

Search Results

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Search History

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

1. Spatial mapping of hepatitis C prevalence in recent injecting drug users in contact with services.

- Citation:** Epidemiology & Infection, June 2012, vol./is. 140/6(1054-63), 0950-2688;1469-4409 (2012 Jun)
- Author(s):** Harris RJ; Hope VD; Morongiu A; Hickman M; Ncube F; DE Angelis D
- Institution:** Health Protection Agency, Centre for Infections, London, UK. ross.harris@hpa.org.uk
- Language:** English
- Abstract:** In developed countries the majority of hepatitis C virus (HCV) infections occur in injecting drug users (IDUs) with prevalence in IDUs often high, but with wide geographical differences within countries. Estimates of local prevalence are needed for planning services for IDUs, but it is not practical to conduct HCV seroprevalence surveys in all areas. In this study survey data from IDUs attending specialist services were collected in 52/149 sites in England between 2006 and 2008. Spatially correlated random-effects models were used to estimate HCV prevalence for all sites, using auxiliary data to aid prediction. Estimates ranged from 14% to 82%, with larger cities, London and the North West having the highest HCV prevalence. The methods used generated robust estimates for each area, with a well-identified spatial pattern that improved predictions. Such models may be of use in other areas of study where surveillance data are sparse.
- Country of Publication:** England
- CAS Registry Number:** 0 (Hepatitis C Antibodies)
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adolescent](#)
[Adult](#)
[Female](#)
["Great Britain/ep \[Epidemiology\]"](#)
["*Hepatitis C/ep \[Epidemiology\]"](#)
["*Hepatitis C/et \[Etiology\]"](#)
["Hepatitis C Antibodies/bl \[Blood\]"](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[Models Biological](#)
[Odds Ratio](#)
[Prevalence](#)
[Seroepidemiologic Studies](#)
["*Substance Abuse Intravenous/co \[Complications\]"](#)
["*Substance Abuse Intravenous/ep \[Epidemiology\]"](#)
[Young Adult](#)
- Source:** MEDLINE
- Full Text:** Available in *fulltext* at [ProQuest](#)

2. Choose your menu wisely: cuisine-associated food-poisoning risks in restaurants in England and Wales.

- Citation:** Epidemiology & Infection, June 2012, vol./is. 140/6(997-1007), 0950-2688;1469-4409 (2012 Jun)
- Author(s):** Gormley FJ; Rawal N; Little CL
- Institution:** Department of Gastrointestinal, Emerging and Zoonotic Infections, Health Protection Agency, Health Protection Services - Colindale, London, UK.
- Language:** English
- Abstract:** The food service sector continues to be the most common setting for reported foodborne disease outbreaks in England and Wales. Using restaurant-associated foodborne outbreaks reported in England and Wales from 1992 to 2009, cuisine-specific risk factors were

examined. Of 677 restaurant outbreaks, there were 11 795 people affected, 491 hospitalizations, and seven deaths; and Chinese, Indian, British and Italian cuisines were the most commonly implicated (26%, 16%, 13% and 10%, respectively). Salmonella spp. accounted for most outbreaks of all cuisine types, and particularly Chinese (76%, 133/175) and Italian (55%, 38/69). Poultry meat was the most frequently implicated food vehicle in outbreaks associated with Indian (30%), Chinese (21%), and British (18%) cuisines while for Italian cuisine, desserts and cakes were more frequently implicated (33%). Rice dishes were also a common outbreak food vehicle in those restaurants serving Chinese (22%) and Indian (16%) cuisine. Cross-contamination was the biggest contributory factor associated with Chinese (46%), British (33%) and Indian (30%) cuisines whereas inadequate cooking (38%) and use of raw shell eggs in lightly cooked or uncooked food (35%) were more often associated with Italian cuisine. Over the surveillance period, the proportion of Salmonella Enteritidis PT4 outbreaks in restaurants serving Chinese cuisine significantly decreased ($P<0.0001$) and this was mirrored by an increase in *S. Enteritidis* non-PT4 outbreaks ($P<0.0001$). Despite this change in proportion, contributory factors such as cross-contamination have continued to cause outbreaks throughout the 18 years. The results show that by stratifying the risks associated with restaurants by cuisine type, specific evidence of food control failures can be used to target foodborne illness reduction strategies.

Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	Cooking "*Disease Outbreaks/sn [Statistics and Numerical Data]" "England/ep [Epidemiology]" Food Handling Food Microbiology "*Foodborne Diseases/ep [Epidemiology]" Humans Population Surveillance "*Restaurants/st [Standards]" "Restaurants/sn [Statistics and Numerical Data]" Risk Factors Time Factors "Wales/ep [Epidemiology]"
Source:	MEDLINE
Full Text:	Available in <i>fulltext</i> at ProQuest

3. Predictors of offending among prisoners: the role of attention-deficit hyperactivity disorder and substance use.

Citation:	Journal of Psychopharmacology, November 2011, vol./is. 25/11(1524-32), 0269-8811;1461-7285 (2011 Nov)
Author(s):	Young S; Wells J; Gudjonsson GH
Institution:	King's College London, Institute of Psychiatry, De Crespigny Park, London SE5 8AF, UK.
Language:	English
Abstract:	The aim of the study was to investigate predictors of offending among prisoners from official records after controlling for age at first conviction and antisocial personality disorder. The participants were 198 Scottish prisoners, who had completed Diagnostic Statistical Manual IV screens for child and adult attention-deficit hyperactivity disorder (ADHD) symptoms and the Millon Clinical Multi-axial Inventory III for Axis I and Axis II disorders. The ADHD symptomatic group had significantly higher rates of total, acquisitive and violent offending than other prisoners, as well as greater regular heroin use. Hierarchical multiple regressions, using child and adult symptoms as dimensions, showed that frequent use of heroin in the year prior to imprisonment was the single most powerful predictor of the extent of total offending, with ADHD symptoms also adding independently to the variance in offending. In contrast, for violent offending, ADHD symptoms were the strongest predictor followed by alcohol dependence. The findings

demonstrate the importance of heroin use and ADHD symptoms in the persistence of offending. There is an urgent need to treat drug addiction and ADHD symptoms in order to reduce offending among the most persistent offenders. Recently, treatment programmes have been developed for adults with ADHD, heroin and crack cocaine addiction which can be applied to this population.

Country of Publication: United States

CAS Registry Number: 561-27-3 (Heroin)

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

Subject Headings: "Alcoholism/ep [Epidemiology]"
 "Alcoholism/px [Psychology]"
 "Antisocial Personality Disorder/ep [Epidemiology]"
 "Antisocial Personality Disorder/px [Psychology]"
 "Attention Deficit Disorder with Hyperactivity/ep [Epidemiology]"
 "*Attention Deficit Disorder with Hyperactivity/px [Psychology]"
 "*Criminals/px [Psychology]"
 "Criminals/sn [Statistics and Numerical Data]"
 "Heroin/ae [Adverse Effects]"
 "Heroin Dependence/ep [Epidemiology]"
 "*Heroin Dependence/px [Psychology]"
 Humans
 Male
 "*Prisoners/px [Psychology]"
 "Prisoners/sn [Statistics and Numerical Data]"
 Questionnaires
 "Scotland/ep [Epidemiology]"
 "Substance-Related Disorders/ep [Epidemiology]"
 "*Substance-Related Disorders/px [Psychology]"
 "*Violence/px [Psychology]"
 "Violence/sn [Statistics and Numerical Data]"

Source: MEDLINE

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

4. The marketing of responsible drinking: competing voices and interests.

Citation: Drug & Alcohol Review, March 2012, vol./is. 31/2(231-9), 0959-5236;1465-3362 (2012 Mar)

Author(s): Wettlaufer A; Cukier S; Giesbrecht N; Greenfield TK

Institution: Centre for Addiction and Mental Health, 33 Russell Street, Toronto, Ontario, Canada. ashley_wettlaufer@camh.net

Language: English

Abstract: INTRODUCTION AND AIMS: This paper contrasts health-oriented low-risk drinking guidelines (LRDGs) with social drinking marketing and popular advice on the amount of alcohol to be provided for social occasions. The questions addressed include: What is the underlying evidence base and rationale for health-oriented versus socially oriented drinking guidelines? What are the recommended amounts of alcohol per person from the LRDGs and from popular advice? DESIGN AND METHODS: This paper draws on existing research, archival data, websites, print media and key informant interviews. The focus is on recent information on LRDGs and social drinking indicators in Canada, the USA, Australia and the UK. RESULTS: There is extensive epidemiological research indicating the associations between drinking pattern and risk for chronic disease and trauma as well as certain potential health benefits from drinking small amounts regularly. This body of evidence is one resource for government or medically sanctioned LRDGs in many jurisdictions. In contrast, for those planning social events where liquor is served, information is available from the hospitality industry, retailers and liquor control boards. While some overlap exists between these two sources of information, in some contexts normative recommendations support drinking at potentially dangerous

levels.DISCUSSION AND CONCLUSIONS: The inconsistency among the different guidelines highlights one of the challenges of conveying health information on a drug that is integrated into social life and used extensively. It also reflects a siloed approach to alcohol policy-where retailing and harm reduction practices are managed by different sectors of government that seldom reflect a coordinated response.

Country of Publication: England

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

Subject Headings: "Alcohol Drinking/ae [Adverse Effects]"
 "*Alcohol Drinking/ep [Epidemiology]"
 "*Alcohol-Related Disorders/pc [Prevention and Control]"
 "Alcoholic Beverages/ec [Economics]"
 Female
 *Guidelines as Topic
 Health Policy
 Humans
 "Industry/mt [Methods]"
 Male
 "*Marketing/mt [Methods]"
 Pilot Projects
 *Social Behavior

Source: MEDLINE

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

5. Waiting room ambience and provision of opioid substitution therapy in general practice.

Citation: Medical Journal of Australia, April 2012, vol./is. 196/6(391-4), 0025-729X;1326-5377 (2012 Apr 2)

Author(s): Holliday SM; Magin PJ; Dunbabin JS; Ewald BD; Henry JM; Goode SM; Baker FA; Dunlop AJ

Institution: Albert Street Medical Centre, Taree, NSW. simon@nUNET.com.au

Language: English

Abstract: OBJECTIVE: To assess whether patients receiving opioid substitution therapy (OST) in general practice cause other patients sufficient distress to change practices--a perceived barrier that prevents general practitioners from prescribing OST.DESIGN, SETTING AND PARTICIPANTS: A cross-sectional questionnaire-based survey of consecutive adult patients in the waiting rooms of a network of research general practices in New South Wales during August-December 2009.MAIN OUTCOME MEASURES: Prevalence of disturbing waiting room experiences where drug intoxication was considered a factor, discomfort about sharing the waiting room with patients being treated for drug addiction, and likelihood of changing practices if the practice provided specialised care for patients with opiate addiction.RESULTS: From 15 practices (eight OST-prescribing), 1138 of 1449 invited patients completed questionnaires (response rate, 78.5%). A disturbing experience in any waiting room at any time was reported by 18.0% of respondents (203/1130), with only 3.1% (35/1128) reporting that drug intoxication was a contributing factor. However, 39.3% of respondents (424/1080) would feel uncomfortable sharing the waiting room with someone being treated for drug addiction. Respondents were largely unaware of the OST-prescribing status of the practice (12.1% of patients attending OST-prescribing practices [70/579] correctly reported this). Only 15.9% of respondents (165/1037) reported being likely to change practices if theirs provided specialised care for opiate-addicted patients. In contrast, 28.7% (302/1053) were likely to change practices if consistently kept waiting more than 30 minutes, and 26.6% (275/1033) would likely do so if consultation fees increased by \$10.CONCLUSIONS: Despite the frequency of stigmatising attitudes towards patients requiring treatment for drug addiction, GPs' concerns that prescribing OST in their practices would have a negative impact on other patients' waiting room experiences or on retention of patients seem to be unfounded.

Country of Publication: Australia

CAS Registry Number: 0 (Narcotic Antagonists)

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

Subject Headings: [Adult](#)
[Cross-Sectional Studies](#)
[*Drug Prescriptions](#)
[**General Practice/mt \[Methods\]"](#)
[Humans](#)
[**Narcotic Antagonists/tu \[Therapeutic Use\]"](#)
["New South Wales/ep \[Epidemiology\]"](#)
[**Opiate Substitution Treatment/mt \[Methods\]"](#)
[**Opioid-Related Disorders/dt \[Drug Therapy\]"](#)
["Opioid-Related Disorders/ep \[Epidemiology\]"](#)
[Physician's Practice Patterns](#)
[Prevalence](#)
[Questionnaires](#)
[Retrospective Studies](#)
[Time Factors](#)

Source: MEDLINE

6. The effects of 'ecstasy' (MDMA) on visuospatial memory performance: findings from a systematic review with meta-analyses.

Citation: Human Psychopharmacology, March 2012, vol./is. 27/2(113-38), 0885-6222;1099-1077 (2012 Mar)

Author(s): Murphy PN; Bruno R; Ryland I; Wareing M; Fisk JE; Montgomery C; Hilton J

Institution: Department of Psychology and Evidence-based Practice Research Centre, Edge Hill University, Lancashire, UK. murphyp@edgehill.ac.uk

Language: English

Abstract: To review, with meta-analyses where appropriate, performance differences between ecstasy (3,4-methylenedioxymethamphetamine) users and non-users on a wider range of visuospatial tasks than previously reviewed. Such tasks have been shown to draw upon working memory executive resources. Abstract databases were searched using the United Kingdom National Health Service Evidence Health Information Resource. Inclusion criteria were publication in English language peer-reviewed journals and the reporting of new findings regarding human ecstasy-users' performance on visuospatial tasks. Data extracted included specific task requirements to provide a basis for meta-analyses for categories of tasks with similar requirements. Fifty-two studies were identified for review, although not all were suitable for meta-analysis. Significant weighted mean effect sizes indicating poorer performance by ecstasy users compared with matched controls were found for tasks requiring recall of spatial stimulus elements, recognition of figures and production/reproduction of figures. There was no evidence of a linear relationship between estimated ecstasy consumption and effect sizes. Given the networked nature of processing for spatial and non-spatial visual information, future scanning and imaging studies should focus on brain activation differences between ecstasy users and non-users in the context of specific tasks to facilitate identification of loci of potentially compromised activity in users. Copyright Copyright 2012 John Wiley & Sons, Ltd.

Country of Publication: England

CAS Registry Number: 0 (Hallucinogens); 42542-10-9 (N-Methyl-3,4-methylenedioxyamphetamine)

Publication Type: Journal Article; Meta-Analysis; Review

Subject Headings: [Animals](#)
["Executive Function/de \[Drug Effects\]"](#)
["Hallucinogens/ad \[Administration and Dosage\]"](#)
[**Hallucinogens/ae \[Adverse Effects\]"](#)
[Humans](#)
["Memory Disorders/ci \[Chemically Induced\]"](#)

"*Memory Short-Term/de [Drug Effects]"
 "Mental Recall/de [Drug Effects]"
 "N-Methyl-3 4-methylenedioxyamphetamine/ad [Administration and Dosage]"
 "*N-Methyl-3 4-methylenedioxyamphetamine/ae [Adverse Effects]"
 "Substance-Related Disorders/pp [Physiopathology]"

Source: MEDLINE

Full Text: Available in *fulltext* at *Wiley*

7. 5,6-Methylenedioxy-2-aminoindane: from laboratory curiosity to 'legal high'.

