND: Many with alcohol and other drug dependence have concurrent marijuana use, yet it is not clear how to address it during addiction treatment. This is partially due to the lack of clarity about whether marijuana use impacts one's ability to achieve abstinence from the target of addiction treatment. We examined the association between marijuana use and abstinence from other substances among individuals with substance dependence. METHODS: A secondary analysis of the Addiction Health Evaluation And Disease management study, a randomized trial testing the effectiveness of chronic disease management. Individuals met criteria for drug or alcohol dependence and reported recent drug (i.e. opioid or stimulant) or heavy alcohol use. Recruitment occurred largely at an inpatient detoxification unit, and all participants were referred to primary medical care. The association between marijuana use and later abstinence from drug and heavy alcohol use was assessed using longitudinal multivariable models. RESULTS: Of 563 study participants, 98% completed at least one follow-up assessment and 535 (95%) had at least one pair of consecutive assessments and were included. In adjusted analyses, marijuana use was associated with a 27% reduction in the odds of abstinence from drug and heavy alcohol use (adjusted odds ratio 0.73 [95% CI, 0.56-0.97], P=0.03). CONCLUSIONS: Marijuana use among individuals with alcohol or other drug dependence is associated with a lower odds of achieving abstinence from drug and heavy alcohol use. These findings add evidence that suggests concomitant marijuana use among patients with addiction to other drugs merits attention from clinicians. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:**

**Source:** PsycINFO

**Full Text:** Available from *Elsevier* in *Drug and Alcohol Dependence*

**17. The relationship between Internet addiction and bulimia in a sample of Chinese college students: Depression as partial mediator between Internet addiction and bulimia.**

**Citation:** Eating and Weight Disorders, September 2013, vol./is. 18/3(233-243), 1124-4909;1590-1262 (Sep 2013)

**Author(s):** Tao, ZhuoLi

**Correspondence Address:** Tao, ZhuoLi: Department of Medical Humanities, Southeast University, 87Ding Jia Qiao, Nanjing, China, 210009, zhuolitao@yahoo.de

**Institution:** Department of Medical Humanities, Southeast University, Nanjing, China

**Language:** English

**Abstract:** Background: It has been reported that Internet addiction is associated with substance dependence. Eating disorders have high rates of co-morbidity with substance use disorders. The relationship between Internet addiction and eating disorders was reported in a previous study. Aims: To examine the hypothesis that Internet addiction is closely associated with bulimia. The hypothesis that depression mediates the relationship between Internet addiction and bulimia symptoms was also tested. Methods: 2,036 Chinese college students were assessed on Internet addiction, eating behaviors and depression. Binge eating, compensatory behaviors, weight concern, menarche and weight change were also reported. Multiple regression analysis was used to test the mediating effect of depression. Results: Internet addicts showed significantly higher scores on most subscales on EDI-1 than the controls. They reported significantly more binge eating, weight concern and weight change than the controls. Among all of the participants, depression was found to be a partial mediator in the relationship between Internet addiction and bulimia. Conclusion: This survey provides evidence of the comorbidity of Internet addiction and bulimia. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Springer International Publishing Switzerland; YEAR: 2013

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Bulimia](#)  
[\\*College Students](#)  
[\\*Comorbidity](#)  
[\\*Internet Addiction](#)  
[\\*Major Depression](#)  
[Binge Eating](#)  
[Body Weight](#)  
[Drug Abuse](#)  
[Eating Behavior](#)  
[Eating Disorders](#)  
[Internet](#)  
[Weight Control](#)  
[Weight Perception](#)  
[Weight Gain](#)  
[Weight Loss](#)

**Source:** PsycINFO

**Full Text:** Available from *Springer NHS* in *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only. Available from *Springer NHS* in *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

**18. Review of Preventing child and adolescent problem behavior: Evidence-based strategies in schools, families and communities.**

**Citation:** Child & Family Behavior Therapy, April 2014, vol./is. 36/2(150-158), 0731-7107;1545-228X (Apr 2014)

**Author(s):** Paul, Howard A [Ed]

**Language:** English

**Abstract:** Reviews the book, Preventing Child and Adolescent Problem Behavior: Evidence-Based Strategies in Schools, Families and Communities by J. M. Jenson and K. A. Bender (see record 2014-00199-000). This book reviews evidence, practices, and policy issues targeting the four most common child and adolescent behavior problems -those being substance abuse, delinquency, violence, and school dropout. It also focuses on school, family, and community prevention programs. The book is organized into three primary content areas beginning with the unfolding of the history and evolution of school, family, and community based prevention programs followed by an evidentiary review of these programs and ending with an overview of implementation and cultural adaptation of evidence-based programs. This book takes a systems approach and provides a meta-review, involving more of a social ecology approach than a direct practice approach. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Copyright Taylor & Francis Group, LLC; YEAR: 2014

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Behavior Problems](#)  
[\\*Communities](#)  
[\\*Evidence Based Practice](#)  
[\\*Family](#)  
[\\*Schools](#)  
[Adolescent Psychopathology](#)  
[Child Psychopathology](#)  
[Drug Abuse](#)  
[Juvenile Delinquency](#)  
[Prevention](#)  
[School Dropouts](#)  
[Violence](#)

**Source:** PsycINFO

#### 19. E-cigarettes-Prevention, pulmonary health, and addiction.

**Citation:** Deutsches Arzteblatt International, May 2014, vol./is. 111/20(349-355), 1866-0452 (May 16, 2014)

**Author(s):** Nowak, Dennis; Jorres, Rudolf A; Ruther, Tobias

**Correspondence Address:** Nowak, Dennis: Department for Occupational, Social, and Environmental Medicine, Munich University Hospital, Ziemssenstr. 1, Munchen, Germany, 80336, d.nowak@lmu.de

**Institution:** Institute of Occupational, Social and Environmental Medicine, Clinical Center, Ludwig-Maximilian-University, Munich, Germany; Institute of Occupational, Social and Environmental Medicine, Clinical Center, Ludwig-Maximilian-University, Munich, Germany; Tobacco Clinic, Psychiatric Hospital, Ludwig-Maximilian-University, Munich, Germany

**Language:** English

**Abstract:** Background: E-cigarettes are coming into wider use. They are advertised as an aid to smoking cessation, but there is concern that they may also serve as a gateway drug for cigarette smoking. Methods: The authors systematically searched the PubMed database for relevant publications on the mechanism of action of e-cigarettes, the nature of their emissions, their assessment by potential users, their efficacy in smoking cessation, and their potential for addiction. Results: There have been many reports of epidemiologically uninformative case series in which smokers were helped to stop smoking by the use of e-cigarettes. Only two controlled trials have shown that e-cigarettes have approximately the same effect as nicotine substitution therapy when used as an aid to smoking cessation.

The effect is nearly independent of nicotine content. E-cigarettes are also consumed, to a small extent, by nonsmokers. As far as can be estimated toxicologically at present, the danger to active and passive smokers of e-cigarettes is presumably orders of magnitude less than that of tobacco smokers, although the variable composition of the fluids used in e-cigarettes introduces a degree of uncertainty. Conclusion: Preclinical and initial clinical data, including some data from randomized controlled trials, indicate that e-cigarettes may be useful as an aid to smoking cessation or as a means of lowering risk in high-risk groups. In contrast to the demonstrated efficacy of multimodal smoking-cessation programs with pharmacological and psychotherapeutic support, the efficacy of e-cigarettes in smoking cessation has not yet been satisfactorily shown. Valid and informative clinical trials are urgently needed. These should also be designed to determine what predisposition(s), if any, might make the use of e-cigarettes more or less successful than that of other aids to smoking cessation. Moreover, e-cigarettes might be a gateway drug for cigarette smoking; thus, no clear recommendation about their use can be made at present. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Addiction](#)  
[\\*Smoking Cessation](#)  
[\\*Tobacco Smoking](#)  
[Lung Disorders](#)  
[Pharmacology](#)

**Source:** PsycINFO

**Full Text:** Available from *National Library of Medicine* in [Deutsches &#x000c4;rzteblatt International](#)

## 20. Problem gambling over time: History, current status, and future prospects.

**Citation:** PsycCRITIQUES, 2014, vol./is. 59/27(No Pagination Specified), 1554-0138 (2014)

**Author(s):** Hodgins, David C; Yakovenko, Igor

**Language:** English

**Abstract:** Reviews the book, *The History of Problem Gambling: Temperance, Substance Abuse, Medicine, and Metaphors* by Peter Ferentzy and Nigel E. Turner (see record 2013-14819-000). The book examines the history and evolution of the disease model of addiction as it relates to problem gambling and substance abuse in general. It evaluates the challenges generated in the field of problem gambling that result from this medical conception and provides alternative perspectives on gambling addiction with a view toward potential future developments in the field. The authors discuss the connection between early views on alcoholism and their influence on problem gambling, as well as the validity of the public health model as an alternative to the disease model of addiction. The intended audience includes professionals in health care, researchers, and persons who have experienced problems with gambling and substance use. The book acts as a useful summary of the state of scientific and public perceptions of problem gambling, as well as an overview of the relevant history of addiction. Ferentzy and Turner successfully assess how problem gambling fits into public health and suggest ways to fill current knowledge gaps in the area. Research data and historical texts are cited throughout to support all discussions. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Electronic Collection

**Subject Headings:** [\\*Addiction](#)  
[\\*Drug Abuse](#)  
[\\*History](#)  
[\\*Pathological Gambling](#)

**Source:** PsycINFO

## 21. Mobile technology: A synopsis and comment on "Mobile phone-based interventions for smoking cessation".

- Citation:** Translational Behavioral Medicine, September 2013, vol./is. 3/3(231-232), 1869-6716;1613-9860 (Sep 2013)
- Author(s):** Johnston, Winter; Lederhausen, Alexandra; Duncan, Jennifer
- Correspondence Address:** Johnston, Winter: Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University, 680 N Lake Shore Drive, Suite 1400, Chicago, IL, US, 60611, winterjohnston@gmail.com
- Institution:** Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL, US; Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL, US; Department of Preventive Medicine, Northwestern University, Chicago, IL, US; Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL, US
- Language:** English
- Abstract:** This article reviews the mobile phone-based interventions for smoking cessation. The authors searched the Cochrane Tobacco Addiction Group Specialised Register in May 2010, the UK Clinical Research Network Portfolio for current projects, and the Clinical Trials register for ongoing or recently completed studies. Searches of the Cochrane Central Register of Controlled trials (2012), MEDLINE (2012), EMBASE (2012) were also included. The authors concluded that programs that use phone texting interventions to assist with smoking cessation are found to be effective when long-term abstinence is defined as not smoking for 6 months allowing up to three lapses or up to five cigarettes smoked in that time period. They noted that two studies resulting in ambiguous findings had small effect sizes and a high risk of statistical variance leading the authors to consider the larger, well-conducted studies to outweigh the results from the aforementioned studies. Mobile phone-based interventions have shown long term success in smoking cessation programs. Further research can be explored to expand our understanding of the efficacy and cost-effectiveness of mobile phone interventions. (PsycINFO Database Record (c) 2014 APA, all rights reserved)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Drug Abstinence](#)  
[\\*Risk Factors](#)  
[\\*Smoking Cessation](#)  
[\\*Technology](#)  
[\\*Cellular Phones](#)  
[Intervention](#)
- Source:** PsycINFO
- Full Text:** Available from *Springer NHS* in [Translational Behavioral Medicine](#); Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.  
Available from *Springer NHS* in [Translational Behavioral Medicine](#); Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

## 22. Association between DRD2/DRD4 interaction and conduct disorder: A potential developmental pathway to alcohol dependence.

- Citation:** American Journal of Medical Genetics Part B: Neuropsychiatric Genetics, September 2013, vol./is. 162/6(546-549), 1552-4841;1552-485X (Sep 2013)
- Author(s):** Mota, Nina Roth; Bau, Claiton H. D; Banaschewski, Tobias; Buitelaar, Jan K; Ebstein, Richard P; Franke, Barbara; Gill, Michael; Kuntsi, Jonna; Manor, Iris; Miranda, Ana; Mulas, Fernando; Oades, Robert D; Roeyers, Herbert; Rothenberger, Aribert; Sergeant, Joseph A; Sonuga-Barke, Edmund J; Steinhausen, Hans-Christoph; Faraone, Stephen V; Asherson, Philip
- Correspondence Address:** Mota, Nina Roth: Department of Genetics, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil, ninarothmota@gmail.com
- Institution:** Department of Genetics, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil; Department of Genetics, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil;

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**Language:**

English

**Abstract:**

This study aims to explore the association between DRD2/DRD4 interaction and conduct disorder. The interaction between the two dopamine receptor genes is thought to reflect different DRD2-DRD4 heteromerization patterns. Childhood attention deficit hyperactivity disorder (ADHD) predicts a higher prevalence of substance use disorder (SUD) in adulthood and comorbid conduct disorder (CD) plays a mediating role in the association of ADHD with both SUD in general and alcohol dependence specifically. It is therefore possible that the reported DRD2-DRD4 association with adult alcohol dependence could be mediated by CD, suggesting a developmental role for the DRD2-DRD4 interaction effect on early behavioral precursors of alcohol dependence. While the results of this study look highly promising, further replication is still required to clarify the role of the DRD2-DRD4 interaction on the course and outcome of childhood behavioral disorders on adult alcohol dependence, and to establish the processes involved throughout development. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Country of Publication:**

HOLDER: Wiley Periodicals, Inc.; YEAR: 2013

**Publication Type:**

Journal; Peer Reviewed Journal

**Subject Headings:**

\*Alcoholism  
 \*Conduct Disorder  
 \*Phenotypes  
 Dopamine  
 Genes  
 Neural Receptors

**Source:**

PsycINFO

**23. Review of From ecstasy to agony and back.****Citation:**

Journal of the Indian Academy of Applied Psychology, July 2013, vol./is. 39/2(302), 0019-4247 (Jul 2013)

**Author(s):**

No authorship indicated

**Language:**

English

**Abstract:**

Reviews the book, From Ecstasy to Agony and Back by Barnabe D' Souza (2012). The book presents the journey of adolescent street drug-addicts from psychological brokenness resulting from family disruption to the process of mending, from abuse, trauma, and vulnerability to building up self-esteem, talent, and personality and finally to the process of moving off the streets. The author discusses laws and policies affecting street children, the root causes and their effects on them and their families and the various

stakeholders such as agencies, employers, and institutions involved in their care and guidance. The participatory action research discussed here views children as their own psychologists, creating meaning for themselves out of their own experiences and understanding. By taking ownership of their actions, street children begin to structure their moving off the streets, facilitating their rehabilitation and reintegration into society, thereby, improving their status. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Country of Publication:** HOLDER: Journal of the Indian Academy of Applied Psychology  
**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** \*Emotional Adjustment  
 \*Personality Traits  
 \*Self Esteem  
 Methylenedioxymethamphetamine  
**Source:** PsycINFO  
**Full Text:** Available from *ProQuest* in *Journal of the Indian Academy of Applied Psychology*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 24. Effect of level of alcoholism and personality on cognitive failure among male alcoholics.

**Citation:** Journal of the Indian Academy of Applied Psychology, July 2013, vol./is. 39/2(182-188), 0019-4247 (Jul 2013)  
**Author(s):** Joseph, Shica Ann; Ganth, D. Barani; Thyagarajan, S  
**Correspondence Address:** Ganth, D. Barani: Department of Applied Psychology, Pondicherry University, Puducherry, India, 605 014  
**Institution:** Sri Ramachandra Medical College and Research Institute, Chennai, India; Department of Applied Psychology, Pondicherry University, Puducherry, India; Department of International Business, Pondicherry University, Puducherry, India  
**Language:** English  
**Abstract:** Alcoholism is a widely used term which is generally referred to chronic drinking, or periodic consumption of alcohol that is characterized by impaired control over drinking, chronic intoxication, preoccupation with drinking, impaired cognitive functioning, and changes in one's personality. The main objective of this study is to find out the difference in the levels of cognitive failure across different levels of alcoholism. This study also examined the correlation of the Big Five Personality dimensions with level of alcoholism and cognitive failure. The sample for the study consisted of 91 male participants who have the habit of drinking alcohol. Michigan alcoholism screening test (MAST) was used to categorize the participants into three groups (levels) of alcoholics. The Cognitive Failure Questionnaire (CFQ) was used to assess the cognitive functioning of the three groups. The Big Five Locator was administered to identify the individual's score on five different personality dimensions. Results indicated that the three groups of alcoholics differed significantly in their level of cognitive failure, i.e. the different levels of alcoholism significantly affect the degree of cognitive failure within an individual. Certain personality dimensions, along with level of alcoholism, significantly predict cognitive failure. Married men significantly differed from unmarried men in their level of alcohol consumption and degree of cognitive failure. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Journal of the Indian Academy of Applied Psychology  
**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** \*Alcoholism  
 \*Cognitive Ability  
 \*Emotional Intelligence  
 \*Personality Traits  
 Human Males

**Source:** PsycINFO

**Full Text:** Available from *ProQuest* in *Journal of the Indian Academy of Applied Psychology*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 25. An evaluation of the 4-H Health Rocks program: Implications for program improvement.

**Citation:** Journal of Drug Education, 2013, vol./is. 43/1(49-63), 0047-2379;1541-4159 (2013)

**Author(s):** Self, Carlton; Morgan, A. Christian; Fuhrman, Nicholas E; Navarro, Maria

**Correspondence Address:** Morgan, A. Christian: University of Georgia, 130 Four Towers, Athens, GA, US, 30602, acm@uga.edu

**Institution:** Deere and Company, Waterloo, IA, US; University of Georgia, Athens, GA, US; University of Georgia, Athens, GA, US; University of Georgia, Athens, GA, US

**Language:** English

**Abstract:** The National 4-H Council developed the Health Rocks substance abuse educational program to prevent youth from engaging in risky behaviors. The program was presented in 2010 to more than 8,000 middle school youth in Georgia. A post-then-pre evaluation was conducted with youth who completed 10 hours of instruction to determine if changes in youth knowledge, beliefs/attitudes, skills, and behavioral intentions occurred during the course of the program. This study sought to measure the impact of the program and critically evaluate the questionnaire used. The data revealed statistically significant increases in knowledge, beliefs/attitudes, skills, and behavioral intentions of participating youth. Suggestions for improvement of the questionnaire included utilizing questions that are more specific to the curriculum and adding questions to measure the influence of peer pressure. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Baywood Publishing Co., Inc.; YEAR: 2013

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Drug Education](#)  
[\\*Educational Programs](#)  
[\\*School Based Intervention](#)  
[Drug Abuse](#)  
[Middle Schools](#)  
[Program Development](#)

**Source:** PsycINFO

#### 26. The culpability of drivers killed in New Zealand road crashes and their use of alcohol and other drugs.

**Citation:** Accident Analysis and Prevention, June 2014, vol./is. 67/(119-128), 0001-4575 (Jun 2014)

**Author(s):** Poulsen, Helen; Moar, Rosemary; Pirie, Ruth

**Correspondence Address:** Poulsen, Helen: Environmental Science and Research, Porirua, New Zealand, 5240, helen.poulsen@esr.cri.nz

**Institution:** Environmental Science and Research, Porirua, New Zealand; Environmental Science and Research, Porirua, New Zealand; Environmental Science and Research, Porirua, New Zealand

**Language:** English

**Abstract:** Over a period of five years, blood samples were taken from 1046 drivers killed as a result of a motor vehicle crash on New Zealand roads. These were analysed for the presence of alcohol and a range of both illicit drugs and psychoactive medicinal drugs. Driver culpability was determined for all crashes. The control group of drug- and alcohol-free drivers comprised 52.2% of the study population. Drivers positive for psychoactive drugs were more likely to be culpable (odds ratio (OR) 3.5, confidence interval (CI) 95% 2.4-5.2) than the control group. Driver culpability exhibited the expected positive

association with alcohol use (OR 13.7, 95% CI 4.3-44) and with combined alcohol and cannabis use (OR 6.9, 95% CI 3.0-16). There was only a weak positive association between cannabis use (with no other drug) and culpability (OR 1.3, CI 95% 0.8-2.3). Furthermore, the OR for drivers with blood tetrahydrocannabinol (THC) concentrations greater than 5ng/mL was lower (OR 1.0, CI 95% 0.4-2.4) than drivers with blood THC concentrations less than 2ng/mL (OR 3.1, CI 95% 0.9-10). This is inconsistent with results reported by other studies where a significant increase in crash risk was found with blood THC levels greater than 5ng/mL. In this study, there were very few drivers who had used a single drug, other than cannabis or alcohol. Therefore, from this study, it is not possible to comment on any relationship between opioid, stimulant or sedative drug use and an increased risk of being killed in a crash for the drivers using these drugs. The results from a multivariate analysis indicate that driver gender, age group and licence status, (P =0.022, P =0.016, P =0.026, respectively), the type of vehicle being driven (P =0.013), the number of vehicles in the crash (P <0.001), the blood alcohol concentration of the driver (P <0.001) and the use of any drug other than alcohol and cannabis (P =0.044), are all independently associated with culpability. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** STATEMENT: All rights reserved.; HOLDER: Elsevier Ltd.; YEAR: 2014

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alcohols](#)  
[\\*Drivers](#)  
[\\*Drug Usage](#)  
[\\*Motor Traffic Accidents](#)  
[Blood Alcohol Concentration](#)  
[Risk Factors](#)

**Source:** PsycINFO

#### 27. The gender-specific association between age at first drink and later alcohol drinking patterns in Korea.

**Citation:** PLoS ONE, March 2014, vol./is. 9/3, 1932-6203 (Mar 4, 2014)

**Author(s):** Kang, Minsun; Kim, Jae-Hyun; Cho, Woo-Hyun; Park, Eun-Cheol

**Correspondence Address:** Park, Eun-Cheol, ecpark@yuhs.ac

**Institution:** Department of Public Health, Graduate School, Yonsei University, Seoul, Korea; Department of Public Health, Graduate School, Yonsei University, Seoul, Korea; Institute of Health Services Research, Yonsei University, Seoul, Korea; Institute of Health Services Research, Yonsei University, Seoul, Korea

**Language:** English

**Abstract:** This study investigated the association between the age at first drink and later alcohol drinking patterns, and analyzed whether differences in the association exist among Korean adults according to gender. The subjects included 10,649 adults (5,405 men and 5,244 women) from the fourth Korean National Health and Nutrition Examination Survey between 2007 and 2009, which extracted the standard survey household by using the proportional systematic sampling method. Baseline individual characteristics, the age at first drink, and individual alcohol drinking patterns were obtained by specially trained interviewers or examiners. The association between the age at first drink and the adult alcohol drinking patterns was summarized with odds ratios and their confidence intervals obtained from multiple logistic regression analysis with sampling weights of KNHANES complex sample survey design. The results of this study show that age, co-habitation, occupation, smoking, and self-rated stress level were significantly related to the drinking patterns for men, whereas education, co-habitation, smoking, and self-rated stress level were significant factors for the drinking patterns of women. The association between the age at first drink and the adult alcohol consumption was significant for both genders and, interestingly, the alcohol drinking patterns were significantly differed by gender even after controlling for the individual characteristics. These results imply a need for gender-specific strategies to prevent hazardous alcohol consumption at a later time for Korean. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.;  
HOLDER: Kang et al.; YEAR: 2014

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Alcoholism](#)  
[\\*Stress](#)  
[Adult Attitudes](#)  
[Age Differences](#)  
[Human Sex Differences](#)

**Source:** PsycINFO

**Full Text:** Available from *ProQuest* in *PLoS One*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.  
Available from *National Library of Medicine* in *PLoS ONE*

## 28. Bipolar disorder and cannabis. A case report.

**Original Title:** Trouble bipolaire et cannabis: A propos d'un cas.

**Citation:** *Alcoolologie et Addictologie*, March 2014, vol./is. 36/1(55-60), 1620-4522 (Mar 2014)

**Author(s):** Keita, Mamady Mory; Dervaux, Alain; Soumaoro, Kemo; Diallo, Lansana Laho; Koua, Asseman Medard; Doukoure, Morifode; Laqueille, Xavier

**Correspondence Address:** Keita, Mamady Mory, keitapsy@yahoo.fr

**Institution:** Service de Psychiatrie, Hopital National Donka, CHU de Conakry, Conakry, Guinea; Service d'Addictologie du Dr Laqueille, Centre Hospitalier Sainte-Anne, Paris, France; Service de Psychiatrie, Hopital National Donka, CHU de Conakry, Conakry, Guinea; Service de Neurologie, Hopital National Ignace Deen, Conakry, Guinea; Universite de Bouake, Bouake, Ivory Coast; Service de Psychiatrie, Hopital National Donka, CHU de Conakry, Conakry, Guinea; Service d'Addictologie du Dr Laqueille, Centre Hospitalier Sainte-Anne, Paris, France

**Language:** French

**Abstract:** Several epidemiological studies consistently found that substance use disorders were more frequent in the course of bipolar disorder than in general population. The prevalence of substance use disorders in subjects with bipolar disorder is 6,6 times higher than that of subjects in the general population. Case report: a 27 years old man was admitted to our psychiatric department, without his consent, for an acute manic episode, characterized by euphoric mood, logorrhea, pressured speech, psychomotor agitation, grandiosity, distractibility, disorganized thought and flight of ideas. The patient was started on olanzapine and divalproate and had a good response. He had a history of severe cannabis dependence and alcohol abuse, since his adolescence. He also presented subthreshold mood swings before the hospitalization and antisocial personality disorder, characterized by impulsivity, irritability, reckless disregard for safety of others, repeated failure to sustain consistent work behaviour, and lack of remorse. This case report highlights the need for disentangling the symptoms of substance use disorders, bipolar disorder type I, and personality disorders in patients with dual diagnosis. Substance use disorders may mask or mimic symptoms of bipolar disorder and contribute to the delayed diagnosis of this disorder. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Bipolar Disorder](#)  
[\\*Cannabis](#)  
[Drug Abuse](#)  
[Mania](#)

**Source:** PsycINFO

**29. Raising the issue of alcohol with the patient: A relational tool.**

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- Original Title:** L'avance de la parole: Un outil relationnel.
- Citation:** Alcoologie et Addictologie, March 2014, vol./is. 36/1(49-53), 1620-4522 (Mar 2014)
- Author(s):** Claudon, Micheline; Toutain, Stephanie
- Correspondence Address:** Toutain, Stephanie: Cermes 3, Universite Paris Descartes, Sorbonne Paris Cite, 45, rue des Saints-Peres, Paris, France, F-75270, Cedex 06, stephanie.toutain@parisdescartes.fr
- Institution:** Formatrice en Alcoologie, Hopital Bichat, Paris, France; Cermes 3, Universite Paris Descartes, Paris, France
- Language:** French
- Abstract:** The patient's desire to seek medical attention in addiction medicine remains a controversial issue due to the clinician's personal and theoretical positioning, but also probably due to the geographical site of addiction medicine practice and the objective of the meeting between the patient and the clinician. The meeting with the alcoholic patient generally induces a malaise attributed to the power of the representations of "alcoholics" shared by both the patient and the clinician. In order to decrease this malaise related to the power and violence of these representations, clinicians must not wait for the patient to seek attention and, more importantly, they must modify their own representations by a process of personal analysis. After clearing the relational space, the clinician must explain how dependence can be considered to be an illness, but must also emphasize the individual sensitivity of each person in relation to alcohol, a substance initially considered by the patient to be a lifelong friend, but which, with time, has become a traitor, against which the patient and the clinician will join forces in the fight against alcohol. This approach contributes to strengthening the therapeutic alliance and restoring the "alcoholic" patient's dignity, two factors that can contribute to the success of this long and difficult process. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Alcoholism](#)  
[Addiction](#)  
[Clinicians](#)  
[Patients](#)
- Source:** PsycINFO

**30. From social drinking to addiction. Alcohol consumption in the world of nighttime radio.**

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- Original Title:** De l'alcool festif a l'addiction: Consommation de boissons alcoolisees dans le monde de la radio nocturne.
- Citation:** Alcoologie et Addictologie, March 2014, vol./is. 36/1(35-42), 1620-4522 (Mar 2014)
- Author(s):** Beccarelli, Marine
- Correspondence Address:** Beccarelli, Marine: Centre d'Histoire du XIXeme siecle (EA 3550), Universite Paris 1, 17, rue de la Sorbonne, Paris, France, F-75231, Cedex 05, marine.beccarelli@live.fr
- Institution:** Centre d'Histoire du XIXeme siecle (EA 3550), Universite Paris 1, Paris, France
- Language:** French
- Abstract:** Radio studios become empty in the evening when management, administrative personnel and the majority of radio employees go home. Only a limited number of night-workers remain on duty to ensure live broadcasts or prepare early morning broadcasts. This article reviews the place of alcohol consumption in the world of nighttime radio in France from the 1960s until the present time. An essentially sociological approach was used, as this analysis was mainly based on oral or written testimonies from men and women working in nighttime radio. From the 1960s until the Evin alcohol advertising law of 1991, alcohol was permitted and almost recommended in radio studios at night as a disinhibitory substance that was also useful to help fight fatigue. Since 1991, alcohol consumption,

although prohibited in the workplace, has nevertheless remained a relatively common practice among nighttime radio workers. This consumption sometimes becomes dependence, as illustrated by the experience of the radio announcer, Jean-Louis Foulquier. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** [\\*Addiction](#)  
[\\*Alcohol Drinking Attitudes](#)  
[Personnel](#)  
[Radio](#)  
**Source:** PsycINFO

### 31. What strategy should be adopted for the management of alcoholism?

**Original Title:** Prise en charge des maladies alcooliques: Quelle strategie aujourd'hui?  
**Citation:** Alcoolologie et Addictologie, March 2014, vol./is. 36/1(27-33), 1620-4522 (Mar 2014)  
**Author(s):** Rigaud, Alain  
**Correspondence Address:** Rigaud, Alain: Etablissement Public de Sante Mentale de la Marne, Centre d'Addictologie Medico-Psychologique, 28 bis, rue de Courcelles, Reims, France, F-51100, a.rigaud@epsdm-marne.fr  
**Institution:** Etablissement Public de Sante Mentale de la Marne, Centre d'Addictologie Medico-Psychologique, Reims, France  
**Language:** French  
**Abstract:** Background and method: this article provides a reflection on the strategy of management of alcoholic patients in the framework of the new classification of alcoholism proposed by DSM-5 and the availability of new drug treatments. Results and discussion: abstinence remained the objective and the model of management of alcoholism for a long time. However, this objective often does not correspond to the needs and expectations of the patient, who is not ready to accept the idea of life-long abstinence. Furthermore, in the presence of very heterogeneous situations, clinical profiles and outcomes, the unique model of immediate, total and permanent abstinence may no longer be entirely relevant, which is why treatments based on abstinence have a low success rate. The objective of decreased alcohol intake is not a recent approach, and has been proposed an intermediate objective by health agencies and international learned societies. This principle of alcohol reduction is accepted both by patients and healthcare professionals. It facilitates access to care and is associated with health benefits. It must be integrated into a risk and damage reduction strategy, not as an alternative to abstinence, but as a step or even a bridge towards abstinence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)  
**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Rehabilitation](#)  
[Drug Abstinence](#)  
[Drug Therapy](#)  
**Source:** PsycINFO

### 32. The Strasbourg "maternity and addictions" network. The 10-year Alsace experience and changing profiles of young mothers (2005-2011).

