

Search Results

Table of Contents

Search History	page 3
1. A perspective on the future public health : an integrative and ecological framework.	page 4
2. Drug System Change pilots evaluation : final report.	page 4
3. Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2011– 31 March 2012. Vol. 1 : the numbers.	page 5
4. Modern public health challenges - obesity and addiction	page 5
5. Toward the future public health	page 6
6. [Impact of adverse childhood experiences on health]	page 6
7. [Making every contact count: a joint approach to preventing homelessness]	page 6
8. [Harm reduction: pragmatic strategies for managing high-risk behaviors]	page 7
9. Under what conditions is it ethical to offer incentives to encourage drug-using women to use long-acting forms of contraception	page 7
10. A tale of missed opportunities: pursuit of a public health approach to gambling in New Zealand	page 8
11. Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance	page 9
12. Do larger pictorial health warnings diminish the need for plain packaging of cigarettes?	page 9
13. Linking substance use with symptoms of subclinical psychosis in a community cohort over 30 years	page 10
14. Leveraging technology to enhance addiction treatment and recovery	page 11
15. Rate and predictors of employment among formerly polysubstance dependent urban individuals in recovery	page 11
16. Opioid maintenance treatment as a harm reduction tool for opioid-dependent individuals in New York City	page 12
17. Housing first for severely mentally ill homeless methadone patients	page 12
18. Barriers to drug treatment for IDU couples: the need for couple-based approaches	page 13
19. Reducing stigma through education to enhance medication-assisted recovery	page 13
20. Maintenance medication for opiate addiction: the foundation of recovery	page 14
21. Medication-assisted recovery from opioid addiction: historical and contemporary perspectives	page 14
22. Addictive personality	page 15
23. The future public health	page 15
24. [Cough up: balancing tobacco income and costs in society]	page 16
25. [Alcohol, tobacco and obesity: morality, mortality and the new public health]	page 16
26. Drugs - without the hot air: minimizing the harms of legal and illegal drugs	page 17
27. Learning our way into the future public health: a proposition	page 17
28. The effectiveness of anti-illicit-drug public-service announcements: a systematic review and meta-analysis	page 18
29. A brief report on perceptions of alcohol and society among Scottish medical students	page 18
30. Does the introduction of comprehensive smoke-free legislation lead to a decrease in population smoking prevalence?	page 19
31. Prescribing of smoking cessation medication in England since the introduction of varenicline	page 20

32. Associations between drinking motives and changes in adolescents' alcohol consumption: a full cross-lagged panel study	page 20
33. The prevalence of alcohol use disorders among night-time weekend drivers	page 21
34. Alcohol-related discussions in health care: a population view	page 22
35. Can food be addictive? Public health and policy implications	page 22
36. Australian smokers' and recent quitters' responses to the increasing price of cigarettes in the context of a tobacco tax increase	page 23
37. A systematic review and meta-analysis of the effectiveness of behavioural smoking cessation interventions in selected disadvantaged groups	page 23
38. Global research neglect of population-based approaches to smoking cessation: time for a more rigorous science of population health interventions	page 24
39. The influence of depression and other co-occurring conditions on treatment outcomes for problem gamblers: a cohort study	page 25
40. One-stop service reaches all	page 25
41. Treatment changes course	page 26
42. Prevalence of HIV and hepatitis infections in the United Kingdom : annual report of the Unlinked Anonymous Prevalence Monitoring Programme 2001	page 26
43. MENTAL illness hospitals and units: drug misuse statistics, 1982	page 27
44. Statistics from the regional drug misuse databases on drug misusers in treatment in England, 2000/01	page 27
45. Prevalence of HIV and hepatitis infections in the United Kingdom : annual report of the Unlinked Anonymous Prevalence Monitoring Programme	page 28
46. Statistics from the regional drug misuse databases for six months ending September 2000	page 29
47. Statistics from the regional drug misuse databases for six months ending March 2000	page 29
48. Prevalence of HIV and hepatitis infections in the United Kingdom : annual report of the Unlinked Anonymous Prevalence Monitoring Programme	page 30
49. Statistics from the regional drug misuse databases for six months ending September 1999	page 31
50. Statistics from the regional drug misuse databases for six months ending March 1999	page 32
51. Prevalence of HIV in the United Kingdom 1998: summary report from the Unlinked Anonymous Surveys Steering Group	page 32
52. Unlinked anonymous HIV seroprevalence monitoring programme in England and Wales: summary report from the Unlinked Anonymous Surveys Steering Group	page 33
53. Unlinked anonymous HIV prevalence monitoring programme in England and Wales	page 33
54. Drug misuse statistics for six months ending September 1997	page 34
55. Drug misuse statistics for six months ending March 1997	page 34
56. Drug misuse statistics for six months ending September 1996	page 35
57. Unlinked anonymous HIV prevalence monitoring programme: England and Wales	page 35
58. Drug misuse statistics	page 36
59. Drug misuse statistics	page 36
60. Drug misuse statistics	page 37

Search History

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

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

- Citation:** Perspectives in Public Health, 2012, vol./is. 132/6(313-319), 1757-9139
- Author(s):** Hanlon, Phil; Carlisle, Sandra; Hannah, Margaret
- Language:** English
- Abstract:** Modernity has brought health and social benefits to many societies, not least through the insights of science and technology. Yet, modernity has also been associated with a number of cultural characteristics, such as materialism, individualism, consumerism and an addiction to continuing economic growth, that seem potentially harmful to health and well-being and inimical to social equity. There is an emerging body of evidence that suggests that, in the affluent world, some of our most intractable contemporary health problems are, in fact, the product of modernity. This suggests that the tools of modernity (its science and its technology) are ill suited to finding solutions. This poses a problem for public health, as this discipline is itself a product of modernity and thus appears ill equipped to deal with the conditions and challenges of a rapidly changing and unstable world, one where the very sustainability of human society is now in question. This paper argues that a new paradigm for the future public health is needed. It presents an integrative, ecological framework as a starting point from which public health might grasp the opportunities for change inherent in the 'modern' threats we face. It suggests a number of features that will need to underpin such a paradigm shift in thinking and practice. However, as this paper is written from the perspective of an affluent, developed society (albeit from a perspective that is explicitly critical of the goals, trends and values that seem to characterise such societies), other voices from other places need to be heard. We hope that others will want to engage with our arguments and suggestions, whether to challenge and refute these, or to further their development. [Abstract]
- Publisher:** 2012
- Subject Headings:** [Public health](#)
[Future projections](#)
[Integrated care](#)
[Frameworks](#)
[Sustainability](#)
[Equity](#)
- Source:** HMIC
- Full Text:** Available from *ProQuest* in [Perspectives in Public Health](#)
Available from *Highwire Press* in [Perspectives in Public Health](#)

2. Drug System Change pilots evaluation : final report.

- Citation:** , 2012
- Author(s):** Callanan, Meg; Ranns, Helen; Turley, Caroline
- Corporate/Institutional Author:** National Centre Social Research (NatCen)
- Language:** English
- Notes:** This is an independent evaluation report on the Drug Systems Change pilot programme. The programme, funded jointly by the Department of Health and the Home Office, ran from 2009-2011. The aim was to test whether local drug and alcohol treatment partnerships could tailor services better, in response to local needs, if they were allowed more flexibility in how they used the range of funding streams available to them and were not constrained by central targets.
- Publisher:** London : NatCen Social Research, 2012
- Subject Headings:** [Drug addiction treatment](#)
[Drug abuse services](#)
[Alcohol abuse services](#)
[Pilot projects](#)

[Continuity of patient care](#)
[personalisation](#)

Source: HMIC

3. Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2011– 31 March 2012. Vol. 1 : the numbers.

Citation: , 2012

Corporate/Institutional Author: National Treatment Agency for Substance Misuse

Language: English

Notes: This report presents information relating to drug treatment in England. The statistics are derived from data that has been collected through the National Drug Treatment Monitoring System (NDTMS). The NDTMS collects activity data from drug and alcohol treatment services. The NDTMS figures for England are produced by The National Drug Evidence Centre (NDEC) at Manchester University who also collate these with those for Scotland, Wales and Northern Ireland, into a UK return for use by the European Monitoring Centre for Drugs and Drug Addiction and for the United Nations.

Publisher: London : NTASM, 2012

Subject Headings: [Drug abuse](#)
[Statistical data](#)
[Trends](#)
[Drug abuse services](#)
[Service demand](#)
[Young adults](#)
[Middle aged people](#)
[England](#)

Source: HMIC

4. Modern public health challenges - obesity and addiction

Citation: , 2012

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

Language: English

Abstract: In this chapter two of the foremost public health challenges of the present day are discussed: obesity and addiction (particularly to drugs and alcohol). Although there are other concerns for public health practitioners, these two areas relate particularly to the cultural beliefs and values of modern society. They are also less amenable to resolution through the classic public health approach of 'understand, predict and control'. The chapter concludes that making minor adjustments to processes may not confront the root causes of such public health problems, which it claims are the market economy and consumer culture. Cites numerous references.