Citation: Human Psychopharmacology, March 2012, vol./is. 27/2(106-12), 0885-6222;1099-1077 (2012 Mar)

Author(s): Gallagher CT; Assi S; Stair JL; Fergus S; Corazza O; Corkery JM; Schifano F

Institution: School of Pharmacy, University of Hertfordshire, Hatfield, Hertfordshire, UK.
 c.t.gallagher@herts.ac.uk

Language: English

Abstract: OBJECTIVES: The fully synthetic 'legal high' 5,6-methylenedioxy-2-aminoindane (MDAI) is an analogue of 3,4-methylenedioxymethamphetamine. Although developed in the 1990s, it was not widely abused until 2010. However, mephedrone was banned in the UK in April 2010, and almost immediately, MDAI was widely advertised as a legal alternative. This paper provides both an overview of the current state of knowledge of MDAI and a critical analysis of online available information relating to its psychoactive effects, adverse reactions and use in combination with other drugs. METHODS: The literature on MDAI was searched in three databases: PsycInfo, PubMed and MedScape. Once the availability of information on MDAI was identified within these websites, further specific searches were carried out for narratives focusing on the nature of its effects on users, motivations behind its recreational use and possible trends of misuse, and any other relevant information. RESULTS: Internet-sourced products have been shown variously to contain mephedrone, and mixed compositions of inorganic substances, while containing no MDAI. Numbers of Internet searches have been considerably higher in the UK compared with Germany and the US. CONCLUSIONS: Better international collaboration levels may be needed to tackle the novel and fast growing phenomenon of novel psychoactive drug availability from the web. Copyright Copyright 2012 John Wiley & Sons, Ltd.

Country of Publication: England

CAS Registry Number: 0 (Designer Drugs); 0 (Hallucinogens); 0 (Indans); 0 (mephedrone); 132741-81-2 (5,6-methylenedioxy-2-aminoindan); 537-46-2 (Methamphetamine)

Publication Type: Journal Article; Review

Subject Headings: [Animals](#)
["Designer Drugs/ae \[Adverse Effects\]"](#)
["Designer Drugs/pd \[Pharmacology\]"](#)
[Drug and Narcotic Control](#)
[Great Britain](#)
["Hallucinogens/ae \[Adverse Effects\]"](#)
["*Hallucinogens/pd \[Pharmacology\]"](#)
[Humans](#)
["Indans/ad \[Administration and Dosage\]"](#)
["Indans/ae \[Adverse Effects\]"](#)
["*Indans/pd \[Pharmacology\]"](#)
[*Internet](#)
["Methamphetamine/ae \[Adverse Effects\]"](#)
["Methamphetamine/aa \[Analogues and Derivatives\]"](#)
["Methamphetamine/pd \[Pharmacology\]"](#)
["Substance-Related Disorders/ep \[Epidemiology\]"](#)

Source: MEDLINE

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

8. My cup runneth over: young people's lack of knowledge of low-risk drinking guidelines.

Citation: Drug & Alcohol Review, March 2012, vol./is. 31/2(206-12), 0959-5236;1465-3362 (2012 Mar)

Author(s): de Visser RO; Birch JD

Institution: School of Psychology, University of Sussex, Falmer, UK. rd48@sussex.ac.uk

Language: English

Abstract: INTRODUCTION AND AIMS: If young people are to consume alcohol in accordance with government guidelines, they must possess the relevant knowledge and skills. No previous research has examined correlations between different forms of knowledge of alcohol guidelines or how they are related to personality variables and beliefs. DESIGN AND METHODS: Two samples were recruited in South-East England: 309 secondary school students aged 16-18, and 125 university students aged 18-25. All participants completed a computer-administered survey of knowledge and beliefs. University students also reported their alcohol consumption and completed tasks in which they poured their 'usual' drinks, and what they believed to be 'units' of alcohol. RESULTS: Most respondents lacked the knowledge and skills required to drink in accordance with government guidelines. Participants' usual drinks were substantially larger than one unit, and participants tended to underestimate the unit content of drinks. There was little evidence that possession of accurate knowledge of one aspect of alcohol units and guidelines was related to accurate knowledge in other domains. DISCUSSION AND CONCLUSIONS: Many young people may lack the knowledge required to monitor their alcohol consumption or give accurate self-reports in research. Future research should evaluate using a drink-pouring task as part of interventions designed to improve knowledge and skills and encourage moderate consumption of alcohol. Copyright 2011 Australasian Professional Society on Alcohol and other Drugs.

Country of Publication: England

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

Subject Headings: [Adolescent](#)
[Adult](#)
["Alcohol Drinking/ae \[Adverse Effects\]"](#)
["*Alcohol Drinking/ep \[Epidemiology\]"](#)
["Alcohol-Related Disorders/pc \[Prevention and Control\]"](#)
[*Alcoholic Beverages](#)
[Data Collection](#)
[England](#)
[Female](#)
[*Guidelines as Topic](#)
[*Health Knowledge Attitudes Practice](#)
[Humans](#)
[Male](#)
[Students](#)
[Universities](#)
[Young Adult](#)

Source: MEDLINE

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

9. Suicides involving co-proxamol fell dramatically after withdrawal in UK.

Citation: BMJ, 2012, vol./is. 344/(e3255), 0959-535X;1756-1833 (2012)

Author(s): Kmietowicz Z

Language: English

Country of Publication: England

CAS Registry Number: 0 (Analgesics); 0 (Drug Combinations); 103-90-2 (Acetaminophen); 39400-85-6 (acetaminophen, dextropropoxyphene, drug combination); 469-62-5 (Dextropropoxyphene)

Publication Type: News

Subject Headings: ["*Acetaminophen/po \[Poisoning\]"](#)
["*Analgesics/po \[Poisoning\]"](#)
["*Dextropropoxyphene/po \[Poisoning\]"](#)
 Drug Combinations
["Great Britain/ep \[Epidemiology\]"](#)
 Humans
["Poisoning/mo \[Mortality\]"](#)
[*Safety-Based Drug Withdrawals](#)
["*Suicide/sn \[Statistics and Numerical Data\]"](#)

Source: MEDLINE

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

10. Gender differences in alcohol-related non-consensual sex; cross-sectional analysis of a student population.

Citation: BMC Public Health, 2012, vol./is. 12/(216), 1471-2458;1471-2458 (2012)

Author(s): Gunby C; Carline A; Bellis MA; Beynon C

Institution: Centre for Public Health, Liverpool John Moores University, Henry Cotton Building, 15-21 Webster Street, Liverpool L3 2ET, UK.

Language: English

Abstract: BACKGROUND: Sexual offences are a global public health concern. Recent changes in the law in England and Wales have dramatically altered the legal landscape of sexual offences, but sexual assaults where the victim is voluntarily intoxicated by alcohol continue to have low conviction rates. Worldwide, students are high consumers of alcohol. This research aimed to compare male and female students in relation to their knowledge and attitudes about alcohol and sexual activity and to identify factors associated with being the victim of alcohol-related non-consensual sex. METHODS: 1,110 students completed an online questionnaire. Drinking levels were measured using the Alcohol Use Disorder Identification Test. Non-consensual sexual experiences were measured using the Sexual Experience Survey. Univariate and multivariate analyses were undertaken using chi square and backwards stepwise logistic regression respectively. RESULTS: A third of respondents had experienced alcohol-related non-consensual sex. Male and female students differed in the importance they gave to cues in deciding if a person wished to have sex with them and their understanding of the law of consent. 82.2% of women who had experienced alcohol-related non-consensual sex were hazardous drinkers compared to 62.9% who drank at lower levels ($P < 0.001$). Differences existed between men and women, and between those who had and had not experienced alcohol-related non-consensual sex, in relation to assessments of culpability in scenarios depicting alcohol-related intercourse. A third of respondents believed that a significant proportion of rapes were false allegations; significantly more men than women responded in this way. CONCLUSIONS: Alcohol-related coerced sexual activity is a significant occurrence among students; attitudinal and knowledge differences between males and females may explain this. Educational messages that focus upon what is deemed acceptable sexual behaviour, the law and rape myths are needed but are set against a backdrop where drunkenness is commonplace.

Country of Publication: England

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

Subject Headings: [Adolescent](#)
["*Alcohol-Induced Disorders/ep \[Epidemiology\]"](#)
["Crime Victims/sn \[Statistics and Numerical Data\]"](#)
 Cross-Sectional Studies

*Drinking Behavior
 "England/ep [Epidemiology]"
 Female
 *Health Knowledge Attitudes Practice
 Humans
 Male
 Multivariate Analysis
 Questionnaires
 "*Sex Offenses/px [Psychology]"
 "Sex Offenses/sn [Statistics and Numerical Data]"
 "Sexual Behavior/px [Psychology]"
 *Sexual Behavior
 "Sexual Partners/px [Psychology]"
 Socioeconomic Factors
 "*Students/px [Psychology]"
 "Students/sn [Statistics and Numerical Data]"
 Young Adult

Source: MEDLINE

Full Text: Available in *fulltext* at [BioMedCentral](#)
 Available in *fulltext* at [National Library of Medicine](#)
 Available in *fulltext* at [ProQuest](#)

11. Identifying former injecting drug users infected with hepatitis C: an evaluation of a general practice-based case-finding intervention.

Citation: Journal of Public Health, March 2012, vol./is. 34/1(14-23), 1741-3842;1741-3850 (2012 Mar)

Author(s): Cullen BL; Hutchinson SJ; Cameron SO; Anderson E; Ahmed S; Spence E; Mills PR; Mandeville R; Forrest E; Washington M; Wong R; Fox R; Goldberg DJ

Institution: Health Protection Scotland, Clifton House, Clifton Place, Glasgow G3 7LN, UK. beth.cullen@nhs.net

Language: English

Abstract: BACKGROUND: In Scotland, a general practice-based case-finding initiative, to diagnose and refer hepatitis C virus (HCV) chronically infected former injecting drug users (IDUs), was evaluated. METHODS: Testing was offered in eight Glasgow general practices in areas of high deprivation and high HCV and IDU prevalence to attendees aged 30-54 years with a history of IDU. Test uptake and diagnosis rates were compared with those in eight demographically similar control practices. RESULTS: Of 422 eligible intervention practice attendees, 218 (52%) were offered an HCV test and, of these, 121 (56%) accepted. Poor venous access in 13 individuals prevented testing. Of 105 tested, 70% (74/105) were antibody positive of which 58% (43/74) were RNA positive by PCR. Of 43 chronically infected individuals identified in intervention practices, 22 (51%) had attended specialist care within 30 months of the study, while 9 (21%) had defaulted. In control practices, 8 (22%) of 36 individuals tested were antibody positive. Test uptake and case yield were approximately 3 and 10 times higher in intervention compared with control practices, respectively. CONCLUSIONS: Targeted case-finding in primary care demonstrated higher test uptake and diagnosis rates; however, to optimize diagnosis and referral of chronically infected individuals, alternative means of testing (e.g. dried blood spots) and retention in specialist care (e.g. outreach services) must be explored.

Country of Publication: England

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

Subject Headings: Adult
 Female
 "General Practice/mt [Methods]"
 "*General Practice/sn [Statistics and Numerical Data]"
 "*Hepacivirus/ip [Isolation and Purification]"
 "*Hepatitis C Chronic/di [Diagnosis]"

"Hepatitis C Chronic/ep [Epidemiology]"
 "Hepatitis C Chronic/et [Etiology]"
 Humans
 Intervention Studies
 Interviews as Topic
 Male
 "Mass Screening/st [Standards]"
 "Mass Screening/sn [Statistics and Numerical Data]"
 Middle Aged
 "Patient Acceptance of Health Care/sn [Statistics and Numerical Data]"
 Poverty Areas
 Program Evaluation
 Scotland
 "Serologic Tests/sn [Statistics and Numerical Data]"
 "*Substance Abuse Intravenous/co [Complications]"
 "Substance Abuse Intravenous/ep [Epidemiology]"
 "Substance Abuse Intravenous/vi [Virology]"

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*
 Available in *fulltext* at *Oxford University Press*

12. Availability and use of Naswar: an exploratory study.

Citation: Journal of Public Health, March 2012, vol./is. 34/1(60-4), 1741-3842;1741-3850 (2012 Mar)

Author(s): Basharat S; Kassim S; Croucher RE

Institution: Queen Mary University of London, Barts and The London School of Medicine and Dentistry, Institute of Dentistry, 4 Newark Street, London E1 4AT, UK.

Language: English

Abstract: BACKGROUND: Naswar is a niche smokeless tobacco product from Pakistan. There is little information about its availability and user characteristics. METHODS: This cross-sectional survey identified outlets selling Naswar in two wards of one London borough and interviewed a purposively recruited sample of 73 Naswar purchasers. Data were analysed using descriptive and chi-square tests (significance, $P \leq 0.05$). RESULTS: Of 65 outlets identified 15 sold Naswar. The purchasers' mean (SD) age was 32 (+/- 10) years and 63% had completed only secondary education. Naswar consumption was significantly associated with tobacco dependency, whilst starting Naswar use at a younger age, having lower education levels, using Naswar more frequently and being of Pakhtunkhwa origin was associated with high monthly consumption ($P \leq 0.05$). CONCLUSIONS: Naswar was widely available. Naswar purchasers of Pakistani origin were employed and young, but with limited education and little knowledge of Naswar's health impacts. Naswar dependency and consumption was linked to behavioural and socio-demographic factors. Further evidence is needed to support policy development.

Country of Publication: England

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

Subject Headings: [Adult](#)
[Age Distribution](#)
[Aged](#)
[Chi-Square Distribution](#)
[Cross-Sectional Studies](#)
[Educational Status](#)
[*Health Knowledge Attitudes Practice](#)
[Humans](#)
[Interviews as Topic](#)
["London/ep \[Epidemiology\]"](#)
[Male](#)

"Marketing/sn [Statistics and Numerical Data]"
 Middle Aged
 "Pakistan/eh [Ethnology]"
 "Tobacco Use Disorder/co [Complications]"
 "*Tobacco Use Disorder/eh [Ethnology]"
 "Tobacco Use Disorder/et [Etiology]"
 "Tobacco Smokeless/ae [Adverse Effects]"
 "*Tobacco Smokeless/sd [Supply and Distribution]"
 Young Adult

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*
 Available in *fulltext* at *Oxford University Press*

13. Randomized controlled trial of mailed personalized feedback for problem drinkers in the emergency department: the short-term impact.

Citation: Alcoholism: Clinical & Experimental Research, March 2012, vol./is. 36/3(523-31), 0145-6008;1530-0277 (2012 Mar)

Author(s): Havard A; Shakeshaft AP; Conigrave KM; Doran CM

Institution: National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, Australia. a.havard@uws.edu.au

Language: English

Abstract: BACKGROUND: Evidence exists for the efficacy of emergency department (ED)-based brief alcohol interventions, but attempts to incorporate face-to-face interventions into routine ED practice have been hampered by time, financial, and attitudinal constraints. Mailed personalized feedback, which is likely to be more feasible, has been associated with reduced alcohol consumption in other settings, but its cost-effectiveness in the ED has not been examined. METHODS: The intervention was evaluated with a randomized controlled trial of patients presenting to 5 rural EDs in New South Wales, Australia. Patients aged 14 years and older were screened using the Alcohol Use Disorders Identification Test, and those scoring 8 or more were randomly allocated to the intervention or control group. Participants in the intervention group received mailed personalized feedback regarding their alcohol consumption. The control group received no feedback. RESULTS: Two hundred and forty-four (80%) participants were successfully followed up at 6 weeks. A significant effect of the mailed feedback was observed only in patients with an alcohol-involved ED presentation. Among this subgroup of participants, those in the intervention group consumed 12.2 fewer drinks per week than the control group after controlling for baseline consumption and other covariates (effect size $d = 0.59$). The intervention was associated with an average cost of Australian \$5.83 per patient, and among participants with an alcohol-involved ED presentation, an incremental cost-effectiveness ratio of 0.48. CONCLUSIONS: Mailed personalized feedback is efficacious in reducing quantity/frequency of alcohol consumption among patients with alcohol-involved ED presentations. Mailed feedback has high cost-efficacy and a low absolute cost, making it a promising candidate for integration into ED care. Copyright 2011 by the Research Society on Alcoholism.