**Original Title:** Le reseau "Maternite et addictions" de Strasbourg: Dix ans d'experience alsacienne et evolution du profil des jeunes meres (2005-2011).  
**Citation:** Alcoolologie et Addictologie, March 2014, vol./is. 36/1(19-26), 1620-4522 (Mar 2014)  
**Author(s):** Toutain, Stephanie; Weil, Michele; Reichert, Maica  
**Correspondence Address:** Toutain, Stephanie: Cermes 3, Universite Paris Descartes, Sorbonne Paris Cite, 45, rue des Saints-Peres, Paris, France, F-75270, Cedex 06, stephanie.toutain@parisdescartes.fr

**Institution:** Cermes 3, Universite Paris Descartes, Paris, France; Service de Neonatologie, CMCO-CHU de Strasbourg, Reseau Maternite et Addictions, Schiltigheim, France; Reseau Maternite et Addiaions, Schiltigheim, France

**Language:** French

**Abstract:** Objective: the "Maternity and addictions" network was formed following the awareness of maternity professionals of their poor knowledge of psychoactive substance users (medical, pharmacological and psychosocial problems), but also their sometimes "erroneous" representations concerning the management of these women. Review of the 10-year experience of this network reveals changing patient profiles as well as a changing approach of healthcare professionals to the management of these women. Method: retrospective medical chart review based on 2005-2011 databases kept by the network and comprising a total of 309 young mothers. Factorial correspondence analysis (FCA) based on ten of the 58 variables extracted from the database in order to elaborate a typical profile of the mothers managed. Results: three profiles of mothers were identified: 1 - women over the age of 35 with precarity and consumption scores greater than or equal to 3 (from 0 to 6 levels of very high consumption and maximum precarity), but with a lower frequency of this profile between 2005 (50%) and 2011 (37.5%); 2 - mothers between the ages of 25 and 30 years consuming a single product and stabilized with replacement therapy, but also with a lower frequency of this profile between 2005 (33%) and 2011 (16%); 3-young women consuming cannabis and presenting a precarity score greater than or equal to 3 (from 0 to 6: maximum precarity), the characteristic profile of more recent years (22.6% in 2011 versus 3.2% in 2005). Conclusions: the predominant profile of women of the network has changed from opioid users in 2005 to cannabis users under the age of 25 in 2011, combining social and economic precarity, not identified by addiction medicine departments and more generally not receiving medical care. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Addiction](#)  
[Consumer Behavior](#)  
[Mothers](#)  
[Pregnancy](#)

**Source:** PsycINFO

### 33. Excessive consumption of caffeine. Experience of screening, assessment and information in a hospital addiction medicine unit.

**Original Title:** Consommation abusive de cafeine: Bilan d'une demarche de repereage, d'evaluation et d'information au sein d'une unite d'addictologie hospitaliere.

**Citation:** Alcoologie et Addictologie, March 2014, vol./is. 36/1(11-17), 1620-4522 (Mar 2014)

**Author(s):** Sinanian, M. Alexandre; Le Thomas, Marie; Edel, Yves; Rawson, Amparo Belgrano; Pommier, Francois

**Correspondence Address:** Sinanian, M. Alexandre: Laboratoire des Atteintes Somatiques et Identitaires, Universite Paris Quest Nanterre La Defense, 16, rue Saint-Sauveur, Paris, France, F-75002, alexandre.sinanian@hotmail.fr

**Institution:** Laboratoire des Atteintes Somatiques et Identitaires, Universite Paris Quest Nanterre La Defense, Paris, France; Laboratoire des Atteintes Somatiques et Identitaires, Universite Paris Quest Nanterre La Defense, Paris, France; Unite d'Addictologie Hospitaliere, CHU Pitie-Salpetriere, Paris, France; Unite d'Addictologie Hospitaliere, CHU Pitie-Salpetriere, Paris, France; Laboratoire des Atteintes Somatiques et Identitaires, Universite Paris Quest Nanterre La Defense, Paris, France

**Language:** French

**Abstract:** Context: this article aims to relate the experience of a screening procedure and information about prevention of excessive consumption of caffeine (300 mg) in 25 patients encountered in a hospital addiction medicine unit. Method: this protocol is divided into two steps: a quantitative evaluation time of intoxication, weaning and

addiction to caffeine (26-item questionnaire developed from Goodman's and DSM IV-TR criteria) and a time of semi-structured clinical interview evaluating the psychological and behavioral aspects. Results: they show a superior consumption compared to the threshold doses of caffeine intoxication (800 mg on average). There are 17-dependent subjects meeting the criteria of an addiction to caffeine. Psychopathological aspects emerge, such as exacerbation of anxiety or psychotic disorder. Half of our sample had an eating disorder associated. Discussion: this research here integrated to the addiction care at hospital describes the importance of screening consumption and aims at educating professionals about abusive consumption of caffeine. As a seemingly innocuous psychoactive substance, it may still occupy an important place in these polydrug users: during a weaning or in co-addiction with other psychoactive substances (licit and illicit) and behavioral addictions (games, eating disorders). (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Caffeine](#)  
[\\*Drug Abuse](#)  
[Addiction](#)  
[Health Care Services](#)  
[Screening](#)

**Source:** PsycINFO

#### 34. Excessive consumption of caffeine, intoxication, addiction and psychopathology.

**Original Title:** Caffeine consommations abusives, intoxication, addiction et psychopathologie: Revue de la litterature.

**Citation:** Alcoologie et Addictologie, March 2014, vol./is. 36/1(5-10), 1620-4522 (Mar 2014)

**Author(s):** Sinanian, M. Alexandre; Le Thomas, Marie; Edel, Yves; Rawson, Amparo Belgrano; Pommier, Francois

**Correspondence Address:** Sinanian, M. Alexandre: Laboratoire des Atteintes Somatiques et Identitaires, Universite Paris Quest Nanterre La Defense, 16, rue Saint-Sauveur, Paris, France, F-75002, alexandre.sinanian@hotmail.fr

**Institution:** Laboratoire des Atteintes Somatiques et Identitaires, Universite Paris Quest Nanterre La Defense, Paris, France; Laboratoire des Atteintes Somatiques et Identitaires, Universite Paris Quest Nanterre La Defense, Paris, France; Unite d'Addictologie Hospitaliere, CHU Pitie-Salpetriere, Paris, France; Unite d'Addictologie Hospitaliere, CHU Pitie-Salpetriere, Paris, France; Laboratoire des Atteintes Somatiques et Identitaires, Universite Paris Quest Nanterre La Defense, Paris, France

**Language:** French

**Abstract:** This review presents the various effects of caffeine consumed in high doses, as we frequently meet in addiction healthcare. It allows to include caffeine in the field of addiction in terms of intoxication, abuse, withdrawal and dependence on one hand. On the other hand, it is possible to see the psycho-pathological effects (anxiety, depression...), interactions with various psychiatric disorders, such as anxiety or psychotic disorders, and substance use or behavioral addictions such as eating disorders. One part has also been devoted to effects of caffeinated "energy drinks". (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Addiction](#)  
[\\*Caffeine](#)  
[Health Care Services](#)  
[Mental Disorders](#)  
[Toxic Disorders](#)

**Source:** PsycINFO

#### 35. Depression and risk behavior in adolescence.



- Citation:** PLoS ONE, March 2014, vol./is. 9/3, 1932-6203 (Mar 17, 2014)
- Author(s):** Coste, Joel; Quinquis, Laurent; D'Almeida, Samuel; Audureau, Etienne
- Correspondence Address:** Coste, Joel, joel.coste@htd.aphp.fr
- Institution:** Biostatistics and Epidemiology Unit, Assistance Publique-Hopitaux de Paris, Hotel Dieu, Paris, France; Biostatistics and Epidemiology Unit, Assistance Publique-Hopitaux de Paris, Hotel Dieu, Paris, France; Biostatistics and Epidemiology Unit, Assistance Publique-Hopitaux de Paris, Hotel Dieu, Paris, France; Biostatistics and Epidemiology Unit, Assistance Publique-Hopitaux de Paris, Hotel Dieu, Paris, France
- Language:** English
- Abstract:** Background: Relationships between smoking and health-related quality of life (HRQoL) in the general population remain unclear. Objectives: To quantify the independent associations between smoking patterns and HRQoL and to identify any threshold or non-linear tendencies in these associations. Methods: A national representative, cross-sectional household survey of the French general non institutionalized population included 7525 men and 8486 women, aged 25-64 year in 2003. Scores on the eight subscales of the Medical Outcomes Study 36-item Short Form were the primary outcomes. Linear regression analyses were used to evaluate the associations between HRQoL and smoking history, quantity of smoking and smoking cessation while controlling for various socio-economic variables, depression, alcohol dependence and pathological conditions. Analyses were conducted in 2013. Results: Independent associations between smoking and HRQoL were found, including small positive associations for occasional or light smoking (up to 5 cigarettes per day), and larger and diffuse negative associations above this threshold. Much weaker associations and higher thresholds for negative HRQoL were found for women than for men. For ex-smokers of both genders, HRQoL was found to be better between 2 and 5 years after quitting. Conclusions: Smoking was independently related to HRQoL, with large differences according to the pattern and quantity of smoking, and to gender. These results may have considerable relevance both for public health action and care of smokers. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.; HOLDER: Coste et al.; YEAR: 2014
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Drug Abuse](#)  
[\\*Human Sex Differences](#)  
[\\*Quality of Life](#)  
[\\*Tobacco Smoking](#)  
[Public Health](#)
- Source:** PsycINFO
- Full Text:** Available from *ProQuest* in [PLoS One](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions. Available from *National Library of Medicine* in [PLoS ONE](#)

### 37. The use of Haiku to convey complex concepts in neuroscience.

- Citation:** The Journal of Undergraduate Neuroscience Education, 2013, vol./is. 12/1(A42-A48), 1544-2896 (2013)
- Author(s):** Pollack, Alexia E; Korol, Donna L
- Correspondence Address:** Pollack, Alexia E.: Biology Department, University of Massachusetts-Boston, 100 Morrissey Blvd, Boston, MA, US, 02125, alexia.pollack@umb.edu
- Institution:** Biology Department, University of Massachusetts-Boston, Boston, MA, US; Biology Department, Syracuse University, Syracuse, NY, US
- Language:** English



New York, Flushing, NY, US; Department of Psychology, Queens College, City University of New York, Flushing, NY, US

**Language:**

English

**Abstract:**

In a large (250 registrants) general education lecture course, neuroscience principles were taught by two professors as co-instructors, starting with simple brain anatomy, chemistry, and function, proceeding to basic brain circuits of pleasure and pain, and progressing with fellow expert professors covering relevant philosophical, artistic, marketing, and anthropological issues. With this as a base, the course wove between fields of high relevance to psychology and neuroscience, such as food addiction and preferences, drug seeking and craving, analgesic paininhibitory systems activated by opiates and stress, neuroeconomics, unconscious decision-making, empathy, and modern neuroscientific techniques (functional magnetic resonance imaging and event-related potentials) presented by the co-instructors and other Psychology professors. With no formal assigned textbook, all lectures were PowerPoint-based, containing links to supplemental public-domain material. PowerPoints were available on Blackboard several days before the lecture. All lectures were also video-recorded and posted that evening. The course had a Facebook page for after-class conversation and one of the co-instructors communicated directly with students on Twitter in real time during lecture to provide momentary clarification and comment. In addition to graduate student Teaching Assistants (TAs), to allow for small group discussion, ten undergraduate students who performed well in a previous class were selected to serve as discussion leaders. The Discussion Leaders met four times at strategic points over the semester with groups of 20-25 current students, and received one credit of Independent Study, thus creating a course within a course. The course grade was based on weighted scores from two multiple-choice exams and a five-page writing assignment in which each student reviewed three unique, but brief original peer-review research articles (one page each) combined with expository writing on the first and last pages. A draft of the first page, collected early in the term, was returned to each student by graduate TAs to provide individual feedback on scientific writing. Overall the course has run three times at full or near enrollment capacity despite being held at an 8:00 AM time slot. Student-generated teaching evaluations place it well within the normal range, while this format importantly contributes to budget efficiency permitting the teaching of more required small-format courses (e.g., freshman writing). The demographics of the course have changed to one in which the vast majority of the students are now outside the disciplines of neuroscience or psychology and are taking the course to fulfill a General Education requirement. This pattern allows the wide dissemination of basic neuroscientific knowledge to a general college audience. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:**

HOLDER: Faculty for Undergraduate Neuroscience; YEAR: 2013

**Publication Type:**

Journal; Peer Reviewed Journal

**Subject Headings:**

[\\*Curriculum Development](#)  
[\\*Neurosciences](#)  
[\\*Psychology Education](#)  
[\\*Science Education](#)  
[\\*Team Teaching Method](#)  
[Brain](#)  
[Hedonism](#)  
[Neurology](#)  
[Pain](#)  
[Undergraduate Education](#)

**Source:**

PsycINFO

**39. Assessing the subjective and physiological effects of intranasally administered crushed extended-release morphine formulations with and without a sequestered naltrexone core in recreational opioid users.**

**Citation:**

Pain Research & Management, July 2013, vol./is. 18/4(e55-e62), 1203-6765 (Jul-Aug 2013)

- Author(s):** Setnik, Beatrice; Goli, Veeraindar; evy-Cooperman, Naama L; Mills, Catherine; Shram, Megan; Smith, Ira
- Correspondence Address:** Setnik, Beatrice: Pfizer Inc., 4000 Centre Green Way, Suite 260, Cary, NC, US, 27513, beatrice.setnik@pfizer.com
- Institution:** Pfizer Inc., Cary, NC, US; Pfizer Inc., Cary, NC, US; INC Research, NC, US; INC Research, NC, US; INC Research, NC, US; INC Research, NC, US
- Language:** English
- Abstract:** Objective: To evaluate the pharmacodynamic (PD) effects of morphine sulfate and naltrexone hydrochloride extended-release (MSN) capsules compared with controlled-release morphine sulfate (MS) and placebo when crushed and administered intranasally. Methods: The present study was a randomized, double-blinded, placebo-controlled, single-dose (30 mg), three-way crossover study in healthy, nondependent recreational opioid users. PD measures included assessment of subjective drug effects using visual analogue scales (VAS) ranging from 0 to 100 and assessments of pupil diameter. Blood samples were collected for pharmacokinetic analyses. Results: Both MS and MSN showed significantly higher PD values compared with placebo. MSN showed significantly lower scores for drug liking and high VAS scores on both mean peak effect (Emax) (69.6 and 55.2, respectively) and in area under the effect curve over 2 h (86.3 and 66.7, respectively) following dosing compared with MS (Emax 87.6 and 86.6, respectively; area under the curve over 2 h 120.6 and 132.9, respectively;  $P < 0.001$ ). MSN showed significantly lower Emax for all other positive subjective effects (good drug effects, overall drug liking, and take drug again VAS scores) compared with MS ( $P < 0.001$ ). Peak minimum pupil diameter was significantly larger for MSN than MS ( $P = 0.002$ ). Mean peak plasma concentration (Cmax) and median time to Cmax for morphine following administration of MSN and MS were similar (27.3 ng/mL and 0.57 h versus 27.7 ng/mL and 0.6 h, respectively). Naltrexone mean Cmax was 1497 pg/mL after MSN and median time to Cmax was 5 h. Conclusions: When crushed and administered intranasally, MSN was associated with significantly lower ratings of drug liking and other positive subjective effects compared with MS. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** STATEMENT: All rights reserved.; HOLDER: Pulsus Group Inc.; YEAR: 2013
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Drug Abuse Liability](#)  
[\\*Drug Addiction](#)  
[Morphine](#)  
[Naltrexone](#)  
[Placebo](#)  
[Pharmacodynamics](#)  
[Pharmacokinetics](#)
- Source:** PsycINFO
- Full Text:** Available from *National Library of Medicine* in [Pain Research and Management : The Journal of the Canadian Pain Society](#)  
Available from *ProQuest* in [Pain Research and Management : The Journal of the Canadian Pain Society](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
- 40. Self-reported practices in opioid management of chronic noncancer pain: A survey of Canadian family physicians.**
- Citation:** Pain Research & Management, July 2013, vol./is. 18/4(177-184), 1203-6765 (Jul-Aug 2013)
- Author(s):** Allen, Michael J. M; Asbridge, Mark M; MacDougall, Peter C; Furlan, Andrea D; Tugalev, Oleg
- Correspondence Address:** Allen, Michael J. M.: Dalhousie University, 5849 University Avenue, PO Box 15000, Halifax, NS, Canada, B3H 4R2, michael.allen@dal.ca

- Institution:** Dalhousie University, Halifax, NS, Canada; Department of Community Health and Epidemiology, Dalhousie University, Halifax, NS, Canada; Department of Anesthesia, Dalhousie University, Halifax, NS, Canada; Institute for Work and Health, Toronto Rehabilitation Institute, Toronto, ON, Canada; Woodstock General Hospital, Woodstock, ON, Canada
- Language:** English
- Abstract:** Background: In May 2010, a new Canadian guideline on prescribing opioids for chronic noncancer pain (CNCP) was released. To assess changes in family physicians' (FPs) prescribing of opioids following the release of the guideline, it is necessary to know their practices before the guideline was widely disseminated. Objectives: To determine FPs' practices and knowledge in prescribing opioids for CNCP in relation to the Canadian guideline, and to determine factors that hinder or enable FPs in prescribing opioids for CNCP. METHODS: An online survey was developed and FPs who manage CNCP were electronically contacted through the College of Family Physicians of Canada, university continuing medical education offices and provincial regulatory colleges. Results: A total of 710 responses were received. FPs followed a precautionary approach to prescribing opioids and already practiced in accordance with Canadian guideline recommendations by discussing adverse effects, monitoring for aberrant drug-related behaviour and advising caution when driving. However, FPs seldom discontinued opioids even if they were ineffective and were unaware of the 'watchful dose' of opioids, the daily dose at which patients may need reassessment or closer monitoring. Only two of nine knowledge questions were answered correctly by more than 40% of FPs. The main enabler to optimal opioid prescribing was having access to a patient's opioid history from a provincial prescription monitoring program. The main barriers to optimal prescribing were concerns about addiction and misuse. Conclusions: While FPs follow a precautionary approach to prescribing opioids for CNCP, there are substantial practice and knowledge gaps, with implications for patient safety and costs. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** STATEMENT: All rights reserved.; HOLDER: Pulsus Group Inc.; YEAR: 2013
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Clinical Practice](#)  
[\\*Drug Therapy](#)  
[\\*Opiates](#)  
[\\*Pain Management](#)  
[Chronic Pain](#)  
[Family Physicians](#)  
[Self Report](#)
- Source:** PsycINFO
- Full Text:** Available from *National Library of Medicine* in [Pain Research and Management : The Journal of the Canadian Pain Society](#)  
Available from *ProQuest* in [Pain Research and Management : The Journal of the Canadian Pain Society](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

**41. Comorbidity in adolescence: Simultaneous declaration of depressive, eating symptoms and use of psychoactive substances in general population of 17 year old students in a big city.**

- Citation:** Archives of Psychiatry and Psychotherapy, June 2013, vol./is. 15/2(21-28), 1509-2046 (Jun 2013)
- Author(s):** Modrzejewska, Renata
- Correspondence Address:** Modrzejewska, Renata: Collegium Medicum UJ, Department of Child and Adolescent Psychiatry, Kopernika Street 21 a, Krakow, Poland, 31-501, renatam@psych.cm-uj.krakow.pl
- Institution:** Collegium Medicum UJ, Department of Child and Adolescent Psychiatry, Krakow, Poland

**Language:** English

**Abstract:** Aim: To determine whether the following symptoms: depressive symptoms, eating disorder symptoms among adolescents in Cracow secondary schools are associated with an increased risk of psychoactive substance use. Method: A representative sample of the population of Krakow secondary school pupils was tested. A two-stage draw method identified a group of 2034 2nd form pupils of all types of secondary schools: grammar schools, technical schools and vocational schools (17-year olds). They were tested using the following screening questionnaires: Beck Depression Scale, EAT-26 eating disorders scale and author's drug questionnaire. Results: The prevalence of depressive symptoms among boys and girls is associated with an increased alcohol use (74.8% among depressive boys and 65.8% in the depressive group of girls), cigarette smoking (41.7% and 46.7%) and drug use (29.0% and 18.6%). All of the relationships are statistically significant in both sexes. 41.7% of depressive boys admit to smoking, versus. only 32.6% in the non-depressive group. In the girls' group, these relationships are as follows: 46.7% versus 32.1%. The relationships are statistically significant in both sexes. The prevalence of eating disorder symptoms among boys and girls is associated with a higher alcohol use (respectively: 73.5% and 61.9%), cigarette smoking (42.1% and. 46.9%), and drug use (31.6% and 21.5%). Compared with a group of young people without eating disorder symptoms, the relationships are of statistical significance. Conclusions: Comorbidity of the following symptoms was found: depressive symptoms, eating disorder symptoms and symptoms of psychoactive substance use. The presence of depressive symptoms increases the risk of the use of psychoactive substances, especially alcohol and tobacco, to a lesser extent-drugs, both in the boys and in the girls. The presence of eating disorder symptoms increases the risk of smoking and drug use among both boys and girls. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Drug Usage](#)  
[\\*Eating Disorders](#)  
[\\*Epidemiology](#)  
[\\*Major Depression](#)  
[\\*Symptoms](#)  
[Adolescent Psychopathology](#)  
[Comorbidity](#)

**Source:** PsycINFO

#### 42. Measuring the burden-Current and future research trends: Results from the NIAAA expert panel on alcohol and chronic disease epidemiology.

**Citation:** Alcohol Research: Current Reviews, 2013, vol./is. 35/2(250-259), 2168-3492;2169-4796 (2013)

**Author(s):** Breslow, Rosalind A; Mukamal, Kenneth J

**Institution:** Division of Epidemiology and Prevention Research, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD, US; Harvard Medical School, Division of General Medicine & Primary Care, Beth Israel Deaconess Medical Center, Boston, MA, US

**Language:** English

**Abstract:** Alcohol has a significant impact on health and well-being, from the beneficial aspects of moderate drinking to the detrimental effects of alcoholism. The broad implications of alcohol use on public health have been addressed through a wide range of epidemiological and clinical studies, many of which are described in this issue of Alcohol Research: Current Reviews. Where chronic disease is involved, alcohol use can be a risk factor that not only affects the onset of various chronic diseases but also exacerbates the ongoing extent and severity of those diseases. Lifestyle choices and genetic influences also contribute to, or help to alleviate, that risk. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Chronicity \(Disorders\)](#)  
[\\*Epidemiology](#)  
[\\*Health](#)  
[\\*Well Being](#)  
[Experimentation](#)  
[Risk Factors](#)  
[Trends](#)

**Source:** PsycINFO

**Full Text:** Available from *EBSCOhost* in [Alcohol Research: Current Reviews](#)  
 Available from *ProQuest* in [Alcohol Research](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 43. Gaps in clinical prevention and treatment for alcohol use disorders: Costs, consequences, and strategies.

**Citation:** Alcohol Research: Current Reviews, 2013, vol./is. 35/2(238-243), 2168-3492;2169-4796 (2013)

**Author(s):** Willenbring, Mark L

**Institution:** National Institute on Alcohol Abuse and Alcoholism, St. Paul, MN, US

**Language:** English

**Abstract:** Heavy drinking causes significant morbidity, premature mortality, and other social and economic burdens on society, prompting numerous prevention and treatment efforts to avoid or ameliorate the prevalence of heavy drinking and its consequences. However, the impact on public health of current selective (i.e., clinical) prevention and treatment strategies is unclear. Screening and brief counseling for at-risk drinkers in ambulatory primary care has the strongest evidence for efficacy, and some evidence indicates this approach is cost-effective and reduces excess morbidity and dysfunction. Widespread implementation of screening and brief counseling of nondependent heavy drinkers outside of the medical context has the potential to have a large public health impact. For people with functional dependence, no appropriate treatment and prevention approaches currently exist, although such strategies might be able to prevent or reduce the morbidity and other harmful consequences associated with the condition before its eventual natural resolution. For people with alcohol use disorders, particularly severe and recurrent dependence, treatment studies have shown improvement in the short term. However, there is no compelling evidence that treatment of alcohol use disorders has resulted in reductions in overall disease burden. More research is needed on ways to address functional alcohol dependence as well as severe and recurrent alcohol dependence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alcohol Rehabilitation](#)  
[\\*Alcoholism](#)  
[\\*Prevention](#)  
[\\*Public Health](#)  
[Treatment](#)

**Source:** PsycINFO

**Full Text:** Available from *EBSCOhost* in [Alcohol Research: Current Reviews](#)  
 Available from *ProQuest* in [Alcohol Research](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 44. Focus on: Ethnicity and the social and health harms from drinking.

**Citation:** Alcohol Research: Current Reviews, 2013, vol./is. 35/2(229-237), 2168-3492;2169-4796 (2013)

**Author(s):** Chartier, Karen G; Vaeth, Patrice A.C; Caetano, Raul

**Institution:** Virginia Commonwealth, University School of Social Work, Richmond, VA, US; Prevention Research Center, Pacific Institute for Research and Evaluation, Berkeley, CA, US; University of Texas School of Public Health, Dallas, TX, US

**Language:** English

**Abstract:** Alcohol consumption is differentially associated with social and health harms across U.S. ethnic groups. Native Americans, Hispanics, and Blacks are disadvantaged by alcohol-attributed harms compared with Whites and Asians. Ethnicities with higher rates of risky drinking experience higher rates of drinking harms. Other factors that could contribute to the different effects of alcohol by ethnicity are social disadvantage, acculturation, drink preferences, and alcohol metabolism. this article examines the relationship of ethnicity and drinking to (1) unintentional injuries, (2) intentional injuries, (3) fetal alcohol syndrome (Fas), (4) gastrointestinal diseases, (5) cardiovascular diseases, (6) cancers, (7) diabetes, and (8) infectious diseases. Reviewed evidence shows that Native Americans have a disproportionate risk for alcohol-related motor vehicle fatalities, suicides and violence, FAS, and liver disease mortality. Hispanics are at increased risk for alcohol-related motor vehicle fatalities, suicide, liver disease, and cirrhosis mortality; and blacks have increased risk for alcohol-related relationship violence, FAS, heart disease, and some cancers. however, the scientific evidence is incomplete for each of these harms. More research is needed on the relationship of alcohol consumption to cancers, diabetes, and HIV/AIDS across ethnic groups. studies also are needed to delineate the mechanisms that give rise to and sustain these disparities in order to inform prevention strategies. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alcoholism](#)  
[\\*At Risk Populations](#)  
[\\*Ethnic Identity](#)  
[\\*Minority Groups](#)  
[\\*Public Health](#)  
[Diabetes](#)  
[Fetal Alcohol Syndrome](#)  
[Gastrointestinal Disorders](#)  
[Infectious Disorders](#)  
[Neoplasms](#)

**Source:** PsycINFO

**Full Text:** Available from *EBSCOhost* in *Alcohol Research: Current Reviews*  
Available from *ProQuest* in *Alcohol Research*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 45. Focus on: Women and the costs of alcohol use.