Notes: In: The future public health / Phil Hanlon, Sandra Carlisle, Margaret Hannah, Andrew Lyon. Maidenhead: Open University Press, 2012. Chapter six, p 88-105

Publication Type: Book. Chapter-DH-HELMIS

Subject Headings: [Public health](#)
[Obesity](#)
[Addiction](#)
[Drug abuse](#)
[Alcoholism](#)
[cultural beliefs](#)
[Market economy](#)
[Consumerism](#)
[United Kingdom](#)

Source: HMIC

5. Toward the future public health

Citation:	, 2012
Author(s):	Hanlon, Phil; Carlisle, Sandra; Hannah, Margaret; Lyon, Andrew
Language:	English
Abstract:	This chapter introduces the theme of the book and gives a brief description of its structure. The authors' purpose is to look at current public health values and practices and through examination of modern and emerging threats to health, create a new model for future public health. The authors argue that modernity has brought advantages such as better health and social conditions and freedom of choice for many. They also claim, however that cultural characteristics such as economism, materialism, individualism and consumerism have led to a rise in rates of mental health problems and a growth in threats to public health such as obesity and addictions. With this in mind, the book proposes a new model of public health practice that responds to these challenges. Cites numerous references.
Notes:	In: The future public health / Phil Hanlon, Sandra Carlisle, Margaret Hannah, Andrew Lyon. Maidenhead: Open University Press, 2012. Chapter one, p 3-13
Publication Type:	Book. Chapter-DH-HELMIS
Subject Headings:	Public health Future trends Population increase Health inequalities Obesity Addiction Ageing Sustainability United Kingdom
Source:	HMIC

6. [Impact of adverse childhood experiences on health]

Citation:	, 2012
Corporate/Institutional Author:	Alliance for Children and Families
Language:	English
Abstract:	Part of the Scanning the Horizons: Issue Briefs collection, this guide discusses the impact of adverse childhood experiences (ACE) on health. The ACE study is a large-scale population study that points to a strong relationship between childhood exposure to abuse and trauma and lifelong negative health outcomes. Investments in child abuse prevention can yield long-term savings in health care costs associated with depression, addiction, heart disease, and teen pregnancy. Cites eight references. [Website abstract]
Notes:	Title taken from first page; References: p. [2]
Publisher:	Milwaukee, Wis.: Alliance for Children and Families, 2012
Subject Headings:	Children cruelty child abuse Child development Brain Health outcomes
Source:	HMIC

7. [Making every contact count: a joint approach to preventing homelessness]

Citation:	, 2012
------------------	--------

Author(s): Shapps, Grant

Corporate/Institutional Author: Department for Communities and Local Government

Language: English

Abstract: Through the Ministerial Working Group on Homelessness, we promised to bring Government departments together to ensure that all of Whitehall was playing its part in tackling homelessness. Our first report rightly focused on the most visible end of homelessness - those coming onto the streets, often facing advanced and overlapping problems such as offending, drug and alcohol addiction or mental health problems. We have made significant progress since then - driving forward the national roll out of the innovative rough sleeping approach No Second Night Out and investing an extra £70 million through the sector to help tackle homelessness. In this report we turn our attention up stream to think about how services can be managed in a way that prevents all households, regardless of whether they are families, couples, or single people, from reaching a crisis point where they are faced with homelessness. [Website abstract]

Notes: Title taken from cover; Foreword by The Rt Hon Grant Shapps MP, Minister for Housing

Publisher: London: Department for Communities and Local Government, 2012

Subject Headings: [Homelessness](#)
[Joint working](#)
[Interagency collaboration](#)
[Service delivery](#)
[Preventive measures](#)

Source: HMIC

8. [Harm reduction: pragmatic strategies for managing high-risk behaviors]

Citation: , 2012

Author(s): Marlat, Alan G; Larimer, Mary E; Witkiewitz, Katie

Language: English

Notes: Title taken from cover

Publisher: S.I.: Guilford Press, 2012

Publication Type: Book

Subject Headings: [Harm reduction](#)
[Health behaviour](#)
[Risks](#)
[Substance abuse treatment services](#)
[Addiction](#)
[Substance abuse](#)
[Alcohol abuse](#)
[Alcoholism](#)
[Smoking](#)
[Drug abuse](#)
[Cannabis](#)
[Sexual behaviour](#)
[Dual diagnosis](#)

Source: HMIC

9. Under what conditions is it ethical to offer incentives to encourage drug-using women to use long-acting forms of contraception

Citation: Addiction, 2012, vol./is. 107/6, 0965-2140

Author(s): Lucke, Jayne C; Hall, Wayne D

Language: English

Abstract: Record in progress The aims of the study were to stimulate debate by examining ethical issues raised by Project Prevention, a US-based organisation that offers \$US300 to addicted individuals who agree to either undergo surgical sterilisation or use long-acting forms of contraception. The method was an analysis of key ethical questions raised by Project Prevention. The important issues for debate are: (i) what are the reproductive rights of drug-using women; (ii) does a substantial cash incentive undermine the ability of addicted women to make free and informed decisions about long-term contraception; and (iii) how can we best assist addicted women to access good reproductive healthcare and obtain treatment for their addiction? The conclusions were, the authors need more research on ways in which small non-cash incentives for reversible methods of contraception could be used in a morally acceptable and effective way to promote the sexual, reproductive and general health of addicted women. [Journal abstract]

Notes: doi:10.1111/j.1360-0443.2011.03699.x

Publication Type: Article

Subject Headings: [Women](#)
[Drug abuse](#)
[Contraception](#)
[Financial incentives](#)
[Medical ethics](#)
[United States of America](#)

Source: HMIC

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

10. A tale of missed opportunities: pursuit of a public health approach to gambling in New Zealand

Citation: *Addiction*, 2012, vol./is. 107/6, 0965-2140

Author(s): Adams, Peter J; Rossen, Fiona

Language: English

Abstract: Record in progress This paper provides a critical overview a decade after the New Zealand Government announced its intention to formally incorporate a public health approach into its comprehensive revision of gambling legislation. The initial enthusiasm and the subsequent disillusionment with this approach are tracked. Four reasons for its lack of success are examined. The New Zealand experiment with a public health approach to gambling is seen to have floundered in a network of vested interests. The pathways for influence included inappropriate industry input as well as community and government sector reliance on gambling profits. The new legislation neglected to set up systems for strong independent accountability, and this weakened the potential of public health initiatives. The conclusion was, as with tobacco control, the policy integrity of a public health approach to gambling requires close attention to ways of reducing vested interests in both government and community sectors and to establishing strong points of independent accountability. [Journal abstract]

Notes: doi:10.1111/j.1360-0443.2012.038.x

Publication Type: Article

Subject Headings: [Gambling](#)
[Public health](#)
[Government](#)
[Independence](#)
[New Zealand](#)

Source: HMIC

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

11. Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance

- Citation:** Addiction, 2012, vol./is. 107/6, 0965-2140
- Author(s):** Aveyard, Paul; Begh, Rachna; Parsons, Amanda; West, Robert
- Language:** English
- Abstract:** Record in progress This study aimed to assess the effects of opportunistic brief physician advice to stop smoking and offer of assistance on incidence of attempts to stop and quit success in smokers not selected by motivation to quit. The authors included relevant trials from the Cochrane Reviews of physician advice for smoking cessation, nicotine replacement therapy (NRT), varenicline and bupropion. They extracted data on quit attempts and quit success. Estimates were combined using the Mantel-Haentzel method and heterogeneity assessed with the I² statistic. Study quality was assessed by method of randomisation, allocation concealment and follow-up blind to allocation. The results were, 13 studies were included. Compared to no intervention, advice to quit on medical grounds increased the frequency of quit attempts (risk ratio (RR) 1.24, 95% confidence interval (CI): 1.16-1.33), but not as much as behavioural support for cessation (RR 2.17, 95% CI 1.52-3.11) or offering NRT (RR 1.68, 95% CI: 1.48-1.89). In a direct comparison, offering assistance generalised more quit attempts than giving advice to quit on medical grounds (RR 1.69, 95% CI: 1.25-2.31 for behavioural support and 1.39, 95% CI: 1.25-1.54 for offering medication). There was evidence that medical advice increased the success of quit attempts and inconclusive evidence that offering assistance increased their success. The conclusions were, physicians may be more effective in promoting attempts to stop smoking by offering assistance to all smokers than by advising smokers to quit and offering assistance only to those who express an interest in doing so. [Journal abstract]
- Notes:** doi:10.1111/j.1360-0443.2011.03770.x
- Publication Type:** Article
- Subject Headings:** [Smoking cessation](#)
[Medical advice](#)
[medical treatment](#)
[Meta analysis](#)
- Source:** HMIC
- Full Text:** Available from *EBSCOhost* in [Addiction](#)
Available from *Wiley* in [Addiction](#)

12. Do larger pictorial health warnings diminish the need for plain packaging of cigarettes?

- Citation:** Addiction, 2012, vol./is. 107/6, 0965-2140
- Author(s):** Wakefield, Melanie; Germain, Daniella; Durkin, Sarah; Hammond, David; Goldberg, Marvin
- Language:** English
- Abstract:** Record in progress The aims of the study were to assess the effects on brand appeal of plain packaging and size of pictorial health warnings (PHWs). The design was three (30%, 70% and 100% size front-of-pack PHWs) by two branded versus plain) between-subjects online experiment. The setting was Australia. The participants were a total of 1,203 adult smokers. Measurements were, rating of cigarette brands, smoking attitudes and intentions, purchase intent. The findings were, compared to branded packs, plain packs reduced smokers' ratings of 'positive pack characteristics' (P<0.001), 'positive smokers characteristics' (P<0.001) and 'positive taste characteristics' (P = 0.039). Plain packs were rated as being smoked by people who were more 'boring' than those who smoked branded packs (P = 0.001). By contrast, increasing size of PHW above 30% only reduced ratings of 'positive pack characteristics' (P = 0.001), but also decreased ratings of smokers as being 'boring' (P = 0.027). Plainness and size of PHW interacted in predicting ratings of 'positive pack characteristics' (P = 0.008), so that when packs were plain,

increasing the size of PHW above 30% did not further reduce ratings. Presentation of only plain packs increased the likelihood that smokers would not choose to purchase any pack (20.3%) compared to presentation of only branded packs (15.3%) (odds ratio = 1.4; P = 0.026), while size of PHWs had no influence upon purchase choice. The conclusions were, plain packaging probably plays a superior role in undermining brand appeal and purchase intent to increasing health warning size. Policymakers should not rely solely upon large health warnings, which are designed primarily to inform consumers about smoking harms, to also reduce brand appeal: both strategies are likely to be required. [Journal abstract]

Notes: doi:10.1111/j.1360-0443.2011.03774.x

Publication Type: Article

Subject Headings: [Cigarettes](#)
[Product labelling](#)
[Packaging](#)
[marketing](#)
[Australia](#)

Source: HMIC

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

13. Linking substance use with symptoms of subclinical psychosis in a community cohort over 30 years

Citation: *Addiction*, 2012, vol./is. 107/6, 0965-2140

Author(s): Rossler, Wulf; Hengartner, Michael P; Angst, Jules; Ajdacic Gross, Vladeta

