

# Search Results

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## Search History

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1. HMIC; addict\*.af; 2352 results.

**1. Developing an e-learning resource in clinical risk assessment.**

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- Citation:** Nursing Management, 2012, vol./is. 19/5(26-29), 1354-5760
- Author(s):** Saunder, Lorna
- Language:** English
- Abstract:** This article describes a project in which computercentred technology was used to deliver clinical risk assessment training to staff in a specialist addictions unit. The difficulty in releasing staff from already stretched services led to the development of an in-house e-learning tool designed to bridge the gap between standardised risk assessment training and the requirements of staff who work in addictions services. The e-learning tool was developed on a small budget and is fairly rudimentary, but has been well received by staff, although they do not regard it as a replacement for classroom based teaching. This was a pilot project that aimed to develop the resource and consider its use as a method of future training delivery. [Abstract]
- Publisher:** 2012
- Subject Headings:** [E learning](#)  
[Health risk assessment](#)  
[Training resources](#)  
[Drug abuse services](#)  
[Tools](#)
- Source:** HMIC
- Full Text:** Available from *Nursing Management* in [Newcomb Library & Information Service](#)  
Available from *EBSCOhost* in [Nursing Management - UK](#)  
Available from *ProQuest* in [Nursing Management](#)  
Available from *EBSCOhost* in [Nursing Management - UK](#)

**2. Transitional care programs : who is left behind? A systematic review.**

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- Citation:** International Journal of Integrated Care., 2012, vol./is. 12/, 1568-4156
- Author(s):** Piraino, Emily; Heckman, George; Glenny, Christine
- Language:** English
- Abstract:** OBJECTIVE: Older adults are at risk of rehospitalization if their care transitions from hospital-to-home are not properly managed. The objective of this review was to determine if older patient populations recruited for randomized controlled trials of transitional care interventions represented those at greatest risk of rehospitalization following discharge. Relevant risk factors examined were cognitive impairment, depression, polypharmacy, comorbidity, length of stay, advanced non-malignant diseases, and available social support. DESIGN: Systematic review. SETTING: Hospital to home. PARTICIPANTS: Older hospitalized adults. MEASUREMENTS: For inclusion, articles were required to focus on hospital-to-home transitions with a self-care component, have components occurring both before and after discharge, and a randomized controlled trial design. Articles were excluded if participants had a mean age under 55 years, or if interventions focused on developmental disabilities, youth, addictions, or case management, or were solely primary-care based. RESULTS: Following title, abstract, and full review by two authors, 17 articles met inclusion criteria. Risk factors for rehospitalization were often listed either as exclusion criteria or were not reported at baseline by the studies. One study included patients with all identified risk factors for rehospitalization. CONCLUSIONS: These data suggest that published studies of transitional care interventions do not often include older adults at highest risk of rehospitalization, raising concerns about the generalizability of their results. Studies are needed that evaluate interventions that explicitly address the needs and characteristics of these patients. [Abstract]
- Publisher:** 2012
- Subject Headings:** [older people](#)

Validity  
 Systematic reviews  
 Research  
 Self care of patient  
 Continuity of patient care  
 Patient readmission  
 Patient discharge

