

Search Results

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Search History

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

1. Physician advice for smoking cessation in primary care : time for a paradigm shift?

Citation:	Critical Public Health, 2012, vol./is. 22/1(9-24), 0958-1596
Author(s):	Bell, Kirsten; Bowers, Michele; McCullough, Lucy
Language:	English
Abstract:	General practitioners are often exhorted to routinely counsel patients who smoke about quitting in light of current evidence-based medicine (EBM) guidelines suggesting that such brief interventions provide an easy and effective way of increasing quit rates. Drawing on semi-structured interviews conducted with 25 smokers and 10 general practitioners (GPs) in British Columbia, Canada, this article explores smokers' and GPs' perspectives on smoking cessation interventions in primary care settings. Study findings indicate that both patients and GPs believe smoking is best broached when it is patient-initiated or raised in the context of smoking-related health issues, and there was a broader consensus that the role of doctors is to provide education and information rather than coercing smokers to quit. However, smokers wanted further recognition of the difficulties of quitting smoking and many questioned the competence of GPs to deal with addiction-related issues. Similar barriers to smoking cessation were raised by smokers and GPs - primarily inadequate time and resources. Based on these findings, we argue that the assumption that primary care consultations provide an important venue for encouraging smokers to quit deserves reconsideration based on the complexity of this issue, the circumstances in which most GPs practice, and the danger of alienating smokers. Questions are raised about whether current EBM guidelines are an adequate tool for guiding individual clinical interactions between GPs and smokers. [Abstract]
Publisher:	2012
Subject Headings:	General practitioners Health promotion Public health Smoking cessation primary care
Source:	HMIC

2. United Kingdom drug situation : annual report to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2011.

Citation:	, 2011
Author(s):	Davies, Charlotte
Corporate/Institutional Author:	Great Britain. Department of Health
Language:	English
Publisher:	Liverpool : Liverpool John Moores University, 2011
Subject Headings:	Drug addiction Statistical data Trends United Kingdom
Source:	HMIC

3. Cessation assistance reported by smokers in 15 countries participating in the International Tobacco Control (ITC) policy evaluation surveys

Citation:	Addiction, 2012, vol./is. 107/1, 0965-2140
Author(s):	Borland, Ron; Li, Lin; Driezen, Pete; Wilson, Nick; Hammond, David
Language:	English
Abstract:	Record in progress

Notes: doi:10.1111/j.1360-0443.2011.03636.x

Publication Type: Article

Subject Headings: [Smoking cessation](#)
[Smoking treatment](#)
[Preventive measures](#)
[International comparisons](#)
[Tabular data](#)
[Statistical data](#)

Source: HMIC

Full Text: Available in *fulltext* at [Wiley](#)

4. Cigarette price, affordability and smoking prevalence in the European Union

Citation: Addiction, 2012, vol./is. 107/1, 0965-2140

Author(s): Bogdanovica, Ilze; Murray, Rachael; McNeill, Ann; Britton, John

Language: English

Abstract: Record in progress

Notes: doi:10.1111/j.1360-0443.2011.03588.x

Publication Type: Article

Subject Headings: [Smoking](#)
[Cigarettes](#)
[Prices](#)
[Europe](#)
[Tabular data](#)
[Statistical data](#)

Source: HMIC

Full Text: Available in *fulltext* at [Wiley](#)

5. The association between seeing retail displays of tobacco and tobacco smoking and purchase: findings from a diary-style survey

Citation: Addiction, 2012, vol./is. 107/1, 0965-2140

Author(s): Burton, Suzan; Clark, Lindie; Jackson, Kristina

Language: English

Abstract: Record in progress

Notes: doi:10.1111/j.1360-0443.2011.03584.x

Publication Type: Article

Subject Headings: [Shops](#)
[Cigarettes](#)
[Product promotion](#)
[Smoking](#)
[Australia](#)
[Tabular data](#)
[Statistical data](#)

Source: HMIC

Full Text: Available in *fulltext* at [Wiley](#)

6. Childhood impulsive behavior and problem gambling by adulthood : a 30-year prospective community-based study

Citation: Addiction, 2012, vol./is. 107/1, 0965-2140

Author(s): Shenassa, Edmond D; Paradis, Angela D; Dolan, Sara L; Wilhelm, Charlotte S; Buka, Stephen L

Language: English

Abstract: Record in progress

Notes: doi:10.1111/j.1360-0443.2011.03571

Publication Type: Article

Subject Headings: [Gambling](#)
[Children](#)
[Impulse disorders](#)
[Gamblers](#)
[Cohort studies](#)
[United States of America](#)
[Tabular data](#)
[Statistical data](#)

Source: HMIC

Full Text: Available in *fulltext* at [Wiley](#)

7. Working hours and alcohol problems in early adulthood

Citation: Addiction, 2012, vol./is. 107/1, 0965-2140

Author(s): Gibb, Sheree J; Ferguson, David M; Horwood, L John

Language: English

Abstract: Record in progress

Notes: doi:10.1111/j.1360-0443.2011.03543

Publication Type: Article

Subject Headings: [Alcohol consumption](#)
[Alcohol related problems](#)
[Working hours](#)
[New Zealand](#)
[Tabular data](#)
[Statistical data](#)

Source: HMIC

Full Text: Available in *fulltext* at [Wiley](#)

8. Alcohol use, heavy episodic drinking and subsequent problems among adolescents in 23 European countries: does the prevention paradox apply?

Citation: Addiction, 2012, vol./is. 107/1, 0965-2140

Author(s): Danielsson, Anna Karin; Wennberg, Peter; Hibell, Bjorn; Romelsjo, Anders

Language: English

Abstract: Record in progress

Notes: doi:10.1111/j.1360-0443.2011.03537

Publication Type: Article

Subject Headings: [Alcohol consumption](#)
[Young people](#)
[Alcohol related problems](#)
[Preventive measures](#)
[International comparisons](#)
[Europe](#)
[Tabular data](#)
[Statistical data](#)

Source: HMIC
Full Text: Available in *fulltext* at [Wiley](#)

9. The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review

Citation: Addiction, 2012, vol./is. 107/1, 0965-2140
Author(s): Livingston, James D; Milne, Teresa; Fang, Mei Lan; Amari, Erica
Language: English
Abstract: Record in progress
Notes: doi:10.1111/j.1360-0443.2011.03601
Publication Type: Article
Subject Headings: [Substance abusers](#)
[Substance abuse](#)
[Systematic reviews](#)

Source: HMIC
Full Text: Available in *fulltext* at [Wiley](#)