Language: English

Abstract: Record in progress The aim of the study was to examine the temporal associations between substance use and sub-clinical psychosis symptoms. Data from a prospective community study sampled within a single cohort over 30 years (1978-3008) were analysed with discrete-time hazard models. The setting was a general population-based sample. Participants were, at initial sampling in 1978 males (n = 292) were 19 and females (n = 299) were 20 years old. Measurements were, two psychosis syndromes representing 'schizotypal signs' and 'schizophrenia nuclear symptoms' and various substance use variables including cannabis, alcohol, tobacco and multiple-drug use (i.e. cannabis combined with other drugs). The findings were, in bivariate analyses, schizotypal signs were predominantly associated with regular cannabis use in adolescence (OR = 2.29, 95% CI 1.32-3.97). Schizophrenia nuclear symptoms were mainly related to alcohol (OR = 1.84, 95% CI 1.00-3.38) and multiple-drug use (OR = 2.35, 95% CI 1.38-4.02) during adolescence. Multivariate analyses showed that, in particular, regular cannabis use during adolescence was associated with the occurrence of subsequent schizotypal symptoms over a 30-year period (OR = 2.60, 95% CI 1.59-4.23), whereas multiple-drug use in adolescence was associated predominantly with schizophrenia nuclear symptoms (OR = 1.75, 95% CI 1.01-3.03). Alcohol misuse was only slightly associated with the onset of such symptoms. The conclusions were, a significant portion of the occurrence of sub-clinical psychosis symptoms in adulthood can be attributed to excessive cannabis and multiple-drug use during adolescence. This is in line with the hypothesis that long-term sensitisation of dopaminergic brain receptors plays a role in developing psychotic symptoms. [Journal abstract]

Notes: doi:10.1111/j.1360-0443.2011.03760.x

Publication Type: Article

Subject Headings: [Substance abuse](#)
[Psychoses](#)
[mental disorders](#)
[Risk factors](#)
[Cohort studies](#)

Source: HMIC

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

14. Leveraging technology to enhance addiction treatment and recovery

Citation: Journal of Addictive Diseases, 2012, vol./is. 31/3, 1055-0887

Author(s): Marsch, Lisa A

Language: English

Abstract: Record in progress Technology such as the Internet and mobile phones offers considerable promise for affecting the assessment, prevention, and treatment of and recovery from substance use disorders. Technology may enable entirely new models of behavioural healthcare within and outside of formal systems of care. This article reviews the promise of technology-based therapeutic tools for affecting the quality and reach of addiction treatment and recovery support systems, as well as the empirical support to date for this approach. Potential models for implementing technology-based interventions targeting substance use disorders are described. Opportunities to optimise the effectiveness and impact of technology-based interventions targeting addiction and recovery, along with outstanding research needs, are discussed. Cites 25 references. [Journal abstract]

Notes: doi:10.1080/10550887.2012.694606

Publication Type: Article

Subject Headings: [Drug abusers](#)
[Substance abusers](#)
[Drug abuse services](#)
[Substance abuse treatment services](#)
[Medical technology](#)
[Patient recovery](#)
[United States of America](#)

Source: HMIC

15. Rate and predictors of employment among formerly polysubstance dependent urban individuals in recovery

Citation: Journal of Addictive Diseases, 2012, vol./is. 31/3, 1055-0887

Author(s): Laudet, Alexandre B

Language: English

Abstract: Record in progress Employment is a key functioning index in addiction services and consistently emerges as a goal among individuals in recovery. Research on the employment status in the addiction field has focused on treatment populations or welfare recipients; little is known of employment rates or their predictors among individuals in recovery. This study seeks to fill this gap, capitalising on a sample (N = 311) of urban individuals at various stages of recovery. Fewer than half (44.5%) of participants were employed; in logistic regressions, male gender and Caucasian race enhanced the odds of employment, whereas having a co-morbid chronic physical or mental health condition decreased the odds by half. Implications centre on the need to identify effective strategies to enhance employability among women and minorities and for integrated care for individuals with multiple chronic conditions. Cites 87 references. [Journal abstract]

Notes: doi:10.1080/10550887.2012.694604

Publication Type: Article

Subject Headings: [Drug abusers](#)
[Substance abusers](#)
[Alcohol abusers](#)
[Drug abuse](#)
[Substance abuse](#)
[Alcoholism](#)
[Drug addiction](#)

[Patient recovery](#)
[employment](#)
[Drug abuse services](#)
[Substance abuse treatment services](#)
[United States of America](#)

Source: HMIC

16. Opioid maintenance treatment as a harm reduction tool for opioid-dependent individuals in New York City

Citation: Journal of Addictive Diseases, 2012, vol./is. 31/3, 1055-0887

Author(s): Stanciff, Sharon; Joseph, Herman; Fong, Chunki; Furst, Terry; Comer, Sharon D

Language: English

Abstract: Record in progress The aim of this pilot study was to assess the effectiveness of buprenorphine/naloxone (BUP/NX) among marginalised, opioid-dependent individuals in terms of retention in and cycling into and out of a harm-reduction program. This pilot study enrolled 100 participants and followed them from November 2005 to July 2008. The overall proportion of patients retained in the program at the end of three, six, nine, and 12 months was 68%, 63%, 56%, and 42%, respectively. This pilot study demonstrated that BUP/NX could be successfully used to treat marginalised heroin users. Cites 36 references. [Journal abstract]

Notes: doi:10.1080/10550887.2012.694603

Publication Type: Article

Subject Headings:
[Drug abusers](#)
[Opiates](#)
[Drug addiction](#)
[Heroin](#)
[Drug abuse services](#)
[Harm reduction](#)
[United States of America](#)

Source: HMIC

17. Housing first for severely mentally ill homeless methadone patients

Citation: Journal of Addictive Diseases, 2012, vol./is. 31/3, 1055-0887

Author(s): Appel, Philip W; Tsemberis, Sam; Joseph, Herman; Stefancic, Ana; Lambert Wacey, Dawn

Language: English

Abstract: Record in progress The Housing First approach used by Pathways to Housing Inc., was used to enhance residential independence and treatment retention of homeless, seriously mentally ill methadone patients. The Keeping Home project first secured scattered-site apartments and assertive community treatment services and then addressed patients' service needs. Three years post-implementation, methadone treatment retention for 31 Keeping Home patients versus 30 comparison participants (drawn from an administrative database) was 51.6% vs. 20% ($p < .02$); apartment/independent housing retention was 67.7% vs. three percent or 13% (both p 's $< .01$). Although results firmly support Keeping Home, future research needs to address study's possible database limitation. Cites 16 references. [Journal abstract]

Notes: doi:10.1080/10550887.2012.694602

Publication Type: Article

Subject Headings:
[Drug addicts](#)
[Drug abusers](#)
[Methadone](#)
[Mental illness](#)
[Drug addiction](#)

[Drug abuse services](#)
[Homelessness](#)
[Sheltered housing](#)
[United States of America](#)

Source: HMIC

18. Barriers to drug treatment for IDU couples: the need for couple-based approaches

Citation: Journal of Addictive Diseases, 2012, vol./is. 31/3, 1055-0887

Author(s): Simmons, Janie; McMahon, James M

Language: English

Abstract: Record in progress This qualitative study examines the interpersonal and structural barriers to drug treatment program entry, retention, and outcomes experienced by injection drug-using couples, and the program policies regarding injection drug-using couples seeking treatment in New York, New York. The authors findings reveal a mismatch between the substantial need for concurrent and coordinated treatment for partnered injection-drug users and programmatic policies that are antithetical to such treatment approaches. This discrepancy can be attributed to the lack of viable options for couple-focused treatment approaches that fit within the current drug treatment system. The authors provide a rationale and a roadmap for the development of innovative approaches for couple-based drug treatment. Cites 32 references. [Journal abstract]

Notes: doi:10.1080/10550887.2012.702985

Publication Type: Article

Subject Headings: [Partners](#)
[Drug abusers](#)
[Intravenous drugs](#)
[Drug abuse services](#)
[Drug addiction treatment](#)
[United States of America](#)

Source: HMIC

19. Reducing stigma through education to enhance medication-assisted recovery

Citation: Journal of Addictive Diseases, 2012, vol./is. 31/3, 1055-0887

Author(s): Woods, Joycelyn Sue; Joseph, Herman

Language: English

Abstract: Record in progress The National Alliance for Medication Assisted Recovery has started projects to address the stigma that impacts medication-assisted treatment. The Certified Medication Assisted Treatment Advocate Program trains patients and professionals for advocacy in seminars and conferences. The MARS Project educates (Einstein, Bronx, New York) buprenorphine and methadone patients to dispel stigma and achieve better treatment outcomes. Beyond MARS trains patients nationwide to replicate the MARS Project. Stop Stigma Now will create a national public relations campaign to overcome ignorance and stigma. These projects have the potential to end stigma and elevate medication-assisted treatment to its rightful place as the gold standard of treatment. Cites 36 references. [Journal abstract]

Notes: doi:10.1080/10550887.2012.694599

Publication Type: Article

Subject Headings: [Drug abusers](#)
[Drug addicts](#)
[Methadone](#)
[Drug abuse services](#)
[Health education](#)
[United States of America](#)

Source: HMIC

20. Maintenance medication for opiate addiction: the foundation of recovery

Citation: Journal of Addictive Diseases, 2012, vol./is. 31/3, 1055-0887

Author(s): Bart, Gavin

Language: English

Abstract: Record in progress Illicit use of opiates is the fastest growing substance use problem in the United States, and the main reason for seeking addiction treatment services for illicit drug use throughout the world. It is associated with significant morbidity and mortality related to human immunodeficiency virus, hepatitis C, and overdose. Treatment for opiate addiction requires long-term management. Behavioural interventions alone have extremely poor outcomes, with more than 80% of patients returning to drug use. Similarly poor results are seen with medication-assisted detoxification. This article provides a topical review of the three medications approved by the Food and Drug Administration for long-term treatment of opiate dependence: the opioid-agonist methadone, the partial opioid-agonist buprenorphine, and the opioid-agonist naltrexone. Basic mechanisms of action and treatment outcomes are described for each medication. Results indicate that maintenance medication provides the best opportunity for patients to achieve recovery from opiate addiction. Extensive literature and systematic reviews show that maintenance treatment with either methadone or buprenorphine is associated with retention in treatment, reduction in illicit opiate use, decreased craving, and improved social function. Oral naltrexone is ineffective in treating opiate addiction, but recent studies using extended-release naltrexone injections have shown promise. Although no direct comparisons between extended-release naltrexone injections and either methadone or buprenorphine exist, indirect comparison of retention shows inferior outcome compared with methadone and buprenorphine. Further work is needed to directly compare each medication and determine individual factors that can assist in medication selection. Until such time, selection of medication should be based on informed choice following a discussion of outcomes, risks, and benefits of each medication. Cites 147 references. [Journal abstract]