**Source:** HMIC

**Full Text:** Available from *National Library of Medicine* in *International Journal of Integrated Care*

### 3. Comparison of the burden of illness for adults with ADHD across seven countries : a qualitative study.

**Citation:** Health and Quality of Life Outcomes, 2012, vol./is. 10/57, 1477-7525

**Author(s):** Brod, Meryl; Pohlman, Betsy; Lasser, Robert

**Language:** English

**Abstract:** BACKGROUND: The purpose of this study was to expand the understanding of the burden of illness experienced by adults with Attention Deficit-Hyperactivity Disorder (ADHD) living in different countries and treated through different health care systems. METHODS: Fourteen focus groups and five telephone interviews were conducted in seven countries in North America and Europe, comprised of adults who had received a diagnosis of ADHD. The countries included Canada, France, Germany, Italy, The Netherlands, United Kingdom, and United States (two focus groups in each country). There were 108 participants. The focus groups were designed to elicit narratives of the experience of ADHD in key domains of symptoms, daily life, and social relationships. Consonant with grounded theory, the transcripts were analyzed using descriptive coding and then themed into larger domains. RESULTS: Participants' statements regarding the presentation of symptoms, childhood experience, impact of ADHD across the life course, addictive and risk-taking behavior, work and productivity, finances, relationships and psychological health impacts were similarly themed across all seven countries. These similarities were expressed through the domains of symptom presentation, childhood experience, medication treatment issues, impacts in adult life and across the life cycle, addictive and risk-taking behavior, work and productivity, finances, psychological and social impacts. CONCLUSIONS: These data suggest that symptoms associated with adult ADHD affect individuals similarly in different countries and that the relevance of the diagnostic category for adults is not necessarily limited to certain countries and sociocultural milieus. [Abstract]

**Publisher:** 2012

**Subject Headings:** Disease burden  
 United States of America  
 United Kingdom  
 Netherlands  
 Italy  
 Germany  
 France  
 Canada  
 qualitative research  
 International comparisons  
 attention deficit hyperactivity disorder

**Source:** HMIC

**Full Text:** Available from *BioMedCentral* in *Health and Quality of Life Outcomes*  
 Available from *National Library of Medicine* in *Health and Quality of Life Outcomes*

### 4. Getting together: a study of self-help groups for drug users' families

**Citation:** , 1989

**Author(s):** Gay, Pat

**Corporate/Institutional Author:** Policy Studies Institute

**Language:** English

**Abstract:** Self-help groups for the families of drug users have been appearing in recent years. This publication describes the results of a survey carried out by telephone interviews and visits to 42 such groups. After a brief outline of social policy on drugs the author discusses findings from the study concerning the characteristics of the groups, what happened at their meetings and other activities, the benefits of group activity, the nature of the groups with particular attention to diversification, and relations with professionals. The role of three national organisations is also examined. A final chapter is taken up with an assessment of groups and some conclusions of the study.

**Publisher:** London (100 Park Village East, NW1 3SR): Policy Studies Institute, 1989

**Publication Type:** Book

**Subject Headings:** [Drug addicts](#)  
[Families](#)  
[Self help groups](#)  
[Surveys](#)

**Source:** HMIC

#### 5. Age at onset of non-affective psychosis in relation to cannabis use, other drug use and gender

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**Citation:** Psychological Medicine, 2012, vol./is. 42/9, 0033-2917

**Author(s):** Dekker, N; Meijer, J; Koeter, M; Brink, W van den; Beveren, N van

**Language:** English

**Abstract:** Record in progress

**Notes:** doi:10.1017/s332971262

**Publication Type:** Article

**Subject Headings:** [Cannabis](#)  
[Drug abuse](#)  
[Drug addiction](#)  
[Drug abusers](#)  
[Drug addicts](#)  
[Psychoses](#)  
[Schizophrenia](#)  
[Gender differences](#)

**Source:** HMIC

**Full Text:** Available from *ProQuest* in *Psychological Medicine*

#### 6. A look through the prism

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**Citation:** Psychologist, 2012, vol./is. 25/8, 0952-8229

**Author(s):** Cooke, David J; Johnstone, Lorraine

**Language:** English

**Abstract:** Record in progress Violence prevention is a key role for psychologists working in forensic settings. The last decade has witnessed dramatic improvements in approaches to risk management. Psychologists, by training and predilection focus on individual factors that serve to increase risk - personality pathology, relationship instability and addictions, for example. This misses half of the equation; individuals are violent not merely because of who they are but also because of where they are. An alternative approach to violence risk management can be predicated on a systematic understanding of the ways in which the functioning of the institutions - prisons and secure forensic settings - affects the level of violence in that institution. Such an approach is outlined here, using case studies to illustrate its utility. Cites numerous references. [Journal abstract]

**Publication Type:** Article  
**Subject Headings:** [Violent people](#)  
[Patients](#)  
[Forensic medicine](#)  
[Psychologists](#)  
[Risk management](#)  
**Source:** HMIC