**Citation:** Alcohol Research: Current Reviews, 2013, vol./is. 35/2(219-228), 2168-3492;2169-4796 (2013)

**Author(s):** Wilsnack, Sharon C; Wilsnack, Richard W; Kantor, Lori Wolfgang

**Institution:** Department of Clinical Neuroscience, University of North Dakota, School of Medicine & Health Sciences, Grand Forks, ND, US; Department of Clinical Neuroscience, University of North Dakota, School of Medicine & Health Sciences, Grand Forks, ND, US

**Language:** English

**Abstract:** Although light-to-moderate drinking among women is associated with reduced risks of some cardiovascular problems, strokes, and weakening of bones, such levels of drinking also are associated with increased risks of breast cancer and liver problems, and heavy drinking increases risks of hypertension and bone fractures and injuries. Women's heavy-drinking patterns and alcohol use disorders are associated with increased likelihood of many psychiatric problems, including depression, posttraumatic stress disorder, eating disorders, and suicidality, as well as increased risks of intimate partner violence and sexual assault, although causality in the associations of drinking with psychiatric disorders and with violence remains unclear. it is important for women to be aware of the

risks associated with alcohol use, especially because gaps between U.S. men's and women's drinking may have narrowed. however, analyses of health risks and benefits need improvement to avoid giving women oversimplified advice about drinking. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Alcoholism](#)  
[\\*Costs and Cost Analysis](#)  
[\\*Risk Factors](#)  
[Human Females](#)

**Source:** PsycINFO

**Full Text:** Available from *EBSCOhost* in [Alcohol Research: Current Reviews](#)  
 Available from *ProQuest* in [Alcohol Research](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 46. APIS: The NIAAA Alcohol Policy Information System.

**Citation:** Alcohol Research: Current Reviews, 2013, vol./is. 35/2(184-185), 2168-3492;2169-4796 (2013)

**Author(s):** Hilton, Michael

**Institution:** Division of Epidemiology & Prevention Research, National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD, US

**Language:** English

**Abstract:** This article discusses the Alcohol Policy Information System (APIS). It is an NIAAAs sponsored Web site that provides detailed information on alcohol-related public policies at both the State and Federal levels. Updated annually, the APIS information can be used to identify policy changes in 33 policy areas. APIS provides a tool for conducting research on the effectiveness of alcohol policies in reducing alcohol-related harm. APIS provides an accurate and consistently maintained source of the "independent variable" of interest in these studies, showing changes in codified statutes and regulations. APIS development began in September of 2001, and the Web site went public in June of 2003. Policy changes are reviewed each year for each topic and for every State. NIAAA encourages all researchers who are interested in the effect of public policy on alcohol related health outcomes to visit the APIS Web site and to consider applying for research support. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Government Policy Making](#)  
[\\*Harm Reduction](#)  
[\\*Information Systems](#)  
[\\*Public Health](#)

**Source:** PsycINFO

**Full Text:** Available from *EBSCOhost* in [Alcohol Research: Current Reviews](#)  
 Available from *ProQuest* in [Alcohol Research](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 47. Chronic diseases and conditions related to alcohol use.

**Citation:** Alcohol Research: Current Reviews, 2013, vol./is. 35/2(155-171), 2168-3492;2169-4796 (2013)

**Author(s):** Shield, Kevin D; Parry, Charles; Rehm, Jurgen

**Institution:** Centre for Addiction and Mental Health (CAMH), Toronto, ON, Canada; Drug Abuse Research Unit, South African Medical Research Council, Cape Town, South Africa;

Social and Epidemiological Research Department, Centre for Addiction and Mental Health, University of Toronto, Toronto, ON, Canada

- Language:** English
- Abstract:** Alcohol consumption is a risk factor for many chronic diseases and conditions. The average volume of alcohol consumed, consumption patterns, and quality of the alcoholic beverages consumed likely have a causal impact on the mortality and morbidity related to chronic diseases and conditions. Twenty-five chronic disease and condition codes in the international Classification of Disease (ICD)-10 are entirely attributable to alcohol, and alcohol plays a component-risk role in certain cancers, other tumors, neuropsychiatric conditions, and numerous cardiovascular and digestive diseases. Furthermore, alcohol has both beneficial and detrimental impacts on diabetes, ischemic stroke, and ischemic heart disease, depending on the overall volume of alcohol consumed, and, in the case of ischemic diseases, consumption patterns. However, limitations exist to the methods used to calculate the relative risks and alcohol-attributable fractions. Furthermore, new studies and confounders may lead to additional diseases being causally linked to alcohol consumption, or may disprove the relationship between alcohol consumption and certain diseases that currently are considered to be causally linked. These limitations do not affect the conclusion that alcohol consumption significantly contributes to the burden of chronic diseases and conditions globally, and that this burden should be a target for intervention. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Alcoholism](#)  
[\\*Chronicity \(Disorders\)](#)  
[\\*Risk Factors](#)  
[\\*Morbidity](#)
- Source:** PsycINFO
- Full Text:** Available from *EBSCOhost* in [Alcohol Research: Current Reviews](#)  
 Available from *ProQuest* in [Alcohol Research](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 48. Measuring the burden: Alcohol's evolving impact.

- Citation:** Alcohol Research: Current Reviews, 2013, vol./is. 35/2(122-127), 2168-3492;2169-4796 (2013)
- Author(s):** Hingson, Ralph; Rehm, Jurgen
- Institution:** Division of Epidemiology and Prevention Research, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Rockville, MD, US; Social and Epidemiological Research Department, Centre for Addiction and Mental Health, University of Toronto, Toronto, ON, Canada
- Language:** English
- Abstract:** Measuring the impact of alcohol consumption on morbidity and mortality depends on the accurate measurement of alcohol exposure, risk relationships, and outcomes. A variety of complicating factors make it difficult to measure these elements. This article reviews these factors and provides an overview of the articles that make up this special issue on current research examining alcohol's role in the burden of disease. These topics include estimating alcohol consumption as well as alcohol-related morbidity and mortality in various demographic groups, and the burden of alcohol use disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Alcoholism](#)  
[\\*Death and Dying](#)  
[\\*Morbidity](#)  
[Risk Factors](#)

**Source:** PsycINFO

**Full Text:** Available from *EBSCOhost* in [Alcohol Research: Current Reviews](#)  
Available from *ProQuest* in [Alcohol Research](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 49. Measuring the burden: Alcohol's evolving impact on individuals, families, and society.

**Citation:** Alcohol Research: Current Reviews, 2013, vol./is. 35/2(117), 2168-3492;2169-4796 (2013)

**Author(s):** Rehm, Jurgen; Hingson, Ralph

**Institution:** Social and Epidemiological Research Department, Centre for Addiction and Mental Health, University of Toronto, Toronto, ON, Canada; Division of Epidemiology and Prevention Research, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Rockville, MD, US

**Language:** English

**Abstract:** This editorial presents an overview of the papers featured in the issue Alcohol Research: Current Reviews. This issue of Alcohol Research: Current Reviews examines the public health impact of alcohol consumption, looking at the full burden of disease that can be attributed to drinking. The attempt to measure the impact of alcohol use on various disease categories is relatively new to the alcohol research field. Additional research in this area will increase our understanding of alcohol's role in creating disease burden and social harm and aid in the development of stronger, more effective measures to prevent these devastating effects. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Alcoholism](#)  
[\\*Family](#)  
[\\*Public Health](#)  
[\\*Society](#)

**Source:** PsycINFO

**Full Text:** Available from *EBSCOhost* in [Alcohol Research: Current Reviews](#)  
Available from *ProQuest* in [Alcohol Research](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 50. The impact of group music therapy on negative affect of people with co-occurring substance use disorders and mental illnesses.

**Citation:** Music Therapy Perspectives, 2013, vol./is. 31/2(116-126), 0734-6875 (2013)

**Author(s):** Gardstrom, Susan C; Bartkowski, Jacklyn; Willenbrink, Joy; Diestelkamp, Wiebke S

**Institution:** University of Dayton, Dayton, OH, US; University of Dayton, Dayton, OH, US; University of Dayton, Dayton, OH, US; University of Dayton, Dayton, OH, US

**Language:** English

**Abstract:** The purpose of this study was to explore the impact of group music therapy on levels of self-reported negative affect (NA) among men and women on a residential unit of an integrated dual diagnosis treatment program. More specifically, we sought to determine if, and to what degree engagement in composition, receptive (listening), re-creation (performing), and improvisation experiences would result in a shift-namely, a decrease-in the intensity of self-reported NA. Participants were adults in residential treatment who had been diagnosed with co-occurring substance use disorders (SUDs) and mental illnesses (Mis), predominantly mood and anxiety disorders. Twenty group-music-therapy sessions were held on the unit. Three researcher-developed visual analogue scales were used to assess pre and postsession levels of anxiety, anger, and sadness. In total, 89 surveys were analyzed. Results indicate that nearly a third of the participants who were involved in the treatment groups reported a decrease in anxiety, sadness, and anger combined, with more than half of the responses in each of these three emotional states

indicating a decrease. While these are encouraging results, generalization of findings is limited primarily by the use of a nonstandardized measurement tool, the absence of a control group, the possibility of intentional deceit, and the potential for researcher bias in the collection and compilation of the data. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The American Music Therapy Association; YEAR: 2013

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Comorbidity](#)  
[\\*Emotional States](#)  
[\\*Group Psychotherapy](#)  
[\\*Music Therapy Disorders](#)  
[Drug Abuse](#)  
[Dual Diagnosis](#)  
[Mental Disorders Treatment](#)

**Source:** PsycINFO

**Full Text:** Available from *ProQuest* in *Music Therapy Perspectives*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 51. Women with addictions: Music therapy clinical postures and interventions.

**Citation:** Music Therapy Perspectives, 2013, vol./is. 31/2(95-104), 0734-6875 (2013)

**Author(s):** Gardstrom, Susan C; Carlini, Maria; Josefczyk, Jessica; Love, Amy

**Institution:** University of Dayton, Dayton, OH, US; Creative Therapies Enterprises, PA, US; University of Dayton, Dayton, OH, US; University of Dayton, Dayton, OH, US

**Language:** English

**Abstract:** Like men, women have been using alcohol and drugs since ancient times; yet we are just beginning to uncover important information about women's unique trajectory to and through addiction. Straussner and Brown (2002) write, "There is little or no denial left today: women can be and are addicts at alarming rates" (p. 34). Close to 15% of the members of the American Music Therapy Association (AMTA) report working with clients who have addictions (AMTA. 2011). It is likely that some of these members work with women who struggle with addictions, and it seems feasible that some would work predominantly or exclusively with women. Yet, few treatises exist to inform music therapy clinical practice with this clientele. With the present report, we hope to expand the knowledge base in this important area of clinical practice. We first present statistics and other research findings pertaining to women with addictions. Then, based on our collective experiences with women who have alcohol and drug addictions, we present suggested postures and interventions for ethical, effective, and meaningful music therapy clinical practice. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The American Music Therapy Association; YEAR: 2013

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Addiction](#)  
[\\*Clinical Practice](#)  
[\\*Human Females](#)  
[\\*Music Therapy Intervention](#)  
[Posture](#)

**Source:** PsycINFO

**Full Text:** Available from *ProQuest* in *Music Therapy Perspectives*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

### 52. Driving frequency and its impact on road rage offending and victimization: A view from opportunity theory.

**Citation:** Violence and Victims, 2013, vol./is. 28/4(602-618), 0886-6708 (2013)

**Author(s):** Asbridge, Mark; Butters, Jennifer

**Correspondence Address:** Asbridge, Mark: Department of Community Health and Epidemiology, Dalhousie University, 5790 University Avenue, Halifax, NS, Canada, B3H 1V7, Mark.Asbridge@dal.ca

**Institution:** Department of Community Health and Epidemiology, Dalhousie University, Halifax, NS, Canada; Centre for Addiction and Mental Health, ON, Canada

**Language:** English

**Abstract:** Road rage has been described as a key criminal justice and public health concern. Although research attention to this issue has expanded dramatically, most of this work has focused on the identification of predisposing individual factors. It is equally important to begin to assess those factors that may modify the likelihood of road rage including the broader structural opportunities that are connected with the propensity to be involved in a road rage incident. Drawing on opportunity theory, this article examines whether there is a relationship between increased opportunities to be involved in road rage and an increased likelihood of being a road rage victim or offender. The analysis is further extended to specifically test whether this relationship is linear, thereby examining the applicability of the opportunity saturation hypothesis. Using data from the Centre for Addiction and Mental Health (CAMH) Monitor, our findings support both the application of opportunity theory to understanding road rage and the presence of opportunity saturation. Although a clear relationship exists between kilometers driven and experiences of road rage, evidence emerged suggesting there may be a threshold whereby increased opportunities for road rage do not lead to road rage behavior. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Springer Publishing Company; YEAR: 2013

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Aggressive Driving Behavior](#)  
[\\*Victimization](#)  
[Criminal Justice](#)  
[Public Health](#)  
[Theories](#)

**Source:** PsycINFO

**Full Text:** Available from *ProQuest* in *Violence and Victims*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

### 53. Reducing risk, producing order: The surprisingly disciplinary world of needle exchange.

**Citation:** Contemporary Drug Problems: An Interdisciplinary Quarterly, 2013, vol./is. 40/3(415-445), 0091-4509 (Fal, 2013)

**Author(s):** Mclean, Katherine

**Correspondence Address:** Mclean, Katherine, kmclean@gc.cuny.edu

**Institution:** Behavioral Science Training Program, National Development and Research Institutes, Inc., NY, US

**Language:** English

**Abstract:** Emphasizing the reduction of risk over the cessation of drug use, needle exchange in the United States is often condemned for coddling its participants. Declining the punitive measures or unwavering teleology of criminal justice and drug treatment approaches,

harmreduction measures in general are faulted by naysayers for their refusal to establish clear normative boundaries for behavior modification. This article will seek to subvert such critiques by describing the ways in which disciplinary technologies suffused one needle exchange program in New York City. Drawing upon 1 year of participant observation at "Bronx Harm Reduction," this article will consider how the "minor procedures" of disciplinary power first characterized by Foucault (1977) worked to shape and organize different user bodies in needle exchange; it will further employ the work of Mitchell Dean to reflect upon the connections between program-level "technologies of agency" and governmentled "technologies of performance." While conceding the overarching disciplinary transformation of late harm reduction, this article is specifically interested in the ramifications of this trajectory within one specific time and place. Namely, it postulates that attempts to "raise the bar" within a low-threshold program may serve to alienate or explicitly exclude certain service users. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Federal Legal Publications, Inc.; YEAR: 2013

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Harm Reduction](#)  
[\\*Needle Exchange Programs](#)  
[\\*Risk Management](#)

**Source:** PsycINFO

**Full Text:** Available from *ProQuest* in *Contemporary Drug Problems*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 54. Opiate substitution treatment: Poisoned bodies and the history of substitution.

**Citation:** Contemporary Drug Problems: An Interdisciplinary Quarterly, 2013, vol./is. 40/3(387-413), 0091-4509 (Fal, 2013)

**Author(s):** Walmsley, Ian

**Correspondence Address:** Walmsley, Ian, ian2.walmsley@uwe.ac.uk

**Institution:** Department of Health and Applied Social Sciences, University of the West of England, Bristol, England

**Language:** English

**Abstract:** The practice of substituting one drug for another has arguably become a taken-for-granted feature of contemporary responses to heroin dependency in Britain. Substitute prescribing has, however, recently come under attack from various commentators both inside and outside of the drug treatment system. The general tone of the argument is that problem drug users who are dependent upon heroin are entering the drug treatment system and are simply being "parked on methadone." In order to shed new light on this particular drug treatment intervention, this article will use the genealogical method to map out the historical conditions from which it became rational and necessary for medical experts to govern the heroin-dependent body through the practice of substitute prescribing. The principal thesis of this article is that substitute prescribing can be understood as an outcome of a convergence between the discursive fields of poisoning and addiction during the latter half of the 19th Century. This way of thinking and acting upon the heroin-dependent body as a poisoned object has had a lasting and significant impact upon the way we think about and respond to heroin withdrawal through the practice of substitute prescribing. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Federal Legal Publications, Inc.; YEAR: 2013

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Heroin](#)

[Drug Therapy](#)  
[Methadone](#)  
[Opiates](#)

**Source:** PsycINFO

**Full Text:** Available from *ProQuest* in [Contemporary Drug Problems](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 55. "The meth factor": Group membership, information management, and the navigation of stigma.

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**Citation:** Contemporary Drug Problems: An Interdisciplinary Quarterly, 2013, vol./is. 40/3(351-385), 0091-4509 (Fal, 2013)

**Author(s):** McKenna, Stacey

**Correspondence Address:** McKenna, Stacey, stacey.mckenna@ucdenver.edu

**Institution:** University of Colorado Denver, Department of Health and Behavioral Sciences, Denver, CO, US

**Language:** English

**Abstract:** Methamphetamine (or "meth"), a central nervous system stimulant, has been constructed as a dangerous drug with certain and extreme consequences. Incomplete and sometimes inaccurate portrayals, while aimed at preventing the initiation of use, stigmatize those who do use. Using data from in-depth, qualitative interviews with eight Northern Colorado women who are active meth users, this article explores how female meth users navigate this stigma through negotiation of group membership and management of information. The women in this study internalize and challenge the stigma: They identify as meth users and addicts yet view their own practices as distinguishing them from other users; and, they carefully control the extent to which they tell others of their use, even when contradictory to their sense of self and desirable relationships. These findings support the need for increased recognition and further examination of the role and enactment of agency among drug users and other oppressed groups. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Federal Legal Publications, Inc.; YEAR: 2013

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Central Nervous System](#)  
[\\*Group Identity](#)  
[\\*Methamphetamine](#)  
[\\*Stigma](#)  
[Information Systems](#)

**Source:** PsycINFO

**Full Text:** Available from *ProQuest* in [Contemporary Drug Problems](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

#### 56. Moderating role of family and friends' factors between disocial behavior and consumption in adolescents.

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**Citation:** International Journal of Clinical and Health Psychology, September 2013, vol./is. 13/3(171-180), 1697-2600 (Sep 2013)

**Author(s):** Cerezo, Fuensanta; Mendez, Inmaculada; Ato, Manuel

**Correspondence Address:** Cerezo, Fuensanta: Facultad de Psicología, Espinardo, Murcia, Spain, 30100, fcerezo@um.es

**Institution:** Universidad de Murcia, Murcia, Spain; Universidad de Murcia, Murcia, Spain; Universidad de Murcia, Murcia, Spain

**Language:** English

**Abstract:** This study analyzes the relation between dissocial behaviors and substances consumption in adolescents, and tests the moderating role of social risk factors from family and peers in this relation. 1,239 adolescents of Secondary school, 612 boys and 627 girls, from 11-18 (M = 14.39; SD = 1.43) from state and private schools completed an adapted questionnaire from the State survey on risk activities for health in adolescents (ESTUDES) and the FRIDA questionnaire about social risk factors. We found that disocial behaviors and consumption are common and are closely related. MHMR analysis confirm the moderate role of two risk family factors (indifference family reaction against drugs consumption and a permissive and tolerant parental educative style) besides tolerant attitude towards consumption on friends and easily access to drugs. That moderation is higher for girls than for boys. The results of this work highlight the influence of family and friends' factors between dissocial behaviors and drug consumption and contribute to the knowledge of an operational model for the development of preventing programs. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** STATEMENT: Published by Elsevier Espana, S.L. All rights reserved.; HOLDER: Asociacion Espanola de Psicologia Conductual; YEAR: 2013

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Family](#)  
[\\*Friendship](#)  
[\\*Risk Factors](#)  
[Antisocial Behavior](#)  
[Drug Usage](#)  
[Family Relations](#)  
[Peer Relations](#)  
[Social Influences](#)

**Source:** PsycINFO

#### 57. Topiramate-induced bilateral angle-closure glaucoma.

**Citation:** German Journal of Psychiatry, 2013, vol./is. 16/3(122-123), 1433-1055 (2013)

**Author(s):** M. K., Dinesh Kumar; V., Rajmohan; George, Viji K; Joshi, Madhav

**Correspondence Address:** V., Rajmohan: MES Medical College, Kerala, Perintalmanna, India, rajgiggsmohan@yahoo.com

**Institution:** MMC Medical College, Kozhikode, India; MES Medical College Perintalmanna, Perintalmanna, India; Alshifa Hospital Pvt. Ltd., Perintalmanna, India; Alshifa Hospital Pvt. Ltd., Perintalmanna, India

**Language:** English

**Abstract:** A 40 year old male admitted for diabetic control and co-morbid alcohol dependence was initiated on topiramate. On the second week of starting topiramate, he developed sudden dimness of vision of both eyes, with eye pain, headache and vomiting. The ophthalmologic examination revealed the diagnosis as acute angle-closure glaucoma. There have been very few reports of angle-closure glaucoma with topiramate. The early detection and treatment along with discontinuation of topiramate resulted in complete improvement within a week. The case with relevant review of literature is reported here. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Anticonvulsive Drugs](#)  
[\\*Diabetes](#)  
[\\*Glaucoma](#)  
[\\*Side Effects \(Drug\)](#)  
[Alcoholism](#)  
[Comorbidity](#)

**Source:** PsycINFO

**58. Assessment of frontal brain functions in alcoholics following a health mobile cognitive stimulation approach.**

- Citation:** Annual Review of CyberTherapy and Telemedicine, 2013, vol./is. 11/(110-114), 1554-8716 (2013)
- Author(s):** Gamito, Pedro; Oliveira, Jorge; Lopes, Paulo; Morais, Diogo; Brito, Rodrigo; Saraiva, Tomaz; Bastos, Marta; Cristovao, Sara; Cacoete, Cristiana; Picareli, Felipe
- Correspondence Address:** Gamito, Pedro: School of Psychology and Life Sciences, Lusophone University of Humanities and Technologies (ULHT), Campo Grande, Lisbon, Portugal, 376, pedro.gamito@ulusofona.pt
- Institution:** School of Psychology and Life Sciences, Lusophone University of Humanities and Technologies (ULHT), Lisbon, Portugal; School of Psychology and Life Sciences, Lusophone University of Humanities and Technologies (ULHT), Lisbon, Portugal; School of Psychology and Life Sciences, Lusophone University of Humanities and Technologies (ULHT), Lisbon, Portugal; School of Psychology and Life Sciences, Lusophone University of Humanities and Technologies (ULHT), Lisbon, Portugal; School of Psychology and Life Sciences, Lusophone University of Humanities and Technologies (ULHT), Lisbon, Portugal; School of Psychology and Life Sciences, Lusophone University of Humanities and Technologies (ULHT), Lisbon, Portugal; Instituto Sao Joao de Deus, Portugal; Instituto Sao Joao de Deus, Portugal; Instituto Sao Joao de Deus, Portugal; School of Psychology and Life Sciences, Lusophone University of Humanities and Technologies (ULHT), Lisbon, Portugal
- Language:** English
- Abstract:** The consequences of alcohol dependence syndrome are severe, ranging from physical diseases to neuropsychological deficits in several cognitive domains. Alcohol abuse has also been related to brain dysfunction specifically in the prefrontal cortex. We assessed these deficits and the effects of traditional (pen-and-paper) and novel (mobile technology) approaches to cognitive stimulation of alcoholics in a neuropsychological intervention program. Thirty alcoholics in treatment of alcohol dependence syndrome were assessed during four weeks on a three-day/week basis. The results showed an overall increase in frontal lobe function between the first and the final assessment, being more pronounced in alcoholics who were assigned to a treatment group with mobile technologies than to those assigned to a paper-and-pencil treatment and to a control group. These results support the use of ecologically sound and available approaches of neuropsychological stimulation to treat executive dysfunction in patients with alcohol dependence syndrome. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** HOLDER: Interactive Media Institute; YEAR: 2013
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Alcoholism](#)  
[\\*Rehabilitation](#)  
[Drug Dependency](#)  
[Frontal Lobe](#)  
[Cellular Phones](#)
- Source:** PsycINFO

**59. The impact of Internet and PC addiction in school performance of Cypriot adolescents.**

- Citation:** Annual Review of CyberTherapy and Telemedicine, 2013, vol./is. 11/(90-94), 1554-8716 (2013)
- Author(s):** Siomos, Konstantinos; Paradeisioti, Anna; Hadjimarco, Michalis; Mappouras, Demetrios G; Kalakouta, Olga; Avagianou, Penelope; Floros, Georgios
- Institution:** Hellenic Association for the Study of Internet Addiction Disorder, Larissa, Greece; Mental Health Services for Children and Adolescents, Cyprus Ministry of Health, Cyprus; Cyprus Ministry of Education and Culture, Cyprus; Cyprus Ministry of Education and Culture, Cyprus; European Coordination Sector, Cyprus Ministry of Health, Cyprus;

Hellenic Association for the Study of Internet Addiction Disorder, Larissa, Greece;  
Hellenic Association for the Study of Internet Addiction Disorder, Larissa, Greece

**Language:**

English

**Abstract:**

In this paper we present the results of a cross-sectional survey designed to ascertain Internet and personal computer (PC) addiction in the Republic of Cyprus. This is a follow-up to a pilot study conducted one year earlier. Data were collected from a representative sample of the adolescent student population of the first and fourth grades of high school. Total sample was 2684 students, 48.5% of them male and 51.5% female. Research material included extended demographics and an Internet security questionnaire, the Young's Diagnostic questionnaire (YDQ), the Adolescent Computer Addiction Test (ACAT). Results indicated that the Cypriot population had comparable addiction statistics with other Greek-speaking populations in Greece; 15.3% of the students were classified as Internet addicted by their YDQ scores and 16.3% as PC addicted by their ACAT scores. Those results are among the highest in Europe. Our results were alarming and have led to the creation of an Internet and PC addiction prevention program which will focus on high-school professor training and the creation of appropriate prevention material for all high-schools, starting immediately after the conclusion of the pan- Cypriot survey, focusing especially on those areas where the frequency of addictive behaviors will be highest. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:**

HOLDER: Interactive Media Institute; YEAR: 2013

**Publication Type:**

Journal; Peer Reviewed Journal

**Subject Headings:**

[\\*Adolescent Attitudes](#)  
[\\*Internet Addiction](#)  
[Computers](#)  
[High Schools](#)  
[School Based Intervention](#)

**Source:**

PsycINFO

**60. Physical complications of alcohol-use disorders.****Citation:**

Directions in Psychiatry, 2013, vol./is. 33/3(209-217), 0891-3870 (2013)

**Author(s):**

Murali, Vijaya; Kennedy, Vanathi; Zaman, Samina

**Institution:**

Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom; Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom; Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom

**Language:**

English

**Abstract:**

Learning objectives: Clinicians will review relevant research on physical complications of alcohol use disorders. They will consider various adverse physical effects that occur secondary to the consumption of alcohol at more than recommended levels. Abstract: This lesson reviews the majority of the adverse physical effects that have been described as secondary to excessive drinking. The information provided will help clinicians to diagnose and manage those patients with alcohol-related problems. Moreover, clinicians will consider all those complications of alcohol use disorders and manage them appropriately. Competency areas: This lesson addresses the gap in knowledge concerning the symptoms of acute alcoholism and the physical health complications that appear in the late stages of the disease which may lead to increased mortality in patients. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:**

Journal; Peer Reviewed Journal

**Subject Headings:**

[\\*Alcohol Abuse](#)  
[\\*Alcoholism](#)  
[\\*Diagnosis](#)  
[\\*Physical Disorders](#)

[\\*Complications \(Disorders\)](#)  
[Side Effects \(Drug\)](#)

**Source:** PsycINFO

### 61. Can price get the monkey off our back? A meta-analysis of illicit drug demand.

**Citation:** Health Economics, January 2014, vol./is. 23/1(55-68), 1057-9230;1099-1050 (Jan 2014)

**Author(s):** Gallet, Craig A

**Correspondence Address:** Gallet, Craig A.: Department of Economics, California State University at Sacramento, 6000J Street, Sacramento, CA, US, 95819-6082, cgallet@csus.edu

**Institution:** California State University at Sacramento, Sacramento, CA, US

**Language:** English

**Abstract:** Because of the increased availability of price data over the past 15 years, several studies have estimated the demand for illicit drugs, providing 462 estimates of the price elasticity. Results from estimating several meta-regressions reveal that these price elasticity estimates are influenced by a number of study characteristics. For instance, the price elasticity differs across drugs, with its absolute value being smallest for marijuana, compared with cocaine and heroin. Furthermore, price elasticity estimates are sensitive to whether demand is modeled in the short-run or the long-run, measures of quantity and price, whether or not alcohol and other illicit drugs are included in the specification of demand, and the location of demand. However, a number of other factors, including the functional form of demand, several specification issues, the type of data and method used to estimate demand, and the quality of the publication outlet, have less influence on the price elasticity. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: John Wiley & Sons, Ltd.; YEAR: 2013

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Costs and Cost Analysis](#)  
[\\*Drug Abuse](#)  
[\\*Supply and Demand](#)  
[Cocaine](#)  
[Heroin](#)  
[Marijuana](#)

**Source:** PsycINFO

**Full Text:** Available from *Wiley* in [Health Economics](#)

### 62. Internet and videogame addiction: Clinical implications for assessment and treatment.

**Citation:** Directions in Psychiatry, 2013, vol./is. 33/2(117-129), 0891-3870 (2013)

**Author(s):** Weinstein, Aviv

**Institution:** Department of Behavioral Science, University of Ariel, Ariel, Israel

**Language:** English

**Abstract:** Problematic Internet addiction (PIU) or excessive Internet use is characterized by excessive or poorly controlled preoccupations, urges, or behaviors regarding computer use and Internet access that lead to impairment or distress. There is no consensus on the diagnosis of Internet addiction, although it has been proposed for inclusion in the next version of the Diagnostic and Statistical Manual of Mental Disorder (DSM-V). Surveys in the United States and Europe have indicated prevalence of between 1.5% and 8.2%, with varying diagnosis methods being used across countries. Cross-sectional studies on samples of patients report high comorbidity of Internet addiction with psychiatric disorders, especially affective disorders (including depression), anxiety disorders (e.g., generalized anxiety disorder, social anxiety disorder), and attention-deficit hyperactivity disorder (ADHD). Videogame addiction particularly for Massively Multiplayer Online Role-Playing Games (MMORPGs) has been associated with social and emotional

escapism from the real self into the virtual reality. Internet and videogame addiction was also shown to be associated with deficits in decision making, executive function, and cognitive bias to Internet-related stimuli. There is emerging evidence that the psychobiological mechanisms underlying Internet and videogame addiction resemble those of addiction to substances abuse. The published treatment studies for Internet and videogame addiction are based on interventions and strategies used in the treatment of substance use disorders. Limitations include problems in diagnosis, lack of randomization and blinding techniques, lack of adequate control, and insufficient information about treatment procedures. Thus, it is premature to recommend any evidence-based treatment of Internet and videogame addiction, although preliminary results of psychological and pharmacological interventions seem promising. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Computer Games](#)  
[\\*Internet Addiction](#)  
[\\*Therapeutic Processes](#)  
[\\*Computer Usage](#)

**Source:** PsycINFO

### 63. Effectiveness of quality of life therapy aimed at improving sexual self-efficacy and marital satisfaction in addict couples of treatment period.