Notes: doi:10.1080/10550887.2012.694598

Publication Type: Article

Subject Headings: [Drug abusers](#)
[Drug abuse](#)
[Opiates](#)
[Drug addiction](#)
[Methadone](#)
[Drug abuse services](#)
[United States of America](#)

Source: HMIC

21. Medication-assisted recovery from opioid addiction: historical and contemporary perspectives

Citation: Journal of Addictive Diseases, 2012, vol./is. 31/3, 1055-0887

Author(s): White, William L

Language: English

Abstract: Record in progress Recovery is being used as a conceptual fulcrum for the redesign of addiction treatment and related support services in the United States. Efforts by policy, research, and clinical leaders to define recovery and calls for assertive models of long-term recovery management raise critical questions about how transformation efforts of recovery-focused systems will affect the pharmacotherapeutic treatment of opioid addiction and the status of patients participating in such treatment. This article highlights recent work advocating a recovery-oriented approach to medication-assisted treatment. Cites 37 references. [Journal abstract]

Notes: doi:10.1080/10550887.2012.694597

Publication Type: Article

Subject Headings: [Drug addicts](#)
[Drug addiction](#)
[Opiates](#)
[Methadone](#)
[Drug abuse services](#)
[United States of America](#)

Source: HMIC

22. Addictive personality

Citation: New Scientist, 2012, vol./is. 215/2881, 0262-4079

Author(s): Murphy, Samantha

Language: English

Abstract: Record in progress Were some people born to be addicted? The answer, finds the author, could have implications for everyone. [Journal abstract]

Publication Type: Article

Subject Headings: [Addiction](#)
[behaviour](#)
[Mental illness](#)
[Addicts](#)

Source: HMIC

23. The future public health

Citation: , 2012

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

Language: English

Abstract: The authors of this publication aim to bridge the gap between current public health practice and principles and those they claim will be needed in the future. Drawing on many disciplines including public health, they argue that the current economic system driven largely by consumption has created a mind-set in the population which differs from that of previous generations. Modern epidemics such as obesity and addictive behaviours and the rise in rates of anxiety and depression are the result of this change. The authors feel that a new model for public health practice is required which makes use of the modern developments which are worth preserving, but which also makes use of the involuntary changes which may come about due to the unsustainable nature of some aspects of modern life. The book is divided into three sections. The first looks briefly at the development of public health in the UK and the value and limitations of various aspects of public health today. The second section looks at modern public health challenges; inequalities in health, modern culture, obesity and addiction, population growth and ageing, and finally the challenge of sustainability. The final section puts forward a framework for public health practice in the future and suggests how it can be applied to the challenges described in the second part of the book. There are many illustrative tables, figures and boxes within the book and each chapter cites numerous references.

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

24. [Cough up: balancing tobacco income and costs in society]

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](#)
[Taxation](#)
[Costs](#)
[Government policy](#)
[Tabular data](#)
[Statistical data](#)

Source: HMIC

25. [Alcohol, tobacco and obesity: morality, mortality and the new public health]

Citation: , 2011

Author(s): Bell, Kirsten; McNaughton, Darlene; Salmon, Amy

Language: English

Notes: Title taken from cover

Publisher: S.I.: Routledge, 2011

Publication Type: Book

Subject Headings: Alcohol
Tobacco
Smoking
Smoking control
Obesity
Morbidity
Mortality
Public health
Addiction
Alcohol consumption
Health policy
Australia

Source: HMIC

26. Drugs - without the hot air: minimizing the harms of legal and illegal drugs

Citation: , 2012

Author(s): Nutt, David

Language: English

Abstract: Record in progress

Publisher: Cambridge: UTI Cambridge, 2012

Publication Type: Book

Subject Headings: drugs
Drugs of abuse
Effects
Cannabis
MDMA
Alcohol
Cocaine
Prescription drugs
Smoking
Smoke free legislation
LSD
Addiction
Legal factors
Case studies

Source: HMIC

27. Learning our way into the future public health: a proposition

Citation: Journal of Public Health, 2011, vol./is. 33/3, 1741-3842

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

Language: English

Abstract: This article attempts to bridge the gap between the values and skills that currently inform public health and those that we need to confront the future. The authors draw on a set of radical arguments. Firstly, the ability of modern people to understand, predict and control the natural world has brought many benefits but evidence is accumulating that the methods and mindsets of modernity are subject to diminishing returns and adverse effects. This is manifest in the rise of new epidemics: obesity, addiction-related harm, loss of wellbeing, rising rates of depression and anxiety and widening inequalities. Secondly, there is little evidence that people are embracing new forms of thinking or practice, despite other threats which have the potential for massive effects on many lives, such as climate change and peak oil. Thirdly, if the problems we face may indicate that 'modernity' is in decline because unsustainable, then profound change is necessary if we

are to avoid collapse. This analysis suggests that public health needs a new approach. The authors set out propositions and models that could help us learn our way into the future. Cites 37 references. [Journal abstract]

Publication Type: Article

Subject Headings: [Public health](#)
[Sustainability](#)
[Forecasting](#)
[Cultural change](#)

Source: HMIC

Full Text: Available from *Oxford University Press* in *Journal of Public Health*
Available from *Ovid* in *Journal of Public Health*
Available from *Highwire Press* in *Journal of Public Health*

28. The effectiveness of anti-illicit-drug public-service announcements: a systematic review and meta-analysis

Citation: Journal of Epidemiology and Community Health, 2011, vol./is. 65/10, 0143-005X

Author(s): Werb, Dan; Mills, Edward J; DeBeck, Kora; Kerr, Thomas; Montaner, Julio S G

Language: English

Abstract: Anti-illicit-drug public-service announcements (PSAs) have become a cornerstone of drug policy in the USA. However, studies of the effectiveness of these interventions have not been subjected to a systematic evaluation. The authors searched 18 electronic databases along with major conference abstract databases (from inception until 15 February 2010) for all articles and abstracts that evaluated the effectiveness of anti-illicit-drug PSAs. The authors evaluated all studies that assessed intention to use illicit drugs and/or levels of illicit-drug use after exposure to PSAs, and conducted meta-analyses of these studies. The results were, the authors identified seven randomised trials (n=5,428) and four observational trials (n=17,404). Only one randomised trial showed a statistically significant benefit of PSAs on intention to use illicit drugs, and two found evidence that PSAs significantly increased intention to use drugs. A meta-analysis of eligible randomised trials demonstrated no significant effect. Observational studies showed evidence of both harmful and beneficial effects. The conclusion was, existing evidence suggests that the dissemination of anti-illicit-drug PSAs may have a limited impact on the intention to use illicit drugs or the patterns of illicit-drug use among target populations. Cites 37 references. [Journal abstract]

Publication Type: Article

Subject Headings: [Drug abuse](#)
[Advertising campaigns](#)
[Health campaigns](#)
[Health education](#)
[Drug policy](#)
[Drug addiction control](#)

Source: HMIC

Full Text: Available from *Highwire Press* in *Journal of Epidemiology and Community Health*

29. A brief report on perceptions of alcohol and society among Scottish medical students

Citation: Alcohol and alcoholism, 2012, vol./is. 47/1, 0735-0414

Author(s): Steed, H; Groome, M; Rice, P; Simpson, K; Day, A

Language: English

Abstract: The aims of the study were to assess perceptions on alcohol misuse and addiction among medical students prior to in-depth training in order to determine areas of the curriculum that need to be reshaped or focused on. The methods were, a questionnaire assessment of first-and second-year medical students' perceptions of alcohol misuse. The results were, students had some misconceptions about current alcohol misuse rates, including a

perception that addiction is common among health professionals, that the under-25s had the fastest increasing rate of alcohol addiction and that British women had a more rapidly increasing rate of alcohol addiction than British men. The conclusions were, encouragingly, students overwhelmingly felt that alcohol addiction was something to which they could make a difference. It highlights that early education about alcohol misuse is important in terms of teaching students how to recognise hazardous and harmful drinkers and how to manage them. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: [Alcohol consumption](#)
[Alcohol abuse](#)
[Alcohol](#)
[medical staff](#)
[Students](#)
[Social perception](#)
[Scotland](#)
[Statistical data](#)
[Tabular data](#)

Source: HMIC

Full Text: Available from *Ovid* in [Alcohol and Alcoholism](#)
 Available from *Highwire Press* in [Alcohol and Alcoholism](#)
 Available from *Oxford University Press* in [Alcohol and Alcoholism](#)

30. Does the introduction of comprehensive smoke-free legislation lead to a decrease in population smoking prevalence?

Citation: Addiction, 2011, vol./is. 106/7, 1360-0443

Author(s): Ummulkhulthum, Bajoga; Lewis, Sarah; McNeill, Ann; Szatkowski, Lisa

Language: English

Abstract: The aims of the study were to investigate changes in population smoking prevalence in jurisdictions which have implemented comprehensive smoke-free legislation, taking into account long-term trends in smoking behaviour. The design was interrupted time series analysis of population-level survey data using segmented regression. The setting was 21 countries, American states or Canadian provinces which have implemented comprehensive smoke-free legislation. Participants were respondents sampled in large representative surveys of smoking prevalence. Measurements were, for each jurisdiction, segmented regression models quantify any upwards of downwards trend in smoking prevalence prior to the introduction of smoke-free legislation, any immediate change in the level of smoking prevalence at the time smoke-free legislation was introduced, and any change in the trend in smoking prevalence post-legislation compared to the pre-legislation period. In all but three locations there was a statistically significant decline in smoking prevalence prior to the introduction of smoke-free legislation. In two locations, Washington and the Republic of Ireland, there was an immediate decline in the level of smoking prevalence at the introduction of legislation. In six American states there was a significant change in the rate of decline in smoking prevalence, with smoking prevalence declining more steeply in the post-legislation period compared to the pre-legislation period. No change in the level or trend of population smoking prevalence was seen in 13 of the 21 locations studied. Conclusions were, the introduction of comprehensive smoke-free legislation has increased the rate at which smoking prevalence was declining in some locations, but in the majority of jurisdictions had no measurable impact on existing trends in smoking prevalence. [Journal abstract]

Publication Type: Article

Subject Headings: [Smoking policy](#)
[Smoking](#)
[Legislation](#)
[Health behaviour](#)
[Time study](#)
[Trends](#)