### 7. High time

**Citation:** Psychologist, 2012, vol./is. 25/8, 0952-8229  
**Author(s):** Ogden, Ruth; Montgomery, Catharine  
**Language:** English  
**Abstract:** Record in progress Time rarely feels like it is passing at a constant rate; instead it expands and contracts from one activity to the next. Never is this more true than when under the influence of drugs or alcohol. Drugs such as cocaine, methamphetamine and alcohol appear to make time speed up, whereas haloperidol and marijuana appear to slow time down. Drugs alter perceived time by affecting the speed of our internal clock and the amount of attention that we pay to time. Whilst such time-altering effects are generally perceived as pleasant and harmless, there is some evidence to suggest that the effects may be long-lasting. Cites numerous references. [Journal abstract]

**Publication Type:** Article  
**Subject Headings:** [Drug abuse](#)  
[Drug addiction](#)  
[Drug abusers](#)  
[Drug addicts](#)  
[Alcohol abuse](#)  
[Alcohol abusers](#)  
[Alcoholics](#)  
[Health effects](#)  
**Source:** HMIC

### 8. Parental pethidine for labour pain relief and substance use disorder: 20-year follow-up cohort study in offspring

**Citation:** BMJ Open, 2012, vol./is. 2/3, 2044-6055  
**Author(s):** Pereira, Robert Rodrigues; Kanhai, Humphrey; Rosendaal, Frits; Dommelen, Paula van; Swaab, Dick  
**Language:** English  
**Abstract:** Record in progress The objective of the study was to determine whether use of intrapartum Pethidine pain analgesia increases the risk for substance user disorder in adult offspring. The design was analysis of data from a cohort study. The setting was an academic hospital in Leiden, the Netherlands. Participants were, 133 cases and 164 control individuals, aged 18-20 years at follow-up. The main outcome measure was incidence of substance use disorder or use of alcohol and tobacco. The results were, the lifetime use of addictive substances in children exposed to intrapartum Pethidine analgesia was 45% of 133 children versus 48% of 164 not-exposed subjects (adjusted OR = 0.79, 95% CI 0.48 to 1.29). Recent use of alcohol, tobacco and hard drugs showed no statistical difference either. The conclusion was, pethidine for labour pain medication appears not to be associated with substance misuse or smoking in later life. [Journal abstract]  
**Notes:** doi: 10.1136/bmjopen-2011-0719

**Publication Type:** Article  
**Subject Headings:** [Pain management](#)  
[Analgesia](#)  
[Childbirth](#)

[Offspring](#)  
[Substance abuse](#)  
[Alcohol consumption](#)  
[Smoking](#)  
[Cohort studies](#)  
[Netherlands](#)

**Source:** HMIC

**Full Text:** Available from *Highwire Press* in *BMJ Open*

### 9. Predictors for retention in treatment with a UK community-based naltrexone programme for opioid dependence

**Citation:** Psychiatrist, 2012, vol./is. 36/6, 1758-3209

**Author(s):** Chaudhry, Zubair A; Sultan, Javaid; Alam, Farrukh

**Language:** English

**Abstract:** Record in progress The aims and methods of the study were to evaluate the efficacy of naltrexone maintenance therapy in a community-based programme for opioid-dependent patients and to identify predictors for longer-term retention in treatment. A retrospective case-note study was conducted in 142 people dependent on opioids who had undergone detoxification and maintained adherence to naltrexone treatment for a minimum of four weeks. Social and clinical demographic factors during treatment were recorded using a standardised naltrexone monitoring scale. Efficacy was measured as retention in treatment, and potential predictors were examined using regression analysis. The results were, although there was overall low retention of patients in treatment, 55.6% of the patients remained in treatment for four-eight weeks, and 29.6% of the patients remained in treatment for 17 weeks or more. Enhanced long-term retention in treatment was associated with Asian or other minority ethnic status, employment, parental supervision of naltrexone administration, less boredom, short duration of addiction, younger age, low alcohol intake and no cannabis use in univariate analyses. Short duration of opioid dependence syndrome (three years) and low alcohol intake (<10 units/week) were significant independent predictors for longer-term retention in treatment in subsequent multivariate analysis. Low alcohol intake and shorter duration of addiction were significant independent predictors for longer-term retention in treatment, but retention rates for naltrexone remain low overall. Additional psychosocial support may be needed to address these issues. Cites 14 references. [Journal abstract]