10. Nicotine dependence phenotype, time to first cigarette and risk of head and neck cancer

Citation: Cancer, 2011, vol./is. 117/23, 0008-543X
Author(s): Muscat, Joshua E; Ahn, Kwangmi; Richie, John P; Stellman, Steven D
Language: English
Abstract: Record in progress A behavioural phenotype that characterises nicotine dependence, the time to first cigarette after waking, is hypothesised to increase the risk of head and neck cancer. A case-control study of histologically confirmed head and neck cancer was conducted that included 1,055 cases and 795 controls with a history of cigarette smoking. The pack-years-adjusted odds ratio was 1.42 (95% confidence interval (95% CI), 1.02-1.99) for an interval of 31 minutes to 60 minutes to first cigarette after waking and 1.59 (95% CI, 1.19-2.11) for an interval of one minutes to 30 minutes. The risk estimates were similar when smoking was modelled as total years, smoking status (current vs former), number of cigarettes smoked per day, years since quitting, and excess odds ratio. Findings were consistent for cancers of the floor of the mouth, palate, and pharynx. The conclusions were, time to first cigarette is an indicator of increased nicotine dependence, smoker uptake, and risk of head and neck cancer. This high-risk group of individuals would benefit from targeted smoking interventions. [Journal abstract]

Notes: doi:10.12/cncr.26235

Publication Type: Article
Subject Headings: [Nicotine](#)
[Drug addiction](#)
[Smoking](#)
[Head](#)
[Neck](#)
[Cancer](#)
[Risk factors](#)

Source: HMIC

11. Nicotine dependence phenotype and lung cancer risk

Citation: Cancer, 2011, vol./is. 117/23, 0008-543X
Author(s): Muscat, Joshua E; Ahn, Kwangmi; Richie, John P; Stellman, Steven D
Language: English

Abstract: Record in progress A behavioural phenotype that characterises nicotine dependence, the time to first cigarette after waking, is hypothesised to increase the risk of lung cancer. A case-control study of histologically confirmed lung cancer was conducted. The current analysis included 4,775 lung cancer cases and 2,835 controls who were regular cigarette smokers. Compared with subjects who smoked their first cigarette >60 minutes after waking, the pack-years-adjusted odds ratio was 1.31 (95% confidence interval (95% CI), 1.11-1.54) for subjects who smoked 31 minutes to 60 minutes after waking and 1.79 (95% CI, 1.56-2.07) for subjects who smoked within 30 minutes of waking. The risk estimates were similar when smoking was modelled as total years, smoking status (current vs former), number of cigarettes smoked per day, years since quitting, and excess odds ratio. The findings were consistent for all histologic types of lung cancer. The conclusions were, the findings of the current study indicate that a specific nicotine dependence phenotype that is associated with the amount of smoke uptake per cigarette is independently associated with lung cancer risk. These findings may help to identify high-risk individual who would benefit from targeted intervention. [Journal abstract]

Notes: doi:10.12/cncr/26236

Publication Type: Article

Subject Headings: [Nicotine](#)
[Drug addiction](#)
[Smoking](#)
[Lung cancer](#)
[Risk factors](#)

Source: HMIC

12. Too much of the hard stuff: what alcohol costs the NHS

Citation: , 2009

Corporate/Institutional Author: NHS Confederation; Royal College of Physicians

Language: English

Abstract: Consumption of alcohol in the UK has increased by 19 per cent over the last three decades. Recent reports indicate that 10.5 million adults in England drink above sensible limits and around 1.1 million have a level of alcohol addiction. Alcohol is the third leading cause of disease burden in developed countries and, as a result, the cost of providing alcohol-related services is escalating. The burden on the NHS will be unsustainable if this continues. This Briefing, produced with the Royal College of Physicians, outlines the extent of the problem and gives examples of where the NHS is managing problem drinkers effectively and efficiently. The NHS Confederation visited hospitals between August and November 2009 and gathered evidence from members to gain an understanding of the extent of the burden and the ways in which hospitals can improve their services. [NHS Confederation web page abstract].

Notes: Cover: Produced in association with the Royal College of Physicians

Publisher: London - 29 Bressenden Place, London SW1E 5DD: NHS Confederation , 2009

Subject Headings: [Alcohol consumption](#)
[Alcoholism](#)
[Costs](#)
[NHS](#)

Source: HMIC

13. The management of heroin misuse in pregnancy: time for a rethink?

Citation: Archives of Disease in Childhood, 2011, vol./is. 96/6, 1359-2998

Author(s): Macatier, Helen

Language: English

Abstract: Record in progress Heroin use in pregnancy is a worldwide problem. Methadone maintenance treatment has definite advantages for the mother and is currently recommended in the UK. There is, however, increasing evidence of adverse effects upon developing cortical and visual function in children of treated heroin-addicted mothers. The longer-term implications of this are not yet clear, and are confounded by poly-drug misuse and ongoing social deprivation. There is a paucity of evidence regarding outcome for infants who require pharmacological treatment for neonatal abstinence syndrome compared to those who have only mild symptoms. Well-controlled studies of the treatment of heroin misuse in pregnancy that take account of both neonatal and longer term outcomes for the child are urgently required. Cites 42 references. [Journal abstract]

Notes: doi: 10.1136/adc.2010.181057

Publication Type: Article

Subject Headings: [Pregnancy](#)
[Heroin](#)
[Drug abuse](#)
[Children](#)
[Vision disorders](#)
[Risk factors](#)
[medical treatment](#)

Source: HMIC

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [Highwire Press](#)

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

Citation: Journal of Public Health, 2011, vol./is. 33/3, 1741-3850

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

Language: English

Abstract: Record in progress 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 in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [Oxford University Press](#)

15. 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: Record in progress 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 in *fulltext* at [Highwire Press](#)

16. 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: Record in progress 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](#)
[Students](#)
[Social perception](#)
[Scotland](#)
[Statistical data](#)
[Tabular data](#)

Source: HMIC

Full Text: Available in *fulltext* at [Oxford University Press](#)

17. 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: Record in progress 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 or 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](#)
[Time study](#)
[Trends](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

18. 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: Record in progress 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 in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

19. 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: Record in progress
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 in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

20. 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:** Record in progress 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 in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

21. 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:** Record in progress 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 in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

22. 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: Record in progressData 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 in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

23. 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;13600443
- Author(s):** Dunlop, Sally M; Perez, Donna; Cotter, Trish
- Language:** English
- Abstract:** Record in progress 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 in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

24. 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;13600443
- Author(s):** Bryant, Jamie; Bonevski, Billie; Paul, Chris; McElduff, Patrick; Attia, John
- Language:** English
- Abstract:** Record in progress 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 in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [Wiley](#)