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

31. Prescribing of smoking cessation medication in England since the introduction of varenicline

Citation: *Addiction*, 2011, vol./is. 106/7, 1360-0443
Author(s): Langley, Tessa E; Huang, Yue; McNeill, Ann; Coleman, Tim; Szatkowski, Lisa
Language: English
Abstract: The aims of the study were to estimate the effect of the introduction of a new smoking cessation medication, varenicline, and the publication of guidance related to its use, on trends in prescribing of smoking cessation medications in England. The design was interrupted time series analysis of primary care data on prescribing of smoking cessation medication using autoregressive integrated moving average (ARIMA) modelling. The setting was a total of 446 general practices included in The Health Improvement Network (THIN), a database of UK electronic primary care records. The participants were all primary care patients registered with a THIN practice in England. Measurements were, monthly rates of prescribing of varenicline, nicotine replacement therapy (NRT) and bupropion per 100,000 patients registered with a THIN practice between June 2000 and June 2009. NRT was the most commonly prescribed stop smoking medication, and bupropion the least frequently prescribed. After its introduction in December 2006 varenicline rapidly became the second most commonly prescribed drug. There was no statistically significant change in overall prescribing for smoking cessation medications after its introduction ($P = 0.760$), or after the publication of the related guidance in July 2007 ($P=0.134$). Soon after being introduced in England, varenicline was widely prescribed; after nicotine replacement therapy it was the most commonly prescribed cessation medication. However, this does not appear to have increased overall rates of prescribing for smoking cessation medication. [Journal abstract]

Publication Type: Article
Subject Headings: [Smoking cessation](#)
[Smoking](#)
[Prescription drugs](#)
[Guidelines](#)
[primary care](#)
[England](#)

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

32. Associations between drinking motives and changes in adolescents' alcohol consumption: a full cross-lagged panel study

Citation: *Addiction*, 2011, vol./is. 106/7, 1360-0443
Author(s): Schelleman Offermans, Karen; Kuntsche, Emmanuel; Knibbe, Ronald A
Language: English
Abstract: Longitudinal full cross-lagged models are essential to test causal relationships. This study used such a model to test the predictive value of internal (enhancement and coping) and external (conformity and social) drinking motives for changes in alcohol use over time, and tested possible reversed causality (i.e. alcohol use explains later drinking motives). The design was a longitudinal data consisting of two waves (separated by one year) were used to estimate cross-lagged structural equation models. The setting was three comparable (regarding urbanisation and social stratification) Dutch communities. The participants were a total of 454 alcohol-using adolescents aged 13-16 years (mean = 14.8 years, SD = 0.78) at wave one. The measurements were standardised questionnaires including the Drinking Motive Questionnaire - revised, and items on total weekly consumption and frequency of heavy episodic drinking. In adolescence, drinking motive preferences are already relatively stable over time. Also, only social motives significantly

predicted increases in total weekly consumption and frequency of heavy episodic drinking. No feedback mechanisms by which alcohol consumption explains later drinking motives scores were found. The conclusions were, among drinking adolescents in a wet drinking culture, such as the Dutch drinking culture, social drinking motives, rather than enhancement or coping motives for drinking, appear to predict overall consumption and frequency of heavy episodic use a year later. Parents and other important social actors have an active role in reducing alcohol availability and monitoring adolescents' drinking. [Journal abstract]

Publication Type: Article

Subject Headings: [Alcohol consumption](#)
[Alcohol](#)
[Young people](#)
[Motivation](#)
[Longitudinal studies](#)
[Netherlands](#)

Source: HMIC

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

33. The prevalence of alcohol use disorders among night-time weekend drivers

Citation: *Addiction*, 2011, vol./is. 106/7, 1360-0443

Author(s): Furr Holden, C Debra; Voas, Robert B; Lacey, John; Romano, Eduardo; Jones, Kristina

Language: English

Abstract: The objective of this study was to establish the extent of alcohol use disorders (AUDs) among drivers at risk for alcohol-related crashes. The prevalence of drivers with AUDs on US roads on weekend evenings when alcohol-related crashes are most frequent is unknown. This study will inform laws and programs designed to reduce alcohol-involved crashes. Interviews using a 15-item AUD questionnaire with a stratified random sample of non-commercial drivers at 60 primary sampling locations in the 47 contiguous states on Fridays and Saturdays between 10 p.m. and 3 a.m. from July to November 2007. The setting was off-road locations into which a police officer directed a random selection of motorist passing the site. The participants were a total of 4,614 drivers of non-commercial vehicles. Measurements were AUDs, including heavy drinking, alcohol abuse, and alcohol dependence. Of the participating drivers, 73.7% were current drinkers (reported drinking in the last year). Among those drinkers, 14% were classifiable either as dependent drinkers or as abusive drinkers based on self-reports of drinking. Another 10% of the drivers were classified as heavy drinkers. Nearly half of the drivers in the survey who had blood alcohol concentrations (BACs) at or higher than the 0.08 g per decilitre legal limit fell into one of those three AUD categories. The conclusions were, survey data suggest that the majority of high-blood alcohol concentration drivers on US roads show no clinical signs of an alcohol use disorder, but they are categorised as heavy drinkers. This suggests that environmental programs directed at reducing heavy drinking and brief behavioural interventions aimed at reducing episodes of excessive consumption have promise for reducing alcohol-related crashes. [Journal abstract]

Publication Type: Article

Subject Headings: [Alcohol consumption](#)
[Road traffic accidents](#)
[Drivers](#)
[Alcohol abuse](#)
[Weekends](#)
[Weekend work](#)
[Night time](#)
[Night work](#)
[Unsocial hours](#)
[Shift work](#)
[United States of America](#)

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

34. Alcohol-related discussions in health care: a population view

Citation: *Addiction*, 2011, vol./is. 106/7, 1360-0443
Author(s): Makela, Pia; Havio, Marjaliisa; Seppa, Kaija
Language: English
Abstract: The present study aimed to evaluate the frequency and the target group of alcohol screening and brief interventions in healthcare settings and how well this level of activity reflects public opinion. The design was a general population survey. The setting and participants were a random sample of Finns aged 15-69 years with a 74% response rate (n = 2,725). Frequency counts were used to evaluate the level of activity. Logistic regression models were used to examine which groups were asked and advised about alcohol use and which groups considered it useful. More than 90% had positive attitudes towards being asked about their alcohol use. Of those who had been in contact with healthcare (n = 2,062) in the 12 months before the survey, 33.3% had been asked about their alcohol use, being most often men, young, heavy drinkers and those of high socioeconomic status. Thirty-seven percent of those who had been asked were given advice, being most often heavy drinkers and those with a normal body mass index. However, 50% of heavy drinkers who had been asked about their alcohol use had not been advised about it. Of those who had been advised, 71.9% considered it useful, especially older subjects, and also including heavy episodic drinkers, although less than others. The conclusions were, in Finland, the frequency of healthcare professionals asking and giving advice on alcohol is relatively low. However, public opinion towards these discussions is positive. The authors results encourage the support and uptake of systematic screenings and brief interventions in healthcare settings. [Journal abstract]

Publication Type: Article
Subject Headings: [Alcohol consumption](#)
[Alcohol](#)
[Public opinion](#)
[Demographic studies](#)
[Finland](#)

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

35. Can food be addictive? Public health and policy implications

Citation: *Addiction*, 2011, vol./is. 106/7, 1360-0443
Author(s): Gearhardt, Ashley N; Grilo, Carlos M; DiLeone, Ralph J; Brownell, Kelly D; Potenza, Marc N
Language: English
Abstract: Data suggest that hyperpalatable foods may be capable of triggering an addictive process. Although the addictive potential of foods continues to be debated, important lessons learned in reducing the health and economic consequences of drug addiction may be especially useful in combating food-related problems. In the current paper, the authors review the potential application of policy and public health approaches that have been effective in reducing the impact of addictive substances to food-related problems. The results were, corporate responsibility, public health approaches, environmental change and global efforts all warrant strong consideration in reducing obesity and diet-related disease. The conclusions were, although there exist important differences between foods and addictive drugs, ignoring analogous neural and behavioural effects of foods and drugs of abuse may result in increased food-related disease and associated social and economic burdens. Public health interventions that have been effective in reducing the impact of

addictive drugs may have a role in targeting obesity and related diseases. [Journal abstract]

Publication Type: Article

Subject Headings: [Food policy](#)
[Food](#)
[Addiction](#)
[Public health](#)
[Health policy](#)
[Obesity](#)

Source: HMIC

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

36. Australian smokers' and recent quitters' responses to the increasing price of cigarettes in the context of a tobacco tax increase

Citation: *Addiction*, 2011, vol./is. 106/9, 0965-2140

Author(s): Dunlop, Sally M; Perez, Donna; Cotter, Trish

Language: English

Abstract: The aims of the study were to track smokers' responses to the increasing price of cigarettes after a tax increase, and assess socio-demographic differences in responses. The Cancer Institute NSW's Tobacco Tracking Survey (CITTS) is a continuous tracking telephone survey. Weekly data were collected between May and September 2010. The settings were New South Wales, Australia. Participants were a total of 834 smokers and 163 recent quitters (quit in last 12 months). Responses to the price increase included smoking-related changes (tried to quit, cut down) and product-related changes (changed to lower priced brands, started using loose tobacco, bought in bulk). Recent quitters were asked how much the increasing price of cigarettes influenced them to quit. Overall, 47.5% of smokers made smoking-related changes and 11.4% made product-related changes without making smoking-related changes. Multinomial logistic regressions showed that younger smokers (versus older) were more likely to make product-related changes and smoking-related changes in comparison to no changes. Low- or moderate-income smokers (versus high-income) were more likely to make smoking-related changes compared to no changes. Highly addicted smokers (versus low addicted) were more likely to make product-related changes and less likely to make smoking-related changes. The proportion of smokers making only product-related changes decreased with time, while smoking-related changes increased. Recent quitters who quit after the tax increase (versus before) were more likely to report that price influenced them. The conclusions were, the effect of increasing cigarette prices on smoking does not appear to be mitigated by using cheaper cigarette products or sources. These results support the use of higher cigarette prices to encourage smoking cessation. [Journal abstract]

Publication Type: Article

Subject Headings: [Smoking cessation](#)
[Prices](#)
[Taxes](#)
[Taxation](#)
[Cigarettes](#)
[Tobacco](#)
[Australia](#)