**Citation:** International Journal of Behavioral Consultation and Therapy, 2013, vol./is. 8/2(29-32), 1555-7855 (2013)

**Author(s):** Nooripour, Roghieh; Bass, Christopher K; Apsche, Jack

**Institution:** Shahid Beheshti University, Iran; Clark Atlanta University, Atlanta, GA, US; Walden University, MN, US

**Language:** English

**Abstract:** Those who are addicted to substances face increased psychological emotional, social and economic problems which can potentially have negative impacts on marital satisfaction and sexual self-esteem and efficacy. Routine activities are often displaced by the need to satisfy the physiological urges. Within a marital union, this along with other variables can distract many from their expected marital responsibilities and daily activities. This study investigated quality of life, marital satisfaction, and sexual self-efficacy in couples who were both addicted to substances within an identified treatment period. The number of participants was 40 (N = 40). Participants were randomly assigned to two of four treatment conditions. Each group was comprised of 10 people undergoing treatment for addiction. All participants were couples entering treatment together who agreed to participate in a treatment program in Qazvin city. Instruments utilized in this investigation included the Enrich marital satisfaction questionnaire (short form) and the Reynolds' sexual self-efficacy scale. Treatments consisted of eight sessions of training in the form of group therapy, which were conducted by trained clinicians. The control group consisted of those who were waiting for training. No treatment/training was given. After intervention both groups were tested. Descriptive and inferential statistics were used to analyze data. The results indicated that training significantly improved marital satisfaction and sexual self-efficacy. Scores obtained in the treatment and control group showed a significant difference ( $p < 0.05$ ). The conclusion of this study suggests that couples where both partners are addicted to substances can increase their levels of satisfaction and efficacy within the marital union. Quality of life therapy empowers people to actualize their knowledge, attitudes and values. These skills can enable partners to have increased motivation for starting healthy behaviors which will have significant impacts on their marital satisfaction and sexual function. Trainings designed to enhance communication and collaboration can improve the quality of the marital union despite the influence of substance and addiction within both marital partners. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Addiction](#)

\*Couples  
 \*Marital Satisfaction  
 \*Quality of Life  
 \*Self Efficacy  
 Sexuality  
 Treatment

**Source:** PsycINFO

**64. Sex differences in opioid analgesia and addiction: Interactions among opioid receptors and estrogen receptors.**

**Citation:** Molecular Pain, September 2013, vol./is. 9/, 1744-8069 (Sep 8, 2013)

**Author(s):** Lee, Cynthia Wei-Sheng; Ho, Ing-Kang

**Correspondence Address:** Lee, Cynthia Wei-Sheng: Center for Drug Abuse and Addiction, China Medical University Hospital, 2 Yuh-Der Road, Taichung, Taiwan, 40447, T22529@mail.cmuh.org.tw

**Institution:** Center for Drug Abuse and Addiction, China Medical University Hospital, Taichung, Taiwan; Center for Drug Abuse and Addiction, China Medical University Hospital, Taichung, Taiwan

**Language:** English

**Abstract:** Opioids are widely used as the pain reliever and also notorious for being addictive drugs. Sex differences in the opioid analgesia and addiction have been reported and investigated in human subjects and animal models. Yet, the molecular mechanism underlying the differences between males and females is still unclear. Here, we reviewed the literature describing the sex differences in analgesic responses and addiction liabilities to clinically relevant opioids. The reported interactions among opioids, estrogens, opioid receptors, and estrogen receptors are also evaluated. We postulate that the sex differences partly originated from the crosstalk among the estrogen and opioid receptors when stimulated by the exogenous opioids, possibly through common secondary messengers and the downstream gene transcriptional regulators. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** \*Addiction  
 \*Estrogens  
 \*Human Sex Differences  
 \*Neural Receptors  
 \*Opiates  
 Analgesia

**Source:** PsycINFO

**Full Text:** Available from *Springer NHS* in *Molecular Pain*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.  
 Available from *BioMedCentral* in *Molecular Pain*  
 Available from *Springer NHS* in *Molecular Pain*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.  
 Available from *National Library of Medicine* in *Molecular Pain*  
 Available from *ProQuest* in *Molecular Pain*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

**65. An error-related negativity potential investigation of response monitoring function in individuals with Internet addiction disorder.**

- Citation:** Frontiers in Behavioral Neuroscience, September 2013, vol./is. 7/, 1662-5153 (Sep 25, 2013)
- Author(s):** Zhou, Zhenhe; Li, Cui; Zhu, Hongmei
- Correspondence Address:** Zhou, Zhenhe: Department of Psychology, Wuxi Mental Health Center, Jiangsu Province, Wuxi, China, 214151, zhouzhenhe1970@gmail.com
- Institution:** Department of Psychology, Wuxi Mental Health Center, Wuxi, China; Department of Psychology, Wuxi Mental Health Center, Wuxi, China; Department of Psychology, Wuxi Mental Health Center, Wuxi, China
- Language:** English
- Abstract:** Internet addiction disorder (IAD) is an impulse disorder or at least related to impulse control disorder. Deficits in executive functioning, including response monitoring, have been proposed as a hallmark feature of impulse control disorders. The error-related negativity (ERN) reflects individual's ability to monitor behavior. Since IAD belongs to a compulsive-impulsive spectrum disorder, theoretically, it should present response monitoring functional deficit characteristics of some disorders, such as substance dependence, ADHD, or alcohol abuse, testing with an Erikson flanker task. Up to now, no studies on response monitoring functional deficit in IAD were reported. The purpose of the present study was to examine whether IAD displays response monitoring functional deficit characteristics in a modified Erikson flanker task. Twenty-three subjects were recruited as IAD group. Twenty-three matched age, gender, and education healthy persons were recruited as control group. All participants completed the modified Erikson flanker task while measured with event-related potentials. IAD group made more total error rates than did controls ( $p < 0.01$ ); Reactive times for total error responses in IAD group were shorter than did controls ( $p < 0.01$ ). The mean ERN amplitudes of total error response conditions at frontal electrode sites and at central electrode sites of IAD group were reduced compared with control group (all  $p < 0.01$ ). These results revealed that IAD displays response monitoring functional deficit characteristics and shares ERN characteristics of compulsive-impulsive spectrum disorder. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
- Country of Publication:** STATEMENT: This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.; HOLDER: Zhou, Li and Zhu; YEAR: 2013
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Evoked Potentials](#)  
[\\*Internet Addiction](#)  
[\\*Monitoring](#)
- Source:** PsycINFO
- Full Text:** Available from *National Library of Medicine* in [Frontiers in Behavioral Neuroscience](#)

**66. Opioid system genes in alcoholism: A case-control study in Croatian population.**

- Citation:** Neuropeptides, October 2013, vol./is. 47/5(315-319), 0143-4179 (Oct 2013)
- Author(s):** Cupic, B; Stefulj, J; Zapletal, E; Matosic, A; Bordukalo-Niksic, T; Cicin-Sain, L; Gabrilovac, J
- Correspondence Address:** Cupic, B., Barbara.Cupic@irb.hr
- Institution:** Laboratory for Experimental Haematology, Immunology and Oncology, Division of Molecular Medicine, Rudjer Boskovic Institute, Zagreb, Croatia; Laboratory of Neurochemistry and Molecular Neurobiology, Division of Molecular Biology, Rudjer

Boskovic Institute, Zagreb, Croatia; Laboratory for Experimental Haematology, Immunology and Oncology, Division of Molecular Medicine, Rudjer Boskovic Institute, Zagreb, Croatia; Department of Psychiatry, University Hospital "Sestre milosrdnice", Zagreb, Croatia; Laboratory of Neurochemistry and Molecular Neurobiology, Division of Molecular Biology, Rudjer Boskovic Institute, Zagreb, Croatia; Laboratory of Neurochemistry and Molecular Neurobiology, Division of Molecular Biology, Rudjer Boskovic Institute, Zagreb, Croatia; Laboratory for Experimental Haematology, Immunology and Oncology, Division of Molecular Medicine, Rudjer Boskovic Institute, Zagreb, Croatia

**Language:**

English

**Abstract:**

Due to their involvement in dependence pathways, opioid system genes represent strong candidates for association studies investigating alcoholism. In this study, single nucleotide polymorphisms within the genes for mu (OPRM1) and kappa (OPRK1) opioid receptors and precursors of their ligands - proopiomelanocortin (POMC), coding for beta-endorphin and prodynorphin (PDYN) coding for dynorphins, were analyzed in a case-control study that included 354 male alcohol-dependent and 357 male control subjects from Croatian population. Analysis of allele and genotype frequencies of the selected polymorphisms of the genes OPRM1/POMC and OPRK1/PDYN revealed no differences between the tested groups. The same was true when alcohol-dependent persons were subdivided according to the Cloninger's criteria into type-1 and type-2 groups, known to differ in the extent of genetic control. Thus, the data obtained suggest no association of the selected polymorphisms of the genes OPRM1/POMC and OPRK1/PDYN with alcoholism in Croatian population. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Country of Publication:**

STATEMENT: All rights reserved.; HOLDER: Elsevier Ltd.; YEAR: 2013

**Publication Type:**

Journal; Peer Reviewed Journal

**Subject Headings:**

\*Alcoholism  
\*Genes  
\*Opiates  
\*Polymorphism

**Source:**

PsycINFO

**Full Text:**Available from *Elsevier* in [Neuropeptides](#)**67. Addiction and will.****Citation:**

Frontiers in Human Neuroscience, September 2013, vol./is. 7/, 1662-5161 (Sep 11, 2013)

**Author(s):**

Johnson, Brian

**Correspondence Address:**

Johnson, Brian: Department of Psychiatry, State University of New York Upstate Medical University, 750 East Adams Street, Syracuse, NY, US, 13210, johnsonb@upstate.edu

**Institution:**

Department of Psychiatry, State University of New York, Upstate Medical University, Syracuse, NY, US

**Language:**

English

**Abstract:**

A hypothesis about the neurobiological bases of drive, drive reduction and will in addictive illness is presented. Drive reduction seems to require both SEEKING and gratification. Will is the everyday term for our experience of drives functioning within us. Addictive drugs take over the will by altering neurotransmission in the SEEKING system. As a result of this biological change, psychological defenses are arrayed that allow partial gratification and reduce anxiety about the consequences of drug use. Repeated partial gratification of the addictive drive creates a cathexis to the drug and the drug seller. It also keeps the addicted person in a permanent state of SEEKING. The cathexis to the drug and drug seller creates a difficult situation for psychoanalytic therapists. The actively addicted patient will have one set of feelings for the analyst, and a split off set of feelings for the drug dealer. Addictive neuroses, which feature a split transference, are contrasted with Freud's concept of transference and narcissistic neuroses. For treatment of an actively addicted patient, the treater must negotiate the split transference. By analyzing the denial

system the relationship with the drug dealer ends and the hostility involved in addictive behavior enters the transference where it can be interpreted. Selling drugs that take over the will is a lucrative enterprise. The addictive drug industry, about the size of the oil and gas industry worldwide, produces many patients in need of treatment. The marketers of addictive drugs understand the psychology of inducing initial ingestion of the drugs, and of managing their addicted populations. The neuropsychanalytic understanding of addiction might be used to create more effective public health interventions to combat this morbid and mortal illness. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** [\\*Addiction](#)  
[\\*Neurobiology](#)  
[\\*Neurotransmission](#)  
[\\*Psychoanalysis](#)  
[\\*Self Control](#)

**Source:** PsycINFO

**Full Text:** Available from *National Library of Medicine* in [Frontiers in Human Neuroscience](#)

#### 68. Breaking the addiction loop.

**Citation:** Mindfulness and psychotherapy (2nd ed.), 2013(225-238) (2013)

**Author(s):** Brewer, Judson A

**Institution:** Yale Therapeutic Neuroscience Clinic, CT, US

**Language:** English

**Abstract:** (from the chapter) Addictions are among the most damaging of human conditions, significantly affecting the mental, physical, and economic health of individuals, families, and their communities. For example, cigarette smoking is the leading cause of preventable morbidity and mortality in the United States, and alcoholism can cost up to 6% of a country's gross domestic product (in the United States, this amounts to \$2 every time anyone has a drink). But why are addictions so prevalent? Why can't individuals, who can often clearly see the harm that they are causing to themselves and others, stub out that cigarette or put down the bottle? What gets them and keeps them "hooked," and how can we as therapists help them unhook themselves from their addiction? (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Tobacco Smoking](#)  
[\\*Morbidity](#)  
[Communities](#)

**Source:** PsycINFO

#### 69. Mindfulness and psychotherapy (2nd ed.).

**Citation:** Mindfulness and psychotherapy (2nd ed.), 2013 (2013)

**Author(s):** Germer, Christopher K [Ed]; Siegel, Ronald D [Ed]; Fulton, Paul R [Ed]

**Institution:** Harvard Medical School, Boston, MA, US; Harvard Medical School, Boston, MA, US; Harvard Medical School, Boston, MA, US

**Language:** English

**Abstract:** (from the jacket) This practical book has given tens of thousands of clinicians and students a comprehensive introduction to mindfulness and its clinical applications. Edited and written by leading practitioners, it presents clear-cut procedures for implementing mindfulness techniques and teaching them to patients. Reflecting the growing body of scientific knowledge-in fact, mindfulness has become one of the most-researched areas in psychotherapy-the second edition contains numerous new or extensively revised chapters. New topics include neurobiology, practical ethics, trauma, and addictions, while greater emphasis is given to the role of acceptance and compassion in mindfulness. Tightly edited, the volume blends clinical acumen, empirical findings, and personal reflections on the therapist's craft. Part I discusses the fundamentals of mindfulness meditation and Buddhist psychology, with a focus on connections to contemporary psychotherapeutic theory and practice. Part II turns to the therapeutic relationship. Chapters show how cultivating mindfulness can increase acceptance and empathy, giving patients-and therapists-a new sense of emotional freedom. Part III details innovative applications for specific clinical problems and populations. Chapters address the treatment of depression, anxiety disorders, chronic pain, trauma, and addictions, as well as ways to incorporate mindfulness practices into therapy with children and their caregivers. Throughout, the book features illustrative case examples along with engaging practices for use in and out of therapy sessions. Rounding out the volume. Part IV traces the historical underpinnings of mindfulness, examines state-of-the-art neuroscientific research, and explores areas of convergence between mindfulness and positive psychology. An invaluable resource for clinicians, this volume provides powerful insights and tools for clinical psychologists, psychiatrists, clinical social workers, mental health counselors, couple and family therapists, and pastoral counselors-including those who are new to mindfulness. It serves as a uniquely informative text for graduate-level psychotherapy courses. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Clinical Psychology](#)  
[\\*Psychotherapeutic Processes](#)  
[\\*Psychotherapy](#)  
[\\*Mindfulness](#)

**Source:** PsycINFO

## 70. National policy issues.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(900-916) (2013)

**Author(s):** McCarty, Dennis; Hoffman, Kim A

**Institution:** Department of Public Health & Preventive Medicine, Oregon Health & Science University, Portland, OR, US; Department of Public Health & Preventive Medicine, Oregon Health & Science University, Portland, OR, US

**Language:** English

**Abstract:** (from the chapter) Alcohol, tobacco, and drug control policies in the United States are constructed from an admixture of state and federal legislation, voter referenda, judicial decisions, administrative regulations, local ordinances, program rules, and practitioner licensing. The complex policy arena radiates tension between inconsistent perspectives on the use of alcohol, tobacco, and other drugs. This chapter frames alcohol, tobacco, and drug control policy broadly, examines policies for prevention and treatment services, and highlights policy research opportunities. We examine policy strategies for universal, selective, and indicated prevention and assess policies to increase access to addiction treatment, alter the delivery of care, and improve the quality of care. Discussion focuses on federal policy, but relevant state and local policy options are also described. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Abuse](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Drug Addiction](#)

\*Drug Rehabilitation  
 \*Government Policy Making  
 Quality of Care  
 Tobacco Smoking

**Source:** PsycINFO

### 71. Economic evaluation of substance abuse interventions: Overview of recent research findings and policy implications.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(882-899) (2013)

**Author(s):** Popovici, Ioana; French, Michael T

**Institution:** College of Pharmacy, Department of Sociobehavioral and Administrative Pharmacy, Nova Southeastern University, Fort Lauderdale, FL, US; Health Economics Research Group, Department of Sociology, University of Miami, Miami, FL, US

**Language:** English

**Abstract:** (from the chapter) Several studies have linked substance abuse to serious and costly consequences such as criminal activity, traffic crashes, health problems, unintentional injuries, premature death, and lost earnings. Much of the economic burden of these consequences falls on the segment of the population that does not abuse alcohol (Harwood et al., 1999). The overarching goals of this chapter are to provide a status report on the issues related to the financing and economic evaluation of alcohol use disorders (AUDs) and other substance use disorders (SUDs) prevention and treatment, to review the recent literature, to assess the policy implications, and to provide recommendations for future research. We also identify some of the key gaps and limitations in the existing literature and discuss the challenges of conducting economic analyses of AUD and other SUD services. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Costs and Cost Analysis  
 \*Drug Abuse  
 \*Drug Abuse Prevention  
 \*Drug Rehabilitation  
 \*Policy Making  
 Alcoholism  
 Drug Addiction  
 Economics

**Source:** PsycINFO

### 72. Prevention aimed at the environment.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(871-881) (2013)

**Author(s):** Treno, Andrew J; Lee, Juliet P

**Institution:** Prevention Research Center, Berkeley, CA, US; Prevention Research Center, Berkeley, CA, US

**Language:** English

**Abstract:** (from the chapter) In this chapter we discuss how substance abuse prevention efforts apply environmental strategies to reduce substance use and associated problems. Here we begin by contrasting more traditional individual-based efforts with environmental approaches in order to highlight their different orientations toward problem reduction. Specifically, the latter attempt to alter the physical, social, economic, and legal dimensions of those "systems" in which alcohol and other drug use and associated problems are embedded. We then present the rationale and general principles that have been established to demonstrate the effectiveness of such strategies. Finally, we present a discussion of a number of multicomponent community prevention programs that have combined such strategies into a broader community-based effort typically relying on the

synergistic effects of individual strategies. The core of our discussion will focus on efforts aimed at preventing and reducing alcohol use and abuse because key developments in environmental prevention have focused on alcohol, but we will also consider similar efforts to reduce and prevent use of tobacco products and other drugs. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Abuse](#)  
[\\*Community Services](#)  
[\\*Drug Abuse](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Strategies](#)  
[Drug Usage](#)  
[Government Programs](#)  
[Tobacco Smoking](#)

**Source:** PsycINFO

### 73. Prevention aimed at individuals.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(839-870) (2013)

**Author(s):** Metzler, Carol W; Eddy, J. Mark; Lichtenstein, David P

**Institution:** Oregon Research Institute, Eugene, OR, US; Partners for Our Children, School of Social Work, University of Washington, Seattle, WA, US; Warren Alpert Medical School, Brown University, Providence, RI, US

**Language:** English

**Abstract:** (from the chapter) An area of keen interest for practitioners, researchers, and policy makers focused on the problem of alcohol use disorders (AUDs) and other substance use disorders (SUDs) is the creation, testing, refinement, and dissemination of interventions designed to prevent substance abuse and dependence. As discussed throughout this book, AUDs and SUDs are related to numerous problematic outcomes for individuals, their families, and society, and treatment is difficult and costly. Thus, preventing their occurrence altogether has great and lasting appeal. A variety of strategies have been undertaken to attempt to prevent the development of AUDs and SUDs. In this chapter, we focus on preventive approaches that aim directly at individuals and at the people who immediately surround those individuals, namely parents/caregivers, peers, and/or teachers. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Abuse](#)  
[\\*Alcoholism](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Drug Addiction](#)  
[\\*Intervention](#)  
[Drug Abuse](#)

**Source:** PsycINFO

### 74. Lesbian, gay, bisexual, and transgender individuals.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(819-835) (2013)

**Author(s):** Green, Kelly E; Bux, Donald A Jr.; Feinstein, Brian A

**Institution:** Department of Psychology, St. Edward's University, Austin, TX, US; Department of Psychiatry, Montefiore Medical Center, Bronx, NY, US; Department of Psychology, Stony Brook University, Stony Brook, NY, US

**Language:** English

**Abstract:** (from the chapter) Alcohol use disorders (AUDs) and other substance use disorders (SUDs) in the lesbian, gay bisexual, and transgender (LGBT) population are gaining

attention in both clinical and public health arenas. The goal of this chapter is to provide clinicians with background and guidance that can assist treatment efforts for AUDs and other SUDs in this population. Although commonly grouped together in the field, as well as for this chapter, it is important to note that the LGBT population is heterogeneous and there exist some distinct differences among its members. Therefore, it is important to understand the key factors that differentiate individuals within the LGBT population. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Addiction](#)  
[\\*Lesbianism](#)  
[\\*Male Homosexuality](#)  
[\\*Treatment](#)  
[Bisexuality](#)  
[Individual Differences](#)  
[Transgender](#)

**Source:** PsycINFO

#### 75. Women and addiction.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(788-818) (2013)

**Author(s):** Epstein, Elizabeth E; Menges, David

**Institution:** Center of Alcohol Studies, Rutgers-State University of New Jersey, Piscataway, NJ, US;  
 Center for Treatment of Addictive Disorders, VA Pittsburgh Healthcare System,  
 Pittsburgh, PA, US

**Language:** English

**Abstract:** (from the chapter) In 1994 the National Institutes of Health mandated that all its biomedical research actively recruit female participants (Food and Drug Administration, 1994). This mandate sought to address the historical under representation of women in clinical research, a deficit particularly apparent in the study of alcohol and substance use disorders. Faulty assumptions stemming from this under representation have since been dispelled by a large and rapidly growing body of female-specific literature (Greenfield, Back, Lawson, & Brady, 2010). The current chapter highlights key findings from this literature, with an emphasis on clinical implications. Methodologically two primary types of research are reviewed: studies investigating sex-based similarities and differences and those exploring variability among women. The terms "sex" and "gender" are used interchangeably, both describing biological sex at birth. The abbreviations "AUDs" and "SUDs" will be used to describe diagnoses falling under the categories of alcohol use disorders and other substance use disorders, respectively. That women are different from men is a conclusion drawn from all corners of the addictions literature and these differences, along with noteworthy similarities, are highlighted throughout the chapter. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Addiction](#)  
[\\*Drug Usage](#)  
[\\*Human Females](#)  
[Human Sex Differences](#)  
[Treatment](#)

**Source:** PsycINFO

#### 76. Ethnic and cultural minority populations.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(758-787) (2013)

**Author(s):** Castro, Felipe Gonzalez; Garvey, Meghan; Kellison, Joshua G; Marsiglia, Flavio F

**Institution:** Department of Psychology, University of Texas at El Paso, El Paso, TX, US; Department of Psychology, Arizona State University, Phoenix, AZ, US; Department of Psychology, Arizona State University, Phoenix, AZ, US; Southwest Interdisciplinary Research Center, Arizona State University, Phoenix, AZ, US

**Language:** English

**Abstract:** (from the chapter) This chapter presents a cultural perspective regarding prevention and treatment against the use and abuse of alcohol and illegal drugs as this occurs among persons from the major racial/ ethnic minority groups of the United States: Latinos/Hispanics, African Americans/Blacks, Asian Americans and Pacific Islanders, and Native Americans/American Indians and Alaska Natives. For these special populations, we examine emerging factors that involve the growing diversification of these populations and their relationship to alcohol and illegal drug use. Regarding alcohol and other substance use prevention with minority adolescent youth, we examine issues of etiology, the psychology of ethnicity and multiple racial/ethnic identities, and approaches to the development of youth prevention interventions. Regarding alcohol and other substance abuse treatments with adult racial/ethnic clients, we examine issues of treatment efficacy and relapse prevention. We also present some approaches for the design of future research and culturally responsive evidence-based interventions. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Culture \(Anthropological\)](#)  
[\\*Drug Abuse](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Minority Groups](#)  
[\\*Treatment](#)  
[Alcohol Abuse](#)  
[Ethnic Identity](#)  
[Etiology](#)  
[Racial and Ethnic Differences](#)  
[Relapse Prevention](#)  
[Treatment Outcomes](#)

**Source:** PsycINFO

#### 77. Treatment of older adults.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(742-757) (2013)

**Author(s):** Satre, Derek D

**Institution:** Department of Psychiatry, University of California, San Francisco, CA, US

**Language:** English

**Abstract:** (from the chapter) Older adults comprise a large and fast-growing segment of the US population. Yet their alcohol and drug use patterns, risk factors for substance use problems, and appropriate treatment approaches have received relatively little study. To inform research and clinical work, this chapter summarizes what is currently known regarding alcohol and drug use and associated problems in this important population. Studies have not used age cutoffs consistently when describing "older adults." In this review, studies are included that examine ages as low as 50 years, although an age cutoff of 55, 60, or 65 years is more typical. This chapter begins by describing incidence and prevalence among different older populations and recent research on trends in general populations and clinical settings. The chapter then outlines conceptual issues in identifying clinically problematic alcohol and drug use patterns, which include a range of use levels, problem severity, and diagnostic categories, including alcohol use disorders and other substance use disorders, and encompass alcohol, illegal drug use, and misuse of prescription medications. It summarizes risk and protective factors and studies on the course of substance problems over time. It also addresses clinical issues, including medical consequences of alcohol and drug problems, screening, and assessment; outlines what is currently known regarding treatment approaches and outcomes; and provides

recommendations for future research. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Aging](#)  
[\\*Alcoholism](#)  
[\\*Drug Addiction](#)  
[\\*Measurement](#)  
[\\*Treatment](#)  
[Alcohol Abuse](#)  
[Alcohol Drinking Patterns](#)  
[Drug Usage](#)  
**Source:** PsycINFO