Country of Publication: England

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

Subject Headings: Adolescent
 Adult
 "*Alcohol-Related Disorders/th [Therapy]"
 Australia
 "Cost-Benefit Analysis/sn [Statistics and Numerical Data]"
 "*Emergency Service Hospital/sn [Statistics and Numerical Data]"
 *Feedback Psychological
 Female
 "Health Care Costs/sn [Statistics and Numerical Data]"
 Humans

Male
 New South Wales
 "Patient Satisfaction/sn [Statistics and Numerical Data]"
 *Postal Service
 "Psychotherapy Brief/mt [Methods]"
 "Psychotherapy Brief/sn [Statistics and Numerical Data]"

Source: MEDLINE

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

14. Price discounts on alcohol in a city in Northern England.

Citation: Alcohol & Alcoholism, March 2012, vol./is. 47/2(187-90), 0735-0414;1464-3502 (2012 Mar-Apr)

Author(s): Adams J; Beenstock J

Institution: Institute of Health & Society, Newcastle University, Baddiley-Clark Building, Richardson Road, Newcastle upon Tyne NE2 4AX, UK. j.m.adams@ncl.ac.uk

Language: English

Abstract: AIMS: To describe the extent and nature of price discounts on alcohol in Newcastle upon Tyne, England.METHODS: An observational survey in stores licensed for off-sales in December 2010 to January 2011.RESULTS: A total of 2018 price discounts in 29 stores led to a median saving of 25% and required a median purchase of 20 standard UK alcohol units. Median price per standard unit was Pound0.92 (US\$1.49; [Euro sign]1.05) before discount and Pound0.68 (US\$1.10; [Euro sign]0.78) after discount.CONCLUSIONS: Restriction of price discounting should be considered as a public health policy.

Country of Publication: England

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

Subject Headings: ["*Alcohol-Related Disorders/pc \[Prevention and Control\]"](#)
["*Alcoholic Beverages/ec \[Economics\]"](#)
["*Commerce/sn \[Statistics and Numerical Data\]"](#)
["Data Collection/sn \[Statistics and Numerical Data\]"](#)
 England
 Humans
["Urban Population/sn \[Statistics and Numerical Data\]"](#)

Source: MEDLINE

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

15. A retrospective analysis of the nature, extent and cost of alcohol-related emergency calls to the ambulance service in an English region.

Citation: Alcohol & Alcoholism, March 2012, vol./is. 47/2(191-7), 0735-0414;1464-3502 (2012 Mar-Apr)

Author(s): Martin N; Newbury-Birch D; Duckett J; Mason H; Shen J; Shevills C; Kaner E

Institution: Balance, North East Alcohol Office, 2 Chancery Lane, Darlington DL1 5QP, UK.

Language: English

Abstract: AIMS: To measure the prevalence, pattern and associated financial cost of alcohol-related ambulance call outs in the North East of England using routinely collected data from the North East Ambulance Service (NEAS).METHODS: A retrospective cohort study over a 1-year time period (1 April 2009 to 31 March 2010) using NEAS patient record forms.RESULTS: In the North East, 10% of ambulance call outs were alcohol-related. Males were 2.5 times more likely than females to be attended by an ambulance on the street rather than at home. People aged 10-19 had the highest relative risk ratio (3.4) of an ambulance pick up being on the street compare with those aged over 60. These call outs and subsequent accident and emergency (A&E) attendances cost over Pound9 million in a 1-year period. When extrapolated to the whole country the cost could be as much as

Pound152 million per year.**CONCLUSION:** In a 1-year period, we estimated that over 31,000 ambulance call outs were alcohol-related. A large discrepancy was found between manual and electronic recording of alcohol-related ambulance attendances to A&E. The workload and cost of alcohol-related call outs is high and mostly preventable. Ambulance visits may present a teachable moment for brief intervention to reduce alcohol-related risk and harm.

Country of Publication:	England
CAS Registry Number:	64-17-5 (Ethanol)
Publication Type:	Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	Adolescent Adult Aged "*Alcohol-Related Disorders/ec [Economics]" "*Alcohol-Related Disorders/ep [Epidemiology]" "*Ambulances/ec [Economics]" "Ambulances/sn [Statistics and Numerical Data]" Child "*Emergency Medical Services/ec [Economics]" "Emergency Medical Services/sn [Statistics and Numerical Data]" "England/ep [Epidemiology]" "*Ethanol/po [Poisoning]" Female "*Health Care Costs/sn [Statistics and Numerical Data]" Humans Male Middle Aged Prevalence Retrospective Studies Sex Characteristics Time Factors
Source:	MEDLINE
Full Text:	Available in <i>fulltext</i> at Oxford University Press

16. Patterns of alcohol use in early adolescence predict problem use at age 16.

Citation:	Alcohol & Alcoholism, March 2012, vol./is. 47/2(169-77), 0735-0414;1464-3502 (2012 Mar-Apr)
Author(s):	Heron J; Macleod J; Munafo MR; Melotti R; Lewis G; Tilling K; Hickman M
Institution:	School of Social and Community Medicine, University of Bristol, Canynge Hall, 39 Whatley Road, Bristol BS8 2PS, UK. jon.heron@bristol.ac.uk
Language:	English
Abstract:	<p>AIMS: Teenagers in the UK report some of the highest rates of alcohol use in Europe. We identify patterns of alcohol use in early adolescence and relate these to hazardous and harmful alcohol use at age 16.METHODS: In a UK birth cohort, we analysed repeated measures of alcohol use from age 13 to 15 in a sample of 7100 adolescents. Data on drinking frequency and typical consumption when drinking were modelled separately using a pair of latent class models. Classes of alcohol-use behaviour were contrasted across a range of risk factors and then to hazardous and harmful alcohol use as assessed using the Alcohol Use Disorders Identification Test scale at age 16.RESULTS: Heterogeneity in drinking frequency and consumption could each be captured with three classes corresponding to low, medium and high levels. In total, 14.2% were classified as high-frequency and 8.9% as high consumption alcohol users. Socio-demographic factors, maternal substance use and the young persons' use of tobacco and cannabis were associated with class membership. At age 16, 29% were drinking hazardously and a further 5.6% were assessed as harmful drinkers. Young people in the high drinking frequency or consumption class had a 9-fold increased risk of reporting harmful drinking</p>

at age 16. CONCLUSIONS: By the age of 16, a substantial proportion of teenagers in this sample were drinking at levels that could be considered hazardous or harmful for an adult. Patterns of alcohol exposure in early adolescence were strongly associated with later alcohol use. Altering drinking patterns in middle adolescence has the potential to reduce harmful use in later adolescence.

Country of Publication: England

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

Subject Headings: Adolescent
 "*Adolescent Behavior/px [Psychology]"
 Age Factors
 "*Alcohol Drinking/ep [Epidemiology]"
 "*Alcohol-Related Disorders/ep [Epidemiology]"
 Cohort Studies
 Female
 "Great Britain/ep [Epidemiology]"
 Humans
 Male
 *Models Statistical
 Risk Factors
 Sex Factors

Source: MEDLINE

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

17. An exploratory cluster randomised trial of a university halls of residence based social norms intervention in Wales, UK.

Citation: BMC Public Health, 2012, vol./is. 12/(186), 1471-2458;1471-2458 (2012)

Author(s): Murphy S; Moore G; Williams A; Moore L

Institution: DECIPHer, Cardiff School of Social Sciences, Cardiff University, Cardiff, UK.
 MurphyS7@Cardiff.ac.uk

Language: English

Abstract: BACKGROUND: Excessive alcohol consumption amongst university students has received increasing attention. A social norms approach to reducing drinking behaviours has met with some success in the USA. Such an approach is based on the assumption that student's perceptions of the norms of their peers are highly influential, but that these perceptions are often incorrect. Social norms interventions therefore aim to correct these inaccurate perceptions, and in turn, to change behaviours. However, UK studies are scarce and it is increasingly recognised that social norm interventions need to be supported by socio ecological approaches that address the wider determinants of behaviour. OBJECTIVES: To describe the research design for an exploratory trial examining the acceptability, hypothesised process of change and implementation of a social norm marketing campaign designed to correct misperceptions of normative alcohol use and reduce levels of misuse, implemented alongside a university wide alcohol harm reduction toolkit. It also assesses the feasibility of a potential large scale effectiveness trial by providing key trial design parameters including randomisation, recruitment and retention, contamination, data collection methods, outcome measures and intracluster correlations. METHODS/DESIGN: The study adopts an exploratory cluster randomised controlled trial design with halls of residence as the unit of allocation, and a nested mixed methods process evaluation. Four Welsh (UK) universities participated in the study, with residence hall managers consenting to implementation of the trial in 50 university owned campus based halls of residence. Consenting halls were randomised to either a phased multi channel social norm marketing campaign addressing normative discrepancies (n = 25 intervention) or normal practice (n = 25 control). The primary outcome is alcohol consumption (units per week) measured using the Daily Drinking Questionnaire. Secondary outcomes assess frequency of alcohol consumption, higher risk drinking, alcohol related problems and change in perceptions of alcohol-related descriptive and injunctive norms. Data will be collected for all 50 halls at 4 months follow up through a

cross-sectional on line and postal survey of approximately 4000 first year students. The process evaluation will explore the acceptability and implementation of the social norms intervention and toolkit and hypothesised process of change including awareness, receptivity and normative changes. **DISCUSSION:** Exploratory trials such as this are essential to inform future definitive trials by providing crucial methodological parameters and guidance on designing and implementing optimum interventions. **TRIAL REGISTRATION NUMBER:** ISRCTN: ISRCTN48556384.

Country of Publication: England

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

Subject Headings: [Adolescent](#)
["Alcohol Drinking/ep \[Epidemiology\]"](#)
["Alcoholic Intoxication/pc \[Prevention and Control\]"](#)
[Cluster Analysis](#)
[Female](#)
[*Housing](#)
[Humans](#)
[Male](#)
[Peer Group](#)
[Questionnaires](#)
[Social Control Informal](#)
[*Social Environment](#)
[*Universities](#)
["Wales/ep \[Epidemiology\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [BioMedCentral](#)
 Available in *fulltext* at [National Library of Medicine](#)
 Available in *fulltext* at [ProQuest](#)

18. Management of simple insect bites: where's the evidence?.

Citation: Drug & Therapeutics Bulletin, April 2012, vol./is. 50/4(45-8), 0012-6543;1755-5248 (2012 Apr)

Author(s): anonymous

Language: English

Abstract: Many insects bite in order to obtain a blood meal and, in the process, inject the victim with saliva that may contain a number of substances, some of which can be immunogenic. The consequences of insect bites include local reactions, immune (allergic) reactions including anaphylaxis, and secondary bacterial infections (e.g. impetigo, cellulitis). Although insect bites are perceived to be common in the UK, the exact incidence is difficult to estimate since most are likely to go unreported: only those causing the more serious reactions are seen in primary care settings. Simple insect bites are those that are not accompanied or followed by anaphylactic shock or systemic infection. Many preparations for the treatment of insect bites, including antihistamines and topical corticosteroids, are available for purchase over the counter (OTC) in the UK. However, there is a lack of evidence for the efficacy of these treatments and, in general, recommendations for treatment are based on expert opinion and clinical experience. This article reviews the evidence for the management of simple bites by insects commonly encountered in the UK, but excludes ticks, mites and lice.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: ["Dermatitis Contact/et \[Etiology\]"](#)
[Diagnosis Differential](#)
[Evidence-Based Medicine](#)
[Humans](#)
["Insect Bites and Stings/co \[Complications\]"](#)

"Insect Bites and Stings/di [Diagnosis]"
 "*Insect Bites and Stings/dt [Drug Therapy]"
 Plants Toxic

Source: MEDLINE

19. Alcohol consumption and intoxication among people involved in police-recorded incidents of violence and disorder in non-metropolitan New South Wales.

Citation: Australian & New Zealand Journal of Public Health, February 2012, vol./is. 36/1(33-40), 1326-0200;1753-6405 (2012 Feb)

Author(s): Rowe S; Wiggers J; Kingsland M; Nicholas C; Wolfenden L

Institution: School of Medicine and Public Health, University of Newcastle, New South Wales.
 shelley.rowe@hnehealth.nsw.gov.au

Language: English

Abstract: OBJECTIVE: To describe, based on routinely recorded police data, the prevalence and characteristics of alcohol consumption among people involved in violence and disorder incidents in non-metropolitan New South Wales (NSW).METHODS: A descriptive analysis was conducted of people involved in violence and disorder incidents over 24 months (2003-05) across 21 non-metropolitan police commands. The prevalence of alcohol involvement was reported as: the annual population rate of people involved in incidents who had consumed alcohol; the proportion of people involved in such incidents who had consumed alcohol; and the proportion of such people who were intoxicated. Variation in alcohol involvement was described by: geographic area; day of week; time of day; and location alcohol was last consumed.RESULTS: Annually, one in 118 people in the population consumed alcohol prior to involvement in a violence incident, and one in 476 people did so prior to a disorder incident. At least 71% of such people were intoxicated. Late Saturday evening was the peak time for alcohol involvement. Prior drinking in private residences and licensed premises was associated with violence and disorder incidents (respectively). The prevalence of alcohol consumption rose with increased geographic remoteness. All characteristics displayed geographic variation.CONCLUSIONS: The high prevalence of alcohol consumption, particularly intoxication, in violence and disorder incidents represents a significant public health issue for non-metropolitan NSW. Implications: Geographic variability in the prevalence and characteristics of alcohol-related crime suggests a need for locally targeted, yet evidence-based, interventions to reduce such harm. Copyright 2012 The Authors. ANZJPH Copyright 2012 Public Health Association of Australia.