Source: HMIC

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

37. A systematic review and meta-analysis of the effectiveness of behavioural smoking cessation interventions in selected disadvantaged groups

Citation: *Addiction*, 2011, vol./is. 106/9, 0965-2140

- Author(s):** Bryant, Jamie; Bonevski, Billie; Paul, Chris; McElduff, Patrick; Attia, John
- Language:** English
- Abstract:** A systematic review and meta-analysis was conducted to assess the methodological quality and effectiveness of behavioural smoking cessation interventions targeted at six disadvantaged groups; the homeless, prisoners, indigenous populations, at-risk youth, individuals with low socioeconomic status and individuals with a mental illness. Medline, EMBASE, the Cochrane Library and PsycInfo databases were searched using MeSH and keywords for studies conducted in developed countries prior to October 2010, included studies were assessed for methodological quality. A DerSimonian and Laird random effects meta-analysis was conducted where possible to explore the effectiveness of interventions for the different subgroups. A narrative review was conducted for studies unable to be included in the meta-analysis. Outcomes examined were abstinence rates at short-term (up to three months) and long-term (six months or the longest) follow-up. Thirty-two relevant studies were identified. The majority (n=20) were rated low in methodological quality. Results of the meta-analysis showed a significant increase in cessation for behavioural support interventions targeted at low-income female smokers at short-term follow-up (relative risk (RR) 1.68, confidence interval (CI) 1.21 to 2.33), and behavioural support interventions targeted at individuals with a mental illness at long-term follow-up (RR 1.35, CI 1.01-1.81). Results of the narrative review showed several promising interventions that increased cessation rates at six-month or longer follow-up. The conclusions were, few well-controlled trials have examined the most effective smoking cessation strategies for highly disadvantaged groups, especially among the homeless, indigenous smokers and prisoners. The use of behavioural smoking cessation interventions for some socially disadvantaged groups appears promising; however, overall findings are inconsistent. Further research is needed to establish the most effective interventions for vulnerable high-risk groups. Special attention should be given to increasing sample size and power, and to sound evaluation methodology to overcome methodological limitations of conducting research with these high-risk groups. [Journal abstract]
- Publication Type:** Article
- Subject Headings:** [Smoking cessation](#)
[Low income](#)
[Socioeconomic status](#)
[Disadvantage](#)
[Homelessness](#)
[Prisoners](#)
- Source:** HMIC
- Full Text:** Available from *EBSCOhost* in [Addiction](#)
Available from *Wiley* in [Addiction](#)

38. Global research neglect of population-based approaches to smoking cessation: time for a more rigorous science of population health interventions

- Citation:** Addiction, 2011, vol./is. 106/9, 0965-2140
- Author(s):** Lawrence, David; Mitrou, Francis; Zubrick, Stephen R
- Language:** English
- Abstract:** It has been argued that the preponderance of studies into individual smoking cessation therapies seems grossly out of proportion to the number of people who use these therapies to quit smoking, and that this imbalance is due to factors such as the role of the pharmaceutical industry in funding research and a general bias towards individual- rather than population-based approaches to medical and health problems. The authors believe that there are other significant factors that affect the balance of research in smoking cessation, such as the higher standards of evidence required to justify the implementation of individual medical therapies compared with population-based interventions. The authors argue that research practitioners in the areas of population tobacco control are well placed to address this imbalance by setting more rigorous standards of evidence for

population health interventions. This could be achieved by setting aside a small proportion of funds from population health and advocacy activities to invest in studying their effectiveness. The authors believe that this would potentially return information of sufficient value to justify increasing overall population investment beyond the cost of the additional research component. Additional benefits would be gained from increased research in this area, such as better understanding of how to translate tobacco control initiatives to developing countries with high smoking rates, and how to target disadvantaged and marginalised populations more effectively in developed countries that continue to have high rates of smoking and low rates of smoking cessation, despite the existence of broad population-based strategies. [Journal abstract]

Publication Type: Article

Subject Headings: [Smoking cessation](#)
[Mental illness](#)
[Preventive medicine](#)
[Public health](#)
[Tobacco](#)

Source: HMIC

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

39. The influence of depression and other co-occurring conditions on treatment outcomes for problem gamblers: a cohort study

Citation: Medical Journal of Australia, 2011, vol./is. 195/3, 0025-729X

Author(s): Smith, David P; Battersby, Malcolm W; Harvey, Peter W; Pols, Rene G; Baigent, Michael F

Language: English

Abstract: The objective of the study was to examine the influence of co-occurring conditions on gambling treatment outcomes. The design, setting and participants were, a prospective cohort study of problem gamblers. Participants were recruited from consecutive referrals to a gambling therapy service in 2008. Inclusion criteria were: (i) assessed as a problem gambler based on a screening interview including DSM-IV criteria for pathological gambling, and (ii) suitable for admission to a treatment program. Cognitive behavioural therapy was based on graded exposure-to-gambling urge. One-to-one treatment was conducted with one-hour sessions weekly for up to 12 weeks. The main outcome measures were problem gambling screening and co-occurring conditions including depression, anxiety and alcohol use. The results were, of 127 problem gamblers, 69 were males (54%), mean age was 43.09 years, and 65 (51%) reported a duration of problem gambling greater than five years. Median time for participants' enrolment in the study was 8.9 months. Results from mixed effects logistic regression analysis indicated that individuals with higher depression levels had a greater likelihood (13% increase in odds (95% CI, one percent to 25%)) of problem gambling during treatment and at follow-up. The conclusion was, addressing depression may be associated with improved treatment outcomes in problem gambling; conversely, treatment of problem gambling improves affective instability. The authors therefore recommend a dual approach that treats both depression and problem gambling. Cites 25 references. [Journal abstract]

Publication Type: Article

Subject Headings: [Depression](#)
[Mental health](#)
[Gambling](#)
[Addiction](#)
[Patient outcome](#)
[Cohort studies](#)

Source: HMIC

40. One-stop service reaches all

Citation: Community Care, 2010, vol./is. /1839, 0307-5508

Author(s): Valios, Natalie

Language: English

Abstract: The amalgamation of three Somerset substance misuse services has paid dividends. The author reports. [Journal abstract]

Publication Type: Article

Subject Headings: [Drug addiction treatment](#)
[Alcohol abuse services](#)
[Service development](#)
[Waiting list reductions](#)
[Quality improvement](#)

Source: HMIC

Full Text: Available from *ProQuest* in [Community Care](#)
Available from *EBSCOhost* in [Community Care](#)

41. Treatment changes course

Citation: Community Care, 2010, vol./is. /1839, 0307-5508

Author(s): Carson, Gordon

Language: English

Abstract: The government is shifting the drug treatment emphasis. The authors hears concerns that, as a result, agencies may lose some flexibility in their approach to users. [Journal abstract]

Publication Type: Article

Subject Headings: [Drug addiction treatment](#)
[Government policy](#)
[Strategic change](#)
[payment by results](#)
[Reform](#)

Source: HMIC

Full Text: Available from *ProQuest* in [Community Care](#)
Available from *EBSCOhost* in [Community Care](#)

42. Prevalence of HIV and hepatitis infections in the United Kingdom : annual report of the Unlinked Anonymous Prevalence Monitoring Programme 2001

Citation: , 2002

Author(s): O'Mahony, M

Corporate/Institutional Author: Unlinked Anonymous Surveys Steering Group; University of London. Institute of Child Health; Scottish Centre for Infection and Environmental Health; Public Health Laboratory Service; Department of Health

Language: English

Abstract: The report presents data on the prevalence of HIV and hepatitis infections in the UK to the end of 2001 from the Unlinked Anonymous Prevalence Monitoring Programme. It includes information on relevant markers of HIV and hepatitis prevalence, HIV incidence, risk behaviour and healthcare utilisation. Prevention indicators, which are monitored over time, are produced from the data. At the end of 2001 the number of adults living with HIV in the UK rose to an estimated 41,200, of whom around 30% were unaware of their infection. The uptake of voluntary confidential testing improved in all genitourinary medical (GUM) clinic attendee groups but a significant number of HIV-infected attendees remained undiagnosed. The detection of HIV infection in pregnant women improved significantly in 2001. In heterosexuals attending GUM clinics the prevalence of HIV in

those born abroad was dramatically higher. Good practice recommendations for PCT Commissioners are summarised. Cites 31 references.

- Notes:** Enquiries on Unlinked Anonymous Surveys Dr Noel Gill, Tel: 020 82 6868 x4462, Enquiries on HIV/AIDS policy relating to this report: Dr. Linda Lazarus Rm 631B SKH; DH Storage; Programme funded by the Department of Health, Scottish Executive and the Department of Health and Social Services (Belfast); References p. 46-47; Programme conducted by the Public Health Laboratory Service, the Institute of Child Health, University of London and the Scottish Centre for Infection and Environmental Health; Chair of Steering Group: Dr M. O'Mahony; Enclosed with PL/CO(2002)2
- Publisher:** London: Department of Health, available from Department of Health, PO Box 777, London SE1 6XH, 2002
- Publication Type:** Book
- Subject Headings:** [HIV](#)
[Human viral hepatitis](#)
[Prevalence of disease](#)
[Monitoring](#)
[homosexual men](#)
[Drug addicts](#)
[Heterosexuals](#)
[Pregnant women](#)
[Tabular data](#)
[Statistical data](#)
- Source:** HMIC

43. MENTAL illness hospitals and units: drug misuse statistics, 1982

- Citation:** , 1984
- Corporate/Institutional Author:** Department of Health and Social Security. Statistics and Research Division
- Language:** English
- Notes:** DHSS
- Publisher:** London (Avaliable from: Statistics and Research Division, Branch SR2C, Room 809, Hannibal House, Elephant and Castle, LONDON SE1 6TE (Tel:01-703 6380 Ext 3280): Department of Health and Social Security, 1984
- Publication Type:** Book
- Subject Headings:** [Drug addiction](#)
[Mental health hospitals](#)
[Statistical data](#)
- Source:** HMIC