#### 78. Treatment for adolescent alcohol and drug problems.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(708-741) (2013)  
**Author(s):** Bekman, Nicole M; Wilkins, Kendall C; Brown, Sandra A  
**Institution:** Department of Psychiatry, University of California, San Diego, San Diego, CA, US; San Diego State University, Doctoral Program in Clinical Psychology, San Diego, CA, US; Department of Psychology, University of California, San Diego, San Diego, CA, US  
**Language:** English  
**Abstract:** (from the chapter) Adolescent substance use is of critical concern given the dangers this behavior poses to youth's physical health, psychological well-being, psychosocial development, and risk of substance use disorders during adulthood. In this chapter, we aim to describe current theoretical models of substance use and associated behaviors from a developmental perspective, as well as the prevalence, etiology, course, and associated outcomes of adolescent alcohol use disorders (AUDs) and substance use disorders (SUDs). We then review clinical assessment tools that incorporate developmentally relevant information needed when comprehensively evaluating AUDs and SUDs, as well as treatment techniques that have demonstrated empirical support. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Adolescent Development](#)  
[\\*Alcoholism](#)  
[\\*Drug Addiction](#)  
[\\*Measurement](#)  
[\\*Treatment](#)  
[Alcohol Abuse](#)  
[Disease Course](#)  
[Epidemiology](#)  
[Etiology](#)  
[Risk Factors](#)  
[Treatment Outcomes](#)  
**Source:** PsycINFO

#### 79. Treatment of persons with substance use disorder and co-occurring other mental disorders.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(659-707) (2013)  
**Author(s):** Rosenthal, Richard N  
**Institution:** Columbia University, College of Physicians and Surgeons, Department of Psychiatry, St. Luke's Roosevelt Hospital Center, New York, NY, US  
**Language:** English  
**Abstract:** (from the chapter) Patients with both substance use disorder (SUD), and non-substance-related (NSR) mental disorders are frequently under changed and almost

certainly undertreated. The prevalence rates of comorbidity of both disorders have been much higher than clinicians typically believe. Because of the inadequate training of clinicians and structure of program licensure, when comorbidity is recognized as complicating the clinical picture, most current treatment is delivered in a sequential or concurrent, but not integrated style that is less than optimal for supporting recovery from both illnesses. The relationships between SUD and NSR mental disorders are complex, and there is evidence supporting the existence of many forms of interaction. Until a differential trajectory of illness based upon order of onset is better articulated, treatments should be based upon clinical characteristics that already have known impact on outcome, including severity of illness, motivational state, cognitive capacity, medication reasonability, and chronicity. As such, treatments should be individualized to the individual patient's problem set. Evidence-based medications should be used for treatment of SUD in patients with co-occurring disorders (COD), as overall, there is no evidence that medical treatment of the NSR mental disorder will have sufficient clinical impact on SUD. When systemic roadblocks to this type of treatment are bypassed, even patients with chronic and severe disorders can establish a reasonable path of recovery. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Comorbidity](#)  
[\\*Drug Addiction](#)  
[\\*Epidemiology](#)  
[\\*Mental Disorders](#)  
[\\*Treatment](#)  
[Chronicity \(Disorders\)](#)  
[Drug Therapy](#)

**Source:** PsycINFO

#### 80. Interfaces of substance use treatment with other health and social systems.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(641-655) (2013)

**Author(s):** Rose, Susan J; Zweben, Allen; Ockert, David; Baier, Armin

**Institution:** Center for Addiction and Behavioral Health Research, University of Wisconsin-Milwaukee, Milwaukee, WI, US; School of Social Work, Columbia University, New York, NY, US; School of Social Work, Columbia University, New York, NY, US; Parallax Center, Inc., Los Angeles, CA, US

**Language:** English

**Abstract:** (from the chapter) The present chapter describes the complex issues in coordinating the interfaces among the numerous systems with which people come in contact as they contemplate, engage in, and progress through alcohol and substance abuse treatment. The coordination of these multiple systems could act as a powerful model for addressing the needs of addicted persons; however, too often they are simply barriers to care. In this chapter we describe the prevalence of persons with substance use disorders in non-substance-abuse-centered systems, examine critical issues in the treatment of persons with alcohol and substance abuse problems in these different systems, identify barriers to the coordination of care, and explore emerging models of integrated services. We describe the systems most likely to encounter persons with substance use problems, including primary health care, child protection, criminal justice, and social services (which includes employment and income support services). We identify key issues in how alcohol and substance abuse issues are approached in each of these settings, describe specific barriers to coordinated care in these settings, and discuss opportunities for change. We examine challenges encountered in specialty and nonspecialty settings in facilitating access and utilization of needed services and how these issues can be addressed. We end with a discussion on future work in coordination of care for individuals with substance abuse problems seen in non-substance-centered systems. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Cooperation](#)

\*Drug Addiction  
 \*Integrated Services  
 \*Treatment  
 \*Treatment Barriers  
 Alcoholism  
 Criminal Justice  
 Epidemiology  
 Health Care Services  
 Protective Services  
 Social Services

**Source:** PsycINFO

### 81. Legal and ethical issues.

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**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(625-640) (2013)

**Author(s):** Geppert, Cynthia M. A

**Institution:** New Mexico Veteran's Affairs Health Care System, University of New Mexico School of Medicine, Albuquerque, NM, US

**Language:** English

**Abstract:** (from the chapter) The major theories and principles of bioethics, especially as they are understood and utilized in clinical ethics, are relevant and salient for mental or behavioral health care. Yet there are also important and unique dimensions of the application of those theories to the ethical and legal issues and dilemmas that practitioners in mental health addiction treatment confront. Addiction clinicians, researchers, and policy makers will be faced with difficult ethical and legal decisions, personal and professional, causing moral distress and requiring a struggle to achieve consensus. In the law there may at times be black-and-white answers, while ethics is more often in shades of gray uncertainty. Fortunately, just as with clinical thinking, a reflective, methodical approach can help a practitioner arrive at an evidence-based, rational resolution to a dilemma (Taleff, 2010). Such an approach is far less likely to be free from unexamined bias or emotional reactions. As with all skills, repeated practice of a disciplined approach to resolving ethical dilemmas will result in the development of a habit of ethical thinking that is more easily and reliably translated into right conduct when presented with novel or challenging situations as discussed in this chapter. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Drug Addiction  
 \*Professional Ethics  
 \*Professional Liability  
 \*Treatment  
 \*Health Personnel  
 Bioethics

**Source:** PsycINFO

### 82. Treatment for substance use disorders in the United States: An organizational technology perspective.

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**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(597-621) (2013)

**Author(s):** Roman, Paul M

**Institution:** Department of Sociology, University of Georgia, Athens, GA, US

**Language:** English

**Abstract:** (from the chapter) The treatment of alcohol use disorders (AUDs) and other substance use disorders (SUDs) is a major component of the US health care service industry, estimated to capture over \$20 billion in resources annually. Evolution to this level of activity has been relatively rapid, with very few such services available as recently as 1970. This chapter provides a broad outline of the organizational complex of AUD and SUD

treatment. It centers on how the specialty has been organized around different technologies of treatment, and on the organizational dilemmas that are the foundations of "chronic crises" based in an ambivalently supportive external environment. In the sections that follow, the social history of AUD and SUD treatment is first reviewed, followed by an overview of the scope of the field. The chapter then centers on analysis of four chronic crises that have plagued the specialty in different ways since its inception. Chronic crisis is used to describe what might otherwise be called "institutionalized uncertainty" complex and continuing issues that are the source of collective anxiety, divisiveness, and conflict, all of which undermine public understanding of SUD treatment. As chronic crises, these are repeated targets of various solutions, solutions that often end up operating at cross-purposes. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Addiction](#)  
[\\*Health Care Services](#)  
[\\*Organizational Crises](#)  
[\\*Treatment History](#)

**Source:** PsycINFO

### 83. Mechanisms of behavior change in treatment for alcohol and other drug use disorders.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(572-596) (2013)

**Author(s):** Longabaugh, Richard; Magill, Molly; Morgenstern, Jonathan; Huebner, Robert

**Institution:** Center for Alcohol and Addiction Studies, Brown University, Providence, RI, US; Department of Behavioral and Social Sciences, Brown University, Providence, RI, US; National Center on Addiction/Substance Abuse, Columbia University, New York, NY, US; Division of Treatment and Recovery Research, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD, US

**Language:** English

**Abstract:** (from the chapter) When research on interventions for alcohol use disorders (AUDs) and substance use disorders (SUDs) began, the aim was to assess the effectiveness of treatments. Early studies suggested that many of the AUD treatments in common practice lacked evidence of effectiveness (Miller et al., 1995). As AUD/SUD treatment is only modestly effective, researchers continue to develop and test new treatments, and new combinations of treatment ingredients, with the aim of enhancing the effectiveness of treatments for addiction. Mechanisms of change research is beginning to help us understand the "how" of interventions. The recent advances in analytic and methodological approaches for doing so provide us with better tools for increasing our understanding of the conditions under which what works works. Our efforts to understand how behavioral change occurs have led us to broaden our approach to include study of change outside of treatment as well as to begin to cross boundaries to other scientific disciplines. While we are at just the beginning of this study of "how," this paradigm shift is rapidly broadening our horizons as to how to go about moving this science forward. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Behavior Change](#)  
[\\*Drug Addiction](#)  
[\\*Treatment Effectiveness Evaluation](#)  
[\\*Treatment](#)

**Source:** PsycINFO

### 84. Treatment models for clients diverted or mandated into drug treatment.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(551-571) (2013)

**Author(s):** DeMatteo, David; Shah, Sanjay; Murphy, Megan; Koller, Julie Present

**Institution:** Department of Psychology, Earle Mack School of Law, Drexel University, Philadelphia, PA, US; Drexel University, Philadelphia, PA, US; Drexel University, Philadelphia, PA, US; Drexel University, Philadelphia, PA, US

**Language:** English

**Abstract:** (from the chapter) The rate of drug involvement among criminal offenders is considerably higher than the rate among the general population (Bradford, Greenberg, & Motayne, 1992; Goldstein, 1985), and research indicates that drug users are disproportionately represented in criminal justice populations. In this chapter, we discuss two treatment models designed to reduce drug use among individuals under judicial supervision. First, we discuss interventions designed to identify criminal offenders with drug-use problems and divert them from standard criminal justice processing into specialized treatment programs. The most well known of these diversionary efforts is drug courts, and there is a large body of research examining the effects of drug courts on both criminal recidivism and relapse to drug use. Second, we discuss mandated treatment programs. Clients in these programs are also under the supervision of the criminal justice system, but these programs differ considerably from drug courts in that mandated treatment is not voluntary. As such, it is important to examine whether coerced treatment yields results comparable to those obtained with voluntary treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Court Referrals](#)  
[\\*Criminal Justice](#)  
[\\*Drug Abuse](#)  
[\\*Recidivism](#)  
[\\*Treatment](#)  
[Adjudication](#)  
[Criminals](#)  
[Models](#)  
[Relapse \(Disorders\)](#)

**Source:** PsycINFO

### 85. Pharmacotherapies for alcohol and drug use disorders.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(526-550) (2013)

**Author(s):** Wilcox, Claire; Bogenschutz, Michael

**Institution:** Department of Psychiatry, University of New Mexico, Albuquerque, NM, US; Department of Psychiatry, University of New Mexico, Albuquerque, NM, US

**Language:** English

**Abstract:** (from the chapter) Treatment of alcohol use disorders (AUDs) and other substance use disorders (SUDs) can often be greatly enhanced through the use of psychopharmacology or medications, for many of the SUDs. The subsequent sections will review the medications that have been established as effective in the treatment of alcohol and other drug use disorders, organized by the class of substance of abuse. In addition, in some cases, we will mention some medications that are approved for the treatment of other psychiatric disorders but that look promising for the treatment of SUDs, and that might, with some more study, emerge soon as established treatments for SUDs. Where relevant, we will discuss medications that are still under study and, although not ready for clinical use today, may prove to be available in the upcoming few years. As stated earlier, we will talk about medications and the evidence for their suitability for a variety of goals, including treatment of withdrawal, relapse prevention, and harm reduction. Finally, we will discuss treatment of individuals with co-occurring psychiatric disorders, as individuals who struggle with SUDs often also carry diagnoses like major depressive disorder, bipolar disorder, anxiety disorders, and schizophrenia. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Comorbidity](#)  
[\\*Drug Addiction](#)  
[\\*Drug Therapy](#)  
[\\*Drugs](#)  
[Drug Withdrawal](#)  
[Harm Reduction](#)  
[Mental Disorders](#)  
[Psychopharmacology](#)  
[Relapse Prevention](#)

**Source:** PsycINFO

#### 86. Mutual-help groups for alcohol and other substance use disorders.

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**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(500-525) (2013)

**Author(s):** Kelly, John F; Yeterian, Julie D

**Institution:** Harvard Medical School, Massachusetts General Hospital, MA, US; Department of Psychiatry, Massachusetts General Hospital, Boston, MA, US

**Language:** English

**Abstract:** (from the chapter) There are currently a number of community-based, consumer-led mutual-help organizations for alcohol use disorders (AUDs) and other substance use disorders (SUDs). The theoretical perspectives and targeted problems of these mutual-help organizations differ, but they all share common features. In general terms, all mutual-help groups' (MHGs) consist of individuals with a common experience or problem (e.g., alcohol dependence) coming together to share their experiences and provide help and support to one another. This chapter will begin by briefly describing the history and origins of the modern MHGs movement for substance use disorders. Then, to the extent that they are delineated, etiological assumptions and purported maintaining factors espoused by the four largest MHG organizations and outlines of the types of interventions stemming from each organization's specific theory are described. After describing the common obstacles to individuals' successful affiliation with MHGs, the chapter provides a review of empirical data on the efficacy and effectiveness of MHGs, as well as what is currently known about their mechanisms of action. The chapter ends with a critique of the strengths and weaknesses of the MHG approach to SUD. Of note is that, for consistency of chapter headings, MHG approaches are sometimes referred to as "treatment," even though whether MHGs constitute addiction "treatment" is a contentious issue. However despite demonstrating therapeutic effects that are on par with professional interventions, most MHGs themselves appear to affirm that they do not provide treatment per se, but rather mutual support within a group or broader "fellowship" format. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Addiction](#)  
[\\*Friendship](#)  
[\\*Self Help Techniques](#)  
[\\*Social Support](#)  
[Communities](#)  
[Etiology](#)  
[History](#)  
[Theories](#)

**Source:** PsycINFO

#### 87. Extended treatment models.

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**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(482-499) (2013)

**Author(s):** McKay, James R

**Institution:** University of Pennsylvania, Perelman School of Medicine, Philadelphia, PA, US

**Language:** English

**Abstract:** (from the chapter) This chapter reviews the research literature on extended treatments for substance use disorders. The primary assumption underlying the development and implementation of extended treatment models for addiction is that substance use disorders can be chronic problems that require long-term care and support to sustain full recovery. This is believed to be particularly the case for individuals whose substance use problems are severe enough that they have received care in formal treatment programs of some sort. The chronic course of substance use disorders is often evidenced in treatment research studies where it is not unusual for participants to average four or five prior treatments. It is not difficult to imagine that people who have required multiple treatments over many years might well benefit from extended recovery support to reduce the likelihood of relapse and need for further intensive treatment. In fact, virtually all the research that has been done on extended treatment models has focused on higher severity patients who were receiving treatment in inpatient, residential, intensive outpatient, or methadone programs. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Drug Rehabilitation](#)  
[\\*Long Term Care](#)  
[\\*Relapse Prevention](#)  
[Relapse \(Disorders\)](#)

**Source:** PsycINFO

#### 88. Disease model treatments.

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**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(434-453) (2013)

**Author(s):** Slaymaker, Valerie J; Sheehan, Timothy

**Institution:** Hazelden Foundation, Center City, MN, US; Hazelden Foundation, Center City, MN, US

**Language:** English

**Abstract:** (from the chapter) The disease model has made a notable contribution to addiction treatment. By understanding addiction as an illness versus a moral failing, the disease model significantly changed the way addiction is understood in the United States. The disease model of addiction has evolved from initial theory to a model with substantial scientific support. This chapter provides a review of the basic tenets of the disease model, etiological explanations, and theoretical constructs. Treatment approaches and processes are discussed with careful consideration paid to the 12-step philosophy of Alcoholics Anonymous (AA) as a method of behavior change within the context of professionally delivered treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Behavior Change](#)  
[\\*Drug Addiction](#)  
[\\*Philosophies](#)  
[\\*Twelve Step Programs](#)  
[Alcoholics Anonymous](#)  
[Disorders](#)  
[Etiology](#)  
[Models](#)  
[Treatment](#)

**Source:** PsycINFO

#### 89. Behavioral treatments.

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**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(411-433) (2013)

**Author(s):** Budney, Alan J; Brown, Pamela C; Stanger, Catherine

**Institution:** Department of Psychiatry, Geisel School of Medicine at Dartmouth, Hanover, NH, US; Department of Veterans Affairs, Orlando VA Medical Center, Orlando, FL, US; Department of Psychiatry, Geisel School of Medicine at Dartmouth, Hanover, NH, US

**Language:** English

**Abstract:** (from the chapter) Behavioral approaches to substance use disorders are well specified, typically brief, and supported by an extensive body of efficacy research (Miller & Wilbourne, 2002). Such interventions reflect diverse applications of learning and conditioning theories developed within the scientific disciplines of behavior analysis and behavioral pharmacology. This chapter will focus on these behavioral interventions with the goal of providing discourse on their origins, conceptual framework, application, and outcomes. We will begin by briefly recounting the history and development of the behavioral conceptualization and approach to substance use problems. We will discuss theory that stimulated the field and how such theory was transformed into application. Descriptions of the applications and an annotated review of the research supporting the efficacy of each of the major interventions will provide an up-to-date summary of the impact and utility of behavioral approaches to treating alcohol use disorders and other substance use disorders. This review will illustrate clearly how behavioral theory and empiricism guided the development of some our most effective treatment strategies, and how a recent resurgence of the application of basic principles of reinforcement and punishment (contingency management) has resulted in the establishment of alternative, highly effective interventions for many types of substance use disorders. Note that the majority of the discussion of behaviorally based interventions will be devoted to those treatments that are most current and commonly used in research studies or practice. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Behavior Therapy](#)  
[\\*Drug Addiction](#)  
[History](#)  
[Theories](#)  
[Treatment Outcomes](#)

**Source:** PsycINFO

#### 90. Cognitive-behavioral treatment for addictions.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(391-410) (2013)

**Author(s):** Mastroleo, Nadine R; Monti, Peter M

**Institution:** Center for Alcohol and Addiction Studies, Brown University, Providence, RI, US; Center for Alcohol and Addiction Studies, Brown University, Providence, RI, US

**Language:** English

**Abstract:** (from the chapter) Cognitive-behavioral treatment (CBT) is one of the most commonly used and extensively studied treatments to reduce and/or eliminate alcohol and other substance abuse and dependence and associated problems. This chapter will describe the history of the CBT model and etiological factors, both related to addiction and the motivations behind change. Specific attention is paid to key CBT interventions, obstacles, and barriers to successful treatment outcomes, client characteristics as they relate to outcomes, efficacy and effectiveness of CBT, and overall strengths and weaknesses of CBT as a treatment for alcohol use disorders and other substance use disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Client Characteristics](#)

\*Cognitive Behavior Therapy  
 \*Drug Addiction  
 \*Treatment Outcomes  
 Behavior Change  
 Etiology  
 Motivation

**Source:** PsycINFO

### 91. Enhancing motivation for treatment and change.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(377-390) (2013)

**Author(s):** Moyers, Theresa B; Glynn, Lisa H

**Institution:** Department of Psychology, University of New Mexico, Albuquerque, NM, US;  
 Department of Psychology, University of New Mexico, Albuquerque, NM, US

**Language:** English

**Abstract:** (from the chapter) Why do people continue to drink and use drugs in a destructive way, even when they recognize that they are hurting themselves? Why do they seem indifferent to their plight and ignore important signs that change is necessary? What kind of internal motive is necessary to change an addictive behavior in the face of the immediate reward of using the substance? What can be done to marshal a person's own motivation to change substance use before it becomes utterly destructive? These questions are core to motivational approaches of addressing problems related to alcohol and drug use. This chapter will introduce the reader to these motivational approaches in general, and then discuss two distinct applications of this approach: brief motivational interventions in opportunistic settings and motivational interviewing. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Alcoholism  
 \*Brief Psychotherapy  
 \*Drug Addiction  
 \*Motivation  
 \*Motivational Interviewing  
 Behavior Change  
 Treatment

**Source:** PsycINFO

### 92. Treatment decision making and goal setting.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(352-373) (2013)

**Author(s):** Kranitz, Linda S; Cooney, Ned L

**Institution:** Richard L. Roudebush VAMC, Indianapolis, IN, US; VA Connecticut Healthcare System, New Haven, CT, US

**Language:** English

**Abstract:** (from the chapter) Treatment decision making and goal setting comprise a critical part of treatment for an alcohol use disorder (AUD) or another substance use disorder (SUD) as a whole. This chapter examines the treatment decision-making and goal-setting processes, beginning with a discussion of possible approaches to determining levels of care. Most of the remainder of the chapter will focus on a widely accepted approach to determining level of care, the application of the American Society of Addiction Medicine's (ASAM) Patient Placement Criteria. Following that is a discussion of the ways information that has been obtained in the process of applying the ASAM criteria may be used to develop the initial treatment plan and a selective review of the research relating to matching patients to treatment based on patient characteristics. The second half of the chapter comprises an examination of the types of treatment goals that may be selected and considerations for deciding among possible goals. Finally, the importance of frequent assessment of the

patient's progress to determine whether adjustments or modifications should be made to the level of care, to the treatment plan, or to the goals of treatment is discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Decision Making](#)  
[\\*Drug Addiction](#)  
[\\*Drug Rehabilitation](#)  
[\\*Goal Setting](#)  
[Patients](#)  
[Personality Traits](#)

**Source:** PsycINFO

### 93. Evidence-based assessment: Strategies and measures in addictive behaviors.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(311-351) (2013)

**Author(s):** Donovan, Dennis M

**Institution:** Alcohol and Drug Abuse Institute, Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA, US

**Language:** English

**Abstract:** (from the chapter) Alcohol and other substance use disorders (AUDs and SUDs) are quite prevalent in the general population (Substance Abuse and Mental Health Services Administration, 2010) and, even more so, among those with medical and psychological problems. Furthermore, they are associated with high rates of harm and are among the most modifiable behavioral risk factors among preventable causes of death. Given the prevalence rates, it is quite likely that practitioners will be faced with the task of assessing and treating individuals with an AUD or other SUD, regardless of the clinical setting in which they work. Assessment is the initial step in the longer term process of therapy and behavior change. Its functions extend well beyond that of information gathering. The hope is that the clinician, through the assessment process, will motivate the individual, helping him or her move from the point of contemplating the need to change, through the action phase of change, and into a productive maintenance of the desired new behavior pattern. It is also hoped that the clinician can use the results of the assessment to develop a viable treatment plan in collaboration with the individual, facilitate the selection of the most appropriate treatment, and, in so doing, maximize the chances of success for the client and minimize the risk of relapse. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Behavior Change](#)  
[\\*Drug Addiction](#)  
[\\*Drug Rehabilitation](#)  
[\\*Measurement](#)  
[Epidemiology](#)  
[Relapse \(Disorders\)](#)

**Source:** PsycINFO

### 94. Other drugs of abuse: Inhalants, steroids, and designer drugs.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(285-308) (2013)

**Author(s):** Pandina, Robert J; Langanbucher, James W; Hildebrandt, Thomas B

**Institution:** Center of Alcohol Studies, Rutgers, State University of New Jersey, Piscataway, NJ, US;  
 Center of Alcohol Studies, Rutgers, State University of New Jersey, Piscataway, NJ, US;  
 Department of Psychiatry, Mt. Sinai School of Medicine, New York, NY, US

**Language:** English

**Abstract:** (from the chapter) The use of inhalants, putative performance enhancing substances such as anabolic-androgenic steroids and ergo/thermogenic substances, and so-called designer drugs represents a continuing problem incorporating a wide range of serious health risks, even though prevalence rates are, arguably, relatively low in comparison to the use of many other substances (e.g., alcohol, marijuana); hence, the magnitude of consequences may not seem as large. Nevertheless, to those individuals experiencing such consequences and the clinicians treating them, the dangers are clearly real. Furthermore, the fact that key information remains sketchy even after another decade of research provides both challenges for basic researchers seeking to fill the voids and problems for clinicians confronted with treating users of these substances. This chapter provides a summary of relevant facts and will also hopefully stimulate much-needed basic and clinical research. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drugs](#)  
[\\*Risk Factors](#)  
[\\*Steroids](#)  
[Mental Disorders](#)  
[Physical Disorders](#)  
[Treatment](#)

**Source:** PsycINFO

## 95. Nicotine.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(268-284) (2013)

**Author(s):** Niaura, Raymond

**Institution:** Schroeder Institute for Tobacco Research and Policy Studies, American Legacy Foundation, Washington, DC, US

**Language:** English

**Abstract:** (from the chapter) Nicotine, delivered via tobacco products, is a legal, inexpensive, readily available drug whose use is widespread. Cigarette smoking is the leading cause of premature morbidity and mortality. Nicotine is the major, addictive constituent in tobacco, and its use is associated with signs and symptoms of dependence and withdrawal. Nicotine's actions on nicotinic acetylcholine receptors (nAChRs) are responsible for a cascade of central nervous system effects, including stimulation of dopamine in brain mesolimbic structures that reinforce its continued use. Nicotine influences metabolic processes so that therapeutic doses of many other drugs may need to be adjusted upon cessation. Nicotine itself at normal doses is not particularly toxic, but accidental overdosing can occur, which can be managed with systemic supportive care. Tobacco use is strongly associated with incidence and prevalence of mental illness; patients with psychiatric disorders should be monitored for symptom changes when they quit smoking, in particular, increases in negative affect and depression. Tobacco withdrawal symptoms are usually self-limiting, and most pharmacological treatments for smoking cessation are effective at controlling signs and symptoms of withdrawal. The US Public Service Clinical Guideline for Smoking Cessation recommends that all smokers, at every health care encounter, be offered assistance to quit smoking, including brief behavioral counseling and use of FDA-approved medications for smoking cessation. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Central Nervous System](#)  
[\\*Drug Addiction](#)  
[\\*Nicotine](#)  
[\\*Tobacco Smoking](#)  
[\\*Morbidity](#)  
[Behavior Therapy](#)  
[Brain](#)

Brief Psychotherapy  
 Cholinergic Receptors  
 Death and Dying  
 Epidemiology  
 Mental Disorders  
 Nicotine Withdrawal  
 Smoking Cessation

**Source:** PsycINFO

#### 96. Opioids.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(240-267) (2013)

**Author(s):** Stine, Susan M; Kosten, Thomas R

**Institution:** Substance Abuse Research Division, Department of Psychiatry and Behavioral Neurosciences, Wayne State University School of Medicine, Detroit, MI, US; Department of Psychiatry, Baylor College of Medicine, Houston, TX, US

**Language:** English

**Abstract:** (from the chapter) Opioids refer to all compounds, natural and synthetic, functionally related to opium derived from poppies, including the endogenous opioids. Opium is the naturally occurring drug mixture directly derived from the juice of the opium poppy, whereas opiates are drugs derived or synthesized from opium or from thebaine, another poppy product. This chapter reviews the pharmacology of opioids in general, description of opioid addiction and its treatment, both detoxification and maintenance or opioid substitution treatment, with methadone, levoalpha-acetylmethadol (LAAM), and buprenorphine followed by a description of individual and social consequences of long-term dependence. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Detoxification  
 \*Drug Addiction  
 \*Maintenance Therapy  
 \*Opiates  
 \*Pharmacology  
 Social Issues

**Source:** PsycINFO

#### 97. Cannabis and hallucinogens.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(215-239) (2013)

**Author(s):** Stephens, Robert S; Banes, Kelsey E

**Institution:** Department of Psychology, Virginia Tech, Blacksburg, VA, US; Department of Psychology, Virginia Tech, Blacksburg, VA, US

**Language:** English

**Abstract:** (from the chapter) Hallucinogens are a molecularly diverse set of drugs with surprisingly similar psychoactive effects. Autonomic effects predominate shortly after use and are later overshadowed by powerful hallucinogenic effects on perception and emotion. The most common adverse reaction is panic, although more psychotic-like confusion and disorientation occurs occasionally, particularly with phencyclidine (PCP), which is generally more disruptive to behavior when taken in high doses. The rapid acquisition of tolerance prevents daily or near-daily use of many hallucinogens, and there is generally no associated withdrawal syndrome. Dependence on these drugs is rare. PCP is the notable exception, as it does produce tolerance, withdrawal, and behavioral indications of dependence in some users. There are few indications of longer term adverse consequences, but infrequent use in the population makes it difficult to detect such outcomes if they do exist. Chronic psychosis may be precipitated by hallucinogen use, but it is rare and appears to be more likely in psychiatrically predisposed individuals.