25. 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;13600443

Author(s): Lawrence, David; Mitrou, Francis; Zubrick, Stephen R

Language: English

Abstract: Record in progress 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 in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

26. 'From glorious to infamous': the life span of (addiction) specialists in psychiatry

Citation: Psychiatrist, 2011, vol./is. 35/11, 1758-3209
Author(s): Swatkins, Sandra; Lopez Gaston, Romina; Hashmi, Mahnaz; Thomas, David
Language: English
Abstract: In this editorial the authors look at the implications of organisational changes to the National Health Service and financial constraints on addiction psychiatrists, and how creativity and adaptability could be the key to fostering survival and sustainability of subspecialties in danger of extinction. Cites 41 references. [Journal abstract]

Publication Type: Article
Subject Headings: [Psychiatrists](#)
[Organisational change](#)
[Health policy](#)
[Mental health services](#)

Source: HMIC
Full Text: Available in *fulltext* at [Highwire Press](#)

27. Elder abuse and neglect in Ireland: results from a national prevalence survey

Citation: Age and Ageing, 2012, vol./is. 41/1, 0002-0729
Author(s): Naughton, Corina; Drennan, Jonathan; Lyons, Imogen; Lafferty, Attracta; Treacy, Margaret
Language: English
Abstract: Record in progress
The objective of the study was to measure the 12-month prevalence of elder abuse and neglect in community-dwelling older people in Ireland and examine the risk profile of people who experienced mistreatment and that of the perpetrators. The design was a cross-sectional general population survey. The setting was community. The participants were people aged 65 years or older living in the community. Information was collected in face-to-face interviews on abuse types, socioeconomic, health, and social support characteristics of the population. Data were examined using descriptive statistics and logistic regression, odds ratios (OR) and 95% confidence intervals (95% CI) are presented. The prevalence of elder abuse and neglect was 2.2% (95% CI: 1.41-2.94) in the previous 12 months. The frequency of mistreatment type was financial 1.3%, psychological 1.2%, physical abuse 0.5%, neglect 0.3%, and sexual abuse 0.05%. In the univariate analysis lower income OR 2.39 (95% CI: 1.01 to 5.69), impaired physical health OR 3.41 (95% CI: 1.74-6.65), mental health OR 6.33 (95% CI: 3.33-12.0), and poor social support OR 4.91 (95% CI: 2.1-11.5) were associated with a higher risk of mistreatment but only social support and mental health remained independent predictors. Among perpetrators adult children (50%) were most frequently identified. Unemployment (50%) and addiction (20%) were characteristics of this group. Cites 27 references. [Journal abstract]

Notes: doi:10.1093/ageing/afr107

Publication Type: Article
Subject Headings: [older people](#)
[elder abuse](#)
[Neglect](#)
[Statistics](#)
[Republic of Ireland](#)

[Tabular data](#)
[Statistical data](#)

Source: HMIC
Full Text: Available in *fulltext* at [Oxford University Press](#)
 Available in *print* at [Newcomb Library & Information Service](#)

28. Brief interventions in routine health care: a population-based study of conversations about alcohol in Sweden

Citation: Addiction, 2011, vol./is. 106/12, 0965-2140
Author(s): Nilsen, Per; McCambridge, Jim; Karlsson, Nadine; Bendtsen, Preben
Language: English
Abstract: Record in progress The aims of the study were to investigate how brief alcohol interventions are delivered in routine practice in the Swedish healthcare system. The design, setting and participants were, a cross-sectional sample of 6,000 individuals representative of the adult population aged 18-64 years registered in the Swedish total population register was drawn randomly. Data were collected in 2010 by means of a mail questionnaire. The response rate was 54%. The questionnaire consisted of 27 questions, of which 15 variables were extracted for use in this study. Whether alcohol had been discussed and the duration, contents, experiences and effects of any conversations about alcohol, as reported by patients themselves, were assessed. Sixty-six percent of the respondents had visited healthcare services in the past 12 months and 20% of these had had one or more conversations about alcohol during these visits (13% of the population aged 18-64 years). The duration of the conversations was generally brief, with 94% taking less than five minutes, and were not experienced as problematic. The duration, contents, experiences and effects of these conversations generally varied between abstainers, moderate, hazardous and excessive drinkers. Twelve percent of those having a conversation about alcohol reported that it led to reduced alcohol consumption. Reduced alcohol consumption was more likely when conversations lasted for one to 10 minutes rather than less than one minute and included advice on how to reduce consumption. The conclusions were, population survey data in Sweden suggest that when healthcare professionals give brief advice to reduce alcohol consumption, greater effects are observed when the advice is longer and includes advice on how to achieve it. [Journal abstract]
Notes: doi:10.1111/j.1360-0443.2011.03476.x
Publication Type: Article
Subject Headings: [Alcohol consumption](#)
[Patient medical staff communication](#)
[Medical staff consultation](#)
[Consultation time](#)
[Sweden](#)

Source: HMIC
Full Text: Available in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [Wiley](#)

29. A policy-oriented review of strategies for improving the outcomes of services for substance use disorder patients

Citation: Addiction, 2011, vol./is. 106/12, 0965-2140
Author(s): Humphreys, Keith; McLellan, A Thomas
Language: English
Abstract: Record in progress The aims of the study were to inform policymakers on available options for improving the effectiveness of treatments for substance use disorders and to stimulate debate about treatment improvement strategies among public officials, clinical providers, care managers, service users, families and researchers. The authors draw on the scientific literature and their public policy experiences in two countries (the United Kingdom and the United States) to give an overview of policies which may improve care

for individuals with substance use disorders. The authors divide such policies into 'process-focused quality improvement strategies' that attempt to change some aspect of treatment (e.g. increased retention, greater use of evidence-based practices) and 'patient-focused strategies' that attempt to reward outcomes directly (e.g. contingency management for patients, payment by results for providers). Many policies of both types are poorly developed, have shown poor results, or both. The evidence is clear that process-focused quality improvement strategies can change what providers do and how treatment programs work, but such changes have thus far demonstrated only minimal impact on patient outcomes. Patient-focused strategies face challenges including treatment providers avoiding hard-to-treat patients or spending inordinate time relocating patients after treatment to assess outcome. However, policies that reward in-treatment outcomes and policies that allow the patient to purchase desired recovery support services show more promise. As policymakers go forward in this endeavour, they can do an enormous service to their countries and the field by embedding careful evaluation studies alongside new treatment outcome improvement initiatives. [Journal abstract]

Notes: doi:10.1111/j.1360-0443.2011.03464.x

Publication Type: Article

Subject Headings: [Substance abuse treatment services](#)
[Substance abusers](#)
[Patient outcome](#)
[Health policy](#)
[Policy evaluation](#)
[United Kingdom](#)
[United States of America](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [Wiley](#)