Country of Publication: Australia

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

Subject Headings: Adult
 "*Alcohol Drinking/ep [Epidemiology]"
 "Alcoholic Intoxication/ep [Epidemiology]"
 Female
 Humans
 Male
 "New South Wales/ep [Epidemiology]"
 Prevalence
 "*Violence/sn [Statistics and Numerical Data]"

Source: MEDLINE

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

20. Suicidal action, emotional expression, and the performance of masculinities.

Citation: Social Science & Medicine, February 2012, vol./is. 74/4(498-505), 0277-9536;1873-5347 (2012 Feb)

Author(s): Cleary A

Institution: University College Dublin, School of Sociology, Belfield, Dublin, Ireland.
Anne.Cleary@ucd.ie

Language: English

Abstract: Male rates of suicide are significantly higher than female rates in Ireland and other Western countries, yet the process and detail of men's suicidal action is relatively unknown. This is partly due to prevailing theoretical and methodological approaches. In this area of study, macro-level, quantitative approaches predominate; and theoretical frameworks tend to adopt unitary notions of men, as well as binary, oppositional, concepts of masculinity and femininity. This inquiry, based on in-depth interviews with 52 young Irish men who made a suicide attempt, examines suicidal behaviour at the individual level. The findings demonstrate that these men experienced high levels of emotional pain but had problems identifying symptoms and disclosing distress and this, along with the coping mechanisms used, was linked to a form of masculinity prevalent in their social environment. Dominant or hegemonic masculinity norms discouraged disclosure of emotional vulnerability, and participants used alcohol and drugs to cope - which exacerbated and prolonged their distress. Over time this led to a situation where they felt their options had narrowed, and suicidal action represented a way out of their difficulties. These men experienced significant, long-lasting, emotional pain but, in the context of lives lived in environments where prevailing constructions of masculinity constrained its expression, they opted for suicide rather than disclose distress and seek help. Underpinning this study is a presumption that binary notions of male and female emotions lack substance, but that the expression of emotions is gender-specific and constrained in some social localities. Copyright Copyright 2011 Elsevier Ltd. All rights reserved.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adaptation Psychological](#)
[Adolescent](#)
[Adult](#)
[Educational Status](#)
[*Emotions](#)
[Health Behavior](#)
[Humans](#)
[Interviews as Topic](#)
[Ireland](#)
[Male](#)
[*Masculinity](#)
[Poverty](#)
["Stress Psychological/px \[Psychology\]"](#)
["Substance-Related Disorders/px \[Psychology\]"](#)
["*Suicide Attempted/px \[Psychology\]"](#)
[Young Adult](#)

Source: MEDLINE

21. Nurses' role in managing alcohol misuse among adolescents.

Citation: British Journal of Nursing, January 0001, vol./is. 21/8(474-8), 0966-0461;0966-0461 (2012 Apr 26-May 9)

Author(s): Kiernan C; Ni Fhearail A; Coyne I

Institution: Great Ormond St. Children's Hospital, London.

Language: English

Abstract: Over the past decade, there has been an increase in the amount of alcohol consumed by young people, aged 11-17 years, in the UK and Ireland, which has implications for all health professionals caring for adolescents. Alcohol misuse is increasingly common among adolescents and is a significant concern for families, communities and society. Health professionals need to be aware of the dangers involved with underage drinking,

how to recognise the signs of alcohol misuse, and how to intervene appropriately. Over the past few years, there has been a noticeable increase in the number of adolescents presenting to emergency departments (EDs) owing to alcohol-related injuries. This increase means that all nurses and other health professionals are suitably placed to provide education and support to adolescents who are consuming excessive alcohol. Regular alcohol misuse can lead to adverse health outcomes, and therefore nurses need to take an active role in health promotion to ensure that adolescents are aware of the associated dangers. This article summarises the harmful effects of underage drinking, the influencing factors and outlines the current guidelines on alcohol misuse in young people. It discusses strategies that nurses can use in the ED setting, and all healthcare settings, to motivate adolescents to change health-damaging behaviours.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Adolescent
 "*Adolescent Behavior/px [Psychology]"
 "Adolescent Health Services/st [Standards]"
 "*Alcoholism/nu [Nursing]"
 "*Alcoholism/px [Psychology]"
 Child
 Female
 Humans
 Male
 *Motivation
 *Nurse-Patient Relations
 Nursing Audit

Source: MEDLINE

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

22. Conversation with Derek Rutherford.

Citation: Addiction, May 2012, vol./is. 107/5(892-9), 0965-2140;1360-0443 (2012 May)

Author(s): Rutherford D

Language: English

Country of Publication: England

Publication Type: Interview; Portraits

Subject Headings: Achievement
 "*Alcohol Drinking/pc [Prevention and Control]"
 "*Alcoholism/pc [Prevention and Control]"
 "Alcoholism/rh [Rehabilitation]"
 Automobile Driving
 England
 Food Industry
 Health Policy
 Humans
 Politics
 Religion
 *Temperance

Source: MEDLINE

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

23. Very low rate and light smokers: smoking patterns and cessation-related behaviour in England, 2006-11.

Citation: Addiction, May 2012, vol./is. 107/5(995-1002), 0965-2140;1360-0443 (2012 May)

Author(s): Kotz D; Fidler J; West R

Institution: Department of General Practice, CAPHRI School for Public Health and Primary Care, Maastricht University Medical Centre, Maastricht, the Netherlands.
d.kotz@maastrichtuniversity.nl

Language: English

Abstract: AIMS: There is a growing interest in very low rate [fewer than one cigarette per day (CPD)] and light (one to nine CPD) smokers and in some parts of the world their numbers appear to be increasing. This paper examined changes in prevalence over the past 5 years, cessation patterns, and smoking and demographic characteristics of very low rate, light and moderate-to-heavy (10+ CPD) smokers in England.DESIGN: Cross-sectional and longitudinal data from aggregated monthly waves of a household survey: the Smoking Toolkit Study.SETTING: England.PARTICIPANTS: A total of 23,245 smokers interviewed between November 2006 and May 2011 and 4147 who provided data at 6-month follow-up.MEASUREMENTS: We compared the demographic and smoking characteristics between the three groups of smokers at baseline, and the rate of attempts to quit, use of aids to cessation and success of quit attempts at follow-up.FINDINGS: Very low rate smoking remained extremely rare (1.9% of smokers in 2006 to 2.8% in 2011), but light smoking became increasingly common (23.9-32.8%). Compared with moderate-to-heavy smokers, very low rate and light smokers were younger, more often female and from a higher socio-economic background. They were more motivated to quit and enjoyed smoking less. During the 6-month follow-up period, light smokers, but not very low rate smokers, were more likely to attempt to quit than moderate-to-heavy smokers. When they tried to quit, very low rate and light smokers used aids to cessation less than moderate-to-heavy smokers but still used them to a substantial degree: 18%, 31% and 44% used over-the-counter nicotine replacement therapy in their most recent quit attempt for the three types of smoker, respectively. Even very low rate smokers had a substantial failure rate: 65% failed in their most recent quit attempt within 6 months.CONCLUSIONS: Very low rate (fewer than one cigarette per day) and light (one to nine cigarettes per day) smokers in England are at least as motivated to quit as heavier smokers. Although they use cessation medication less than heavier smokers and are more likely to succeed, they still use such medication and fail in quit attempts to a substantial degree. Copyright 2011 The Authors, Addiction Copyright 2011 Society for the Study of Addiction.

Country of Publication: England

CAS Registry Number: 0 (Benzazepines); 0 (Dopamine Uptake Inhibitors); 0 (Nicotinic Agonists); 0 (Quinoxalines); 0 (varenicline); 34841-39-9 (Bupropion)

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

Subject Headings: [Adult](#)
["Benzazepines/tu \[Therapeutic Use\]"](#)
["Bupropion/tu \[Therapeutic Use\]"](#)
[Counseling](#)
[Cross-Sectional Studies](#)
["Dopamine Uptake Inhibitors/tu \[Therapeutic Use\]"](#)
["England/ep \[Epidemiology\]"](#)
[Female](#)
[Health Behavior](#)
[Humans](#)
[Longitudinal Studies](#)
[Male](#)
[Motivation](#)
["Nicotinic Agonists/tu \[Therapeutic Use\]"](#)
["Quinoxalines/tu \[Therapeutic Use\]"](#)
["*Smoking/ep \[Epidemiology\]"](#)
["Smoking/px \[Psychology\]"](#)
["Smoking Cessation/px \[Psychology\]"](#)
["*Smoking Cessation/sn \[Statistics and Numerical Data\]"](#)
["Tobacco Use Disorder/ep \[Epidemiology\]"](#)
[Treatment Outcome](#)

Source: MEDLINE
Full Text: Available in *fulltext* at *Wiley*

24. A poisoning of no substance: the trials of medico-legal proof in mid-Victorian England.

Citation: Journal of British Studies, 1999, vol./is. 38/1(59-93), 0021-9371;0021-9371 (1999)
Author(s): Burney IA
Language: English
Country of Publication: United States
Publication Type: Historical Article; Journal Article
Subject Headings: "England/eh [Ethnology]"
 "Expert Testimony/ec [Economics]"
 "Expert Testimony/lj [Legislation and Jurisprudence]"
 *Expert Testimony
 "Forensic Toxicology/ec [Economics]"
 "Forensic Toxicology/ed [Education]"
 "Forensic Toxicology/hi [History]"
 "Forensic Toxicology/lj [Legislation and Jurisprudence]"
 *Forensic Toxicology
 History 19th Century
 "Homicide/eh [Ethnology]"
 "Homicide/hi [History]"
 *Homicide
 "Judicial Role/hi [History]"
 *Judicial Role
 "Poisoning/eh [Ethnology]"
 "Poisoning/hi [History]"
 *Poisoning
 "Social Conditions/ec [Economics]"
 "Social Conditions/hi [History]"
 "Social Conditions/lj [Legislation and Jurisprudence]"
 "Toxicology/ec [Economics]"
 "Toxicology/ed [Education]"
 "Toxicology/hi [History]"
 "Toxicology/lj [Legislation and Jurisprudence]"

Source: MEDLINE

25. Adolescent multiple risk behaviour: an asset approach to the role of family, school and community.

Citation: Journal of Public Health, March 2012, vol./is. 34 Suppl 1/(i48-56), 1741-3842;1741-3850 (2012 Mar)
Author(s): Brooks FM; Magnusson J; Spencer N; Morgan A
Institution: Adolescent and Child Health Research Group, CRIPACC, University of Hertfordshire, College Lane Campus, Hatfield, Hertfordshire AL10 9AB, UK. f.m.brooks@herts.ac.uk
Language: English
Abstract: BACKGROUND: Engagement in risk behaviours may pose a significant threat to health if involvement spans multiple behaviours. The asset model suggests that contextual aspects of young people's lives, such as factors related to family, school and community, serve as a protective function against health risk behaviours. METHODS: A risk-taking index was created from the English health behaviour in school-aged children study on 15 years olds, substance use and sexual activity. Using a multinomial regression, potential asset variables relating to school, family, peers, community and family affluence were tested for their association with levels of risk behaviours. RESULTS: Sense of neighbourhood belonging, strong school belonging and parental involvement in decision-making about leisure time were related to lower engagement in health risk

behaviours. A weaker sense of family belonging was associated with increased risk behaviours if connectedness with teachers was also low. Factors related to school and community played a greater role in adolescent participation in health-related risk behaviours than family-related factors, including family affluence. CONCLUSIONS: Feelings of safety and belonging in the out-of-home settings of adolescents were positively associated with reduced risk behaviours, and indicate the importance of the wider community alongside parents and school as protective assets for health.

Country of Publication: England

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

Subject Headings: Adolescent
 "*Adolescent Behavior/px [Psychology]"
 Comorbidity
 "England/ep [Epidemiology]"
 *Family Relations
 Female
 "Great Britain/ep [Epidemiology]"
 Humans
 Male
 Questionnaires
 Residence Characteristics
 Risk Factors
 *Risk-Taking
 "Schools/sn [Statistics and Numerical Data]"
 "Sexual Behavior/px [Psychology]"
 "*Sexual Behavior/sn [Statistics and Numerical Data]"
 *Social Environment
 "Substance-Related Disorders/ep [Epidemiology]"
 "*Substance-Related Disorders/pc [Prevention and Control]"

Source: MEDLINE

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

26. Patterns of alcohol use and multiple risk behaviour by gender during early and late adolescence: the ALSPAC cohort.

Citation: Journal of Public Health, March 2012, vol./is. 34 Suppl 1/(i20-30), 1741-3842;1741-3850 (2012 Mar)

Author(s): MacArthur GJ; Smith MC; Melotti R; Heron J; Macleod J; Hickman M; Kipping RR; Campbell R; Lewis G

Institution: School of Social and Community Medicine, University of Bristol, Canynge Hall, 39 Whatley Road, Bristol BS8 2PS, UK. georgie.macarthur@bristol.ac.uk

Language: English

Abstract: BACKGROUND: Adolescent risk behaviours such as smoking, alcohol use and antisocial behaviour are associated with increased risk of morbidity and mortality. Patterns of risk behaviour may vary between genders during adolescence. METHODS: Analysis of data from a longitudinal birth cohort to assess the prevalence and distribution of multiple risk behaviours by gender at age 15-16 years with a focus on alcohol use at age 10, 13 and 15 years. RESULTS: By age 15 years, over half of boys and girls had consumed alcohol and one-fifth had engaged in binge drinking with no clear difference by gender. At age 15-16 years, the most prevalent risk behaviours were physical inactivity (74%), antisocial and criminal behaviour (42%) and hazardous drinking (34%). Boys and girls engaged in a similar number of behaviours but antisocial and criminal behaviours, cannabis use and vehicle-related risk behaviours were more prevalent among boys, whilst tobacco smoking, self-harm and physical inactivity were more prevalent among girls. CONCLUSION: Multiple risk behaviour is prevalent in both genders during adolescence but the pattern of individual risk behaviour varies between boys and girls.

Effective interventions at the individual, family, school, community or population level are needed to address gender-specific patterns of risk behaviour during adolescence.

Country of Publication: England

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

Subject Headings: Adolescent
 *Adolescent Behavior
 "Alcohol Drinking/ae [Adverse Effects]"
 "*Alcohol Drinking/ep [Epidemiology]"
 Child
 Comorbidity
 "Crime/sn [Statistics and Numerical Data]"
 Female
 "Great Britain/ep [Epidemiology]"
 Humans
 Longitudinal Studies
 Male
 *Risk-Taking
 Sedentary Lifestyle
 "Self-Injurious Behavior/ep [Epidemiology]"
 Sex Distribution
 "Social Behavior Disorders/ep [Epidemiology]"
 "Substance-Related Disorders/co [Complications]"
 "Substance-Related Disorders/ep [Epidemiology]"
 "Unsafe Sex/sn [Statistics and Numerical Data]"

Source: MEDLINE

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

27. Policy responses to multiple risk behaviours in adolescents.

Citation: Journal of Public Health, March 2012, vol./is. 34 Suppl 1/(i11-9), 1741-3842;1741-3850 (2012 Mar)

Author(s): Hale DR; Viner RM

Institution: General and Adolescent Pediatrics, Institute of Child Health, UCL, 30 Guilford St, London WC1N 1EH, UK. daniel.hale@ucl.ac.uk

Language: English

Abstract: Adolescence has long been considered a period of increased risk behaviour. This supposition has been supported by a wealth of empirical evidence and recently, health risk behaviours have been identified as a key mechanism for the general deterioration of adolescent health relative to other age groups. Research regarding adolescent risk behaviour suggests that there are often strong links between individual risk behaviours. The mechanisms for these associations have been attributed to common risk and protective factors, as well as gateway effects stemming from increased accessibility to additional risk behaviours. This has important implications for policy interventions designed to reduce risk behaviours in adolescence. Not only does a multiple risk behaviour approach increase the effectiveness of individual risk behaviour policy, but it is also conducive to a more cohesive, coherent and efficient approach to adolescent risk in general. Several examples of cohesive policy responses to multiple risk behaviours have emerged, but generally, policy remains segregated into individual risk domains. With increasing evidence for the effectiveness of integrated approaches, multiple risk behaviours require consideration to design and implement effective and efficient policy responses.

Country of Publication: England

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

Subject Headings: Adolescent

"*Adolescent Behavior/px [Psychology]"
 "Cause of Death/td [Trends]"
 Child
 Comorbidity
 "Developed Countries/sn [Statistics and Numerical Data]"
 "Great Britain/ep [Epidemiology]"
 *Health Behavior
 *Health Policy
 "Health Promotion/mt [Methods]"
 "*Health Promotion/st [Standards]"
 Humans
 *Risk-Taking
 "Substance-Related Disorders/co [Complications]"
 "Substance-Related Disorders/ep [Epidemiology]"
 "*Substance-Related Disorders/pc [Prevention and Control]"
 "United States/ep [Epidemiology]"
 "Unsafe Sex/de [Drug Effects]"
 "*Unsafe Sex/pc [Prevention and Control]"
 "Unsafe Sex/sn [Statistics and Numerical Data]"
 Young Adult

Source: MEDLINE

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

28. Association of life course socioeconomic disadvantage with future problem drinking and heavy drinking: gender differentials in the west of Scotland.