44. Statistics from the regional drug misuse databases on drug misusers in treatment in England, 2000/01

- Citation:** , 2001
- Corporate/Institutional Author:** Office for National Statistics; Department of Health
- Language:** English
- Abstract:** This bulletin summarises information on the number of problem drug misusers reported to Regional Drug Misuse Databases by drug treatment agencies and general practitioners as being in treatment in England in 2000/01. It includes analyses by Health Authority of treatment and Drug Action Team area of treatment. The results show that, in England, during the year 2000/01: The number of drug users reported as being in treatment with drug misuse agencies and GPs was around 118,500. About one-third (32%) of users in treatment were under 25. The great majority of users reported as being in treatment (87%)

were attending community specialist services (taken to include community based drug services, hospital out-patients and drug dependency unit out-patients). [Book abstract]

Notes: Patsy Bailey (SD2D) Rm 437B SKH x25551; DH Storage; Previously entitled: "Drug misuse statistics for six months ending... "; Bibliography p. 7

Publisher: London: Department of Health, available from Department of Health, PO Box 777, London SE1 6XH, 2001

Publication Type: Book

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

Source: HMIC

45. Prevalence of HIV and hepatitis infections in the United Kingdom : annual report of the Unlinked Anonymous Prevalence Monitoring Programme

Citation: , 2001

Author(s): O'Mahony, M

Corporate/Institutional Author: Unlinked Anonymous Surveys Steering Group; University of London. Institute of Child Health; Scottish Centre for Infection and Environmental Health; Public Health Laboratory Service; Department of Health

Language: English

Abstract: This annual report of the Unlinked Anonymous Prevalence Monitoring Programme into the prevalence of HIV and Hepatitis infections in the UK provides valuable information for those providing HIV/AIDS services and for those responsible for health promotion activities. It shows considerable improvements in the detection of maternal HIV infections in England, preventing the transmission of HIV to around 75 babies in 2000. At the end of 1999 some 33,000 adults aged 15-59 were living with HIV in the UK, of whom around one-third were unaware of their infection. This 10% rise on 1998 figures reflects in part improvements in prolonging the lives of those with diagnosed infection. Transmission of hepatitis B and hepatitis C infections among injecting drug users is a concern. The report includes greater information in genitourinary clinic attendees. Priorities for those commissioning services are identified. Cites 30 references.

Notes: Dr V King Rm 641B SKH x21531; DH Storage; Programme funded by the Department of Health, Scottish Executive and the Department of Health and Social Services (Belfast); References p. 38-39; Programme conducted by the Public Health Laboratory Service, the Institute of Child Health, University of London and the Scottish Centre for Infection and Environmental Health; Chair of Steering Group: Dr M. O'Mahony; Enclosed with PL/CO(2001)2

Publisher: London: Department of Health, available from Department of Health, PO Box 777, London SE1 6XH, 2001

Publication Type: Book

Subject Headings: [HIV](#)
[Human viral hepatitis](#)
[Prevalence of disease](#)
[Monitoring](#)
[homosexual men](#)

[Drug addicts](#)
[Heterosexuals](#)
[Pregnant women](#)
[Tabular data](#)
[Hepatitis B](#)
[Hepatitis C](#)
[Statistical data](#)

Source: HMIC

46. Statistics from the regional drug misuse databases for six months ending September 2000

Citation: , 2001

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 30 September 2000. It is the ninth in the series to be based on more detailed data collected from Regional Drug Misuse Databases. The bulletin relates to England; some figures for Great Britain are also included. In England, during the six month period ending 30 September 2000: about 33,100 users were reported as presenting to drug misuse agencies; this is an increase of four per cent from the previous six month period (31,800). Half (50%) of those users presenting were in their twenties and around one in seven (14%) were aged under 20, as in previous periods. The ratio of males to females (three to one) was also the same as in previous periods. Heroin was still the most frequently reported main drug of use, accounting for two thirds of users (64%). The next most frequently reported main drugs of misuse were methadone (10%), cannabis (nine per cent), cocaine (six per cent) and amphetamines (four per cent). [Book abstract]

Notes: Patsy Bailey (SD2D) Rm 437B SKH x25551; DH Storage; 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, 2001

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

47. Statistics from the regional drug misuse databases for six months ending March 2000

Citation: , 2000

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 2000. It is the eighth in the

series to be based on more detailed data collected from Regional Drug Misuse Databases. The bulletin relates to England; some figures for Great Britain are also included. Key points include in England, during the six month period ending 31 March 2000: the number of users reported as presenting to drug misuse agencies (31,815) increased by four per cent from the previous six month period (30,545). Around half (51%) of those users presenting were in their twenties and around one in seven (14%) were aged under 20. The ratio of males to females (three to one) was also the same as in previous periods. Heroin was still the most frequently reported main drug of use, accounting for over half of users (63%). The next most frequently reported main drugs of misuse were cannabis (10%), methadone (nine per cent), amphetamines four per cent) and cocaine (six per cent). [Book abstract]

Notes:	SD2D Rm 437B SKH x25551/3; DH Storage; 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, 2000
Publication Type:	Book
Subject Headings:	Drug addiction Databases Drug abusers Drug consumption Drug addiction control Specialist health services drugs Young people Health authorities England Tabular data Statistical data
Source:	HMIC

48. Prevalence of HIV and hepatitis infections in the United Kingdom : annual report of the Unlinked Anonymous Prevalence Monitoring Programme

Citation:	, 2000
Author(s):	O'Mahoney, M; Stewart, E
Corporate/Institutional Author:	Unlinked Anonymous Surveys Steering Group; University of London. Institute of Child Health; Scottish Centre for Infection and Environmental Health; Public Health Laboratory Service; Department of Health
Language:	English
Abstract:	The Unlinked Anonymous Prevalence Monitoring Programme aims to measure the distribution of infection, in particular HIV, in accessible groups of the adult population. The programme began in 1990 and this annual report summarises programme data to the end of 1999. A total of 633,358 specimens were tested in 1999 and the report briefly describes the methodology of the survey. Key points and programme objectives are summarised. The report then sets out the general findings of the survey for HIV and hepatitis. The findings are broken down into the categories of those at increased risk of HIV infection, those at lower or general risk of HIV infection, and the increasing numbers of HIV-infected persons requiring care. The figures for hepatitis are given separately for hepatitis B and hepatitis C. The report ends with some conclusions drawn from the data and lists some priorities for Commissioners. Cites 16 references.
Notes:	(1) Dr. N. Gill (PHLS), Tel: 0208 2 6868 x 4462; (2) HIV AIDS enquiries, Dr. V. King (PH6.6) rm 642B SKH x21531/21520; DH Storage; Programme funded by the Department of Health, Scottish Executive and the Department of Health and Social Services (Belfast); Programme conducted by the Public Health Laboratory Service, the Institute of Child Health, University of London and the Scottish Centre for Infection and

Environmental Health; Chair of the Steering Group: Dr M. O'Mahony (Dr. E Stewart - 1999)

Publisher: London: Department of Health, available from Department of Health, PO Box 777, London SE1 6XH, 2000

Publication Type: Book

Subject Headings: [HIV](#)
[Human viral hepatitis](#)
[Prevalence of disease](#)
[Monitoring](#)
[Hepatitis B](#)
[Hepatitis C](#)
[homosexual men](#)
[Drug addicts](#)
[Heterosexuals](#)
[Pregnant women](#)
[Tabular data](#)
[Statistical data](#)

Source: HMIC

49. Statistics from the regional drug misuse databases for six months ending September 1999

Citation: , 2000

Corporate/Institutional Author: Department of Health; Government Statistical Service

Language: English

Abstract: This bulletin summarises information on people presenting to services with problem drug misuse and relates to the six month period ending 30 September 1999. It is the seventh in the series to be based on more detailed data collected from Regional Drug Misuse Databases. The bulletin relates to England; some figures for Great Britain are also included. Key points include in England, during the six month period ending 30 September 1999: the number of users reported as presenting to drug misuse agencies (30,545) increased by seven per cent from the previous six month period (28,599). Around half (52%) of those users presenting were in their twenties and around one in seven (15%) were aged under 20. The ratio of males to females (three to one) was also the same as in previous periods. Heroin was still the most frequently reported main drug of use, accounting for over half of users (59%). The next most frequently reported main drugs of misuse were cannabis (11%), methadone (nine per cent), amphetamines eight per cent) and cocaine (seven per cent). [Book abstract]

Notes: SD2D Rm 437B SKH x25551/3; DH Storage; On cover: National Statistics; 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, 2000

Publication Type: Book

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

Source: HMIC

50. Statistics from the regional drug misuse databases for six months ending March 1999

Citation: , 1999

Corporate/Institutional Author: Department of Health; Government Statistical Service

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 1999. It is the sixth in the series to be based on more detailed data collected from Regional Drug Misuse Databases. The bulletin relates to England; some figures for Great Britain are also included. Key points include in England, during the six month period ending 31 March 1999: the number of users reported as presenting to drug misuse agencies (28,499) was a similar number to the previous six month period (28,599). Around half (52%) of those users presenting were in their twenties and around one in seven (14%) were aged under 20. The ratio of males to females (3:1) was also the same as in previous periods. Heroin was still the most frequently reported main drug of use, accounting for over half of users (59%). The next most frequently reported main drugs of misuse were methodone (11%), cannabis (10%), amphetamines (8%) and cocaine (6%). [Book abstract]

Notes: Miss P A Bailey SD2D Rm 437B SKH x25551; DH Storage; 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, 1999

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

51. Prevalence of HIV in the United Kingdom 1998: summary report from the Unlinked Anonymous Surveys Steering Group

Citation: , 1999

Corporate/Institutional Author: Unlinked Anonymous Surveys Steering Group; University of London. Institute of Child Health; Scottish Centre for Infection and Environmental Health; Public Health Laboratory Service; Department of Health

Language: English

Notes: Mrs Pam Gardiner (PH6.3) Rm 719 WEL x24389; DH Storage; Data to the end of 1998; Programme funded by the Department of Health, Scottish Executive and the Department of Health and Social Services (Belfast); Bibliographical references: p. 25; Programme conducted by the Public Health Laboratory Service, the Institute of Child Health, University of London, the Scottish Centre for Infection and Environmental Health; Title taken from cover. Inside cover has title: Unlinked anonymous prevalence monitoring programme in the United Kingdom: summary report from the Unlinked Anonymous Surveys Steering Group

Publisher: London: Department of Health, available from Department of Health, PO Box 777, London SE1 6XH, 1999

Publication Type: Book

Subject Headings: [HIV Monitoring homosexual men Drug addicts Heterosexual relations Pregnant women Statistical data](#)