30. Predictors of attempts to stop smoking and their success in adult general population samples: a systematic review

Citation: Addiction, 2011, vol./is. 106/12, 0965-2140

Author(s): Vangeli, Eleni; Stapleton, John; Smit, Eline Suzanne; Borland, Ron; West, Robert

Language: English

Abstract: Record in progress The aims of the study were to identify the predictors of attempts to stop smoking and the predictors of quit attempt success in adult general population samples. The authors performed an electronic search of EMBASE, PubMed, Web of Science, PsychINFO and the Cochrane Tobacco Addiction Group specialised register for articles that examined, in prospective adult general population samples, predictors of quit attempts and the success of quit attempts. Experts were contacted for knowledge of other relevant studies. Eight studies met the inclusion criteria and results were extracted independently by two researchers. There was considerable methodological heterogeneity between studies. Motivational factors dominated the prediction of quit attempts, whereas only cigarette dependence consistently predicted success after an attempt had been made. Social grade also appeared to predict success but was only examined in two studies. None of the other socio-demographic factors consistently predicted making a quit attempt or success. The conclusions were, population-level studies from a number of countries show that past quit attempts and measures of motivation to stop are highly predictive of quit attempts, whereas only measures of dependence are consistently predictive of success of those attempts. Gender, age and marital status and educational level are not related consistently to quit attempts or quit success across countries. [Journal abstract]

Notes: doi:10.1111/j.1360-0443.2011.03565.x

Publication Type: Article

Subject Headings: [Smoking cessation](#)
[Risk factors](#)
[Adults](#)
[Demographic studies](#)

Source: HMIC
Full Text: Available in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [Wiley](#)

31. Impact of the removal of misleading terms on cigarette pack on smokers beliefs about "light/mild" cigarettes: cross-country comparisons

Citation: Addiction, 2011, vol./is. 106/12, 0965-2140
Author(s): Yong, Hua Hie; Borland, Ron; Cummings, K Michael; Hammond, David; O'Connor, Richard J
Language: English
Abstract: Record in progress This paper examines how smokers' beliefs about 'light/mild' cigarettes in Australia, Canada and the United Kingdom were affected by the removal of misleading 'light/mild' terms from packs. The data come from the first seven waves (2002-09) of the International Tobacco Control Policy Evaluation (ITC) Four-Country Survey, an annual cohort telephone survey of adult smokers in Canada, the United States, the United Kingdom and Australia (21,613 individual cases). 'Light' and 'mild' descriptors were removed in 2003 in the United Kingdom, in 2006 in Australia and in 2007 in Canada. The authors compare beliefs about 'light' cigarettes both before and after the bans, with those of smokers in the United States serving as the control condition. Smokers' beliefs about 'light' cigarettes were assessed using a set of statements rated on a five-point 'agree'-disagree' scale. The proportions of respondents reporting misperceptions about light cigarettes declined between 2002 and 2009 in all four countries. There were marked temporary reductions in reported misperceptions in the United Kingdom and Australia, but not in Canada, following the removal of 'light/mild' descriptors. The conclusions were, removal of 'light/mild' descriptors and tar, nicotine and carbon monoxide yield information from cigarette packs is insufficient to effectively eliminate false beliefs. The combination of alternative descriptors and design features that produce differences in taste strength and harshness, independent of actual intakes, are sufficient to produce or sustain the same misbeliefs. [Journal abstract]
Notes: doi:10.1111/j.1360-0443.2011.03533.x
Publication Type: Article
Subject Headings: [Cigarettes](#)
[Product labelling](#)
[Smokers](#)
[Packaging](#)
[health beliefs](#)
[International comparisons](#)

Source: HMIC
Full Text: Available in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [Wiley](#)

32. Cannabis use and cognitive function: 8-year trajectory in a young adult cohort

Citation: Addiction, 2011, vol./is. 106/12, 0965-2140
Author(s): Tait, Robert J; Mackinnon, Andrew; Christensen, Helen
Language: English
Abstract: Record in progress The aim of the study was to evaluate the relationship between change in cannabis use and changed cognitive performance over eight years. The authors used survey methodology with a cohort design. Setting and participants were an Australian community sample aged 20-24 years at baseline. Measures were, the authors assessed cognitive performance with the California Verbal Learning Test (CVLT) (immediate and delayed), Spot-the-Word test (STW), Symbol Digit Modality test (SDMT) and Digit Backwards (DB). Groups of cannabis users were defined from self-reports across three waves as: 'never' (n = 420) 'remain light' (n = 71) 'former light' (n = 231), 'remain heavy'

(n = 60), 'former heavy' (n = 60) and 'always former' (since start of study) (n = 657). Planned contrasts within mixed model repeated-measures analysis of variance was used for longitudinal analysis with an adjusted alpha of 0.01. Data were obtained from 2,404 participants with 1,978 (82.3%) completing wave three. At baseline there were significant differences between cannabis groups on CVLT (immediate and delayed) and SDMT. However, after controlling for education, gender, gender x group and gender x wave, there were no significant between-group differences and only CVLT immediate recall reached adjusted statistically significant longitudinal change associated with changed cannabis use (group x wave P = 0.007). Specifically, former heavy users improved their performance relative to remaining heavy users (estimated marginal means: former heavy 6.1 to 7.5: remain heavy 6.4 to 6.6). The conclusions were, cessation of cannabis use appears to be associated with an improvement in capacity for recall of information that has just been learned. No other measures of cognitive performance were related to cannabis after controlling for confounds. [Journal abstract]

Notes: doi:10.1111/j.1360-0443.2011.03574.x

Publication Type: Article

Subject Headings: [Cannabis](#)
[Drug abuse](#)
[Cognition](#)
[Memory](#)
[Young adults](#)
[Australia](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [Wiley](#)

33. Acceptability of financial incentives to improve health outcomes in UK and US samples

Citation: Journal of Medical Ethics, 2011, vol./is. 37/11, 0306-6800

Author(s): Promberger, Marianne; Brown, Rebecca C H; Ashcroft, Richard E; Marteau, Theresa M