Citation: International Journal of Public Health, February 2012, vol./is. 57/1(119-26), 1661-8556;1661-8564 (2012 Feb)

Author(s): Batty GD; Bhaskar A; Emslie C; Benzeval M; Der G; Lewars H; Hunt K

Institution: Department of Epidemiology and Public Health, UCL, London, UK.
 david.batty@ucl.ac.uk

Language: English

Abstract: OBJECTIVE: To examine gender differentials in the association between life course socioeconomic disadvantage and the risk of exceeding internationally recognised weekly and daily guidelines for 'sensible' alcohol consumption and problem drinking. METHODS: A population-representative cohort study of 1,218 men and women from the west of Scotland, UK was conducted. Data on life course socioeconomic position were collected in 1987/1988 (at around 35 years of age). Alcohol consumption patterns (detailed 7-day recall) and problem drinking (CAGE questionnaire) were ascertained in 1990/1992. RESULTS: There was evidence of marked gender divergence in the socioeconomic position-alcohol intake/problem gradients. Typically, disadvantage in men conferred an increased risk of exceeding 'sensible' guidelines for weekly consumption (for own education and adult social class) and having alcohol problems (for employment status, income, adult social class and car ownership). In contrast, a reverse gradient was evident in women where adverse social status was generally associated with a reduced prevalence of these outcomes. CONCLUSION: Investigators should consider more carefully socioeconomic patterning of alcohol intake, and possibly other health-related behaviours, separately in men and women.

Country of Publication: Switzerland

Publication Type: Journal Article

Subject Headings: Adult
 "*Alcoholism/ep [Epidemiology]"
 Female
 Forecasting
 Humans
 Male

Questionnaires
 "Scotland/ep [Epidemiology]"
 *Social Class

Source: MEDLINE

29. Anti-Parkinsonian drug discovery from herbal medicines: what have we got from neurotoxic models?.

Citation: Journal of Ethnopharmacology, February 2012, vol./is. 139/3(698-711), 0378-8741;1872-7573 (2012 Feb 15)

Author(s): Song JX; Sze SC; Ng TB; Lee CK; Leung GP; Shaw PC; Tong Y; Zhang YB

Institution: School of Chinese Medicine, LKS Faculty of Medicine, The University of Hong Kong, Pokfulam, Hong Kong, China.

Language: English

Abstract: ETHNOPHARMACOLOGICAL RELEVANCE: Herbal medicines are used to treat Parkinson's disease (PD) in ancient medical systems in Asian countries such as India, China, Japan and Korea based on their own anecdotal or experience-based theories. AIM OF THE REVIEW: To systematically summarize and analyze the anti-Parkinsonian activities of herbal preparations (including active compounds, herbal extracts and formulations) investigated in the neurotoxic models of PD and provide future references for basic and clinical investigations. MATERIALS AND METHODS: All the herbal materials tested on in vitro and in vivo neurotoxic models of PD were retrieved from PubMed database by using pre-set searching strings. The relevant compounds and herbal extracts with anti-Parkinsonian activities were included and analyzed according to their chemical classifications or biological activities. RESULTS: A total of 51 herbal medicines were analyzed. A diversity of compounds isolated from herbal materials were reported to be effective on neurotoxic models of PD by modulating multiple key events or signaling pathways implicated in the pathogenesis of PD. The main structure types of these compounds belong to catechols, stilbenoids, flavonoids, phenylpropanoids and lignans, phenylethanoid glycosides and terpenes. Although some herbal extracts and formulations have shown positive results on PD animal models, the relative compounds accounting for the effects and the underlying mechanisms remain to be further investigated. CONCLUSIONS: Herbal medicines can be an alternative and valuable source for anti-Parkinsonian drug discovery. Compounds classified into stilbenoids, flavonoids, catechols and terpenes may be the most promising candidates for further investigation. Some well-studies compounds such as baicalein, puerarin, resveratrol, curcumin and ginsenosides deserve further consideration in clinical trials. In-depth experimental studies are still needed to evaluate the efficacy of herbal extracts and formulations in PD models. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Plant Preparations)

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

Subject Headings: [Drug Discovery](#)
[Humans](#)
[Models Neurological](#)
[*Neurotoxicity Syndromes/dt \[Drug Therapy\]"](#)
[*Parkinson Disease/dt \[Drug Therapy\]"](#)
[*Phytotherapy](#)
[*Plant Preparations/tu \[Therapeutic Use\]"](#)
[*Plants Medicinal/ch \[Chemistry\]"](#)

Source: MEDLINE

30. Cross-cultural comparison of medicinal floras used against snakebites.

Citation: Journal of Ethnopharmacology, February 2012, vol./is. 139/3(863-72), 0378-8741;1872-7573 (2012 Feb 15)

Author(s): Molander M; Saslis-Lagoudakis CH; Jager AK; Ronsted N

Institution: Department of Medicinal Chemistry, Faculty of Pharmaceutical Sciences, University of Copenhagen, Copenhagen, Denmark. mmo@farma.ku.dk

Language: English

Abstract: ETHNOPHARMACOLOGICAL RELEVANCE: Envenomation causes an estimated 1.8-2.5 million incidences per year with a mortality level of 100-125,000 persons annually and more than 100,000 individuals suffer from severe complications, which may end in amputation of the attacked limb. The use of plants is a major part of the traditional practitioners' treatment of snakebites. MATERIALS AND METHODS: A database was created for plants used to treat snakebites worldwide. From this database, we selected five countries with a high number of entries and representing different cultures, geography and floristic zones: Brazil, Nicaragua, Nepal, China and South Africa. The datasets were analysed by regression and binominal analysis to see if any family or genus used against snakebites was overrepresented in the respective traditional medicinal systems relative to the abundance in the local flora. The families from the different geographical areas were compared to ascertain whether the same plant families are preferred by different peoples. RESULTS: Three 'hot' families (Apocynaceae, Lamiaceae and Rubiaceae) were recovered in at least two of the five compared countries in the regression analyses and one 'hot' family (Zingiberaceae) was recovered in two of the compared countries in the binomial analyses. Four out of five floras possess families identified as outliers in both regression and binomial analyses. Eight families were recovered by both the binomial and the regression analysis (40-62% of all highlighted families respectively). At the genus level, only Piper (Piperaceae) was recovered as a 'hot' genus in at least two floras. Seven genera were highlighted by both analyses (25-44% of the highlighted genera). CONCLUSIONS: Cross-cultural comparison of medicinal floras used against snakebites appears to be useful for highlighting candidate families and genera for further studies. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Plant Extracts)

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

Subject Headings: [*Angiosperms](#)
[Apocynaceae](#)
[Brazil](#)
[China](#)
[Cross-Cultural Comparison](#)
[Humans](#)
[Lamiaceae](#)
[*Medicine Traditional](#)
[Nepal](#)
[Nicaragua](#)
[*Phytotherapy](#)
[Piper](#)
["Plant Extracts/pd \[Pharmacology\]"](#)
["*Plant Extracts/tu \[Therapeutic Use\]"](#)
[*Plants Medicinal](#)
[Rubiaceae](#)
["*Snake Bites/dt \[Drug Therapy\]"](#)
[South Africa](#)
[Zingiberaceae](#)

Source: MEDLINE

31. Role of cinnabar and realgar of WSHFD in protecting against LPS-induced neurotoxicity.

Citation: Journal of Ethnopharmacology, February 2012, vol./is. 139/3(822-8), 0378-8741;1872-7573 (2012 Feb 15)

Author(s): Zhang F; Lu Y; Wu Q; Yan J; Shi J; Liu J

Institution: Department of Pharmacology and Key Lab of Basic Pharmacology of Guizhou, Zunyi Medical College, Zunyi, PR China. zhangfengzmc@163.com

Language: English

Abstract: ETHNOPHARMACOLOGICAL RELEVANCE: Wan-Sheng-Hua-Feng-Dan (WSHFD) is a traditional Chinese medicine used for the treatment of neurological disorders. Cinnabar (HgS) and realgar (As(4)S(4)) are included in WSHFD. Are they remedies or poisons? AIM OF STUDY: To investigate the role of cinnabar and realgar in the protective effects of WSHFD on lipopolysaccharide (LPS)-induced neurotoxicity. MATERIALS AND METHODS: Rat primary midbrain neuron-glia cultures were used to explore the effects of WSHFD on LPS-induced dopamine (DA) neurodegeneration. The experiment was randomly divided into control, LPS, LPS+removed (cinnabar and realgar in WSHFD were removed), LPS+reduced (cinnabar and realgar in WSHFD were reduced by 65%) and LPS+original (10% cinnabar and 10% realgar in WSHFD) groups. Dopaminergic neurotoxicity was assessed by [(3)H]DA uptake assay and the quantification of tyrosine hydroxylase (TH)-positive neurons. Microglial activation was evaluated using an anti-OX-42 antibody. The release of intracellular reactive oxygen species (ROS) was quantified via the DCFH-DA probe. The transcripts and production of pro-inflammatory factors were examined by real-time RT-PCR analysis and ELISA, respectively. RESULTS: WSHFD (original) significantly attenuated LPS-induced decrease of DA uptake capacity and TH-positive neuron number, inhibited microglial activation, decreased LPS-induced ROS production, ameliorated LPS-induced elevations of the mRNA expressions of TNFalpha, iNOS, IL-1beta and COX-2 and the subsequent production of TNFalpha, NO, IL-1beta and PGE(2) in neuron-glia cultures. However, WSHFD (removed) and (reduced) failed to protect against LPS-induced neurotoxicity. CONCLUSION: Cinnabar and realgar were active ingredients of WSHFD in producing protective effects against LPS-induced neurotoxicity. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Anti-Inflammatory Agents); 0 (Arsenicals); 0 (Drugs, Chinese Herbal); 0 (Inflammation Mediators); 0 (Lipopolysaccharides); 0 (Mercury Compounds); 0 (Neuroprotective Agents); 0 (RNA, Messenger); 0 (Reactive Oxygen Species); 0 (Sulfides); 19122-79-3 (cinnabar); 56320-22-0 (arsenic disulfide); EC 1-14-16-2 (Tyrosine 3-Monooxygenase)

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

Subject Headings: "Angiosperms/ch [Chemistry]"
Animals
"Anti-Inflammatory Agents/pd [Pharmacology]"
"Anti-Inflammatory Agents/tu [Therapeutic Use]"
"Arsenicals/pd [Pharmacology]"
"*Arsenicals/tu [Therapeutic Use]"
"*Dopamine/me [Metabolism]"
"Drugs Chinese Herbal/ch [Chemistry]"
"Drugs Chinese Herbal/pd [Pharmacology]"
"*Drugs Chinese Herbal/tu [Therapeutic Use]"
Female
"Inflammation Mediators/me [Metabolism]"
Lipopolysaccharides
"Mercury Compounds/pd [Pharmacology]"
"*Mercury Compounds/tu [Therapeutic Use]"
"Mesencephalon/cy [Cytology]"
"*Mesencephalon/de [Drug Effects]"
"Mesencephalon/me [Metabolism]"
"Microglia/de [Drug Effects]"
"Neurons/de [Drug Effects]"
"Neurons/me [Metabolism]"
"Neuroprotective Agents/pd [Pharmacology]"
"Neuroprotective Agents/tu [Therapeutic Use]"
"*Neurotoxicity Syndromes/dt [Drug Therapy]"

"Neurotoxicity Syndromes/ge [Genetics]"
 "Neurotoxicity Syndromes/me [Metabolism]"
 *Phytotherapy
 "RNA Messenger/me [Metabolism]"
 Random Allocation
 Rats
 Rats Wistar
 "Reactive Oxygen Species/me [Metabolism]"
 "Sulfides/pd [Pharmacology]"
 "*Sulfides/tu [Therapeutic Use]"
 "Tyrosine 3-Monooxygenase/me [Metabolism]"

Source: MEDLINE

32. Ibogaine and the inhibition of acetylcholinesterase.

Citation: Journal of Ethnopharmacology, February 2012, vol./is. 139/3(879-82), 0378-8741;1872-7573 (2012 Feb 15)

Author(s): Alper K; Reith ME; Sershen H

Institution: Department of Psychiatry, New York University School of Medicine, New York, NY 10016, USA. kral@nyu.edu

Language: English

Abstract: ETHNOPHARMACOLOGICAL RELEVANCE: Ibogaine is a psychoactive monoterpine indole alkaloid extracted from the root bark of Tabernanthe iboga Baill. that is used globally in medical and nonmedical settings to treat drug and alcohol addiction, and is of interest as an ethnopharmacological prototype for experimental investigation and pharmaceutical development. The question of whether ibogaine inhibits acetylcholinesterase (AChE) is of pharmacological and toxicological significance. MATERIALS AND METHODS: AChE activity was evaluated utilizing reaction with Ellman's reagent with physostigmine as a control. RESULTS: Ibogaine inhibited AChE with an IC(50) of 520+/-40 muM. CONCLUSIONS: Ibogaine's inhibition of AChE is physiologically negligible, and does not appear to account for observations of functional effects in animals and humans that might otherwise suggest the possible involvement of pathways linked to muscarinic acetylcholine transmission. Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Cholinesterase Inhibitors); 0 (Plant Extracts); 57-47-6 (Physostigmine); 83-74-9 (Ibogaine); EC 3-1-1-7 (Acetylcholinesterase)

Publication Type: Journal Article

Subject Headings: "*Acetylcholinesterase/me [Metabolism]"
 Animals
 "*Cholinesterase Inhibitors/pd [Pharmacology]"
 Humans
 "*Ibogaine/pd [Pharmacology]"
 "Physostigmine/pd [Pharmacology]"
 Plant Bark
 "*Plant Extracts/pd [Pharmacology]"
 Plant Roots
 "*Tabernaemontana/ch [Chemistry]"

Source: MEDLINE

33. Dangguijakyak-san protects dopamine neurons against 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine-induced neurotoxicity under postmenopausal conditions.

Citation: Journal of Ethnopharmacology, February 2012, vol./is. 139/3(883-8), 0378-8741;1872-7573 (2012 Feb 15)

Author(s): Lee JM; Hwang DS; Kim HG; Lee CH; Oh MS

Institution: Department of Oriental Gynecology, College of Oriental Medicine, Kyung Hee University, Seoul, Republic of Korea.