Impaired judgment and rare acute psychotic-like states may increase injuries and accidental deaths. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Cannabis](#)  
[\\*Emotions](#)  
[\\*Hallucinogenic Drugs](#)  
[\\*Perception](#)  
[\\*Side Effects \(Drug\)](#)  
[Drug Addiction](#)  
[Drug Induced Hallucinations](#)  
[Drug Withdrawal](#)  
[Phencyclidine](#)

**Source:** PsycINFO

#### 98. Cocaine.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(191-214) (2013)  
**Author(s):** Gorelick, David A  
**Institution:** Chemistry and Drug Metabolism Section, Intramural Research Program, National Institute on Drug Abuse, National Institutes of Health, Baltimore, MD, US

**Language:** English

**Abstract:** (from the chapter) Cocaine is an alkaloid found in leaves of the coca bush, *Erythroxylon coca*, which grows in the Andes Mountains region of South America. It is a stimulant drug that activates the central and peripheral sympathetic nervous systems by blocking the presynaptic reuptake of biogenic amine neurotransmitters such as norepinephrine, dopamine, and serotonin. Another major pharmacological action is blockade of membrane sodium channels. This results in local anesthetic action and may promote cardiac arrhythmias. Illegal cocaine use is most prevalent in the Western Hemisphere and Western Europe, especially among urban men aged 15 to 35 years. It is the illegal drug most often associated with emergency department visits in the United States. Cocaine withdrawal is rarely medically serious and is associated predominantly with psychological symptoms such as depression, anxiety, anhedonia, cocaine craving, and increased sleep (referred to in combination as a cocaine "crash"). Most symptoms are self-limited and resolve within 1-2 weeks without treatment. Cocaine addiction is treated primarily in the outpatient setting, using psychosocial modalities, rather than medication. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Central Nervous System](#)  
[\\*Cocaine](#)  
[\\*Drug Abuse](#)  
[\\*Drug Addiction](#)  
[\\*Drug Withdrawal](#)

**Source:** PsycINFO

#### 99. Amphetamine-type stimulants.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(174-190) (2013)  
**Author(s):** Ling, Walter; Mooney, Larissa; Rawson, Richard  
**Institution:** University of California at Los Angeles, Integrated Substance Abuse Program, Los Angeles, CA, US; University of California at Los Angeles, Integrated Substance Abuse Program, Los Angeles, CA, US; University of California at Los Angeles, Integrated Substance Abuse Program, Los Angeles, CA, US

**Language:** English

|                          |  |
|--------------------------|--|
| <b>Abstract:</b>         | (from the chapter) Amphetamine, methamphetamine, methylphenidate, MDMA (Ecstasy), and other amphetamine-type stimulant (ATS) drugs are similar in structure and effects, and they are referred to in this chapter generally as "ATS drugs." Operationally, for the clinician facing a presentation of acute ATS toxicity or treating an ATS use disorder, distinguishing between the different ATS drugs is almost academic, as the characteristics and outcomes of use of the different formulations are largely similar across ATS drugs. Some are widely prescribed medications for treatment of narcolepsy, attention-deficit/hyper-activity disorder, depression, and occasionally to counter sedation associated with other medications. ATS drugs are manufactured by pharmaceutical companies in many formulations and also are illicitly produced around the world, predominantly as methamphetamine. As prescribed medications and as illicit drugs, ATS drugs lessen fatigue, increase endurance, decrease appetite, and produce euphoric and psychotropic effects. ATS use disorders result in serious consequences, and the global population of ATS users is increasing. Worldwide, as many as 52 million individuals age 15-64 years are estimated to have used ATS drugs for nonmedical purposes at least once in the past year, with up to 26 million users of MDMA (Ecstasy) (United Nations Office on Drugs and Crime, 2010). Use of ATS drugs, including Ecstasy, has increased in many parts of the world, with some regions accounting for major user populations. The form of illicit ATS that most widely results in the most extensive consequences is methamphetamine (US Department of Justice, 2010). Furthermore, methamphetamine is the ATS most studied in contemporary research on ATS use disorders and is the primary focus of concern among clinicians and policy makers at local, national, and international levels. In this chapter, the discussion emphasizes methamphetamine but generally applies to the other ATS substances such as amphetamine and Ecstasy. (PsycINFO Database Record (c) 2014 APA, all rights reserved) |
| <b>Publication Type:</b> | Book; Edited Book  |
| <b>Subject Headings:</b> | <a href="#">*CNS Stimulating Drugs</a><br><a href="#">*Drug Abuse</a><br><a href="#">*Drug Addiction</a><br><a href="#">*Methamphetamine</a><br><a href="#">*Prescription Drugs</a><br><a href="#">Amphetamine</a><br><a href="#">Methylenedioxymethamphetamine</a>  |
| <b>Source:</b>           | PsycINFO   |

## 100. Alcohol.

|                     |  |
|---------------------|--|
| <b>Citation:</b>    | Addictions: A comprehensive guidebook (2nd ed.), 2013(135-154) (2013)  |
| <b>Author(s):</b>   | Woodward, John J   |
| <b>Institution:</b> | Department of Neurosciences, Charleston Alcohol Research Center, Medical University of South Carolina, Charleston, SC, US  |
| <b>Language:</b>    | English  |
| <b>Abstract:</b>    | (from the chapter) Alcohol use is pervasive and socially accepted in most Western societies, and the manufacturing and selling of alcoholic beverages is of significant economic importance. Almost 90% of the US population has tried alcohol at least once, and regular drinkers represent almost half of the adult population. Yet only about 8% of the population meets the clinical criteria for alcohol dependence. This suggests that most individuals who use alcohol manage their drinking to levels that are both socially and medically acceptable. That said, alcohol use may span 60-70 years and it is clear that such long-term use can result in significant effects on health. Regular heavy drinking is associated with increased risk of stroke, hypertension, heart disease, damage to the liver and pancreas, various psychotic and affective disorders, and increased incidence of motor vehicle accidents. Despite the vast impact that alcohol has on health and well-being of both individuals and families, there are no completely effective treatments for alcoholism, only those that can reduce or eliminate drinking in selected groups of individuals. The lack of a "one-size-fits-all" treatment likely reflects alcohol's interaction with multiple brain signaling pathways and genetic variability of these processes across racial and |

ethnic groups. Continued research into these interactions promises to spur the development of new ideas and better approaches for treating alcohol use disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Alcoholism](#)  
[\\*Health](#)  
[\\*Risk Factors](#)  
[\\*Well Being](#)  
[Binge Drinking](#)  
[Drug Usage](#)

**Source:** PsycINFO

#### 101. The course of treated and untreated substance use disorders: Remission and resolution, relapse and mortality.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(108-131) (2013)

**Author(s):** Finney, John W; Moos, Rudolf H; Timko, Christine

**Institution:** Center for Health Care Evaluation, VA Palo Alto Health Care System, Palo Alto, CA, US;  
Center for Health Care Evaluation, VA Palo Alto Health Care System, Palo Alto, CA, US;  
Center for Health Care Evaluation, VA Palo Alto Health Care System, Palo Alto, CA, US

**Language:** English

**Abstract:** (from the chapter) Practitioners offering substance use services often see patients return for treatment repeatedly over a period of years and are likely to conclude that substance use disorders (SUDs) are chronic, progressive conditions. However, the individuals practitioners typically see are those with the most severe, chronic forms of SUDs. Cohen and Cohen (1984) coined the term "clinician's illusion" to refer to the selective, pessimistic perceptions of practitioners regarding the course of the disorders they treat. The research reviewed in this chapter provides a more balanced perspective on the varied courses of SUDs. We address such questions as: What are the courses and long-term outcomes for individuals with SUDs? Can persons who are stably remitted function as well as individuals who never have had SUDs? After reviewing research on courses and long-term outcomes of SUDs, we examine the extent to which treatment and remission reduce mortality risk. Then, we focus on the role of personal and environmental factors in such course transitions as remission, resolution, lapse, and relapse. In the concluding section, we consider implications of the findings reviewed for treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Death and Dying](#)  
[\\*Disease Course](#)  
[\\*Drug Addiction](#)  
[\\*Relapse \(Disorders\)](#)  
[Risk Factors](#)

**Source:** PsycINFO

#### 102. Epidemiology and diagnosis.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(73-107) (2013)

**Author(s):** Fenton, Miriam C; Aivadyan, Christina; Hasin, Deborah

**Institution:** Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY, US; New York State Psychiatric Institute, Columbia University, New York, NY, US; Department of Epidemiology, Mailman School of Public Health, New York State Psychiatric Institute, Columbia University, New York, NY, US

**Language:** English

**Abstract:** (from the chapter) The study of substance use disorders (SUDs) is a multidisciplinary endeavor, encompassing a diverse range of fields such as biology, psychology, internal medicine, psychiatry, genetics, and epidemiology. In this chapter we provide an overview of our current knowledge of the epidemiology of SUDs in the United States by presenting results from several large and nationally representative epidemiological studies. These studies provide valuable information on the distribution and determinants of substance use and substance use disorders in the United States. We provide findings from these studies on the distribution of alcohol and drug use disorders including prevalence, incidence and persistence. We also consider epidemiological findings on the determinants of substance use disorders including sex, race, age, and environmental and genetic factors. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Diagnosis](#)  
[\\*Drug Addiction](#)  
[\\*Epidemiology](#)  
[\\*Genetics](#)  
[Age Differences](#)  
[Drug Usage](#)  
[Human Sex Differences](#)  
[Racial and Ethnic Differences](#)

**Source:** PsycINFO

### 103. Etiology.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(36-72) (2013)

**Author(s):** McGue, Matt; Irons, Daniel E

**Institution:** Department of Psychology, University of Minnesota, Minneapolis, MN, US; Department of Psychology, University of Minnesota, Minneapolis, MN, US

**Language:** English

**Abstract:** (from the chapter) The etiology of substance use disorders (SUDs) has been investigated from biological/genetic, psychological, and sociocultural perspectives. We review contemporary research on the etiology of substance use disorders within each of these perspectives. To focus our review, we consider only alcohol and illicit drug use disorders and not the extensive research literature on smoking and nicotine dependence. Basic epidemiological research demonstrates the strong comorbidities that exist among multiple SUDs and between SUDs and other mental health problems. Because many of these comorbidities can be accounted for by a general dimension of disinhibitory psychopathology, we organize our review around a consideration of general as well as specific indicators of SUD risk. We review twin and adoption research that establishes the heritability of SUD risk, and molecular genetic research that seeks to identify the genetic factors that under these heritable effects. Psychological perspectives emphasize the importance of developmental, cognitive, and individual-level factors in the etiology of SUDs, while sociological perspectives emphasize the importance of social groupings and cultural practices. There is evidence supporting the importance of both perspectives, underscoring the need for integrative models that simultaneously consider the multitude of biological/genetic, psychological, and sociocultural factors that affect SUD risk. The concept of gene environment interaction provides one potential integrative framework, even if the number of relevant gene-environment interaction studies is limited at this time. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Comorbidity](#)  
[\\*Drug Addiction](#)  
[\\*Etiology](#)  
[\\*Sociocultural Factors](#)

Cognition  
Epidemiology  
Genetics  
Heritability  
Mental Disorders  
Risk Factors

**Source:** PsycINFO

#### 104. Neuroscience of addiction.

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(17-35) (2013)

**Author(s):** Koob, George F

**Institution:** Committee on the Neurobiology of Addictive Disorders, Scripps Research Institute, La Jolla, CA, US

**Language:** English

**Abstract:** (from the chapter) Alcohol dependence and drug dependence are subsumed in this chapter under the term "drug addiction," which is conceived as a chronically relapsing brain disease characterized by (1) compulsion to seek and take drug (including alcohol), (2) loss of control in limiting intake, and (3) emergence of a negative emotional state that reflects a motivational withdrawal syndrome when access to the drug is prevented. Drug will be used in this chapter to refer to alcohol and nicotine and/or all other drugs of abuse, and addiction will be used throughout this chapter to refer to a final stage of a usage process that moves from drug use to addiction. Clinically, the occasional but limited use of a drug with the potential for abuse or dependence is distinct from escalated drug use and the emergence of a chronic drug-dependent state. An important goal of current neurobiological research is to understand the neuropharmacological and neuroadaptive mechanisms within specific neurocircuits that mediate the vulnerability for the transition from occasional, controlled drug use and the loss of behavioral control over drug seeking and drug taking that defines chronic addiction. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Brain  
\*Drug Addiction  
\*Neurobiology  
\*Neurosciences  
\*Neuropharmacology  
Addiction  
Alcoholism  
Nicotine  
Susceptibility (Disorders)  
Biological Neural Networks

**Source:** PsycINFO

#### 105. What is addiction?

**Citation:** Addictions: A comprehensive guidebook (2nd ed.), 2013(3-16) (2013)

**Author(s):** Bickel, Warren K; Mueller, E. Terry; Jarmolowicz, David P

**Institution:** Addiction Recovery Research Center, Virginia Tech Carilion Research Institute, Virginia Tech, Roanoke, VA, US; Addiction Recovery Research Center, Virginia Tech Carilion Research Institute, Virginia Tech, Roanoke, VA, US; Addiction Recovery Research Center, Virginia Tech Carilion Research Institute, Virginia Tech, Roanoke, VA, US

**Language:** English

**Abstract:** (from the chapter) The purpose of this chapter is to provide a conceptual framework for addiction. In this chapter we use the word "addiction" instead of other potentially relevant words such as alcohol or drug use disorders, or alcohol/drug dependence. We use the term

"addiction" in recognition of the fact that individuals can develop addictive-like behaviors to a variety of commodities and events such as food or sexual activity or gambling, in addition to the usual substances such as alcohol, cocaine, opioids, and tobacco. Moreover, to be clear, our focus is on the development of the concept of addiction from the perspective of science. To examine this development in a systematic way, we will seek to accomplish three goals in this chapter. First, we will review criteria essential to any scientific theory of addiction and propose certain addictive phenomena that any comprehensive theory should explain. Second, we will track the scientific evolution of the concept of addiction and related conceptual categories, ending with an emerging robust and novel conceptual view of addiction. Third, we will conclude with a discussion of future directions and remaining important questions emerging from this novel conceptual view, as well as a few other pertinent issues. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Alcoholism](#)  
[\\*Drug Addiction](#)  
[\\*Theories](#)

**Source:** PsycINFO

#### 106. Addictions: A comprehensive guidebook (2nd ed.).

**Citation:** Addictions: A comprehensive guidebook (2nd ed.)., 2013 (2013)

**Author(s):** McCrady, Barbara S [Ed]; Epstein, Elizabeth E [Ed]

**Institution:** Center on Alcoholism, Substance Abuse, and Addictions, Department of Psychology, University of New Mexico, Albuquerque, NM, US; Center of Alcohol Studies, Rutgers-State University of New Jersey, Piscataway, NJ, US

**Language:** English

**Abstract:** (from the jacket) In the 14 years since the first edition of Addictions was published, a wealth of substantive and crucial new findings have been added to our knowledge of alcohol and other substance use disorders. This primary reference has now been updated and expanded to include 38 chapters, all completely rewritten to reflect new knowledge gained about the science of alcohol and other drugs, as well as new treatment approaches and research trends. Addictions: A Comprehensive Guidebook, Second Edition, features a roster of senior scientists covering the latest findings in the study of alcohol and other drug use, abuse, and dependence. Skillfully edited by Drs. Barbara S. McCrady and Elizabeth E. Epstein, the chapters primarily review the literature published in the last 14 years since the first edition. The volume covers seven different content areas: Section I addresses broad conceptual issues as well as information on the etiology, neuroscience, epidemiology, and course of alcohol and other drug use, abuse, and dependence. Section II provides detailed pharmacological and clinical information on the major drugs of abuse, including alcohol. Sections III, IV, and V focus on knowledge of importance to clinical practice, including a section on assessment and treatment planning, information on a range of empirically supported treatments, and issues related to clinical practice. Section VI provides information about specific population groups, and Section VII addresses policy, prevention, and economic issues in the field. The book is appropriate for a wide variety of readers who are either treating, learning to treat, doing research on, or teaching about addictions. Comprehensive and succinct, it is written in a manner that is accessible and useful to practitioners, students, clinician trainees, and researchers. It is also an ideal textbook for graduate courses and training programs in psychology, psychiatry, social work, and addictions certifications, and for advanced undergraduate courses on alcohol and other substance use disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Drug Addiction](#)

\*Measurement  
 \*Pharmacology  
 Alcoholic Beverages  
 Clinical Practice  
 Drug Abuse  
 Drug Usage  
 Epidemiology  
 Etiology  
 Neurosciences  
 Policy Making  
 Treatment

**Source:** PsycINFO

### 107. Suicide and substance abuse.

**Citation:** Suicide from a global perspective: Psychiatric approaches., 2012(189-195) (2012)

**Author(s):** Dougherty, Donald M; Mathias, Charles W; Marsh, Dawn M; Dawes, Michael A

**Correspondence Address:** Dougherty, Donald M., doughertyd@uthscsa.edu

**Institution:** University of Texas Health Science Center, San Antonio, TX, US

**Language:** English

**Abstract:** (from the chapter) The current state of the field has been to study what factors are associated with substance abuse and suicidal behaviors, but what is needed at this stage is research that can push the boundaries of our knowledge of when and how factors interact to influence the expression of suicidal behaviors and initiation of substance abuse. Specific recommendations to address these questions include: (1) determining the interaction between behavioral and biological factors and the dual outcomes of suicidal and substance use behaviors; (2) testing the neurobiological mechanisms that contribute to the co-occurrence of suicidal and drug use behaviors using cellular and neurochemical methods; (3) using longitudinal studies to examine when and how other risk factors, such as impulsivity and substance abuse, influence suicidality; and (4) using an interdisciplinary approach which will be more likely to produce results that may better inform treatment and result in reduced suicidality. The knowledge gained from research that addresses these questions will provide insights regarding the state and trait characteristics, the interaction of life-events, impulsivity and the role of serotonin in suicidal behaviors and substance abuse which will enable the field to better distinguish subgroups among this heterogeneous, high-risk population. In turn, this knowledge will be used to inform the future development of treatment and prevention programs for youths with suicidal and drug use behaviors and will allow for multiple treatment approaches to be designed that take into account the specific needs of the various subgroups. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*At Risk Populations  
 \*Drug Abuse  
 \*Risk Factors  
 \*Suicide  
 \*Suicide Prevention

**Source:** PsycINFO

### 108. Alcohol advertising and underage drinking.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(917-923) (2013)

**Author(s):** Pasch, Keryn E; Velazquez, Cayley E

**Institution:** University of Texas, Austin, TX, US; University of British Columbia, Vancouver, BC, Canada

**Language:** English

**Abstract:** (from the chapter) This chapter discusses the advertising of alcohol and its link to underage drinking. Underage drinking is prevalent in the United States, and associated with subsequent use of alcohol and other problem behaviors in later adolescence including drinking and driving, alcohol-related violence, injuries, as well as increased risk for using other drugs. As a result of their developmental stage, youth may be particularly susceptible to the influence of advertising, especially given its ability to expose some of the common vulnerabilities of youth. Alcohol advertising, although intended for individuals of legal drinking age, uses persuasive techniques and images that are particularly attractive to youth. As a result, alcohol advertising gains youth attention and engages them in what is being offered. Several longitudinal studies have found that exposure to alcohol advertising and alcohol-branded merchandise both predict underage alcohol use as well as initiation of alcohol use among nondrinkers. Because early alcohol use is associated with alcohol dependence in later life, understanding the effects of exposure to alcohol advertising, as well as reducing exposure, is crucial. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Advertising](#)  
[\\*Alcohol Abuse](#)  
[\\*Underage Drinking](#)  
[Alcoholism](#)  
[Developmental Stages](#)  
[Risk Factors](#)

**Source:** PsycINFO

#### 109. Mobilizing communities for alcohol, drug, and tobacco prevention.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(893-901) (2013)

**Author(s):** Fagan, Abigail A; Hawkins, J. David; Catalano, Richard F

**Institution:** Florida State University, Tallahassee, FL, US; University of Washington School of Social Work, Seattle, WA, US; University of Washington School of Social Work, Seattle, WA, US

**Language:** English

**Abstract:** (from the chapter) Research has identified multiple risk factors that, when present, increase the likelihood of substance use among youth and young adults. Community-based prevention efforts offer broad potential for impacting rates of substance use. Such programs rely on multiple strategies intended to change a variety of factors that place individuals at risk for engaging in substance use, thus potentially increasing their likelihood of success. Most also seek to alter the long-term, structural, and environmental influences that are associated with drug use and abuse, along with more proximal influences, which increase their potential to make a significant and long-lasting impact on drug prevention. By saturating the environment with prevention strategies and messages, community-based efforts aim to reach many more individuals and thus have the potential to achieve population-level reductions in substance use. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Community Involvement](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Smoking Cessation](#)  
[\\*Underage Drinking](#)  
[Alcohol Abuse](#)  
[Drug Abuse](#)  
[Intervention](#)

**Source:** PsycINFO

**110. Etiology and prevention of stimulants (including cocaine, amphetamines and misuse of prescription stimulants).**

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(815-822) (2013)

**Author(s):** Herkov, Michael J; Gold, Mark S

**Institution:** University of Florida, Gainesville, FL, US; University of Florida, Gainesville, FL, US

**Language:** English

**Abstract:** (from the chapter) This chapter discusses etiology and prevention of stimulant abuse, including cocaine, amphetamines and prescription stimulants. Abuse of stimulants such as cocaine and amphetamine are, unfortunately, seen throughout human history. Like most drugs of abuse, these substances are seen as safe and even recommended for improving various human maladies. However, society soon becomes aware of much physical, psychological, and social devastation associated with the drug use. At this point emphasis is placed on education, treatment, and prevention of use of the drug. Research has identified a variety of evidence-based treatments for cocaine and amphetamine addiction. These include traditional 12-step recovery programs, pharmacotherapy, and behavioral interventions. Given the widespread knowledge of 12-step models, this chapter will focus on pharmacologic and behavioral therapies. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*CNS Stimulating Drugs](#)  
[\\*Cognitive Behavior Therapy](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Drug Therapy](#)  
[\\*Neurobiology](#)  
[Amphetamine](#)  
[Cocaine](#)  
[Drug Abuse](#)  
[Etiology](#)

**Source:** PsycINFO

**111. Screening and assessment of substance use disorders in youth and young adults.**

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(779-788) (2013)

**Author(s):** Grossbard, Joel R; Woods, Briana A; Mastroleo, Nadine R

**Institution:** University of Washington, Seattle, WA, US; University of North Carolina, Chapel Hill, NC, US; Center for Alcohol and Addiction Studies, Brown University, Providence, RI, US

**Language:** English

**Abstract:** (from the chapter) This chapter addresses strategies and tools that have been widely used for alcohol and other drugs (AOD) screening and assessment in adolescents and young adults in non medical settings. The specific goal of this chapter is to provide readers with a greater understanding of the following topics related to screening and assessment of AOD in adolescents and young adults: (1) developmental considerations in substance use patterns; (2) defining and differentiating the goals of screening and assessment; (3) commonly used screening and assessment tools and rationale for their use; and (4) clinical implications and future research directions. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Abuse](#)  
[\\*Drug Abuse](#)  
[\\*Measurement](#)  
[\\*Screening Tests](#)

**Source:** PsycINFO

### 112. Policies and interventions to reduce HIV risk.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(757-766) (2013)

**Author(s):** Mathers, Bradley

**Institution:** Kirby Institute, University of New South Wales, Sydney, NSW, Australia

**Language:** English

**Abstract:** (from the chapter) This chapter discusses policies and interventions to help reduce the risk of HIV infection. People who use drugs are at elevated risk of HIV infection compared to people who do not. This elevated risk is largely related to injecting drug use (IDU); there is also, however, significant risk associated with drug use via other routes of administration. Typically research, policy development, and programmatic responses to drug use in relation to HIV focus primarily on IDU. This discussion will similarly focus on IDU, but 'noninjecting drug use' will also be considered. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*AIDS Prevention](#)  
[\\*Drug Usage](#)  
[\\*Intravenous Injections](#)  
[\\*Policy Making](#)  
[\\*Risk Management](#)  
[Drug Administration Methods](#)  
[HIV](#)

**Source:** PsycINFO

### 113. International policies to reduce illicit drug-related harm and illicit drug use.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(735-743) (2013)

**Author(s):** Hopwood, Max; Treloar, Carla

**Institution:** University of New South Wales, Sydney, NSW, Australia; University of New South Wales, Sydney, NSW, Australia

**Language:** English

**Abstract:** (from the chapter) This chapter discusses harm reduction strategies for illicit drug users internationally. Harm reduction is a social and health-related movement that emerged during the twentieth century in response to the risks associated with the burgeoning non-medical injection of drugs. Today, harm reduction interventions like needle and syringe program (NSP) and opioid substitution treatment (OST) are the international gold standards in human immunodeficiency virus (HIV) prevention among people who inject illicit drugs. In 2010, Harm Reduction International, a nongovernmental organization and global leader in harm reduction and drug policy reform, reported that there were almost 16 million people who inject illicit drugs in 158 countries around the world, with China, the US and Russia having the largest injecting populations. Ninety-three countries and territories explicitly support a harm reduction approach and this number is growing annually. Nevertheless, only 8% of all people who inject illicit drugs currently have access to an NSP and an OST. High-income regions like Western Europe and North America have the majority of harm reduction services. The adoption of harm reduction policies in many low and middle-income countries remains slow and patchy despite escalating injecting-related HIV epidemics. There is an urgent need to expand harm reduction services globally given the conclusive evidence of their effectiveness in preventing HIV transmission among people who inject illicit drugs. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Usage](#)  
[\\*Harm Reduction](#)  
[\\*Policy Making](#)  
[AIDS Prevention](#)

**Source:** PsycINFO

#### 114. Drug decriminalization and legalization.

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**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(689-696) (2013)

**Author(s):** Hall, Wayne; Lucke, Jayne

**Institution:** University of Queensland, UQ Centre for Clinical Research, St Lucia, QLD, Australia;  
 University of Queensland, UQ Centre for Clinical Research, St Lucia, QLD, Australia

**Language:** English

**Abstract:** (from the chapter) In many developed countries, policies that prohibit adults from using drugs like cannabis, cocaine, and heroin are criticized as ineffective and counter-productive. Critics of these policies argue that it would be a better policy to decriminalize or legalize the adult use of all currently illicit drugs. In this chapter, we consider these arguments with a primary focus on developed countries because these are the settings where such proposals are most often made and where drug use has been most extensively researched. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Developed Countries](#)  
[\\*Drug Legalization](#)  
[\\*Drug Usage](#)  
[\\*Drug Usage Attitudes](#)  
[Drugs](#)  
[Marijuana Legalization](#)

**Source:** PsycINFO

#### 115. Improving medication use in addictions treatment.

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**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(675-685) (2013)

**Author(s):** Abraham, Amanda J

**Institution:** University of South Carolina, Columbia, SC, US

**Language:** English

**Abstract:** (from the chapter) Medications for the treatment of substance use disorders (SUDs) are intended for use as an adjunctive treatment to behavioral therapies. In other words, medications are not recommended as stand-alone treatments; rather they are intended for use in conjunction with behavioral therapy. There are currently six medications approved by Food and Drug Administration (FDA) for the treatment of SUDs. These medications can generally be classified into two categories: (1) medications for the treatment of AUDs and (2) medications for the treatment of opiate abuse and dependence. There are four medications FDA approved for the treatment of AUDs: disulfiram, oral naltrexone, acamprosate, and extended-release injectable naltrexone. There are two medications FDA approved solely for the treatment of opiate abuse and dependence: (1) methadone and (2) buprenorphine. Oral naltrexone and injectable naltrexone are also FDA approved for opiate treatment. This chapter will (1) describe the pharmacologic properties of each medication and provide a brief summary of clinical trial findings, (2) summarize the literature on the use of each medication in SUD treatment and identify key barriers to the use of each medication, and (3) offer overall strategies for improving the use of SUD medications. (Note that Levo-Alpha Acetyl Methadol (LAAM) is not discussed in this article. For a discussion of LAAM see Treatment Improvement Protocol (TIP) 43. In

addition, smoking cessation medications are not discussed here.) (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Addiction](#)  
[\\*Alcohol Rehabilitation](#)  
[\\*Drug Rehabilitation](#)  
[\\*Drug Therapy](#)  
[\\*Treatment Compliance](#)  
[Drug Abuse](#)  
[Treatment](#)  
[Treatment Barriers](#)  
**Source:** PsycINFO