**Notes:** doi:10.1192/pb.bp111.035063

**Publication Type:** Article

**Subject Headings:**
[Mental illness](#)  
[mental disorders](#)  
[Patients](#)  
[Opium](#)  
[Drug addiction](#)  
[Drug therapy](#)  
[community health services](#)

**Source:** HMIC

### 10. Interventions to prevent substance use and risky sexual behaviour in young people: a systematic review

**Citation:** Addiction, 2012, vol./is. 107/4, 0965-2140

**Author(s):** Jackson, Caroline; Geddes, Rosemary; Haw, Sally; Frank, John

**Language:** English

**Abstract:** Record in progress The aims of the study were to identify and assess the effectiveness of experimental studies of interventions that report on multiple risk behaviour outcomes in young people. A systematic review was performed to identify experimental studies of interventions to reduce risk behaviour in adolescents or young adults and that reported on both any substance (alcohol, tobacco and illicit drug) use and sexual risk behaviour

outcomes. Two authors reviewed studies independently identified through a comprehensive search strategy and assessed the quality of included studies. The report was prepared in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The results were, from 1,129 papers, 18 experimental studies met the authors inclusion criteria, 13 of which were assigned a strong or moderate quality rating. The substantial heterogeneity between studies precluded the pooling of results to give summary estimates. Intervention effects were mixed, with most programmes having a significant effect on some outcomes, but not others. The most promising interventions addressed multiple domains (individual and peer, family, school and community) of risk and protective factors for risk behaviour. Programmes that addressed just one domain were generally less effective in preventing multiple risk behaviour. The conclusions were, there is some albeit limited, evidence that programmes to reduce multiple risk behaviours in schoolchildren can be effective, the most promising programmes being those that address multiple domains of influence on risk behaviour. Intervening in the mid-childhood school years may have an impact on later risk behaviour, but further research is needed to determine the effectiveness of this approach. [Journal abstract]

**Notes:** doi:10.1111/j.1360-0443.2011.03751.x

**Publication Type:** Journal-Holding-DH-KF

**Subject Headings:** [Substance abuse](#)  
[Sexual behaviour](#)  
[Young people](#)  
[Systematic reviews](#)  
[Preventive measures](#)

**Source:** HMIC

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

### 11. The future public health

**Citation:** , 2012

**Author(s):** Hanlon, Phil; Carlisle, Sandra; Hannah, Margaret; Lyon, Andrew

**Language:** English

**Abstract:** Record in progress

**Notes:** Includes bibliographical references

**Publisher:** Maidenhead: Open University Press, 2012

**Publication Type:** Book

**Subject Headings:** [Public health](#)  
[Future trends](#)  
[Population increase](#)  
[Health inequalities](#)  
[Obesity](#)  
[Addiction](#)  
[Ageing](#)  
[Sustainability](#)  
[United Kingdom](#)

**Source:** HMIC

### 12. Implementing tobacco education and cessation services at a large community mental health center: lessons learned

**Citation:** Journal of Dual Diagnosis, 2012, vol./is. 8/2, 1550-4263

**Author(s):** Gleason, Hillary A; Hobart, Marie; Jellison, Michael; Seward, Greg; Bradley, Leah

**Language:** English

**Abstract:** Record in progress High rates of early morbidity and mortality in populations with chronic mental illness and addiction, along with the psychosocial risks tobacco use may pose, call for a need to systematically address tobacco in behavioural health settings. While smoke-free policies and other tobacco-related initiatives have faced a variety of barriers, implementing tobacco-free environments remains a vital step in tackling the health discrepancies between persons with chronic mental illness and the general population. This article examines the course of one community mental health centre going tobacco-free, along with the challenges facing the initiative and lessons learned in the process. Consistent assessment and treatment of tobacco use, along with an emphasis on overall wellness, were major achievements of the tobacco-free initiative. Despite barriers to policy enforcement and resource integration, the initiative continues to enhance access to person-centred services and promulgate information about tobacco cessation. More direction is needed to address the lapses in tobacco cessation treatment that persist in the behavioural health system. Cites numerous references. [Journal abstract]