Language: English

Abstract: UNLABELLED: Dangguijakyak-san protects dopamine neurons against 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine-induced neurotoxicity under postmenopausal conditions.ETHNOPHARMACOLOGICAL RELEVANCE: Dangguijakyak-san (DJS), a famous traditional herbal formula, has long been used to treat gynecological disorders, including postmenopausal symptoms. This study evaluated the effects and mechanism of DJS on 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP)-induced neurotoxicity in a postmenopausal mouse model induced by ovariectomy.MATERIALS AND METHODS: Three weeks after ovariectomy, C57bl/6 female mice were divided randomly into (1) control, (2) MPTP (30 mg/kg/day, i.p., 5 days), (3) MPTP+estrogen (50 mug/kg/day, i.p., 5 days), and (4) MPTP+DJS (50 mg/kg/day, p.o., 5 days) groups. We investigated the behavioral recovery and dopamine neuron protection of DJS using the pole test and tyrosine hydroxylase (TH) immunohistochemistry. We also explored the mechanism by assessing the protein expression of Bax, Bcl-2, cytochrome c, and cleaved caspase-3.RESULTS: DJS treatment restored the movement behavior impaired by MPTP, showing a similar or better effect than estrogen. DJS protected TH-immunoreactive cells and fibers in the nigrostriatal region from MPTP toxicity. In addition, DJS inhibited the Bcl-2 decrease and Bax increase in mitochondria, cytochrome c release to the cytosol, and caspase-3 activation induced by MPTP.CONCLUSIONS: DJS showed behavior recovery and dopamine neuron protection against MPTP-induced toxicity via anti-apoptotic activities in ovariectomized female mice. These results suggest that DJS treatment is effective for postmenopausal neurodegenerative diseases. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Drugs, Chinese Herbal); 0 (Estrogens); 0 (Neuroprotective Agents); 0 (Proto-Oncogene Proteins c-bcl-2); 0 (bcl-2-Associated X Protein); 28289-54-5 (1-Methyl-4-phenyl-1,2,3,6-tetrahydropyridine); 9007-43-6 (Cytochromes c); EC 3-4-22 (Caspase 3)

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

Subject Headings: 1-Methyl-4-phenyl-1 2 3 6-tetrahydropyridine
Animals
"Behavior Animal/de [Drug Effects]"
"*Brain/de [Drug Effects]"
"Brain/me [Metabolism]"
"Caspase 3/me [Metabolism]"
"Cytochromes c/me [Metabolism]"
Disease Models Animal
"*Dopaminergic Neurons/de [Drug Effects]"
"Dopaminergic Neurons/me [Metabolism]"
"Drugs Chinese Herbal/pd [Pharmacology]"
"*Drugs Chinese Herbal/tu [Therapeutic Use]"
"Estrogens/pd [Pharmacology]"
Female
"*MPTP Poisoning/dt [Drug Therapy]"
"MPTP Poisoning/me [Metabolism]"
Mice
Mice Inbred C57BL
"Mitochondria/de [Drug Effects]"
"Mitochondria/me [Metabolism]"
"Movement/de [Drug Effects]"
"Neuroprotective Agents/pd [Pharmacology]"
"*Neuroprotective Agents/tu [Therapeutic Use]"
Ovariectomy
"*Parkinson Disease/dt [Drug Therapy]"

"Parkinson Disease/me [Metabolism]"
 *Phytotherapy
 Poria
 Postmenopause
 "Proto-Oncogene Proteins c-bcl-2/me [Metabolism]"
 Random Allocation
 "T-Lymphocytes Helper-Inducer/de [Drug Effects]"
 "bcl-2-Associated X Protein/me [Metabolism]"

Source: MEDLINE

34. PI3K/Akt pathway activation was involved in acute ethanol-induced fatty liver in mice.

Citation: Toxicology, June 2012, vol./is. 296/1-3(56-66), 0300-483X;1879-3185 (2012 Jun 14)

Author(s): Zeng T; Zhang CL; Song FY; Zhao XL; Yu LH; Zhu ZP; Xie KQ

Institution: Institute of Toxicology, School of Public Health, Shandong University, 44 Wenhua West Road, Shandong Province, Jinan City 250012, People's Republic of China.
 zengtao1311@yahoo.com.cn

Language: English

Abstract: Accumulating evidences support the important roles of sterol regulatory element-binding protein-1 (SREBP-1) activation in ethanol-induced fatty liver, but the underlying mechanisms for its activation are not fully understood. Recent studies have demonstrated that phosphatidylinositol 3 kinase (PI3K)/Akt pathway activation could enhance SREBP-1 activity. The current study was designed to investigate the potential roles of PI3K/Akt pathway in acute ethanol-induced fatty liver in mice. In the first experiment, mice were treated with ethanol (2.5 or 5 g/kg bw) or isocaloric/isovolumetric maltose-dextrin solution, and sacrificed at several time points after ethanol exposure. As expected, ethanol dose-dependently increased the hepatic triglyceride (TG) levels and the protein levels of the mature form of SREBP-1 (n-SREBP-1). The phosphorylation of Akt and glycogen synthase kinase-3beta (GSK-3beta) was significantly increased in mice treated with ethanol (5 g/kg bw), while the protein levels of PI3K-p85 were significantly reduced. To confirm the roles of PI3K/Akt pathway, mice were then pretreated with wortmannin (0.7 or 1.4 mg/kg bw), a specific PI3K/Akt pathway inhibitor, before exposure to ethanol. Interestingly, a dual effect of wortmannin was observed. Low dose of wortmannin significantly reduced the hepatic TG levels, while high dose of wortmannin aggravated ethanol-induced fatty liver. The ratio of LC3II/LC3I of wortmannin (1.4 mg/kg bw) group mice was significantly increased, while the p62 protein level was significantly decreased compared to those of ethanol group, which indicated that wortmannin (1.4 mg/kg bw) might suppress the lipid degradation by autophagy. These results supported the hypothesis that PI3K/Akt activation might be involved in acute ethanol-induced fatty liver, and PI3K/Akt inhibitors might have therapeutic potential for the treatment of ethanol-induced fatty liver. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Androstadienes); 0 (Protein Kinase Inhibitors); 0 (Srebfl protein, mouse); 0 (Sterol Regulatory Element Binding Protein 1); 0 (Triglycerides); 19545-26-7 (wortmannin); 64-17-5 (Ethanol); EC 2-7-1 (Phosphatidylinositol 3-Kinases); EC 2-7-11-1 (Proto-Oncogene Proteins c-akt); EC 2-7-11-1 (glycogen synthase kinase 3 beta); EC 2-7-11-26 (Glycogen Synthase Kinase 3)

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

Subject Headings: "Androstadienes/pd [Pharmacology]"
 Animals
 Ethanol
 "*Fatty Liver Alcoholic/me [Metabolism]"
 "Fatty Liver Alcoholic/pa [Pathology]"
 "Glycogen Synthase Kinase 3/me [Metabolism]"
 "Liver/de [Drug Effects]"
 "Liver/me [Metabolism]"

"Liver/pa [Pathology]"
 Male
 Mice
 "*Phosphatidylinositol 3-Kinases/me [Metabolism]"
 "Protein Kinase Inhibitors/pd [Pharmacology]"
 "*Proto-Oncogene Proteins c-akt/me [Metabolism]"
 "Sterol Regulatory Element Binding Protein 1/me [Metabolism]"
 "Triglycerides/me [Metabolism]"

Source: MEDLINE

35. Perhaps not such a great threat to public health in the UK.

Citation: BMJ, 2012, vol./is. 344/(e2251; author reply e2255), 0959-535X;1756-1833 (2012)

Author(s): Lachenmeier DW; Rehm J

Language: English

Country of Publication: England

CAS Registry Number: 64-17-5 (Ethanol)

Publication Type: Comment; Letter

Subject Headings: "[*Alcohol-Related Disorders/ep \[Epidemiology\]](#)"
 "[*Alcoholic Beverages/sn \[Statistics and Numerical Data\]](#)"
 *Ethanol
 "[*Food Industry/lj \[Legislation and Jurisprudence\]](#)"
 Humans

Source: MEDLINE

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

36. Non-lipid effects of rosuvastatin-fenofibrate combination therapy in high-risk Asian patients with mixed hyperlipidemia.

Citation: Atherosclerosis, March 2012, vol./is. 221/1(169-75), 0021-9150;1879-1484 (2012 Mar)

Author(s): Lee SH; Cho KI; Kim JY; Ahn YK; Rha SW; Kim YJ; Choi YS; Choi SW; Jeon DW; Min PK; Choi DJ; Baek SH; Kim KS; Byun YS; Jang Y

Institution: Cardiology Division, Department of Internal Medicine, Yonsei University College of Medicine, Seoul, Republic of Korea.

Language: English

Abstract: OBJECTIVE: The aim of this study is to compare the non-lipid effects of rosuvastatin-fenofibrate combination therapy with rosuvastatin monotherapy in high-risk Asian patients with mixed hyperlipidemia. METHODS: A total of 236 patients were initially screened. After six weeks of diet and life style changes, 180 of these patients were randomly assigned to receive one of two regimens: rosuvastatin 10 mg plus fenofibrate 160 mg or rosuvastatin 10 mg. The primary outcome variables were the incidences of muscle or liver enzyme elevation. The patients were followed for 24 weeks during drug treatment and for an additional four weeks after drug discontinuation. RESULTS: The rates of the primary outcome variables were similar between the two groups (2.8% and 3.9% in the combination and the rosuvastatin groups, respectively, $p=1.00$). The combination group had more, but not significantly, common treatment-related adverse events (AEs) (13.3% and 5.6%, respectively) and drug discontinuation due to AEs (10.0% and 3.3%, respectively) than the rosuvastatin group. Combination therapy was associated with higher elevations in homocysteine, blood urea nitrogen, and serum creatinine, whereas elevation in alanine aminotransferase was greater in the rosuvastatin group. Leukocyte count and hemoglobin level decreased to a greater extent in the combination group. The combination group showed greater reductions in TG and elevation in HDL-cholesterol. CONCLUSION: In our study population, the rosuvastatin-fenofibrate combination resulted in comparable incidences of myo- or

hepatotoxicity as rosuvastatin monotherapy. However, this combination may need to be used with caution in individuals with underlying pathologies such as renal dysfunction (NCT01414803). Copyright ACopyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication:	Ireland
CAS Registry Number:	0 (Biological Markers); 0 (Blood Glucose); 0 (Drug Combinations); 0 (Enzymes); 0 (Fluorobenzenes); 0 (Hemoglobins); 0 (Hydroxymethylglutaryl-CoA Reductase Inhibitors); 0 (Hypolipidemic Agents); 0 (Lipids); 0 (Pyrimidines); 0 (Sulfonamides); 287714-41-4 (rosuvastatin); 454-28-4 (Homocysteine); 49562-28-9 (Fenofibrate); 60-27-5 (Creatinine)
Publication Type:	Journal Article; Multicenter Study; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Subject Headings:	<p>Aged</p> <p>*Asian Continental Ancestry Group</p> <p>"Biological Markers/bl [Blood]"</p> <p>"Blood Glucose/me [Metabolism]"</p> <p>Blood Urea Nitrogen</p> <p>"Cardiovascular Diseases/bl [Blood]"</p> <p>"Cardiovascular Diseases/eh [Ethnology]"</p> <p>"Cardiovascular Diseases/et [Etiology]"</p> <p>*"Cardiovascular Diseases/pc [Prevention and Control]"</p> <p>"Creatinine/bl [Blood]"</p> <p>Drug Combinations</p> <p>"Drug-Induced Liver Injury/bl [Blood]"</p> <p>"Drug-Induced Liver Injury/et [Etiology]"</p> <p>"Enzymes/bl [Blood]"</p> <p>Female</p> <p>"Fenofibrate/ae [Adverse Effects]"</p> <p>*"Fenofibrate/tu [Therapeutic Use]"</p> <p>"Fluorobenzenes/ae [Adverse Effects]"</p> <p>*"Fluorobenzenes/tu [Therapeutic Use]"</p> <p>"Hemoglobins/me [Metabolism]"</p> <p>"Homocysteine/bl [Blood]"</p> <p>Humans</p> <p>"Hydroxymethylglutaryl-CoA Reductase Inhibitors/ae [Adverse Effects]"</p> <p>*"Hydroxymethylglutaryl-CoA Reductase Inhibitors/tu [Therapeutic Use]"</p> <p>"Hyperlipidemias/bl [Blood]"</p> <p>"Hyperlipidemias/co [Complications]"</p> <p>*"Hyperlipidemias/dt [Drug Therapy]"</p> <p>"Hyperlipidemias/eh [Ethnology]"</p> <p>"Hypolipidemic Agents/ae [Adverse Effects]"</p> <p>*"Hypolipidemic Agents/tu [Therapeutic Use]"</p> <p>"Lipids/bl [Blood]"</p> <p>"Liver/de [Drug Effects]"</p> <p>"Liver/en [Enzymology]"</p> <p>Male</p> <p>Middle Aged</p> <p>"Muscle Skeletal/de [Drug Effects]"</p> <p>"Muscle Skeletal/en [Enzymology]"</p> <p>Patient Selection</p> <p>"Pyrimidines/ae [Adverse Effects]"</p> <p>*"Pyrimidines/tu [Therapeutic Use]"</p> <p>"Republic of Korea/ep [Epidemiology]"</p> <p>"Rhabdomyolysis/bl [Blood]"</p> <p>"Rhabdomyolysis/ci [Chemically Induced]"</p> <p>Risk Assessment</p> <p>Risk Factors</p> <p>"Sulfonamides/ae [Adverse Effects]"</p> <p>*"Sulfonamides/tu [Therapeutic Use]"</p>

[Time Factors](#)
[Treatment Outcome](#)

Source: MEDLINE

37. Risk of road traffic accidents in patients discharged following treatment for psychotropic drug overdose: a self-controlled case series study in Australia.

Citation: CNS Drugs, March 2012, vol./is. 26/3(269-76), 1172-7047;1172-7047 (2012 Mar 1)

Author(s): Dassanayake TL; Jones AL; Michie PT; Carter GL; McElduff P; Stokes BJ; Whyte IM

Institution: School of Psychology, The University of Newcastle, Newcastle, NSW, Australia.

Language: English

Abstract: BACKGROUND: Use of psychotropic drugs is known to impair driving and increase the risk of road traffic accidents. They are also the most common drugs taken in overdose in hospital-treated episodes of self-poisoning. Most patients who take psychotropic drug overdoses are discharged within 48 hours, while they still have possible subclinical drug effects. OBJECTIVE: Using a self-controlled case series design, we aimed to determine whether patients with psychotropic drug overdose are at a higher risk of a traffic accident in the period following discharge compared with a control period not associated with hospital-treated drug overdose. METHODOLOGY: Using the New South Wales (NSW) Admitted Patient Data Collection (APDC) as the primary source, we retrieved 40[THIN SPACE]845 hospital separation records dated between 1 July 2000 and 30 June 2008 (8 years) in patients aged 18-80 years admitted to a hospital in NSW following an intentional self-poisoning with a psychotropic drug (coded X61 or X62 as the International Classification of Diseases, 10th Edition, [ICD-10] external cause of injury). Of these, 33459 hospital separations (i.e. discharges, transfers and deaths) involving 24[THIN SPACE]284 patients were considered eligible as the patients were discharged directly into the community where they could have driven a motor vehicle. We selected three separate post-admission periods (3 days, 1 week and 4 weeks), subtracted the number of inpatient days from each and calculated three separate post-discharge periods (immediate, intermediate and extended, respectively) for each episode of overdose. The control period was the duration of the study period where the individual was aged 18 years or older, excluding the total person-days in the post-discharge period/s and the index inpatient period/s. The APDC dataset was linked to the NSW Roads and Traffic Authority CrashLink dataset to identify any accidents in which each patient was involved as a motor-vehicle driver during the follow-up period. Incidence rate ratio (IRR) for matched post-discharge and control periods was found using random effects Poisson regression. RESULTS: Seventy-two percent of the subjects were discharged within 2 days following their admission with overdose. Compared with the corresponding control periods the risk of a traffic accident was 3.5 times higher (IRR[THIN SPACE]=[THIN SPACE]3.49; 95% CI 1.66, 7.33; p[THIN SPACE]=[THIN SPACE]0.001) during the immediate, 1.9 times higher (IRR[THIN SPACE]=[THIN SPACE]1.88; 95% CI 1.09, 3.25; p[THIN SPACE]=[THIN SPACE]0.023) during the intermediate and 1.6 times higher (IRR[THIN SPACE]=[THIN SPACE]1.65; 95% CI 1.27, 2.15; p[THIN SPACE]=[THIN SPACE]0.0002) during the extended post-discharge period. CONCLUSIONS: Self-poisoning with psychotropic drugs is associated with a markedly increased risk of a traffic accident during the first few days following discharge. These findings raise clinical and medico-legal implications concerning fitness-to-drive during this period. The risk reduces with time but remains significantly elevated after 4 weeks post-overdose. Further research is necessary to find out the factors contributing to this ongoing risk.