Language: English

Abstract: Record in progress
 In an online study conducted separately in the UK and the US, participants rated the acceptability and fairness of four interventions: two types of financial incentives (rewards and penalties) and two types of medical interventions (pills and injections). These were stated to be equally effective in improving outcomes in five contexts: (a) weight loss and (b) smoking cessation programmes, and adherence in treatment programmes for (c) drug addiction, (d) serious mental illness and (e) physiotherapy after surgery. Financial incentives (weekly rewards and penalties) were judged less acceptable and to be less fair than medical interventions (weekly pill or injection) across all five contexts. Context moderated the relative preference between rewards and penalties: participants from both countries favoured rewards over penalties in weight loss and treatment for serious mental illness. Only among US participants was this relative preference moderated by perceived responsibility of the target group. Overall, participants supported funding more strongly for interventions when they judged members of the target group to be less responsible for their condition, and vice versa. These results reveal a striking similarity in negative attitudes towards the use of financial incentives, rewards as well as penalties, in improving outcomes across a range of contexts, in the UK and the USA. The basis for such negative attitudes awaits further study. Cites 21 references. [Journal abstract]

Notes: doi:10.1136/jme.2010.039347

Publication Type: Article

Subject Headings: [Financial incentives](#)
[Health outcomes](#)
[Public opinion](#)
[Surveys](#)

[United Kingdom](#)
[United States of America](#)

Source: HMIC
Full Text: Available in *fulltext* at [Highwire Press](#)

34. Patients; Knowledge about treatment for opiate dependence

Citation: Psychiatrist, 2011, vol./is. 35/12, 1758-3209
Author(s): Alves, Pam; Winstock, Adam
Language: English
Abstract: Record in progress A cross-sectional survey was conducted to assess patient knowledge and information provision about opioid substitution treatment among individuals with opiate dependence receiving treatment at four treatment centres in South London. In total 118 people were recruited to the study. Participants answered a mean of 14 out of 34 questions assessing a range of factors such as medication, blood-borne viruses and overdose correctly. Participants over-estimated their performance on average by almost 40%. Individuals with a history of previous treatments scored significantly higher than those in their first treatment episode. The majority reported having been given written information on most of the topics assessed. The clinical implications were, the results of this study highlight the need to improve education about opioid dependence and its treatment. Poorly informed patients are unlikely to make optimal treatment choices. Improving patients' knowledge and understanding about treatment may lead to better engagement, retention, treatment adherence and, ultimately, better health outcomes. Cites 38 references. [Journal abstract]

Notes: doi: 10.1192/pb.bp.110.034546

Publication Type: Article

Subject Headings: [Patients](#)
[Mental illness](#)
[Opiates](#)
[Drug abuse](#)
[Drug addiction](#)
[Psychiatric treatment](#)
[Patient outcome](#)
[Health outcomes](#)

Source: HMIC
Full Text: Available in *fulltext* at [Highwire Press](#)

35. Statistical analysis of daily smoking status in smoking cessation clinical trials

Citation: Addiction, 2011, vol./is. 106/11, 0965-2140
Author(s): Li, Yimei; Wileyto, E Paul; Heitjan, Daniel F
Language: English
Abstract: Record in progress Smoking cessation trials generally record information on daily smoking behaviour, but base analyses on measures of smoking status at the end of treatment (EOT). The authors present an alternative approach that analyses the entire sequence of daily smoking status observations. They analysed daily abstinence data from a smoking cessation trial, using two longitudinal logistic regression methods: a mixed-effects (ME) model and a generalised estimating equations (GEE) model. They compared results to a standard analysis that takes abstinence status at EOT as outcome. The authors evaluated time-varying covariates (smoking history and time-varying drug effect) in the longitudinal analysis and compared MEA and GEE approaches. They observed some differences in the estimated treatment effect odds ratios across models, with narrower confidence intervals under the longitudinal models. GEE yields similar results to ME when only baseline factors appear in the model, but gives biased results when one includes time-varying covariates. The longitudinal models indicate that the quit

probability declines and the drug effect varies over time. Both the previous day's smoking status and recent smoking history predict quit probability, independently of the drug effect. The conclusion was, when analysing outcomes of studies from smoking cessation interventions, longitudinal models with multiple outcome data points, rather than just end of treatment, can make efficient use of the data and incorporate time-varying covariates. The generalised estimating equations approach should be avoided when using time-varying predictors. [Journal abstract]

Publication Type: Article
Subject Headings: [Smoking cessation](#)
[behaviour](#)
[Data analysis](#)
Source: HMIC
Full Text: Available in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

36. The timing of smoking onset, prolonged abstinence and relapse in men: a prospective study from ages 18 to 32 years

Citation: Addiction, 2011, vol./is. 106/11, 0965-2140
Author(s): Kerr, David C R; Owen, Lee D; Capaldi, Deborah M
Language: English
Abstract: Record in progress
The aim of the study was to describe the rate and timing of smoking onset, prolonged abstinence (greater than or equal to one year) and relapses from ages 18 to 32 years in initially smoking and non-smoking men. The design was a 23-year longitudinal study. The setting was untreated community sample. A total of 154 American boys were recruited at age 10 years to a larger study (n = 206) of delinquency risk; 71 participants who smoked cigarettes and did not use smokeless tobacco and 83 participants who initially did not use tobacco were followed from age 18 to 32 years. The measurements were frequency of tobacco use and weekly cigarettes smoked in the past year were assessed annually. Onset (>six cigarettes/week), abstinence (zero tobacco uses in the past year) and relapse (> zero cigarettes/week) were tracked annually. The findings were, of smokers, 36% achieved one or more years of abstinence by age 32 years; 52% who reached abstinence relapsed at least once. One-half of men who showed onset after age 18 years were smoking at the end of the study, compared to nearly three-quarters of men who were smokers at age 18 years. Risk for relapse following prolonged abstinence was strongest initially and diminished thereafter. Transition probabilities were stronger for the second period of abstinence than for the first. Models were limited by sample size and statistical power. The conclusions were, relapses continue to erode men's quit success even after long periods of abstinence from smoking. Long-term abstinence, despite intervening relapse, bodes well for eventual abstinence. Adolescent onset appears relevant to the likelihood of adult abstinence and relapse patterns. [Journal abstract]

Publication Type: Article
Subject Headings: [Men](#)
[Smoking cessation](#)
[Age](#)
[Tobacco](#)
Source: HMIC
Full Text: Available in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

37. Electronic cigarette: users profile, utilization, satisfaction and perceived efficacy

Citation: Addiction, 2011, vol./is. 106/11, 0965-2140
Author(s): Etter, Jean Francois; Bullen, Chris
Language: English