#### 116. Dissemination of evidence-based treatment into practice.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(665-674) (2013)  
**Author(s):** Flynn, Patrick M; Brown, Barry S  
**Institution:** Institute of Behavioral Research, Texas Christian University, Fort Worth, TX, US; University of North Carolina at Wilmington, Wilmington, NC, US  
**Language:** English  
**Abstract:** (from the chapter) This chapter discusses bridging the gap between evidence-based research and the practice drug abuse intervention. The ultimate objective of health services research is to achieve the more effective delivery of health-care services (i.e. to further reduce disease and promote greater well-being). In the area of substance abuse, the objective of health services research has been to increase the capacity of treatment to enable individuals to become drug free and socially productive. Because research advances are seen as being so tightly tied to improving the nation's health, the Congress regularly provides vast sums to support health care studies with such faith in the scientific community that it rarely demands an accounting of sums expended. It seems fair to say that the legislators, like the public they represent, assume the link between knowledge development and improved practice has been well forged and stands intact. It has become increasingly clear that the link has been imperfectly forged to the extent it has been forged at all. It is noteworthy that recognition of the problem and the call for corrective action as described in this chapter has been the work of the federal agencies responsible for the conduct of research and a cadre of the investigators funded. We might first usefully explore the conditions that have existed to permit, if not promote, the gulf between researcher and clinician before examining efforts and issues significant to reducing that gulf. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Clinical Practice](#)  
[\\*Drug Rehabilitation](#)  
[\\*Evidence Based Practice](#)  
[\\*Experimentation](#)  
[\\*Government Policy Making](#)  
[Drug Abuse](#)  
**Source:** PsycINFO

#### 117. Internet screening and intervention programs.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(655-664) (2013)  
**Author(s):** Bendtsen, Preben; Johnsson, Kent  
**Institution:** Linkoping University, Linkoping, Sweden; Malmoe University, Malmoe, Sweden  
**Language:** English

**Abstract:** (from the chapter) This chapter discusses internet-based intervention for addiction issues. Traditional treatment for addictive behavior is increasingly being augmented in various ways by applications found on the Internet, and in certain cases it is more or less being substituted by Internet interventions. Websites concerning addictive behaviors offer a wide range of general information, self-tests with tailored feedback, self-guided interventions, therapist-assisted intervention, and guides as to where to find more help. With the fast increase in the number of websites, it has been difficult to evaluate the quality and effectiveness of all new components added over time. Studies so far have mostly focused on alcohol and tobacco abuse and to a minor extent drug abuse, pathological gambling, eating disorders, and Internet addiction, including cyber sex addiction, work addiction, shopping addiction, and addiction to prescription and over-the-counter medication. Given the magnitude of addictive behaviors in society and the effects on the individuals' surroundings, there is a need for cost-effective widespread interventions to address the challenge. The results so far are promising, especially on use of the Internet to gain more information about addictive behaviors and participation in self-guided interventions. Online chat and therapy-guided group counseling have been found to be less favored by participants owing to fears of lack of privacy and security. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Internet](#)  
[\\*Intervention](#)  
[\\*Online Therapy](#)  
[\\*Self Help Techniques](#)  
[Screening](#)

**Source:** PsycINFO

#### 118. Therapeutic communities.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(643-653) (2013)

**Author(s):** De Leon, George

**Institution:** National Development and Research Institutes (NDRI), New York, NY, US

**Language:** English

**Abstract:** (from the chapter) Drug-free residential programs for substance abuse appeared a decade later than did therapeutic communities (TCs) in psychiatric hospitals pioneered by Maxwell Jones and others in the United Kingdom. The term therapeutic community evolved in these hospital settings, although the two models arose independently. The TC for substance abuse emerged in the 1960s as a self-help alternative to existing conventional treatments. Recovering alcoholic and drug-addicted individuals were its first participant developers. Although its modern antecedents can be traced to Alcoholics Anonymous and Synanon, the TC prototype is ancient, existing in all forms of communal healing and support. Contemporary TCs for addictions are sophisticated human services institutions. Today, the label therapeutic community is generic, describing a variety of short and long-term residential and nonresidential programs that serve a wide spectrum of drug-abusing and alcohol-abusing clients. Although the TC model has been widely adapted for different populations and settings, it is the traditional long-term residential protocol for adult substance abusers that has documented effectiveness for substance-abusing individuals. The last section of this chapter summarizes the adaptation and modifications of the traditional TC model for various populations and settings. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Rehabilitation](#)  
[\\*Drug Rehabilitation](#)  
[\\*Recovery \(Disorders\)](#)  
[\\*Therapeutic Community](#)

[Alcohol Abuse](#)  
[Drug Abuse Prevention](#)

**Source:** PsycINFO

### 119. Harm reduction approaches.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(633-641) (2013)

**Author(s):** Blume, Arthur W; Logan, Diane

**Institution:** Washington State University, Vancouver, WA, US; University of Washington, Seattle, WA, US

**Language:** English

**Abstract:** (from the chapter) Harm reduction approaches are strategies that are used to reduce the harmful consequences of addictive behaviors. Harm reduction often includes multiple approaches including pharmacological, psychological, and environmental interventions. Harm reduction approaches typically involve interventions designed to reduce risky behaviors and their consequences. Interest in harm reduction arose partly in response to a body of scientific evidence suggesting that abstinence was not necessarily a realistic goal for people engaging in addictive behaviors, and that many clients preferred moderation goals even after successful completion of abstinence-based treatment programs. Harm reduction approaches are considered client centered, such that clinical professionals assume a consultant role to work with the client to identify and reach treatment goals collaboratively. Abstinence may or may not be an ultimate treatment goal, but is never a requirement for services and support. In fact, clients often opt for moderation-oriented goals or may not desire to make reductions at all and instead modify behavior to reduce risk without reduction. Harm reduction approaches are used to flexibly respond to whatever the client's goals for change may be. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Client Centered Therapy](#)  
[\\*Goal Setting](#)  
[\\*Harm Reduction](#)  
[\\*Rehabilitation](#)  
[Clients](#)  
[Intervention](#)

**Source:** PsycINFO

### 120. Evidence-Based Treatment.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(621-631) (2013)

**Author(s):** Larios, Sandra E; Manuel, Jennifer K; Newville, Howard; Sorensen, James L

**Institution:** University of California, San Francisco, CA, US; University of California, San Francisco, CA, US; University of California, San Francisco, CA, US; University of California, San Francisco, CA, US

**Language:** English

**Abstract:** (from the chapter) Substance abuse treatment practices have evolved independent of the mainstream health care community. Traditional health care facilities, like hospitals, were unable to adequately treat addictive disorders, leaving a gap in the treatment. Recovering addicts filled this gap by implementing a peer treatment system. Even as the disease model was applied to addiction, treatment perspectives did not change. Especially since there was little evidence available to determine which practices were effective. Currently, the field of addiction is experiencing a transition from the use of subjective evidence to a focus on objective evidence. Evidence-Based Treatments (EBTs) are approaches that have

been found to improve patients' functioning after rigorous scientific testing. Through the use of EBTs, we can ensure patients get the best possible services. The use of EBTs combines research with clinical expertise, and takes patient characteristics into consideration when selecting the best interventions. However, there are barriers to the adoption of EBTs. Many programs have different treatment approaches, and providers may use different treatments within the same clinic. Sometimes providers are committed to their particular treatment models, believing the methods they have used for years to be correct. There is also the tendency to fall back on what we know out of comfort, rather than trying something new and unfamiliar. In this chapter, we will describe different types of evidence and how it is evaluated to determine whether or not a treatment is evidence based. In addition, we will highlight important methodological issues that arise, describe findings from key studies, and the current state of EBT. Future directions for the field are also presented, focusing on increasing the dissemination and adoption of EBTs. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Alcohol Rehabilitation](#)  
[\\*Drug Rehabilitation](#)  
[\\*Evidence Based Practice](#)  
[\\*Treatment Guidelines](#)

**Source:** PsycINFO

#### 121. Ethical issues in the treatment of drug dependence.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(611-620) (2013)

**Author(s):** Carter, Adrian; Hall, Wayne

**Institution:** University of Queensland Centre for Clinical Research, Brisbane, QLD, Australia; Queensland Brain Institute, Brisbane, QLD, Australia

**Language:** English

**Abstract:** (from the chapter) This chapter discusses ethics in the treatment of drug dependence. Drug addiction is a condition that not only causes significant harm to those who suffer from it but also adversely affects society. It is a condition that also raises questions about our ability to control our own actions. If opioid addiction is seen as a failure of individuals to control their behavior, it can lead to a moral condemnation of those who suffer from it. This may affect how we as a society deal with it and in turn may lead to adverse consequences for both the individual and society. Drug addiction often requires a response from many governmental agencies, both medical and judicial, that can affect how treatment is provided and how effective it is. It is important that the treatment of drug dependence be governed by the primary aim of treating the individual suffering from it. Most of the obstacles to effective treatment are the result of different understandings of the nature of drug addiction and confusion over the aims of treatment. Often the regulations and policies that guide treatment are aimed at controlling and even punishing the individual. Not only are such approaches ethically unsound-in that they violate the individual's right to safe and effective treatment-they are also ineffective from the utilitarian ethical perspective that often motivates the provision of treatment for drug dependence. Treatment that aims to produce a therapeutic benefit for the individual is more effective if it engages the patient in treatment and encourages an individual to change, within the constraints of preventing further harm to society. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Dependency](#)  
[\\*Drug Rehabilitation](#)  
[\\*Policy Making](#)  
[\\*Professional Ethics](#)  
[\\*Treatment Guidelines](#)

[Drug Addiction Treatment](#)

**Source:** PsycINFO

**122. Economic analysis of addiction treatment programs.**

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(599-609) (2013)

**Author(s):** Duffy, Sarah Q

**Institution:** National Institute on Drug Abuse, Bethesda, MD, US

**Language:** English

**Abstract:** (from the chapter) This chapter discusses cost analysis of addiction treatment programs. An insight from economics-that limited resources must be allocated carefully to maximize welfare-has led to the development of a variety of analytical approaches to inform allocation decisions. These approaches, including costing studies, economic evaluations, and cost-function analyses, have increasingly been applied to study addiction treatment programs and interventions, and the methods and data available to conduct them continue to improve. Addiction treatment is often found to be cost-beneficial, and effective enhancements to addiction treatment are often shown to improve outcomes or increase quality adjusted life years at costs that many would consider reasonable. Studies to date suggest that there is substantial variation in the costs of producing addiction treatment, but the sources of that variation are poorly understood. Although other factors, such as equity and access, should certainly be considered when deciding what addiction treatments to purchase, provide, or fund, careful accounting of the costs of a proposed activity and the outcomes or benefits it produces need to be a cornerstone of any such decision. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Rehabilitation](#)  
[\\*Costs and Cost Analysis](#)  
[\\*Drug Rehabilitation](#)  
[\\*Health Care Costs](#)  
[Alcoholism](#)  
[Drug Addiction](#)

**Source:** PsycINFO

**123. Evaluating treatment efficacy.**

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(589-597) (2013)

**Author(s):** Hunter, Sarah B; Miles, Jeremy N. V; Paddock, Susan M; D'Amico, Elizabeth J

**Institution:** RAND Corporation, Santa Monica, CA, US; RAND Corporation, Santa Monica, CA, US; RAND Corporation, Santa Monica, CA, US; RAND Corporation, Santa Monica, CA, US

**Language:** English

**Abstract:** (from the chapter) This chapter discusses drug treatment efficacy evaluation including study design, analytical evaluation, and interpretation of study results. The development of efficacious treatments for substance use requires the use of rigorous analytical methodologies to provide reliable information to guide clinical practice. The use of randomized study designs is typically preferred over nonrandomized designs and there are analytic techniques that can be used to adjust for preexisting differences among comparison groups. When randomization at the individual level is not feasible, cluster randomized designs offer another option to testing treatment efficacy. Blending components from both traditional efficacy and effectiveness studies has increased in the last decade in recognition of the need to build treatments that are appropriate for delivery in real world treatment settings. As the number of research studies increases, the use of systematic review methods, such as meta-analyses, is useful in informing the field about

treatment efficacy. Continued use of the aforementioned methods along with further innovation in these areas will help to improve the quality of evidence of treatment approaches to address substance use. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Drug Rehabilitation](#)  
[\\*Treatment Effectiveness Evaluation](#)  
[Alcohol Rehabilitation](#)  
[Drug Abuse](#)  
[Experimental Design](#)  
[Methodology](#)  
**Source:** PsycINFO

#### 124. Improving the quality of addiction treatment.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(579-588) (2013)  
**Author(s):** Hoffman, Kim A; McCarty, Dennis  
**Institution:** Oregon Health & Science University, Portland, OR, US; Oregon Health & Science University, Portland, OR, US  
**Language:** English  
**Abstract:** (from the chapter) Treatment for alcohol and drug use disorders varies. Addiction treatment is the product of tens of thousands of practitioners with idiosyncratic approaches to counseling; most counselors practice without professional licensure and receive little supervision. Improving the quality of care is a challenge. There is a need for quality treatment but typical approaches to quality assurance are reactive-licensure, accreditation, credentialing, and practice standards. Recent approaches to treatment quality emphasize strategies to continuously improve treatment processes. Examples of process improvement from the Network for the Improvement of Addiction Treatment (NIATx) and related initiatives illustrate the application and impacts of quality improvement. Performance measurement becomes the hurdle-program management must identify useful measures of performance that link to patient outcomes. The environment for addiction treatment is changing rapidly. In 2025, addiction treatment may be more fully integrated with primary care, use population measures of health, and rely on emerging electronic technology. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Addiction](#)  
[\\*Alcohol Rehabilitation](#)  
[\\*Drug Rehabilitation](#)  
[\\*Health Care Delivery](#)  
[\\*Quality of Care](#)  
[Alcoholism](#)  
[Drug Abuse](#)  
**Source:** PsycINFO

#### 125. Health care reforms and treatment for substance use disorders.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(567-577) (2013)  
**Author(s):** Roman, Paul M  
**Institution:** Owens Institute for Behavioral Research, University of Georgia, Athens, GA, US  
**Language:** English

**Abstract:** (from the chapter) Throughout most of the world in the twenty-first century, governments are involved with multiple aspects of the administration of health care and the financing of health care delivery. Thus the breadth and depth of health care available and accessible in a given setting reflect public policy in that setting. Public policy, in turn, is a reflection of national politics, the evolutionary pattern of legislation, and societal values which guide choices between alternatives. In the United States, health care policy has emerged rather haphazardly, with a largely laissez faire environment dominating up until the first half of the twentieth century when a host of demographic and technological changes transformed health care possibilities and expectations. Beginning after World War II, concern over reform and reorganization of health care entered the political arena. A bifurcation emerged, centering around the possibility of the Federal government as a single payer for health care, an idea to which its opponents promptly and effectively attached the term, "socialized medicine." Some version of proposed expansion of Federal financial and administrative control of medical care has been represented in a long sequence of proposals and changes that have occurred over the past 70 years. Historically, the treatment of addiction has had little relation to changes in health care policy. The treatment of substance use disorders (SUDs) in the US is a relatively new entry into the medical care arena, having undergone many transitions and changes since its inception in the 19 century. From the nineteenth century onward, psychoactive substance use has been seen as a public matter affecting the public good. As such, it has been the target of a series of legislative actions and public policies that have been very specifically addressed to psychoactive substances, including their distribution, use, and resultant needs for interventions directed at some users. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Health Care Services](#)  
[\\*Public Health](#)  
[\\*Health Care Policy](#)  
[\\*Health Care Reform](#)

**Source:** PsycINFO

## 126. Medications for behavioral addictions.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(553-563) (2013)

**Author(s):** Schreiber, Liana R. N; Odlaug, Brian L; Grant, Jon E

**Institution:** University of Minnesota Medical Center, Minneapolis, MN, US; Department of Public Health, University of Copenhagen, Copenhagen, Denmark; Department of Psychiatry & Behavioral Neuroscience, University of Chicago, Chicago, IL, US

**Language:** English

**Abstract:** (from the chapter) This chapter discusses pharmacotherapy to treat behavioral addictions. Pathological gambling, kleptomania, trichotillomania (TTM), pyromania, and intermittent explosive disorder (IED) are all formally recognized by the Diagnostic and Statistical Manual of Mental Disorders-4th Edition (DSM-IV) as impulse control disorders (ICDs) Not Elsewhere Classified. Although compulsive buying, compulsive sexual behavior (CSB), Internet addiction, and pathological skin picking (PSP) are not formally recognized by the DSM, they are generally included as impulse control disorders, Not Otherwise Specified. Relatively little is known about behavioral addictions compared to other psychiatric illnesses. Most research has focused on pathological gambling (PG), but research concerning clinical and biological/genetic characteristics of all types of behavioral addictions is greatly needed to better inform researchers, clinicians, and the general public. Large, randomized, placebo-controlled studies are especially needed to gain knowledge about beneficial treatments. Taken as a whole, pharmacological treatment studies have suggested that opioid antagonists may be useful for some behavioral addictions, while serotonergic antidepressants may be useful for others however, the data are limited and results should be interpreted with caution. Data from glutamatergic agent

studies warrant further research in their use for the treatment of PG and trichotillomania (TTM). Further exploration of atypical antipsychotics for the treatment of TTM is also needed. Data regarding lithium, antiepileptic, and stimulant medications are extremely limited and inadequate to reach any clinical judgments. Closer examination of the heterogeneity across and within these disorders and how that heterogeneity impacts pharmacological treatment is an area for further research. Advances in these areas will hopefully increase public awareness of these disorders, serving to improve the lives of those both directly and indirectly affected by behavioral addictions. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Drug Therapy](#)  
[\\*Impulse Control Disorders](#)  
[Pathological Gambling](#)

**Source:** PsycINFO

### 127. Vaccines for addictive disorders.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(543-551) (2013)

**Author(s):** Ramakrishnan, Muthu; Kinsey, Berma M; Kosten, Thomas R; Orson, Frank M

**Institution:** Veterans Affairs Medical Center, Houston, TX, US; Veterans Affairs Medical Center, Houston, TX, US; Veterans Affairs Medical Center, Houston, TX, US; Veterans Affairs Medical Center, Houston, TX, US

**Language:** English

**Abstract:** (from the chapter) This chapter discusses immunization for addictive disorders. Current medications, such as methadone for heroin addiction, as well as addiction treatment programs are widely available in developed countries, but they are often not sufficiently effective in reducing drug intake, even for the motivated patient who is dependent on a drug. In addition, the pharmacological antagonists used against drugs of abuse may enter the CNS and create unwanted side effects. Recent vaccine strategies for specific drugs can produce either active antibodies directly in humans or monoclonal antibodies through cell cultures, which are then passively administered to humans. These specific antibodies in the peripheral circulation can sequester an abused drug in the bloodstream and reduce its entry to the brain. Antibodies are large molecules that cannot cross the blood-brain barrier (BBB) unless there is inflammation or the presence of a specific binding receptor at the BBB to deliver the antibody by receptor-mediated transcytosis. Therefore, immunotherapy has been proposed as a safe and viable approach for treating addictive disorders. Though passive administration of humanized or chimeric monoclonal antibodies against such drugs could be used, patients would need frequent injections to maintain a sufficiently high concentration of antibodies in the peripheral circulation to sequester the drug. In addition, this treatment strategy would involve some risk of developing an immune response to the administered antibody, as well as being cost-prohibitive for delivery of monoclonal antibodies at sufficiently high concentrations. Improved vaccination therapy has the potential to be a promising and cheaper alternative to address many of the treatment problems for drug addicts. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Antibodies](#)  
[\\*Drug Addiction](#)  
[\\*Immunotherapy](#)  
[Drug Abuse](#)

**Source:** PsycINFO

### 128. Medication for cravings in substance use disorders.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(527-542) (2013)

**Author(s):** Patkar, Ashwin A; Lee, Jonathan C; Burgess, Douglas M

**Institution:** Duke University Medical Center, Durham, NC, US; Farley Center at Williamsburg Place, Williamsburg, VA, US; University of Missouri, MO, US

**Language:** English

**Abstract:** (from the chapter) Drug addiction or substance dependence is a chronic, relapsing disorder characterized by the following: (1) compulsion to seek and take the drug, (2) loss of control in limiting intake, and (3) emergence of a negative emotional state when access to the drug is prevented. Due to acute and chronic neuroadaptation in the brain from addiction, craving can maintain addictive drug-seeking behaviors and lead to relapse even after a prolonged period of abstinence. Therefore, treatment that diminishes cravings (preoccupation/anticipation) of alcoholics and addicts can decrease the likelihood of relapse. In the future, neuroimaging studies may be used clinically not only to provide data on the reactivity of the neurocircuitry but also to correlate data with treatment efficacy and risk of relapse. Future molecular targets for preoccupation/anticipation (craving) include activation of cystine-glutamate exchange (such as by N-acetylcysteine), which has been shown to prevent cocaine-induced escalation and behavioral sensitization as well as diminishing conditioned response to drug cues in humans. This chapter discusses medications for treatment of craving in relation to alcohol, opioids, stimulants, nicotine, and cannabis. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Craving](#)  
[\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Drug Therapy](#)  
[Alcohol Abuse](#)  
[CNS Stimulating Drugs](#)  
[Drug Dependency](#)  
[Marijuana](#)  
[Nicotine](#)  
[Opiates](#)

**Source:** PsycINFO

### 129. The treatment of insomnia in substance-abusing patients.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(517-525) (2013)

**Author(s):** Chakravorty, Subhajit

**Institution:** Philadelphia Veterans Affairs Medical Center, Philadelphia, PA, US

**Language:** English

**Abstract:** (from the chapter) The evaluation and treatment of the insomnia in substance use disorders (SUDs) are important from a treatment perspective for multiple reasons. First, insomnia in recovering alcohol dependent patients may be associated with relapse back to alcohol use. Second, the presence of insomnia in alcohol-dependent patients may be an indication of an underlying comorbid and untreated psychiatric disorder, for example, a major depressive disorder that may impede the recovery process. Third, the insomnia symptoms may conversely mimic symptoms of depressive and anxiety disorders leading to an over-diagnosis and treatment of mood and anxiety disorders. Fourth, the presence of sleep continuity disturbance during recovery, especially in middle-aged patients with multiple medical comorbidities such as obesity and hypertension, should trigger an evaluation for underlying intrinsic sleep disorder like obstructive sleep apnea syndrome. We reviewed the databases, Pubmed and ISI-Web of Science, for previous literature on treatment interventions involving insomnia in substance-abusing patients. Pubmed was

chosen as a database, because of its extensive repository of literature. The ISI-Web of Science database was additionally selected because of its extensive indexing of pharmacologic literature. Recommendations for management of insomnia and SUDs are included in the chapter. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Disease Management](#)  
[\\*Drug Abuse](#)  
[\\*Drug Therapy](#)  
[\\*Insomnia](#)  
[\\*Intervention](#)  
[Drug Dependency](#)  
[Risk Factors](#)

**Source:** PsycINFO

### 130. Pain and addiction.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(503-515) (2013)

**Author(s):** Cheatle, Martin D

**Institution:** Center for Studies of Addiction, University of Pennsylvania, Philadelphia, PA, US

**Language:** English

**Abstract:** (from the chapter) Despite this evolution in philosophy regarding the therapeutic use of opioids, chronic pain remains a serious healthcare problem with associated economic burden. The person afflicted with pain can experience an array of problems including sleep disturbance, mood disorders, loss of work and family roles, sexual dysfunction, and diminished self-esteem all of which compromises quality of life. Delays in healing, changes in the central nervous system (neuroplasticity), depression, suicide, and opioid addiction (OA) can occur if pain is mismanaged or undertreated. Regardless of the enormity of the problem of chronic pain, growing concerns about addiction and diversion of opioids have contributed to the inadequate treatment of pain, including acute episodes, end of life, and cancer pain, and especially in patients with chronic non-cancer pain (CNCP). This chapter discusses pain and addiction, including risk factors for addiction, guidelines for responsible practice when prescribing pain medication, and managing pain with opioids (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Opiates](#)  
[\\*Pain Management](#)  
[\\*Risk Factors](#)  
[\\*Treatment Guidelines](#)  
[Pain](#)

**Source:** PsycINFO

### 131. Comorbid addictions and schizophrenia.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(497-502) (2013)

**Author(s):** Campbell, E. Cabrina; Hurford, Irene M; Esposito, Alex Z; Lybrand, Janice; Mann, Stephan C; Caroff, Stanley N

**Institution:** University of Pennsylvania School of Medicine, Philadelphia, PA, US; University of Pennsylvania School of Medicine, Philadelphia, PA, US; University of Pennsylvania School of Medicine, Philadelphia, PA, US; Philadelphia Veterans Medical Center, Philadelphia, PA, US; Central Montgomery MH/MR Center, Norristown, PA, US; University of Pennsylvania School of Medicine, Philadelphia, PA, US

**Language:** English

**Abstract:** (from the chapter) This chapters discusses comorbid addictions and schizophrenia. There is an unusually high rate of addiction among patients with schizophrenia. Comorbid addiction and schizophrenia are highly associated in terms of neurobiology and worsening course of both individual disorders. Though substances of abuse have the immediate effect of increase in pleasure; they ultimately worsen the course of schizophrenia resulting in more frequent acute psychotic episodes. The negative consequences affect society as a whole. The cost of cigarettes is approximately 27% of the monthly income of many patients with schizophrenia. Costs are elevated also because of increased health care expenses including additional medical burden, rehospitalization, and homelessness. In patients who use chronically and are psychotic, it is beneficial to treat psychosis even in the face of addiction. Treatment of psychosis increases patient's engagement in addiction treatment, thereby helping to decrease substance abuse. This results in patients staying in treatment and reduction in psychotic symptoms. Treatment by the same clinician or clinical team is critical. Substances of abuse are known to decrease compliance with treatment contributing to the number one reason of acute psychotic relapse. Both addiction and schizophrenia are chronic disorders that necessitate open-ended and continuous treatment. Likely recurrent interventions are required lifelong, since problems with addiction can occur during any phase of illness. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Comorbidity](#)  
[\\*Schizophrenia](#)  
[Health Care Costs](#)  
[Treatment Compliance](#)

**Source:** PsycINFO

### 132. Treatment of anxiety in substance-using patients.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(489-495) (2013)

**Author(s):** Soyka, Michael

**Institution:** Ludwig Maximilian University Munich, Munich, Germany

**Language:** English

**Abstract:** (from the chapter) Community-based epidemiologic studies show a 2.2-fold increased risk for anxiety disorders among individuals with alcohol dependence compared to the general population. There is a lifetime prevalence of 6-20% for anxiety disorders among alcoholics. Social and specific phobias have the highest risk. Differential diagnosis can be difficult because of overlapping symptoms. As is the case in other psychiatric disorders comorbid with substance abuse disorders (SUDs), some form of self-medication has been discussed as a possible explanation. The relaxing, tension- and stress-reducing and sedating effects of alcohol in particular are well established and clear. Short-term consumption of alcohol or benzodiazepines diminishes anxiety in patients with panic disorder. This has been explained by means of cognitive processes and the expectancy of the drug's effect. In contrast, longterm use of alcohol and possibly other drugs may induce anxiety disorders. Anxiety is a frequent symptom in alcohol and drug withdrawal, but there is no clear experimental evidence for the induction of anxiety disorders by alcoholism. In SAD, clinical findings on the interrelationship with alcohol use are inconsistent. Treatment options are addressed, including psychotherapy and pharmacotherapy. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Anxiety](#)  
[\\*Drug Abuse](#)  
[\\*Drug Therapy](#)  
[\\*Psychotherapy](#)  
[Anxiety Disorders](#)

**Source:** PsycINFO

### 133. Medications for comorbid bipolar disorder and addiction.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(483-487) (2013)