Country of Publication: New Zealand

CAS Registry Number: 0 (Psychotropic Drugs)

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

Subject Headings: ["*Accidents Traffic/sn \[Statistics and Numerical Data\]"](#)
[Adolescent](#)
[Adult](#)
[Aged](#)

[Aged 80 and over](#)
["Australia/ep \[Epidemiology\]"](#)
["Automobile Driving/sn \[Statistics and Numerical Data\]"](#)
[Databases Factual](#)
[Female](#)
[Humans](#)
[Incidence](#)
[Male](#)
[Middle Aged](#)
["New South Wales/ep \[Epidemiology\]"](#)
["Overdose/px \[Psychology\]"](#)
["Patient Discharge/sn \[Statistics and Numerical Data\]"](#)
["*Psychotropic Drugs/po \[Poisoning\]"](#)
[Risk](#)
[Time Factors](#)

Source: MEDLINE

38. Reported paediatric adverse drug reactions in the UK 2000-2009.

Citation: British Journal of Clinical Pharmacology, March 2012, vol./is. 73/3(437-46), 0306-5251;1365-2125 (2012 Mar)

Author(s): Hawcutt DB; Mainie P; Riordan A; Smyth RL; Pirmohamed M

Institution: Division of Developmental and Reproductive Medicine, University of Liverpool, Liverpool Northwick Park Hospital, Watford Road, Harrow, London Alder Hey Children's Hospital, Liverpool Department of Molecular and Clinical Pharmacology, University of Liverpool, Liverpool, UK.

Language: English

Abstract: AIMS: The UK Medicines and Healthcare products Regulatory Agency (MHRA) runs a national spontaneous reporting system (Yellow Card Scheme) to collect 'suspected' adverse drug reaction (ADR) data. MHRA advice is to report all suspected ADRs in paediatric (<17 years) patients. METHODS: Data on all ADRs reported to the MHRA in patients <17 years from the years 2000-9 were supplied in two datasets, inclusive and exclusive of vaccines. RESULTS: Of 222[em space]755 ADR reports received by the MHRA from 2000-9, 31726 (14.2%) were in children <17 years. The number of reports in 2000 was greater than in subsequent years (12035) due to a national vaccination programme (Meningococcal Serogroup C conjugate vaccine). The median number of ADR reports per annum (2001-2009) for children was 2146 (95% CI 1801, 2575). Vaccines were included in 22102 (66.5%) paediatric ADR reports, with Meningococcal Serogroup C conjugate vaccine reported most frequently (12106 reports) and headache the commonest symptom (3163). Excluding vaccines, methylphenidate (653 reports) and atomoxetine (491) were the most commonly reported medications, and the most commonly reported symptom was vomiting (374). Reporting by nurses increased from 396 in 2001 to 1295 in 2009 (41.8% of all reports); reporting by doctors stayed constant. Reports from patients, parents or carers more than doubled but remained infrequent (1.5% in 2005, 4.0% in 2009). CONCLUSIONS: Although under-reporting is probably common, the Yellow Card Scheme in the UK receives more than 2000 reports per year on patients <17 years. Nurses now report more suspected ADRs in children than any other healthcare professional. Copyright 2011 The Authors. British Journal of Clinical Pharmacology Copyright 2011 The British Pharmacological Society.

Country of Publication: England

CAS Registry Number: 0 (Pharmaceutical Preparations)

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

Subject Headings: [Adolescent](#)
["*Adverse Drug Reaction Reporting Systems/sn \[Statistics and Numerical Data\]"](#)
[Child](#)
[Child Preschool](#)
["*Drug Toxicity/ep \[Epidemiology\]"](#)

"Great Britain/ep [Epidemiology]"
 "Health Personnel/sn [Statistics and Numerical Data]"
 Humans
 Infant
 "*Pharmaceutical Preparations/ae [Adverse Effects]"
 "*Vaccination/ae [Adverse Effects]"

Source: MEDLINE
Full Text: Available in *fulltext* at *Wiley*

39. Dietary intake of cadmium from Bangladeshi foods.

Citation: Journal of Food Science, January 2012, vol./is. 77/1(T26-33), 0022-1147;1750-3841 (2012 Jan)

Author(s): Al-Rmali SW; Jenkins RO; Haris PI

Institution: Faculty of Health and Life Sciences, De Montfort University, Leicester, UK. shwalrmali@yahoo.com

Language: English

Abstract: Human exposure to cadmium (Cd) is associated with various diseases and high levels of Cd have been detected in Bangladeshi population warranting further research to identify the source of this exposure. In this study, Cd levels in 327 and 94 samples of Bangladeshi food and non-food samples, respectively, were determined using inductively coupled plasma mass spectrometry. This is the largest number of Bangladeshi food and nonfood samples investigated for their Cd content. High Cd levels were detected in leafy vegetables (mean 31 [SD 29]µg/kg). Of these vegetables, lal shak (*Amaranthus tricolor*) contained the highest Cd level (303 µg/kg [wet weight]; mean 100.5 [SD 95]µg/kg). Bangladeshi rice also showed significant concentration of Cd (mean 37.2 [SD 30]µg/kg). Of particular concern is the very high level of Cd detected in some puffed rice, which we attribute to the illegal practice of using urea for whitening the puffed rice. Tobacco leaves, which are commonly consumed during betel quid chewing by Bangladeshis, contain significant levels of Cd (mean 95 [SD 87]µg/kg). The total daily intake (TDI) of Cd from foods for Bangladeshis was estimated to be 34.55 µg/d. This is rather high when compared to the TDI of Cd for other populations. Our analysis reveals that this is mainly due to the very high intake of rice and vegetables, and lower consumption of animal products (which are low in Cd), by the Bangladeshis. We also determined the provisional maximum tolerable daily intake and target hazard quotients values for Cd. Clearly a more balanced diet is necessary to reduce the Cd intake in the Bangladeshi population, especially by reducing the very high intake of rice and certain leafy vegetables. Food manufacturing and agricultural practices needs to be altered to reduce the entry of Cd into the food chain. PRACTICAL APPLICATION: Exposure to high levels of Cd can be harmful to human health and this study provides a comprehensive analysis of Cd levels in a variety of food items from Bangladesh. The findings are of particular importance to consumers of Bangladeshi foods in both Bangladesh and in other countries. Data obtained will be valuable resources for food safety and regulatory bodies as our study suggests entry of Cd in foods through use of illegal chemicals in food manufacturing processes. Copyright 2011 Institute of Food Technologists[REGISTERED]

Country of Publication: United States

CAS Registry Number: 7440-43-9 (Cadmium)

Publication Type: Journal Article

Subject Headings: Adult
 "Amaranthus/ae [Adverse Effects]"
 "Amaranthus/ch [Chemistry]"
 "Areca/ae [Adverse Effects]"
 "Areca/ch [Chemistry]"
 Bangladesh
 "*Cadmium/ad [Administration and Dosage]"

"*Cadmium/an [Analysis]"
 "Cadmium Poisoning/pc [Prevention and Control]"
 "*Diet/ae [Adverse Effects]"
 "Diet/eh [Ethnology]"
 *Food Contamination
 Food Handling
 Great Britain
 Humans
 Maximum Tolerated Dose
 "Oryza sativa/ae [Adverse Effects]"
 "Oryza sativa/ch [Chemistry]"
 "Plant Leaves/ae [Adverse Effects]"
 "Plant Leaves/ch [Chemistry]"
 Risk Assessment
 "Seeds/ae [Adverse Effects]"
 "Seeds/ch [Chemistry]"
 Spectrophotometry Atomic
 "Tobacco/ae [Adverse Effects]"
 "Tobacco/ch [Chemistry]"
 "Tobacco Smokeless/ae [Adverse Effects]"
 "Tobacco Smokeless/ch [Chemistry]"
 "Vegetables/ae [Adverse Effects]"
 "Vegetables/ch [Chemistry]"

Source: MEDLINE

40. Dentists can help detect alcohol misuse, say surgeons.

Citation: BMJ, 2012, vol./is. 344/(e2609), 0959-535X;1756-1833 (2012)

Author(s): Ritchie L

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: "*Alcohol Drinking/ae [Adverse Effects]"
 "Alcohol Drinking/ec [Economics]"
 "Alcoholic Beverages/ae [Adverse Effects]"
 "Alcoholism/co [Complications]"
 "*Alcoholism/di [Diagnosis]"
 "Alcoholism/ep [Epidemiology]"
 "*Alcoholism/pc [Prevention and Control]"
 *Dentists
 "Great Britain/ep [Epidemiology]"
 Humans
 "Mass Screening/st [Standards]"
 "Mass Screening/td [Trends]"
 *Mass Screening
 "Patient Education as Topic/td [Trends]"
 Primary Prevention
 Societies Dental
 Surgery Oral

Source: MEDLINE

Full Text: Available in *print* at *Newcomb Library & Information Service*
 Available in *fulltext* at *Highwire Press*

41. Non-invasive diagnostic assessment tools for the detection of liver fibrosis in patients with suspected alcohol-related liver disease: a systematic review and economic evaluation.

Citation: Health Technology Assessment (Winchester, England), 2012, vol./is. 16/4(1-174), 1366-5278;1366-5278 (2012)

Author(s): Stevenson M; Lloyd-Jones M; Morgan MY; Wong R

Institution: The University of Sheffield, School of Health and Related Research, UK.

Language: English

Abstract: BACKGROUND: Excessive alcohol consumption may lead to the development of alcohol-related liver disease (ALD). Liver biopsy may be used in patients with suspected ALD to confirm the diagnosis, exclude other or additional liver pathologies, and provide accurate staging of the degree of liver injury in order to enable the prediction of prognosis and inform treatment decisions. However, as it is an invasive procedure that carries the risk of morbidity and mortality, current UK guidance recommends that biopsy is not required to confirm the diagnosis in patients with a high clinical suspicion of ALD in whom blood tests have excluded other causes of liver disease, unless it is necessary to confirm a diagnosis of acute alcoholic hepatitis in order to inform specific treatment decisions. OBJECTIVES: To evaluate the diagnostic accuracy, cost-effectiveness, and effect on patient outcomes of four non-invasive tests for liver fibrosis [the Enhanced Liver Fibrosis (ELFTM) test (Siemens Healthcare Diagnostic Inc., Tarrytown, NY, USA), FibroTest (BioPredictive, Paris, France), FibroMAX (BioPredictive, Paris, France) and transient elastography (FibroScan([REGISTERED]); produced by EchoSens, Paris, France and distributed in the UK by Artemis Medical Ltd, Kent, UK)] in patients suspected of having ALD. DATA SOURCES: A systematic review was undertaken to identify studies reporting the diagnostic and prognostic accuracy of the ELF test, FibroTest, FibroMAX, and FibroScan for the identification of liver fibrosis and associated conditions in patients with suspected ALD. The following databases were searched in January 2010: MEDLINE (from 1950 to January 2010), MEDLINE In-Process & Other Non-Indexed Citations (from 1950 to January 2010), EMBASE (from 1980 to January 2010), Cochrane Database of Systematic Reviews (from 1996 to January 2010), Cochrane Central Register of Controlled Trials (from 1898 to January 2010), Cochrane Methodology Register (from 1904 to January 2010), Database of Abstracts of Reviews of Effects (from 1995 to January 2010), HTA Database (from 1995 to January 2010), NHS Economic Evaluation Database (from 1995 to January 2010), Cumulative Index to Nursing and Allied Health Literature (from 1982 to January 2010), Web of Knowledge and Science Citation Index (from 1969 to January 2010). REVIEW METHODS: Study quality was assessed using the QUADAS (Quality Assessment of Diagnostic Accuracy Studies) checklist. Owing to the heterogeneity of the studies, no formal meta-analysis was undertaken. A de novo mathematical model was constructed to estimate the incremental costs and incremental quality-adjusted life-years (QALYs) associated with alternative strategies compared with a biopsy-all strategy. The tests are assessed first as a replacement for liver biopsy, and secondly as an additional test prior to liver biopsy. Thirty-six scenarios were assessed for each non-invasive test strategy, which varied the sensitivity of biopsy, the anxiety associated with biopsy, sensitivity and specificity values and whether or not the biopsy was percutaneous or transjugular. For each scenario, threshold levels were reported where biopsying all patients was more cost-effective than the strategy for two parameters (the decreased level of abstinence associated with the strategy compared with biopsying all and the level of incidental QALY gain associated with biopsy). RESULTS: No studies were identified that specifically assessed the ELF test, although a study was identified that evaluated the diagnostic accuracy of the European Liver Fibrosis Test (essentially, the ELF test with the addition of age to the algorithm) compared with biopsy. Three studies of FibroTest, no relevant studies of FibroMax, and six studies of FibroScan assessing accuracy compared with biopsy in patients with known or suspected alcohol-related liver disease were identified. In all studies, the number of patients with suspected ALD was small, meaning that the estimated sensitivities and specificities were not robust. No conclusive estimate of the cost per QALY of each non-invasive test could be provided. Scenarios exist in which each of the strategies analysed is more cost-effective than biopsying all patients and, in contrast, scenarios exist in which each strategy is less cost-effective than biopsying all patients. LIMITATIONS: Study selection and data analysis were undertaken by one reviewer. CONCLUSIONS: No conclusive result can be provided on the most

cost-effective strategy until further data are available. A large number of parameters require data; however, the following are selected as being of most importance: (1) the sensitivity and specificity of each non-invasive liver test (NILT) against biopsy at validated and pre-selected cut-off thresholds; (2) the influence of potential confounding variables such as current drinking behaviour and the degree of hepatic inflammation on the performance of NILTs; and (3) the likelihood, and magnitude, of decreases in abstinence rates associated with a diagnosis of significant ALD by diagnostic modality and the incidental gains in QALYs that may be associated with biopsy. FUNDING: The National Institute for Health Research Technology Assessment programme.

Country of Publication: England

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

Subject Headings: Biopsy Needle
*Cost Savings
"*Diagnostic Tests Routine/ec [Economics]"
"*Diagnostic Tests Routine/mt [Methods]"
"Elasticity Imaging Techniques/ec [Economics]"
"Elasticity Imaging Techniques/mt [Methods]"
Female
Great Britain
Humans
Immunohistochemistry
"Liver Cirrhosis/co [Complications]"
"Liver Cirrhosis/di [Diagnosis]"
"Liver Cirrhosis Alcoholic/co [Complications]"
"*Liver Cirrhosis Alcoholic/di [Diagnosis]"
"Liver Cirrhosis Alcoholic/pa [Pathology]"
Male
Patient Safety
Risk Assessment
Sensitivity and Specificity
Severity of Illness Index
"*Technology Assessment Biomedical/ec [Economics]"
"Technology Assessment Biomedical/mt [Methods]"
"Tomography X-Ray Computed/ec [Economics]"
"Tomography X-Ray Computed/mt [Methods]"
"Ultrasonography Doppler/ec [Economics]"
"Ultrasonography Doppler/mt [Methods]"

Source: MEDLINE

42. Activation of caspase-3 and c-Jun NH2-terminal kinase signaling pathways involving heroin-induced neuronal apoptosis.