Source: HMIC

52. Unlinked anonymous HIV seroprevalence monitoring programme in England and Wales: summary report from the Unlinked Anonymous Surveys Steering Group

Citation: , 1998

Corporate/Institutional Author: Unlinked Anonymous Surveys Steering Group; University of London. Institute of Child Health; Public Health Laboratory Service; Department of Health

Language: English

Notes: J Metters (PR-OFF(CMO)) Rm 509 RH x5591/5496; Angus Nicoll, Public Health Laboratory Service, Tel 0181 2 6868 x 4895; Vicki King (HP3C) Rm 718 WEL x24367; DH Storage; Data to the end of 1997; A full report is also available from DH Storage; Programme funded by the Department of Health; Bibliographic references: p. 26; Cover title: Prevalence of HIV in England and Wales 1997; Enclosed with PL/CMO/(98)3

Publisher: London: Department of Health, 1998

Publication Type: Book

Subject Headings: [HIV Monitoring homosexual men Drug addicts Heterosexual relations Pregnant women Statistical data](#)

Source: HMIC

53. Unlinked anonymous HIV prevalence monitoring programme in England and Wales

Citation: , 1998

Author(s): Metters, Jeremy

Corporate/Institutional Author: Unlinked Anonymous Surveys Steering Group; University of London. Institute of Child Health; Department of Health; Public Health Laboratory Service

Language: English

Abstract: The unlinked anonymous HIV prevalence monitoring programme for England and Wales has been in operation since 1990. This is the annual report produced by the programme's steering group, which includes data for 1997. The main body of the report presents data on prevalence among exposure groups - homosexual, injecting drug-users, and heterosexual - in the London area and in the rest of England and Wales. A series of appendices list members of the steering group and survey contributors, and provide details of the programme's aims and methods, technical notes, and risk profiles. Cites numerous references.

Notes: J Metters (PR-OFF(CMO)) Rm 509 RH x5591/5496; Angus Nicoll, Public Health Laboratory Service, Tel 0181 2 6868 x 4895; Vicki King (HP3C) Rm 718 WEL x24367; DH Storage; Data to the end of 1997; A summary report is also available from DH Storage; Bibliographical references: p. 87-90; Chairman: Dr Jeremy Metters; Cover title:

Prevalence of HIV in England and Wales in 1997: annual report of the Unlinked Anonymous Prevalence Monitoring Programme

Publisher: London: Department of Health, 1998

Publication Type: Book

Subject Headings: [HIV](#)
[Monitoring](#)
[homosexual men](#)
[Drug addicts](#)
[Heterosexual relations](#)
[Pregnant women](#)
[Statistical data](#)

Source: HMIC

54. Drug misuse statistics for six months ending September 1997

Citation: , 1998

Corporate/Institutional Author: Department of Health; Government Statistical Service

Language: English

Abstract: This bulletin provides data on drug misuse based on detailed data collected from Regional Drug Misuse Databases. The figures relate to the six month period ending 30 September 1997 in which 21,996 users presented to agencies, a decrease of 15% on the previous six months. The proportions were similar to previous periods with 54% of users being in their twenties, 13% were under 20 years and the ratio of men to women was 3:1. The most frequently used main drug is heroin (56% of users). Methadone was used by 13% and amphetamines by nine per cent.

Notes: Miss P A Bailey SD2D Rm 437B SKH x25551/3; DH Storage

Publisher: London: Department of Health, 1998

Publication Type: Book

Subject Headings: [Drug addiction](#)
[Drug consumption](#)
[Statistical data](#)

Source: HMIC

55. Drug misuse statistics for six months ending March 1997

Citation: , 1998

Corporate/Institutional Author: Department of Health; Government Statistical Service

Language: English

Abstract: This is the second bulletin in a series on problem drug misuse based on detailed data collected from Regional Drug Misuse Databases. The figures relate to the six month period ending 31 March 1997 in which 25,925 users presented to agencies, a rise of four per cent on the previous six months. The proportions were similar to previous periods with 54% of users being in their twenties, 13% were under 20 years and the ratio of men to women was 3:1. The most frequently used main drug is heroin (60% of users) with an increase from 58% in the previous period. Methadone was used by 14% and amphetamines by eight per cent. Forty five per cent of known injecting users in the last four weeks had injected in those weeks, with 12% of those with a sharing status reporting having shared equipment in this four week period.

Notes: SD2B Rm 437B SKH x25551; DH Storage

Publisher: London: Department of Health, 1998

Publication Type: Book

Subject Headings: [Drug addiction](#)
[Drug consumption](#)
[Statistical data](#)

Source: HMIC

56. Drug misuse statistics for six months ending September 1996

Citation: , 1998

Corporate/Institutional Author: Department of Health; Government Statistical Service

Language: English

Abstract: This is the first bulletin in a series on problem drug misuse based on detailed data collected from Regional Drug Misuse Databases. The figures relate to the six month period ending 30 September 1996 in which 24,879 users presented to agencies, a rise of seven per cent on the previous six months. The proportions were similar to previous periods with 54% of users being in their twenties, 12% were under 20 years and the ratio of men to women was 3:1. The most frequently used main drug is heroin (58% of users) with an increase from 54% in the previous period. Methadone was used by 14% and amphetamines by nine per cent. Forty five per cent of known injecting users in the last four weeks had injected in those weeks, with 12% of those with a sharing status reporting having shared equipment in this four week period.

Notes: SD2B Rm 437B SKH x25551; DH Storage

Publisher: London: Department of Health, 1998

Publication Type: Book

Subject Headings: [Drug addiction](#)
[Drug consumption](#)
[Statistical data](#)

Source: HMIC

57. Unlinked anonymous HIV prevalence monitoring programme: England and Wales

Citation: , 1997

Author(s): Metters, Jeremy

Corporate/Institutional Author: Unlinked Anonymous Surveys Steering Group; University of London. Institute of Child Health; Department of Health; Public Health Laboratory Service

Language: English

Abstract: The unlinked anonymous seroprevalence monitoring programme for England and Wales which began in 1990 is intended to augment existing data on the transmission of HIV infection. This report presents data to the end of 1996 and updates previous reports. Results reveal a much greater prevalence of HIV infection in London than elsewhere; wide dissemination of infection among those groups at greatest risk; and the presence of HIV infection in all survey groups in every region. Data are presented for HIV infection among those associated with increased risk including homosexual and bisexual men, heterosexual men and women attending genitourinary medicine clinics, and injecting drug users. Data for populations with lower or general risk characteristics are also presented. The implications of the widespread distribution of HIV infection are examined and the report concludes with a summary of the current state of HIV transmission and priorities for purchasers. Cites 109 references.

Notes: Dr Angus Nicoll Public Health Laboratory Service Tel: 0181 2 6868 x4695; Dr V King HP3C Rm 718 WEL x24367/24385; DH Storage; Data to the end of 1996; Bibliographical references: p. 81-87; Chairman: Dr Jeremy Metters; Cover title: Prevalence of HIV in England and Wales 1996: annual report of the Unlinked Anonymous Prevalence Monitoring Programme

Publisher: London: Department of Health, 1997

Publication Type: Book

Subject Headings: [HIV](#)
[Monitoring](#)
[homosexual men](#)
[Drug addicts](#)
[Heterosexual relations](#)
[Pregnant women](#)
[Statistical data](#)

Source: HMIC

58. Drug misuse statistics

Citation: , 1995

Corporate/Institutional Author: Department of Health; Government Statistical Service

Language: English

Abstract: This bulletin summarises information on presenting problem drug misuse relating to the six months ending September 1993. The main findings, showing a very similar pattern to the previous six months, are: (i) the number of individual users presenting (16,810) was slightly lower than for the previous period (17,822); the percentages of males (75%) and females (25%) were the same; (iii) 54% of individual users were in their 20s (55% previously) and 95% in the wider 15-44 group (96% previously); (iv) heroin was still the largest reported main drug of misuse, accounting for 46% (47% previously); those using methadone as a main drug have increased from 15% to 18%, while amphetamine users remained the third largest group (11%, same as previously); (v) 44% of individual users whose injecting status was known reporting injecting their main drug; and (vi) the number of reported new agency episodes (17,770) was lower than previously (19,332); of the 17,770, reports to community based drug services accounted for the largest number (46%). [Document summary, edited].

Notes: Wincen Lowe (SASTN) SD2C Rm430B SKH x25547; DH Storage

Publisher: London: Department of Health, 1995

Publication Type: Book

Subject Headings: [Drug addiction](#)
[Statistical data](#)

Source: HMIC

59. Drug misuse statistics

Citation: , 1996

Corporate/Institutional Author: Department of Health; Government Statistical Service

Language: English

Abstract: This bulletin is the fifth in a series summarising information on presenting problem drug misuse, and relates to the six months ending 31 March 1996. Findings include: an increase in the number of users presenting (20,733), a rise of 7% since the last period; the proportion of users reporting heroin as their main drug of misuse has increased from 46% to 52% over the last three periods, with methadone users decreasing from 18% to 15%.

Notes: Mr W Lowe Room 444B SKH x25547; DH Storage

Publisher: London: Department of Health, 1996

Publication Type: Book

Subject Headings: [Drug addiction](#)
[Statistical data](#)

Source: HMIC

60. Drug misuse statistics

Citation: , 1994

Corporate/Institutional Author: Department of Health; Government Statistical Service

Language: English

Abstract: This bulletin presents information on presenting problem drug misuse for England for the six months ending 31 March 1993. The main findings were: of 17,822 individual users 75% (13,297) were male and 25% (4,525) female; 55% (9,742) of individual users were in their 20s while 96% (17,024) were 15-44; heroin is by far the largest reported main drug of misuse, accounting for 47% (8,315), with methadone second with 15% (2,730) and the amphetamine group third with 11% (1,966); around 38% of individual users were reported to be injecting their main drug; and 19,322 new agency episodes were reported of which reports to community drug teams accounted for the largest amount, 44% (8,519). Sections introduce, analyse and comment and give warnings, history and notes on future developments. Most of the publication is taken up by the four annexes: regional drug misuse databases, England and Great Britain tables and collection forms. [Document summary, edited].

Notes: DH Storage; DHSS

Publisher: London: Department of Health, 1989

Publication Type: Book

Subject Headings: [Drug addiction](#)
[Statistical data](#)

Source: HMIC