- Abstract:** Record in progress The aims of the study were to assess the profile, utilisation patterns, satisfaction and perceived effects among users of electronic cigarettes ('e-cigarettes'). The design and setting was an internet survey in English and French in 2010. The measurement was an online questionnaire. The participants were visitors of websites and online discussion forums dedicated to re-cigarettes and to smoking cessation. There were 3,587 participants (70% former tobacco smokers, 61% men, mean age 41 years). The median duration of electronic cigarette use was three months, users drew 120 puffs/day and used five refills/day. Almost all (97%) used e-cigarettes containing nicotine. Daily users spent \$33 per month on these products. Most (96%) said the e-cigarette helped them to quit smoking or reduce their smoking (92%). Reasons for using the e-cigarette included the perception that it was less toxic than tobacco (84%), to deal with craving for tobacco (79%) and withdrawal symptoms (67%), to quite smoking or avoid relapsing (77%), because it was cheaper than smoking (57%) and to deal with situations where smoking was prohibited (39%). Most ex-smokers (79%) feared they might relapse to smoking if they stopped using the e-cigarette. Users of nicotine-containing e-cigarettes reported better relief of withdrawal and a greater effect on smoking cessation than those using non-nicotine e-cigarettes. The conclusions were, e-cigarettes were used much as people would use nicotine replacement medications: byu former smokers to avoid relapse or as an aid to cut down or quite smoking. Further research should evaluate the safety and efficacy of e-cigarettes for administration of nicotine and other substances, and for quitting and relapse prevention. [Journal abstract]
- Publication Type:** Article
- Subject Headings:** [Smoking cessation](#)
[Nicotine](#)
[Efficiency](#)
[Internet websites](#)
[Consumer satisfaction](#)
- Source:** HMIC
- Full Text:** Available in *fulltext* at [EBSCOhost](#)
Available in *fulltext* at [Wiley](#)

38. Planned quit attempts among Ontario smokers: impact on abstinence

- Citation:** Addiction, 2011, vol./is. 106/11, 0965-2140
- Author(s):** Sendzik, Taryn; McDonald, Paul W; Brown, K Stephen; Hammond, David; Ferrence, Roberta
- Language:** English
- Abstract:** Record in progress The aims of the study were to examine the use and role of planned quit attempts by smokers and their impact on abstinence. The design was a retrospective, using longitudinal data from the Ontario Tobacco Survey. The setting was Ontario, Canada. The participants were a total of 551 adult smokers who reported having made a quit attempt during 2007-08. The measurements were, reported planning of the most recent quit attempt (i.e. unplanned or planned some time in advance), engaging in preparatory behaviours believed to be related to planning (i.e. use of quit aids such as pharmacotherapy, formal support or health professionals) and abstinence at one week and one month following the attempt. Of the smokers, 73.6% planned their quit attempt in advance. Reported planning was more likely among those who thought they were very addicted, compared with those who were less addicted (odds ratio (OR) = 2.22, 95% confidence interval (CI);: 1.15 to 4.28). Smokers who planned a quit attempt were much more likely to use a quit aid (OR = 3.50, 95% CI: 1.80 to 6.79), particularly pharmacotherapy (OR = 6.13, 95% CI: 3.05 to 12.34). The odds of abstaining for one week were lower among those who planned (OR = 0.45, 95% CI: 0.22 to 0.89), independent of perceived addiction. No significant difference was observed for abstinence lasting one month. Other factors associated with abstinence were smoking fewer cigarettes per day and having personal support. The conclusions were, although most quit attempts were planned and planners had higher odds of using quit aids, planning did not increase the likelihood of success. [Journal abstract]

Publication Type: Article

Subject Headings: [Smoking cessation](#)
[Drug therapy](#)
[Support needs](#)
[Planning](#)
[Ontario](#)
[Canada](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [Wiley](#)

39. Long-term effects of a community-based intervention: 5-year follow-up of "Clubs against Drugs"

Citation: Addiction, 2011, vol./is. 106/11, 0965-2140

Author(s): Gripenberg Abdon, Johanna; Wallin, Eva; Andreasson, Sven

Language: English

Abstract: Record in progress The aims of the study were to evaluate long-term effects of a multi-component community-based club drug prevention programme. The design was a pre- (2003) and post-intervention study (2004 and 2008) design. The setting was high-risk licensed premises in central Stockholm, Sweden. The intervention programme, 'Clubs against Drugs', included community mobilisation, drug-training for doormen and other staff, policy work, increased enforcement, environmental changes and media advocacy and public relations work. The indicator chosen for this study was the frequency of doormen intervention towards obviously drug-intoxicated guests at licensed premises. Professional male actors (i.e. pseudo-patrons) were trained to act impaired by cocaine/amphetamines while trying to enter licensed premises with doormen. An expert panel standardised the scene of drug intoxication. Each attempt was monitored by two male observers. The findings were, at the follow-up study in 2008 the doormen intervened in 65.5% of the attempts (n = 55), a significant improvement compared to 27.0% (n = 48) at the first follow-up in 2004 and to 7.5% (n = 40) at baseline in 2003. The conclusion was, the 'Clubs against Drugs' community-based intervention programme, a systems approach to prevention, appears to increase the frequency and effectiveness of club doormen's interventions regarding obviously drug-intoxicated guests. [Journal abstract]

Publication Type: Article

Subject Headings: [Clubs](#)
[Discos](#)
[staff](#)
[Consumers](#)
[Drug consumption](#)
[Training](#)
[Preventive measures](#)
[Programmes](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [Wiley](#)

40. Housewife or working mum - each to her own? The relevance of a societal factors in the association between social roles and alcohol use among mothers in 16 industrialized countries

Citation: Addiction, 2011, vol./is. 106/11, 0965-2140

Author(s): Kuntsche, Sandra; Knibbe, Ronald A; Kuntsche, Emmanuel; Gmel, Gerhard

Language: English

Abstract: Record in progress The aims of the study were to investigate whether differences in gender-income equity at country level explain national differences in the links between alcohol use, and the combination of motherhood and paid labour. The design was

cross-sectional data in 16 established market economies participating in the Gender, Alcohol and Culture: An International Study (GenACIS) study. The setting was population surveys. The participants were a total of 12,454 mothers (aged 25-49 years). Alcohol use was assessed as the quantity per drinking day. Paid labour, having a partner, gender-income ratio at country level and the interaction between individual and country characteristics were regressed on alcohol consumed per drinking day using multi-level modelling. Mothers with a partner who were in paid labour reported consuming more alcohol on drinking days than partnered housewives. In countries with high gender-income equity, mothers with a partner who were in paid labour drank less alcohol per occasion, while alcohol use was higher among working partnered mothers living in countries with lower income equity. The conclusion was, in countries which facilitate working mothers, daily alcohol use decreases as female social roles increase; in contrast, in countries where there are fewer incentives for mothers to remain in work, the protective effect of being a working mother (with partner) on alcohol use is weaker. These data suggest that a country's investment in measures to improve the compatibility of motherhood and paid labour may reduce women's alcohol use. [Journal abstract]