**Notes:** doi:10.1080/15504263.2012.670897

**Publication Type:** Article

**Subject Headings:** [Mental illness](#)  
[Patients](#)  
[Smokers](#)  
[Addicts](#)  
[Addiction](#)  
[Smoking control](#)  
[Community mental health services](#)  
[Public health](#)  
[Health promotion](#)  
[United States of America](#)

**Source:** HMIC

### 13. Smoking and co-occurring disorders: implications for smoking cessation interventions for adolescents in residential addiction treatment

**Citation:** Journal of Dual Diagnosis, 2012, vol./is. 8/2, 1550-4263

**Author(s):** Fortuna, Lisa R; Porche, Michelle V; Alam, Nazmun; Douglass, Krista M; Kim, Sun S

**Language:** English

**Abstract:** Record in progress Co-occurring disorders are important to consider in planning smoking cessation interventions with adolescents. The authors identify factors associated with smoking and predictors for smoking cessation readiness in a group of adolescents in a residential addiction treatment program. The authors conducted a chart review study of 400 clinical records of adolescents aged 13 to 18 at a short-term residential addiction treatment program. They examined the relationships of smoking with use of other drugs, psychiatric disorders, and adverse events. The results were, the rate of smoking in the total sample was 79%. Smoking onset was positively associated with the onset of alcohol and other drugs of abuse but followed the onset of cannabis use for over half the sample. Heavy smoking, defined as smoking 10 cigarettes per day on average, was correlated with cocaine and opiate addiction. Over half of the sample (56%) was pre-contemplative about smoking cessation, whereas 30% were in the contemplative stage (ready to stop in six months); 12% were in preparation stage (ready to stop in 30 days); and two percent reported that they already had stopped. Heavy smoking was associated with being pre-contemplative as was earlier onset of drinking relative to smoking and bipolar diagnosis. The conclusions were, smoking is common in adolescents seeking drug and alcohol treatment and is correlated with the onset and progression of other drug use. Increasing motivation for change and addressing the interface of nicotine, other drugs, and mental health are important for smoking cessation interventions for adolescents in residential addiction treatment settings. Cites numerous references. [Journal abstract]

**Notes:** doi:10.1080/15504263.2012.666152

**Publication Type:** Article

**Subject Headings:** [Young people](#)  
[Smokers](#)  
[Smoking cessation](#)  
[Addicts](#)  
[Addiction control](#)  
[Residential care](#)  
[United States of America](#)  
[Tabular data](#)  
[Statistical data](#)

**Source:** HMIC

#### 14. [Controlling public spending: the NHS in a period of tight funding]

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**Citation:** , 2010

**Author(s):** Nash, Robert; Featherstone, Henry

**Corporate/Institutional Author:** Policy Exchange

**Language:** English

**Abstract:** Smoking remains a controversial issue in our society. Despite tobacco being the only consumer product that kills half of its regular users, smoking is an addiction that many people continue to enjoy. However, 65% of smokers want to quit their habit, but are unable to do so; therefore smoking remains the single largest cause of preventable mortality - over 83,000 deaths in England in 2008 - and a major driver of health inequalities in our society, since poorer people are more likely to smoke. There has been a significant amount of anti-smoking legislation enacted in recent years: smoking has been banned in enclosed public places; the legal age at which tobacco may be bought has increased from 16 to 18 and the display of tobacco products are to be removed from the point of sale. These measures have been well received and public opinion favours further measures. We have reached a tipping point in our attitudes to smoking. Although tobacco tax in the UK is relatively high compared to other countries, cigarettes are much more affordable today than they were in the 1990s because tobacco duty rates have failed to keep pace with rises in income. Indeed, the duty escalator introduced in 1993 was removed in 2001 following concerns about high rates of tobacco smuggling. However, data now shows that tobacco smuggling has been in steep decline following the introduction of a targeted strategy: since 2000 the market share of smuggled cigarettes has fallen by 50%. Taxation of tobacco contributes £10 billion to HM Treasury annually; however, the authors calculate that the costs to society from smoking are much greater at £13.74 billion. Cites 129 references. [Policy Exchange webpage abstract].