**Author(s):** Brown, Edson Sherwood

**Institution:** University of Texas Southwestern Medical Center at Dallas, Dallas, TX, US

**Language:** English

**Abstract:** (from the chapter) This chapter discusses medications for comorbid bipolar disorder and addiction. The treatment of patients with bipolar disorder (BPD) and substance use disorder (SUD) has been the topic of relatively little investigation. This paucity of data has clinical implications because SUDs are more common in patients with BPD than any other Axis I illness, and are associated with greater rates of hospitalization, violence toward self and others, and treatment nonadherence. Based on the controlled studies that included at least some patients with BPD, the data suggest that lithium, valproate, citicoline, naltrexone, and possibly quetiapine and carbamazepine may be associated with a reduction in substance use. Carbamazepine, pregnenolone, and quetiapine may be associated with improvement in mood, and citicoline with improvement in memory, in this population. More research is needed in dual-diagnosis samples on both standard treatments for BPD and standard treatments for SUDs and combinations of these medications. An additional area in need of research is the combination of pharmacotherapy with psychotherapy. Given the limited available data, it is not possible to make specific treatment recommendations for the treatment of patients with BPD and SUD at this time. A general recommendation, not yet confirmed by controlled data, would be to effectively treat mood symptoms with medications for BPD and consider pharmacotherapy or psychotherapy targeting the substance of abuse. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Bipolar Disorder](#)  
[\\*Comorbidity](#)  
[\\*Drug Therapy](#)  
[Carbamazepine](#)  
[Lithium](#)

**Source:** PsycINFO

### 134. The treatment of depressed alcoholics.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(475-481) (2013)

**Author(s):** Cornelius, Jack R

**Institution:** Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center, Pittsburgh, PA, US

**Language:** English

**Abstract:** (from the chapter) In this chapter, the term co-occurring major, depression and alcohol dependence will be used to indicate the simultaneous presence of those two disorders, without necessarily implying any particular relationship between the two disorders. A discussion of the mechanisms underlying the associations between alcohol use disorders (AUDs) and depression is beyond the scope of this chapter. A discussion of other possible co-occurring conditions is also beyond the scope of this chapter, though patients with co-occurring major depression and alcohol dependence often demonstrate other substance use disorders and other psychiatric disorders as well. Treatment options for these co-occurring disorders are provided in the chapter. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** \*Alcoholism  
 \*Major Depression  
 \*Treatment  
 Drug Therapy  
 Psychosocial Readjustment  
 Twelve Step Programs  
**Source:** PsycINFO

### 135. Medication development for amphetamine dependence.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(459-465) (2013)  
**Author(s):** Heinzerling, Keith  
**Institution:** UCLA Substance Abuse Pharmacotherapy Unit, Los Angeles, CA, US  
**Language:** English  
**Abstract:** (from the chapter) This chapter focuses on medication development for amphetamine dependence. While no medications have been proven effective for amphetamine/methamphetamine (AMP/MA) dependence, bupropion has shown preliminary efficacy among MA users with less than daily MA use at treatment baseline. Two confirmatory clinical trials with bupropion in less than daily MA users are currently underway, and results of these studies will determine if bupropion is likely to be approved as a treatment for AMP/MA dependence. Regardless of the outcome of these trials, many important research and clinical questions regarding AMP/MA dependence pharmacotherapy remain unanswered. First, no medications have shown efficacy in achieving AMP/MA abstinence in the most severely addicted patients, including daily AMP/MA users, although substitution approaches may increase treatment retention and reduce severity of AMP/MA dependence. Research to better quantify potential health and societal benefits of treatments that reduce AMP/MA use but do not achieve total abstinence is warranted. Also, whether bupropion is effective in sustaining abstinence in daily users following a brief inpatient stabilization to achieve initial abstinence warrants investigation. Furthermore, clinical trial designs that account for the clinical and potentially biological heterogeneity among AMP/MA-dependent patients and are capable of isolating medication effects in specific subgroups are needed. It seems likely that like other areas of medicine, personalized approaches to pharmacotherapy for AMP/MA dependence will be needed in order to achieve optimal treatment outcomes for all patient subgroups. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** \*Amphetamine  
 \*Drug Dependency  
 \*Drug Rehabilitation  
 \*Drug Therapy  
 \*Research and Development  
 Bupropion  
**Source:** PsycINFO

### 136. Agonist-like (substitution) treatment for cocaine and other stimulant dependence.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(449-457) (2013)  
**Author(s):** Grabowski, John; Mooney, Marc; Herin, David  
**Institution:** University of Minnesota, Minneapolis, MN, US; University of Minnesota, Minneapolis, MN, US; University of Minnesota, Minneapolis, MN, US  
**Language:** English

**Abstract:** (from the chapter) This chapter focuses on the use of agonist-like treatment for cocaine and other stimulant dependence. Stimulant medications, for example amphetamine analogs, have been extensively used to treat specific medical and psychiatric problems including narcolepsy and attention deficit and activity disorders. They were used in the past with some benefit to treat overweight conditions. Amphetamine analogs have also been used in the past to treat depression and are now sometimes used as adjuncts, or additional medications when standard antidepressant effects must be bolstered. These medications can also be used to enhance performance that has deteriorated due to boredom or fatigue. This has been true of the amphetamine analogs, and a novel stimulant, modafinil, has been approved by the US Food and Drug Administration (FDA) to modulate sleep-wake disturbances and performance impairment in shift workers who must change from night, to day, or afternoon schedules frequently. These drugs can have psychological effects that are perceived as 'positive'. A large illicit trade in cocaine, as well as methamphetamine supports excessive use of these agents for these non-therapeutic effects. In turn, as the problem for the individual becomes more and more severe, treatment is essential. This section considers the treatment strategy of administering controlled regimens of a drug very much like the drug that has caused problems. This strategy has been called 'substitution', 'replacement', 'agonist treatment', or 'agonist-like' treatment. As discussed, it is effective in the treatment of heroin, as well as nicotine dependence. Extensive research and clinical experience suggest that stimulant medications may be effective for treatment of stimulant dependence. Certainly the controlled clinical trials and some community treatment programs to date have demonstrated 'proof of concept'. However, while research and discussion of the strategy continue, it is not an approach currently supported by the FDA. More research and further demonstrations of safety and effectiveness will be necessary to move the approach to the forefront of treatment of severe stimulant dependence, but there is growing support for the strategy. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*CNS Stimulating Drugs](#)  
[\\*Cocaine](#)  
[\\*Drug Abuse](#)  
[\\*Drug Dependency](#)  
[\\*Drug Rehabilitation](#)

**Source:** PsycINFO

### 137. Buprenorphine for opioid dependence.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(417-426) (2013)

**Author(s):** Gordon, Adam J; Krumm, Margaret M

**Institution:** University of Pittsburgh School of Medicine, Pittsburgh, PA, US; University of Pittsburgh School of Medicine, Pittsburgh, PA, US

**Language:** English

**Abstract:** (from the chapter) This chapter focuses on the use of buprenorphine for opioid dependence. Opioid dependence is a disease that is best treated with a comprehensive treatment paradigm. Medication assisted treatment using opioid agonist therapy has a vast evidence base documenting reduction of illicit opioid use, improvement of comorbid conditions and functioning, and improvement of retention in a longitudinal, comprehensive treatment program. Recently, office-based treatment using the partial opioid agonist buprenorphine has improved patient access to opioid agonist treatment. In the United States, office-based buprenorphine care has provided addiction treatment outside of licensed opioid agonist treatment programs. Buprenorphine has unique properties that make it attractive in the treatment of opioid dependence including low ceiling effect compared to full agonist opioids, high affinity for opioid receptors, and long half-life. A multitude of studies have demonstrated the efficacy, clinical effectiveness, safety, and cost-effectiveness of buprenorphine opioid agonist therapy. In certain populations, buprenorphine has been shown to be superior to other medications for

treatment of opioid withdrawal syndrome and maintenance opioid agonist therapy. In concert with non-pharmacologic treatments for opioid dependence, buprenorphine therapy may be an essential adjunct treatment, especially in resource poor locations or for patients who do not have access to other modalities of opioid dependence care. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Drug Dependency](#)  
[\\*Drug Therapy](#)  
[\\*Narcotic Agonists](#)  
[\\*Opiates](#)  
[Costs and Cost Analysis](#)  
**Source:** PsycINFO

### 138. Methadone maintenance.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(407-416) (2013)  
**Author(s):** Fareed, Ayman  
**Institution:** Emory University, Decatur, GA, US  
**Language:** English  
**Abstract:** (from the chapter) This chapter discusses the therapeutic efficacy of methadone maintenance treatment for opioid addiction and updates the reader about the basic and most recent information available for the treatment of opioid addiction. Opioid addiction is a chronic disease characterized by frequent relapses. Methadone maintenance has been an effective model for treatment of this chronic disease since the 1960s. Extensive research confirmed the safety and efficacy of this model for treatment of opioid dependence. Modern technology like brain imaging has been used recently to provide more information about methadone maintenance for treatment of opioid dependence. (PsycINFO Database Record (c) 2014 APA, all rights reserved)  
**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Addiction](#)  
[\\*Disease Management](#)  
[\\*Drug Therapy](#)  
[\\*Methadone Maintenance](#)  
[Chronicity \(Disorders\)](#)  
**Source:** PsycINFO

### 139. Anticonvulsant medications for the treatment of alcohol dependence.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(391-396) (2013)  
**Author(s):** Ait-Daoud, Nassima  
**Institution:** University of Virginia, Charlottesville, VA, US  
**Language:** English  
**Abstract:** (from the chapter) This chapter reviews anticonvulsant agents that have been evaluated for the treatment of alcohol dependence with an overview of their mechanism of actions. Anticonvulsant drugs by virtue of their sedative-like activity and non-addictive property are ideal agents to consider for the treatment of acute alcohol withdrawal symptoms while transitioning care into an outpatient setting. In fact, anticonvulsants such as carbamazepine, gabapentin, and topiramate have been safely used in the treatment and prevention of alcohol withdrawal. Sleep disturbances are among the most common complaints of alcoholics during the protracted withdrawal phase. Other withdrawal symptoms include anxiety, dysphoria, and irritability. These symptoms may last for weeks to months after the cessation of drinking and increase the risk for alcohol relapse. It is

possible that the continuation of agents that were effective in the treatment of acute withdrawal into this protracted withdrawal period could alleviate some of these symptoms and lead to lower relapse rates. Given the cross tolerance that alcoholics often have to sedative/ hypnotic GABAergic drugs, the use of anticonvulsant medication offers the advantages of safety, mood stabilization, and lack of addictive properties that make them a significant tool to use in the treatment for alcohol dependence. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Withdrawal](#)  
[\\*Alcoholism](#)  
[\\*Anticonvulsive Drugs](#)  
[\\*Relapse Prevention](#)

**Source:** PsycINFO

#### 140. Acamprosate for alcohol dependence.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(385-389) (2013)

**Author(s):** Mason, Barbara J; Higley, Amanda E

**Institution:** Scripps Research Institute, La Jolla, CA, US; Scripps Research Institute, La Jolla, CA, US

**Language:** English

**Abstract:** (from the chapter) This chapter focus on the use of acamprosate for alcohol dependence. The major therapeutic challenge to successful management of alcohol dependence is the maintenance of abstinence and prevention of drinking relapse. Prevention of relapse has the potential to reduce hospitalization and rehabilitation costs, as well as alcohol related loss of productivity in the workplace. Over the past two decades, numerous well-controlled clinical trials have found that acamprosate, in combination with psychosocial support, is a safe and well-accepted therapy. Acamprosate has been demonstrated to increase abstinence rates and reduce the risk of return to drinking in alcohol-dependent patients significantly more than placebo across 18 of 23 randomized, placebo-controlled trials. Given its excellent safety record and the positive results of a majority of clinical trials, it is not surprising that it is now the most widely prescribed drug therapy in the treatment of alcoholism. Pharmacoeconomic studies both in Europe and in the United States have demonstrated the potential cost-saving benefits of prescribing acamprosate as an adjunct to psychosocial support compared with nonpharmacological techniques alone. Based on these findings, it appears that acamprosate is an important advancement in the treatment of alcohol dependence. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Therapy](#)  
[\\*Psychosocial Factors](#)  
[\\*Treatment Outcomes](#)  
[\\*Acamprosate](#)  
[Sobriety](#)

**Source:** PsycINFO

#### 141. Naltrexone and opioid antagonists for alcohol dependence.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(375-384) (2013)

**Author(s):** Pettinati, Helen M; Dundon, William D; Lopez, Maria Jose Casares

**Institution:** Center for the Studies of Addiction, Philadelphia, PA, US; Center for the Studies of Addiction, Philadelphia, PA, US; University of Oviedo, Asturias, Spain

**Language:** English

**Abstract:** (from the chapter) This chapter reviews the latest literature on the use of opiate antagonists for the treatment of alcohol dependence, focusing primarily on naltrexone. It has been increasingly recognized by many in the treatment community that alcohol dependence is a medical illness. Surprisingly, few clinicians have utilized medications as a frontline treatment or even as an adjunct to treatment for alcohol dependence. For instance, a 2007 study from the US Veterans Health Administration reported that only 3% of veterans with an alcohol use disorder received a medication approved by the Food and Drug Administration (FDA) for alcohol dependence. In this same study, of those who had a co-occurring psychiatric disorder, 52.6% received an antidepressant, most commonly a selective serotonin reuptake inhibitor (SSRI), while only 4.3% received a medication for their alcohol use disorder. Furthermore, alcohol-dependent individuals with no co-occurring psychiatric disorder were six times more likely to receive an SSRI than any of the FDA-approved medications for alcohol dependence. In the United States, there are four medications approved by the FDA for the treatment of alcohol dependence. Two of the naltrexone medications are different formulations-daily oral naltrexone tablets, and a long-acting monthly injection. These medications are believed to reduce alcohol craving and blunt the rewarding properties of alcohol by blocking the opioid receptors in the brain. The other two medications are acamprosate and disulfiram. Acamprosate is thought to modulate the glutamate system and promote abstinence by alleviating aversive symptoms related to protracted alcohol withdrawal. Disulfiram interferes with the metabolism of alcohol creating an intense aversive state including flushing, nausea, and headache when the person drinks alcohol. This chapter, however, primarily focuses on the use of naltrexone and other opioid antagonists for the treatment of alcohol dependence. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Therapy](#)  
[\\*Naltrexone](#)  
[Narcotic Antagonists](#)

**Source:** PsycINFO

#### 142. Disulfiram for alcohol and other drug use.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(367-374) (2013)

**Author(s):** Kerfoot, Karin E; Petrakis, Ismene L

**Institution:** Yale University, New Haven, CT, US; Yale University, New Haven, CT, US

**Language:** English

**Abstract:** (from the chapter) This chapter focuses on the use of disulfiram as a treatment for abstinence in alcohol and other drug abuse. Over several decades of research and clinical experience, disulfiram has remained an important, yet underutilized, treatment option within the addictions field. Despite some equivocal findings in the treatment of alcohol dependence, disulfiram's efficacy in the setting of supervised use has repeatedly received support. For many years, disulfiram represented the only medication approved by the FDA for the treatment of alcohol dependence. In spite of the recent addition of such medications as naltrexone and acamprosate, disulfiram continues to make unique contribution, given its mechanism of action, reliance on "psychological deterrence," and ability to foster complete abstinence. The possibility that it may be particularly useful in patients with certain characteristics and in specific stages of treatment suggests that sophisticated prescribing may enhance disulfiram's benefit. Its combination with other agents and treatment modalities, either in parallel or in succession, may represent another avenue to maximize positive outcomes. Though the majority of disulfiram research and utilization has taken place in the treatment of alcohol dependence, a growing body of literature has recently emerged supporting its use in the treatment of cocaine dependence and dually diagnosed individuals. The possibility of its use in additional patients, such as those with pathological gambling, has also been raised. It is hoped that additional study

will help to maximize the benefit to be derived from this unique medication. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Alcoholism](#)  
[\\*Disulfiram](#)  
[\\*Drug Therapy](#)  
[\\*Treatment Planning](#)

**Source:** PsycINFO

#### 143. Medications to treat addictions: Nicotine replacement.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(337-343) (2013)

**Author(s):** Herman, Aryeh I; Sofuoglu, Mehmet

**Institution:** Yale University, VA Connecticut Healthcare System, West Haven, CT, US; Yale University, VA Connecticut Healthcare System, West Haven, CT, US

**Language:** English

**Abstract:** (from the chapter) Cigarette smoking is the leading cause of preventable death in the developed world. The decline in smoking prevalence is largely the result of a massive anti-smoking campaign targeting both smoking initiation as well as smoking cessation. While the prevention of smoking initiation is vital for long-term reduction of tobacco-related illnesses and deaths, there will be a delay of several decades before the prevention strategies bear fruit. Thus, current efforts to improve smoking cessation rates will likely provide more immediate results. Currently, there are effective medications to aid smokers in quitting smoking including nicotine replacement therapy (NRT), bupropion, and varenicline. These pharmacological treatments increase the success rate of smoking cessation by two- to threefold compared to quit attempts without any treatments. In this section, we review the first pharmacotherapy developed for the treatment of tobacco addiction, NRTs. First, we overview nicotine's role in tobacco addiction. Then a brief history of NRTs will be provided, followed by their clinical use. We will also review the use of NRTs in special populations of smokers and genetic factors influencing the efficacy of NRTs. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Therapy](#)  
[\\*Nicotine](#)  
[\\*Smoking Cessation](#)  
[\\*Tobacco Smoking](#)  
[Addiction](#)

**Source:** PsycINFO

#### 144. Treatment for co-occurring substance abuse and mental health disorders.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(317-323) (2013)

**Author(s):** Mueser, Kim T; Drake, Robert E; Noordsy, Douglas L

**Institution:** Center for Psychiatric Rehabilitation, Boston, MA, US; Dartmouth Psychiatric Research Center, Rivermill Commercial Center, Lebanon, NH, US; Dartmouth Medical School, Lebanon, NH, US

**Language:** English

**Abstract:** (from the chapter) This chapter focus on treatment for co-occurring substance abuse and mental health disorders. The limitations of parallel and sequential treatment approaches to co-occurring disorders have led to the development and growing adoption of integrated treatment approaches. Integrated treatment is defined as when both the psychiatric and

substance use disorders are treated at the same time, by the same clinician or same team of clinicians, who assume responsibility for integrating the treatment of both disorders. In addition to the integration of mental health and substance abuse services, effective programs also share several other common characteristics, including comprehensiveness, motivational enhancement, harm-reduction orientation, low stress treatment environment, and pharmacological treatment. These components are briefly described in this chapter. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Comorbidity](#)  
[\\*Integrated Services](#)  
[\\*Mental Health Services](#)  
[Drug Abuse](#)  
[Mental Disorders](#)

**Source:** PsycINFO

#### 145. Diagnostic dilemmas in comorbidity.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(309-315) (2013)

**Author(s):** Hides, Leanne

**Institution:** Queensland University of Technology (QUT), Brisbane, QLD, Australia

**Language:** English

**Abstract:** (from the chapter) The high rates of comorbid mental health and substance use disorders and the poor clinical, functional, and treatment outcomes associated with them make the accurate diagnosis of comorbid disorders an important clinical priority. However, a number of diagnostic dilemmas associated with the presence of comorbid disorders have hindered our understanding of the etiology of comorbid disorders and our ability to effectively treat them. This chapter begins by discussing the prevalence of common comorbid disorders. The diagnostic dilemmas created by comorbid disorders and issues with the reliability, validity, and clinical utility of current systems of psychiatric nomenclature's approach in diagnosing comorbid disorders will then be briefly reviewed. A number of alternative models for understanding comorbid disorders will be briefly discussed, followed by suggestions for how research can improve our understanding of comorbid disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Comorbidity](#)  
[\\*Diagnosis](#)  
[\\*Drug Abuse](#)  
[\\*Psychodiagnostic Typologies](#)  
[Models](#)

**Source:** PsycINFO

#### 146. Screening and assessment of comorbidity.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(299-307) (2013)

**Author(s):** Dawe, Sharon; Dingle, Genevieve; Loxton, Natalie J

**Institution:** Griffith University, Nathan, QLD, Australia; University of Queensland, St Lucia, QLD, Australia; University of Queensland, St Lucia, QLD, Australia

**Language:** English

**Abstract:** (from the chapter) Comorbidity is a widely used term that refers to the co-occurrence of two or more mental disorders as defined by the Diagnostic and Statistical Manual of the American Psychiatric Association or International Classification of Diseases (ICD-10).

There is considerable comorbidity between substance use disorders and other mental health problems. Fundamental to the delivery of effective treatment is the need to identify those who are either at risk of developing a co-occurring disorder or those who have an existing disorder that requires treatment. This chapter provides an overview of the issues surrounding the screening and assessment of a range of co-occurring disorders and describes measures to assess both comorbid mental disorder/s in people with a substance use disorder and comorbid substance use disorders in people with mental disorders. This consists of an overview of: (1) screening measures, i.e. those who are intended to flag that a disorder may be present, (2) diagnostic measures, i.e. those who lead to a formal diagnosis within the current diagnostic nomenclature of the Diagnostic and Statistical Manual (DSM-IV-TR) and the International Classification of Diseases (ICD 10), and (3) symptom measures that allow for the measurement of particular symptoms that may or may not meet formal diagnostic criteria. Within each of these three categories we review key instruments that measure general mood states such as anxiety and depression, emotional well being or psychological health. We further include instruments that assess PTSD and personality disorders as these distinct disorders are prevalent in people with substance use disorders. Finally, we review instruments that are designed to measure psychotic symptoms. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Comorbidity](#)  
[\\*Drug Abuse](#)  
[\\*Mental Disorders](#)  
[\\*Psychological Assessment](#)  
[\\*Psychometrics](#)  
[Personality Disorders](#)  
[Posttraumatic Stress Disorder](#)  
[Psychiatric Symptoms](#)  
[Screening Tests](#)  
[Symptoms](#)

**Source:** PsycINFO

#### 147. Screening and interventions in medical settings including brief feedback-focused interventions.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(287-298) (2013)

**Author(s):** Haighton, Catherine A; Newbury-Birch, Dorothy; Kaner, Eileen F. S

**Institution:** Institute of Health and Society, Newcastle University, Newcastle upon Tyne, United Kingdom; Institute of Health and Society, Newcastle University, Newcastle upon Tyne, United Kingdom; Institute of Health and Society, Newcastle University, Newcastle upon Tyne, United Kingdom

**Language:** English

**Abstract:** (from the chapter) A number of clinical methods have been developed to detect substance abuse. These include blood tests, urine toxicology screens, self-report measures, structured interviews, and educated guessing based on clinical experience. The most effective method for detecting substance abuse is often via a validated questionnaire-based screening tool. Such screening tools are generally designed to be administered face-to-face, patient to provider. They are not designed to diagnose a substance abuse problem, but are intended to determine if a patient may be at risk or experiencing early stage harm from alcohol or drug use. This earlier detection of problems is generally a precursor to preventive interventions, which aim to avoid the development of serious problems or ameliorate early stage harm (secondary prevention). Thus, this chapter will focus on follow-up, after screening, in the form of brief, preventive interventions rather than treatment per se. However, if screening identifies severe substance use problems it can act as a precursor to assessment and thence specialist treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*At Risk Populations](#)

\*Drug Abuse  
 \*Drug Abuse Prevention  
 \*Intervention  
 \*Screening Tests  
 Brief Psychotherapy

**Source:** PsycINFO

#### 148. Technology-delivered treatments for substance use disorders: Current status and future directions.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(275-285) (2013)

**Author(s):** Bickel, Warren K; Marsch, Lisa A; Budney, Alan J

**Institution:** Addiction Recovery Research Center, Virginia Tech Carilion Research Institute, Roanoke, VA, US; Center for Technology and Behavioral Health, Dartmouth Psychiatric Research Center, Department of Psychiatry, Geisel School of Medicine at Dartmouth, Lebanon, NH, US; Geisel School of Medicine at Dartmouth, Lebanon, NM, US

**Language:** English

**Abstract:** (from the chapter) This chapter review the current status and postulate future directions of technology-delivered treatments for substance use disorders. At least three contextual factors enhance the opportunity, importance, and timeliness of the use of such interventions for substance use disorders. First, the revolution underway in information technology is expanding in scope and reach. Second, an important ongoing context for the field of addiction treatment is the current worldwide recession. Third, the health of the drug abuse treatment system is less than optimal and faces many challenges. The nexus of these contextual factors, and their associated opportunities and challenges, provides a novel space for reframing and reconsidering how substance abuse treatment is delivered. In that space, it is considered innovative means to deliver treatment in ways that take advantage of the advances in information technology, while recognizing the limitations of resources for, and the challenges associated with, current substance abuse treatment. Exploring that emerging opportunity is fundamentally what this chapter is about. In that exploration, it address five topic areas: the logic of technology-delivered treatment, early efforts to apply information technology in the field of addiction as well as other fields, the current status of technology-delivered treatment, (4) novel content for technology-delivered treatment, and an extrapolation of the future of new technological developments and the opportunities they afford for treatment delivery. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Drug Abuse  
 \*Health Care Delivery  
 \*Information Technology  
 \*Online Therapy

**Source:** PsycINFO

#### 149. A decade of research on recovery management checkups.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3)., 2013(267-273) (2013)

**Author(s):** Scott, Christy K; Dennis, Michael L; Willis, Belinda; Nicholson, Lisa

**Correspondence Address:** Scott, Christy K.: Chestnut Health Systems, 221 West Walton Street, Chicago, IL, US, 60610, cscott@chestnut.org

**Institution:** Chestnut Health Systems, Chicago, IL, US; Chestnut Health Systems, Chicago, IL, US; Chestnut Health Systems, Chicago, IL, US; Chestnut Health Systems, Chicago, IL, US

**Language:** English

**Abstract:** (from the chapter) There is now consensus among substance abuse treatment researchers that addiction to alcohol and drugs constitute a chronic condition. Moreover, there is

increasing agreement that if substance abuse treatment is to be practical and effective, health care policymakers and professionals must manage addiction with a clear understanding of its chronicity. This chapter provides an overview of a decade of research on recovery management checkups (RMCs) used in three clinical trials. Over the past decade, the RMC model has been modified and tested in three clinical trials. Components of the RMC model were designed to address the duration and cyclical nature of dependence via quarterly monitoring and linkage to treatment. These regular checkups provided a proactive approach to help participants learn to identify symptoms and resolve their ambivalence about their substance use, to offer the opportunity for multiple episodes of care in the context of chronic care management, and to include an engagement and retention component to retain participants in treatment. Results from each of these three clinical trials demonstrate the feasibility of using ongoing monitoring and early intervention as a mechanism for addressing the cyclical nature of addiction. These studies demonstrated the feasibility of implementing quarterly monitoring and recovery management checkups as well as determining the impact on participant outcomes 2 years after the initial treatment episode. Results indicated that the modifications to the RMC model likely contributed to more participants returning to treatment sooner and staying in treatment longer, thus improving participant outcomes. It is also consistent with continuing care research that longer term and more assertive monitoring can improve outcomes. Thus, the clinically significant reduction in the successive quarters of unmet need for treatment shown in these clinical trials demonstrates the effectiveness of RMC for managing dependence over time. Preliminary finding also suggest that RMC can be effective at addressing other areas such as HIV risk behaviors and involvement in criminal activity. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Alcohol Rehabilitation](#)  
[\\*Chronicity \(Disorders\)](#)  
[\\*Disease Management](#)  
[\\*Monitoring](#)  
[Criminal Behavior](#)  
[Drug Rehabilitation](#)  
[HIV](#)  
[Recovery \(Disorders\)](#)

**Source:** PsycINFO

#### 150. Disparities in health services for the treatment of substance use disorders.

**Citation:** Interventions for addiction: Comprehensive addictive behaviors and disorders (Vol 3), 2013(255-266) (2013)

**Author(s):** Roman, Paul M

**Institution:** Owens Institute for Behavioral Research, University of Georgia, Athens, GA, US

**Language:** English

**Abstract:** (from the chapter) This chapter discusses health care disparities within the delivery of treatment services for substance use disorder (SUDs). A widely used summary definition supported by NIH includes health care disparities related to race, ethnicity, socioeconomic status (SES), and markers of social disadvantage result from a complex confluence of patient, clinician, and system levels factors. From this definition, the variables involved make for what is definitely a complex topic. The design and organization of health care systems essentially define health care disparities. The source of payment for health care is fundamental in structuring these disparities. Where a high level of access to health care is seen as a right of citizenship in a nation, health is usually sponsored by the state and paid for directly or indirectly by taxation. While all nations have some form of publicly provided health care, the scope of its availability and the "depth" of access are highly variable. Considering disparities of care in relation to SUDs adds further complications in attempting an internationally focused discussion. Nations vary in the extent to which SUDs are viewed as a medical problem in contrast to an issue that is the primary

responsibility of the criminal justice system. The manner in which the medical/criminal justice responsibilities are divided varies across nations. In nations such as the United States, a much higher proportion of services for the treatment of SUDs is provided under government auspices that is true for many other disorders but at the same time, there is a public controversy about the extent to which such care actually should be regarded as health care (PsycINFO Database Record (c) 2014 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Health Care Delivery](#)  
[\\*Health Care Services](#)  
[\\*Health Disparities](#)

**Source:** PsycINFO