Publication Type: Article

Subject Headings: [Mothers](#)
[Alcohol consumption](#)
[employment](#)
[Income](#)
[equality](#)
[Equity](#)
[Equal pay](#)
[Social factors](#)
[International comparisons](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [Wiley](#)

41. What can we learn from the Dutch cannabis coffeshop system?

Citation: Addiction, 2011, vol./is. 106/11, 0965-2140

Author(s): MacCoun, Robert J

Language: English

Abstract: Record in progress The aims of the study were to examine the empirical consequences of officially tolerated retail sales and cannabis in the Netherlands and possible implications for the legislation debate. The methods were, available Dutch data on the prevalence and patterns of use, treatment, sanctioning, prices and purity for cannabis dating back to the 1970s are compared to similar indicators in Europe and the United States. The available evidence suggests that the prevalence of cannabis use among Dutch citizens rose and fell as the number of coffee-shops increased and later declined, but only modestly. The coffee-shops do not appear to encourage escalation into heavier use or lengthier using careers, although treatment rates for cannabis are higher than elsewhere in Europe. Scatterplot analyses suggest that Dutch patterns of use are very typical for Europe, and that the 'separation of markets' may indeed have somewhat weakened the link between cannabis use and the use of cocaine or amphetamines. The conclusions were, cannabis consumption in the Netherlands is lower than would be expected in an unrestricted market, perhaps because cannabis prices have remained high due to production-level prohibitions. The Dutch system serves as a nuanced alternative to both full prohibition and full legalisation. [Journal abstract]

Publication Type: Article

Subject Headings: [drugs](#)
[Cannabis](#)
[Coffee bars](#)
[Shops](#)
[Retail trade](#)

[Legal factors](#)
[Markets](#)
[Evidence](#)
[Netherlands](#)

Source: HMIC
Full Text: Available in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [Wiley](#)

42. Attitudes toward evidence-based pharmacological treatments among community-based addiction treatment programs targeting vulnerable patient groups

Citation: Journal of Addictive Diseases, 2011, vol./is. 30/4, 1055-0887
Author(s): Krull, Ivy; Lundgren, Lena; de Saxe Zerden, Lisa
Language: English
Abstract: Record in progress A national sample of addiction treatment Program Directors (N = 296) were assessed regarding their attitudes about pharmacological treatment for addiction disorders. Multivariate analyses indicate that directors who worked in organisations affiliated with research institutions and who had more professional experience had significantly more positive attitudes about a range of pharmaceutical therapies. Also, directors in organisations serving higher percentage homeless clients and clients with severe and persistent mental illness had more negative attitudes toward use of buprenorphine. Community-based organisations providing addiction treatment to specific vulnerable client groups exhibit more negative attitudes about pharmacological evidence-based practices and may underutilise those practices. Cites 18 references. [Journal abstract]
Notes: doi:10.1080/10550887.2011.609808
Publication Type: Article
Subject Headings: [Drug addiction](#)
[medical treatment](#)
[Health professionals](#)
[Drug therapy](#)
[Evidence based practice](#)
[Attitudes](#)
[views](#)
[Tabular data](#)
[Statistical data](#)
Source: HMIC

43. The influence of caffeine on energy content of sugar-sweetened beverages: 'the caffeine-calorie effect'

Citation: European Journal of Clinical Nutrition, 2011, vol./is. 65/12, 0954-3007
Author(s): Keast, RSJ; Sayompark, D; Sacks, G; Riddell, LJ
Language: English
Abstract: Record in progress Caffeine is a mildly addictive psychoactive chemical and controversial additive to sugar-sweetened beverages (SSBs). The objective of this study is to assess if removal of caffeine from SSBs allows co-removal of sucrose (energy) without affecting flavour of SSBs, and if removal of caffeine could potentially affect population weight gain. The research comprised of three studies; study one used three-alternative forced choice and paired comparison tests to establish detection thresholds for caffeine in water and sucrose solution (subjects, n = 63), and to determine if caffeine suppressed sweetness. Study two (subjects, n = 30) examined the proportion of sucrose that could be co-removed with caffeine from SSBs without affecting the flavour of the SSBs. Study three applied validated coefficients to estimate the impact on the weight of the United States population if there was no caffeine in SSBs. Detection threshold for caffeine in water was higher (1.09 +/- 0.08 mm) than the detection threshold for caffeine in sucrose solution (0.49 +/-

0.04 mm), and a paired comparison test revealed caffeine significantly reduced the sweetness of sucrose ($P < 0.001$). Removing caffeine from SSBs allowed co-removal of 10.3% sucrose without affecting flavour of the SSBs, equating to 116 kJ per 500 ml serving. The effect of this on body weight in adults and children would be 0.600 and 0.142 kg, which are equivalent to 2.08 and 1.10 years of observed existing trends in weight gain, respectively. The conclusion was, these data suggest the extra energy in SSBs as a result of caffeine's effect on sweetness may be associated with adult and child weight gain. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: [Caffeine](#)
[Soft drinks](#)
[Weight gain](#)
[Obesity](#)
[Statistical data](#)
[Tabular data](#)
[Australia](#)

Source: HMIC

Full Text: Available in *fulltext* at [ProQuest](#)

44. Association between stillbirth and risk factors known at pregnancy confirmation

Citation: Journal of the American Medical Association, 2011, vol./is. 306/22, 0098-7484

Corporate/Institutional Author: The Stillbirth Collaborative Research Network Writing Group