**Notes:** Title taken from cover; Bibliography: p. 18-22

**Publisher:** London - Clutha House, 10 Storey's Gate, London SW1P 3AY: Policy Exchange, 2010

**Subject Headings:** [Smoking](#)  
[Tobacco](#)  
[Costs](#)  
[Government policy](#)  
[Tabular data](#)  
[Statistical data](#)

**Source:** HMIC

#### 15. Use of mass media campaigns to change health behaviour

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**Citation:** Lancet, 2010, vol./is. 376/9748, 0140-6736

**Author(s):** Wakefield, Melanie A; Loken, Barbara; Hornik, Robert C

**Language:** English

**Abstract:** Mass media campaigns are widely used to expose high proportions of large populations to messages through routine uses of existing media, such as television, radio, and newspapers. Exposure to such messages is, therefore, generally passive. Such campaigns are frequently competing with factors, such as pervasive product marketing, powerful social norms, and behaviours driven by addiction or habit. In this Review the authors discuss the outcomes of mass media campaigns in the context of various health-risk behaviours (eg, use of tobacco, alcohol, and other drugs, heart disease risk factors, sex-related behaviours, road safety, cancer screening and prevention, child survival, and organ or blood donation). The authors conclude that mass media campaigns can produce positive changes or prevent negative changes in health-related behaviours across large populations. The authors assess what contributes to these outcomes, such as concurrent availability of required services and products, availability of community-based programmes, and policies that support behaviour change. Finally, they propose areas for improvement, such as investment in longer better-funded campaigns to achieve adequate population exposure to media messages. Cites 104 references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [Mass media](#)  
[Advertising campaigns](#)  
[Health hazards](#)  
[Health behaviour](#)  
[Effectiveness](#)  
[Financing](#)

**Source:** HMIC

**Full Text:** Available from *Lancet* in [Newcomb Library & Information Service](#)  
 Available from *ProQuest* in [Lancet, The](#)  
 Available from *Elsevier* in [Lancet, The](#)

#### 16. Treatment and Rehabilitation: report of the Advisory Council on the misuse of drugs

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**Citation:** , 1982

**Author(s):** Robins, W E C

**Corporate/Institutional Author:** Advisory Council on the Misuse of Drugs; Department of Health and Social Security

**Language:** English

**Notes:** Chairman of the Advisory Group: W E C Robins

**Publisher:** London: HMSO, 1982

**Publication Type:** Book

**Subject Headings:** [Substance abuse](#)  
[Drug addiction](#)  
[Drug consumption](#)  
[Rehabilitation](#)  
[Drugs of abuse](#)  
[Drug addiction treatment](#)

**Source:** HMIC

#### 17. Statistics from the regional drug misuse databases for six months ending March 2001

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**Citation:** , 2002

**Corporate/Institutional Author:** Office for National Statistics; Department of Health

**Language:** English

**Abstract:** This bulletin summarises information on people presenting to services with problem drug misuse and relates to the six month period ending 31 March 2001. It is the tenth and final bulletin in the series to be based on more detailed data collected from Regional Drug

Misuse Databases; in future, information will be provided from the National Drug Treatment Monitoring System. This bulletin relates to England; some figures for Great Britain are also included. [Book abstract]

**Notes:** PA Bailey (SD2D) Rm 437B SKH x25553; DH Storage; Covering letter from Patsy Bailey, SD 2D, dated 28 February 22, including revisions to the "Regional Drugs Misuse Databases on drug users in treatment in England, 20/01" (Statistical bulletin 21/33); Previously entitled: "Drug misuse statistics for six months ending... "

**Publisher:** London: Department of Health, available from Department of Health, PO Box 777, London SE1 6XH, 2002

**Publication Type:** Book

**Subject Headings:** [Drug addiction](#)  
[Databases](#)  
[Drug abusers](#)  
[Drug consumption](#)  
[Drug addiction control](#)  
[Specialist health services](#)  
[drugs](#)  
[Young people](#)  
[Health authorities](#)  
[England](#)  
[Statistical data](#)  
[Tabular data](#)

**Source:** HMIC

#### 18. Strategy for research on drug misuse

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**Citation:** , 1981

**Corporate/Institutional Author:** Department of Health and Social Security. Homelessness and Addictions Research Liaison Group

**Language:** English

**Publisher:** London: Department of Health and Social Security, 1981

**Publication Type:** Book

**Subject Headings:** [Drug addiction](#)  
[Research](#)

**Source:** HMIC