Language: English

Abstract: Stillbirths account for almost half of US deaths from 20 weeks' gestation to one year of life. Most large studies of risk factors for stillbirth use vital statistics with limited data. The objective of the study was to determine the relation between stillbirths and risk factors that could be ascertained at the start of pregnancy, particularly the contribution of these factors to racial disparities. The design, setting, and participants were a multi-site population-based case-control study conducted between March 2006 and September 2008. Fifty-nine US tertiary care and community hospitals, with access to at least 90% of deliveries within five catchment areas defined by state and county lines, enrolled residents with deliveries of one or more stillborn fetuses and a representative sample of deliveries of only live-born infants, over-sampled for those at less than 32 weeks' gestation and those of African descent. The main outcome measures were stillbirth. Analysis included 614 case and 1,916 control deliveries. In multivariate analyses, the following factors were independently associated with stillbirth: non-Hispanic black race/ethnicity (23.1% stillbirths, 11.2% live births) (vs non-Hispanic whites; adjusted odds ratio (AOR), 2.12 (95% CI, 1.41 to 3.20)); previous stillbirth (6.7% stillbirths, 1.4% live births); nulliparity with (10.5% stillbirths, 5.2% live births) and without (34.0% stillbirths, 29.7% live births) previous losses at fewer than 20 weeks' gestation (vs multiparity without stillbirth or previous losses; AOR, 5.91 (95% CI, 3.18 to 11.00); AOR, 3.13 (95% CI, 2.06 to 4.75); and AOR, 1.98 (95% CI, 1.51 to 2.60), respectively; diabetes (5.6% stillbirths, 1.6% live births) (vs no diabetes; AOR, 2.50 (95% CI, 1.39 to 4.48)); maternal age 40 years or older (4.5% stillbirths, 2.1% live births) (vs age 20-34 years; AOR, 2.41 (95% CI, 1.24 to 4.70)); maternal AB blood type (4.9% stillbirths, 3.0% live births) (vs type O; AOR, 1.96 (95% CI, 1.16 to 3.30)); history of drug addiction (4.5% stillbirths, 2.2% live births) (vs never use; AOR, 2.08 (95% CI, 1.12 to 3.88)); smoking during the three months prior to pregnancy (<10 cigarettes/d, 10.0% stillbirths, 6.5% live births) (vs none; AOR, 1.55 (95% CI, 1.02 to 2.35)); obesity/overweight (15.5% stillbirths, 12.4% live births) (vs normal weight; AOR, 1.72 (95% CI, 1.22 to 2.43)); not living with a partner (25.4% stillbirths, 15.3% live births) (vs married; AOR, 1.62 (95% CI, 1.15 to 2.27)); and plurality (6.4% stillbirths, 1.9% live births) (vs singleton; AOR, 4.59 (95% CI, 2.63 to 8.00)). The generalised R² was 0.19, explaining little of the variance. The conclusion was, multiple risk factors that would have been known at the time of pregnancy

confirmation were associated with stillbirth but accounted for only a small amount of the variance in this outcome. Cites 32 references. [Journal abstract]

Publication Type: Article

Subject Headings: [Stillbirth](#)
[Risk factors](#)
[Pregnancy outcome](#)
[Ethnic differences](#)
[United States of America](#)
[Statistical data](#)
[Tabular data](#)

Source: HMIC

Full Text: Available in *print* at [Newcomb Library & Information Service](#)

45. Walk in and recover from drug addiction

Citation: Community Care, 2011, vol./is. /1880, 0307-5508

Author(s): Valios, Natalie

Language: English

Abstract: A walk-in drugs service is giving people the self-confidence to confront and tackle their drug habits, reports the author. [Journal abstract]

Publication Type: Article

Subject Headings: [Drug addiction](#)
[medical treatment](#)
[Walk in centres](#)
[Good practices](#)
[Case studies](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCOhost](#)
 Available in *fulltext* at [ProQuest](#)

46. Facing up to the prescription opioid crisis

Citation: British Medical Journal, 2011, vol./is. 343/, 1756-1833

Author(s): Dhalla, Irfan A; Persaud, Navindra; Juurlink, David N

Language: English

Abstract: Deaths resulting from prescription opioids tripled in the United States between 1999 and 20076 and are also increasing in many other countries, including the United Kingdom. The authors describe how this situation developed and propose several ways to reduce morbidity and mortality from opioids. Cites 23 references. [Journal abstract]

Notes: E-pub available online only, published Aug 23 2011; doi:10.1136/bmj.d5142

Publication Type: Article

Subject Headings: [Opiates](#)
[Drug addiction](#)
[Prescription drugs](#)
[Risk factors](#)
[Trends](#)
[Mortality](#)

Source: HMIC

47. Doctors vulnerable to psychological distress and addictions : treatment from the practitioner health programme

Citation: Journal of Mental Health, 2011, vol./is. 20/2, 1475-9535

Author(s): Brooks, Samantha K; Chalder, Trudie; Gerada, Clare

Language: English

Abstract: The Practitioner Health Programme (PHP) is a service set up to provide expert assessment and support to health professionals with mental and physical health problems affecting their ability to work. The aim of this article is to examine the demographic and clinical characteristics of doctor-patients utilising PHP. The authors report on scores for the CORE-OM, the Work and Social Adjustment Scale and the FAST for the first 200 patients seen by PHP. The results were, prevalent conditions included depression and alcohol dependence. Patients with co-morbid disorders showed severe distress and impairment of functioning. Ages ranged between 24 and 67, with 33.5% of the cohort aged between 30 and 39. Patients aged below 50 showed greater impairment of social functioning. The conclusions were, the needs of doctors are profound, with young doctors particularly vulnerable. Measures should be put in place to ensure that doctors at an early stage of their careers are aware of help available to them. The results highlight the importance of a service such as PHP. [Journal abstract]

Publication Type: Article

Subject Headings: [Mental health](#)
[health status](#)
[Physical fitness](#)
[medical staff](#)
[Health professionals](#)
[Stress](#)
[Depression](#)
[Alcohol abuse](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCOhost](#)

48. In the thick of it

Citation: Druglink, 2010, vol./is. 25/5, 0957-3100

Author(s): Hart, Sam

Language: English

Abstract: A controversial scheme that tackles parental drug abuse by parachuting key workers into family homes is proving successful. But the flagship Labour policy is under threat from dwindling resources. The author reports. [Journal abstract]

Publication Type: Article

Subject Headings: [Parents](#)
[Mothers](#)
[Fathers](#)
[Drug abusers](#)
[Drug addicts](#)
[Drug abuse](#)
[Drug addiction](#)
[Health policy](#)
[Social workers](#)

Source: HMIC

49. High tide

Citation: Druglink, 2010, vol./is. 25/5, 0957-3100

Author(s): McNicoll, Andy

Language: English

Abstract: Shetland's remote but affluent island communities are facing up to the reality that, unlike the rest of Britain, rising numbers of young people are taking up heroin. The author investigates. [Journal abstract]

Publication Type: Article

Subject Headings: [Heroin](#)
[Drug abuse](#)
[Drug addiction](#)
[Drug abusers](#)
[Drug addicts](#)

Source: HMIC

50. Booze, bans and bite-size bags

Citation: Druglink, 2010, vol./is. 25/5, 0957-3100

Author(s): Daly, Max

Language: English

Abstract: The ban on maphedrone, the recession and Britain's rising alcohol problems have all left their imprints on the UK drug market over the last year, according to Druglink Street Drug Trends 2010. The author reports. [Journal abstract]

Publication Type: Article

Subject Headings: [Drugs of abuse](#)
[Alcohol](#)
[Cannabis](#)
[Cocaine](#)
[Heroin](#)
[MDMA](#)
[Drug abuse](#)
[Drug addiction](#)
[Drug consumption](#)
[Trends](#)

Source: HMIC