Citation: Neuroscience Letters, September 2011, vol./is. 502/3(209-13), 0304-3940;1872-7972 (2011 Sep 20)

Author(s): Lai B; Pu H; Cao Q; Jing H; Liu X

Institution: Zhongshan School of Medicine, Sun Yat-Sen University, Guangzhou, China.

Language: English

Abstract: Heroin has been shown to cause spongiform leukoencephalopathy (SLE) in heroin addicts. In this study, we found that heroin could induce apoptosis of primary cultured cerebellar granule cells (CGC) and c-Jun N-terminal kinase (JNK) pathway is activated during CGCs apoptosis. Inhibiting JNK with a specific inhibitor, SP600125, reduced the levels of c-Jun phosphorylation and caspase-3 activation. We also showed that use the JNK inhibitor SP600125, caspase inhibitor z-VAD, or use SP600125 and z-VAD together significantly suppressed cell death induced by heroin. These results indicate that JNK pathway is an important mediator of the neurotoxic effects of heroin and inhibiting JNK activity may represent a new and effective strategy to treat heroin-induced SLE. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Narcotics); 561-27-3 (Heroin); EC 2-7-11-24 (Mitogen-Activated Protein Kinase 8); EC 3-4-22 (Casp3 protein, rat); EC 3-4-22 (Caspase 3)

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

Subject Headings: [Animals](#)
[Animals Newborn](#)
["Apoptosis/de \[Drug Effects\]"](#)
["*Apoptosis/ph \[Physiology\]"](#)
["Caspase 3/ai \[Antagonists and Inhibitors\]"](#)
["*Caspase 3/me \[Metabolism\]"](#)
["Caspase 3/ph \[Physiology\]"](#)
["Cerebellum/en \[Enzymology\]"](#)
["Cerebellum/pa \[Pathology\]"](#)
["Cytoplasmic Granules/en \[Enzymology\]"](#)
["Cytoplasmic Granules/pa \[Pathology\]"](#)
[Disease Models Animal](#)
["Enzyme Activation/de \[Drug Effects\]"](#)
["Enzyme Activation/ph \[Physiology\]"](#)
["*Heroin/to \[Toxicity\]"](#)
["*Heroin Dependence/en \[Enzymology\]"](#)
["*Heroin Dependence/pa \[Pathology\]"](#)
["MAP Kinase Signaling System/de \[Drug Effects\]"](#)
["*MAP Kinase Signaling System/ph \[Physiology\]"](#)
["Mitogen-Activated Protein Kinase 8/ai \[Antagonists and Inhibitors\]"](#)
["*Mitogen-Activated Protein Kinase 8/ph \[Physiology\]"](#)
["Narcotics/to \[Toxicity\]"](#)
["*Neurons/en \[Enzymology\]"](#)
["Neurons/pa \[Pathology\]"](#)
[Primary Cell Culture](#)
[Rats](#)
[Rats Sprague-Dawley](#)

Source: MEDLINE

43. Amphetamine sensitization in reproductively experienced female rats.

Citation: Neuroscience Letters, September 2011, vol./is. 502/3(168-72), 0304-3940;1872-7972 (2011 Sep 20)

Author(s): Byrnes JJ; Bridges RS; Byrnes EM

Institution: Department of Biomedical Sciences, Section of Neuroscience and Reproductive Biology, Tufts University, Cummings School of Veterinary Medicine, 200 Westboro Rd., North Grafton, MA 01536 USA. john.byrnes@tufts.edu

Language: English

Abstract: Recent studies have supported the hypothesis that pregnancy and parturition are associated with altered sensitivity of brain dopamine systems. An increased behavioral sensitivity to a direct-acting D1/D2 receptor agonist (apomorphine) has also been observed several weeks after lactation, suggesting that these adaptations are long-lasting. To further characterize this phenomenon, the effects of reproductive experience on behavioral sensitization to an indirect-acting dopamine agonist (amphetamine) in female rats were studied. In two separate experiments, nulliparous and primiparous (12-16 weeks post-weaning) female rats were pretreated with amphetamine (1.0 or 5.0mg/kg) or vehicle (saline) once daily for 5 consecutive days. After 10 days of withdrawal, all animals were challenged with a low dose of amphetamine (25% of pretreatment dose). Locomotor activity was measured following each drug or vehicle administration. Locomotor sensitization to amphetamine challenge was observed in all animals pretreated with 1mg/kg, regardless of reproductive experience. In contrast, primiparous animals pretreated with 5mg/kg amphetamine displayed a significantly larger locomotor response to the challenge compared to nulliparous controls. The findings indicate enhanced

behavioral sensitization to amphetamine in reproductively experienced rats, and confirm previous reports of lasting adaptations of dopamine systems following pregnancy and lactation. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Dopamine Uptake Inhibitors); 300-62-9 (Amphetamine)

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

Subject Headings: ["*Amphetamine/pd \[Pharmacology\]"](#)
["*Amphetamine-Related Disorders/pp \[Physiopathology\]"](#)
 Animals
["Dopamine Uptake Inhibitors/pd \[Pharmacology\]"](#)
 Dose-Response Relationship Drug
 Female
["Motor Activity/de \[Drug Effects\]"](#)
["Motor Activity/ph \[Physiology\]"](#)
 Pregnancy
["Pregnancy Complications/ci \[Chemically Induced\]"](#)
["*Pregnancy Complications/pp \[Physiopathology\]"](#)
 Rats
 Rats Sprague-Dawley
["*Reproduction/de \[Drug Effects\]"](#)
["Reproduction/ph \[Physiology\]"](#)
["Substance Withdrawal Syndrome/me \[Metabolism\]"](#)
["Substance Withdrawal Syndrome/pp \[Physiopathology\]"](#)

Source: MEDLINE

44. Stem cells in squamous head and neck cancer.

Citation: Critical Reviews in Oncology-Hematology, March 2012, vol./is. 81/3(224-40), 1040-8428;1879-0461 (2012 Mar)

Author(s): Albers AE; Chen C; Koberle B; Qian X; Klussmann JP; Wollenberg B; Kaufmann AM

Institution: Department of Otolaryngology and Head and Neck Surgery, Charite-Universitätsmedizin Berlin, Campus Benjamin Franklin, Hindenburgdamm 30, 12200 Berlin, Germany. andreas.albers@charite.de

Language: English

Abstract: The initiation and metastasis of head and neck squamous cell carcinomas (HNSCC) and other cancers have recently been related to the presence of cancer stem cells (CSC). CSC are cancer initiating, sustaining and are mostly quiescent. Specific markers that vary considerably depending on tumor type or tissue of origin characterize putative CSC. Compared to the bulk tumor mass, CSC are less sensitive to chemo- and radiotherapy and may also have low immunogenicity. Therapeutic targeting of CSC may improve clinical outcome of HNSCC which has two distinct etiologies: infection of epithelial stem cells by high-risk types of the human papillomavirus, or long-term tobacco and alcohol abuse. Recent knowledge on the role of CSC in HNSCC is reviewed and where necessary parallels to CSC of other origin are drawn to give a more comprehensive picture. Copyright ACopyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Netherlands

CAS Registry Number: 0 (Tumor Markers, Biological)

Publication Type: Journal Article; Review

Subject Headings: ["Alcoholism/co \[Complications\]"](#)
["Alcoholism/im \[Immunology\]"](#)
["Alcoholism/pa \[Pathology\]"](#)
["Alphapapillomavirus/im \[Immunology\]"](#)
 Female
["Head and Neck Neoplasms/im \[Immunology\]"](#)
["Head and Neck Neoplasms/pa \[Pathology\]"](#)

"Head and Neck Neoplasms/th [Therapy]"
 *Head and Neck Neoplasms
 Humans
 Male
 Neoplasm Metastasis
 "Neoplasms Squamous Cell/im [Immunology]"
 "Neoplasms Squamous Cell/pa [Pathology]"
 "Neoplasms Squamous Cell/th [Therapy]"
 *Neoplasms Squamous Cell
 "*Neoplastic Stem Cells/im [Immunology]"
 "*Neoplastic Stem Cells/pa [Pathology]"
 "Papillomavirus Infections/co [Complications]"
 "Papillomavirus Infections/im [Immunology]"
 "Papillomavirus Infections/pa [Pathology]"
 "Smoking/ae [Adverse Effects]"
 "Smoking/im [Immunology]"
 "Smoking/pa [Pathology]"
 Time Factors
 "*Tumor Markers Biological/im [Immunology]"

Source: MEDLINE

45. Decision-making impairment in schizophrenia: relationships with positive symptomatology.

Citation: Neuroscience Letters, September 2011, vol./is. 502/2(80-3), 0304-3940;1872-7972 (2011 Sep 15)

Author(s): Struglia F; Stratta P; Gianfelice D; Pacifico R; Riccardi I; Rossi A

Institution: Institute of Experimental Medicine, University of L'Aquila, Italy.

Language: English

Abstract: Abnormal decision-making (DM) performance has been reported in several neurobehavioral disorders such as schizophrenia, addiction, and obsessive compulsive disorders. The exploration of DM correlates in terms of symptom formation may add more knowledge about the meanings of DM performance in schizophrenia. We examined the Iowa Gambling Task (IGT) and its relationship with clinical symptoms, evaluated by Positive and Negative Symptom Scale (PANSS), in 40 schizophrenic patients and 20 controls. Schizophrenic patients did worse on IGT performance with a significant difference between the two groups in Net Score. PANSS positive symptoms were negatively correlated with Net Score and advantageous choices and directly with disadvantageous choices. Results suggest that persons with schizophrenia display a pattern of compromised DM related to positive symptoms. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article

Subject Headings: Adult
 "Cognition Disorders/et [Etiology]"
 "*Cognition Disorders/pp [Physiopathology]"
 "*Decision Making/ph [Physiology]"
 "Delusions/et [Etiology]"
 "*Delusions/pp [Physiopathology]"
 "Executive Function/ph [Physiology]"
 Female
 "Gambling/et [Etiology]"
 "*Gambling/pp [Physiopathology]"
 Humans
 Male
 Middle Aged
 Neuropsychological Tests
 Psychological Tests

"Schizophrenia/co [Complications]"
 "*Schizophrenia/pp [Physiopathology]"

Source: MEDLINE

46. Structural deficits in the emotion circuit and cerebellum are associated with depression, anxiety and cognitive dysfunction in methadone maintenance patients: a voxel-based morphometric study.

Citation: Psychiatry Research, February 2012, vol./is. 201/2(89-97), 0165-1781;0165-1781 (2012 Feb 28)

Author(s): Lin WC; Chou KH; Chen HL; Huang CC; Lu CH; Li SH; Wang YL; Cheng YF; Lin CP; Chen CC

Institution: Department of Diagnostic Radiology, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung, Taiwan.

Language: English

Abstract: Heroin users on methadone maintenance treatment (MMT) have elevated rates of co-morbid depression and are associated with have higher relapse rates for substance abuse. Structural abnormalities in MMT patients have been reported, but their impact on clinical performance is unknown. We investigated differences in gray matter volume (GMV) between 27 MMT patients and 23 healthy controls with voxel-based morphometry, and we correlated findings in the patients with Beck Depression Inventory scores, Beck Anxiety Inventory scores, and diminished cognitive functioning. MMT patients exhibited higher emotional deficits than healthy subjects. There was significantly smaller GMV in multiple cortices, especially in the left inferior frontal gyrus and left cerebellar vermis in the MMT group. The smaller GMV in the pre-frontal cortices, left sub-callosal cingulate gyrus, left post-central gyrus, left insula, and right cerebellar declive correlated with higher depression scores. The smaller GMV in the pre-frontal cortices, left sub-callosal cingulate gyrus, and left postcentral gyrus also correlated with higher anxiety scores, while smaller GMV in the cerebellum and bilateral insula was associated with impaired performance on tests of executive function. These results reveal that MMT patients have low GMV in brain regions that are hypothesized to influence cognition and emotion, and the GMV findings might be involved comorbid disorders in the MMT group. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: Adult
 "*Anxiety Disorders/ci [Chemically Induced]"
 "Anxiety Disorders/di [Diagnosis]"
 "*Anxiety Disorders/pp [Physiopathology]"
 "Anxiety Disorders/px [Psychology]"
 "Brain/de [Drug Effects]"
 "Brain/pa [Pathology]"
 "Brain/pp [Physiopathology]"
 Brain Mapping
 "Cerebellum/de [Drug Effects]"
 "*Cerebellum/pa [Pathology]"
 "*Cerebellum/pp [Physiopathology]"
 "Cognition Disorders/ci [Chemically Induced]"
 "Cognition Disorders/di [Diagnosis]"
 "*Cognition Disorders/pp [Physiopathology]"
 "Cognition Disorders/px [Psychology]"
 "*Depressive Disorder/ci [Chemically Induced]"
 "Depressive Disorder/di [Diagnosis]"
 "*Depressive Disorder/pp [Physiopathology]"
 "Depressive Disorder/px [Psychology]"
 "Emotions/de [Drug Effects]"
 "*Emotions/ph [Physiology]"
 Female

"Heroin Dependence/di [Diagnosis]"
 "Heroin Dependence/pp [Physiopathology]"
 "Heroin Dependence/px [Psychology]"
 "*Heroin Dependence/rh [Rehabilitation]"
 Humans
 "*Image Interpretation Computer-Assisted/mt [Methods]"
 "*Magnetic Resonance Imaging/mt [Methods]"
 Male
 Middle Aged
 Neuropsychological Tests
 *Opiate Substitution Treatment
 Reference Values
 Young Adult

Source: MEDLINE

47. Parental substance abuse and function of the motivation and behavioral inhibition systems in drug-naive youth.

Citation: Psychiatry Research, February 2012, vol./is. 201/2(128-35), 0165-1781;0165-1781 (2012 Feb 28)

Author(s): Ivanov I; Liu X; Shulz K; Fan J; London E; Friston K; Halperin JM; Newcorn JH

Institution: Department of Psychiatry, Mount Sinai School of Medicine, New York, NY 10029, United States. iliyana.ivanov@mssm.edu

Language: English

Abstract: It is hypothesized that the development of substance abuse (SA) may be due to imbalance in functions of the motivation-reward and behavioral inhibition systems in the brain. This speaks to the search for biological risk factors for SA in drug-naive children who also exhibit motivational and inhibitory control deficits; however, this type of research is currently lacking. The objective of this study was to establish a neurobiological basis for addiction vulnerability using functional magnetic resonance imaging (fMRI) in drug-naive youth with attention deficit/hyperactivity disorder (ADHD). We hypothesized that children with ADHD alone would show higher activity in regions of the motivation-reward and behavioral inhibition systems than children with ADHD and a parental history of SA. Toward this goal we scanned 20 drug-naive children with ADHD ages 8-13 while performing an event-related reward task. High (N=10) and low (N=10) risk subjects were identified, based on parental history of SA. The effects of anticipation, conflict, and reward were assessed with appropriate linear contrasts, and between-group differences were assessed using statistical parametric mapping. The two groups did not differ on behavioral measures of the task. The fMRI results show heightened activation in the brain motivational-reward system and reduced activation of the inhibitory control system in high-risk compared to low-risk children. These results suggest that a functional mismatch between these two systems may represent one possible biological underpinning of SA risk, which is conferred by a parental history of addiction. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 7782-44-7 (Oxygen)

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

Subject Headings: Adolescent
 Anticipational Psychological
 "Attention Deficit Disorder with Hyperactivity/ge [Genetics]"
 "*Attention Deficit Disorder with Hyperactivity/pp [Physiopathology]"
 "*Attention Deficit Disorder with Hyperactivity/px [Psychology]"
 "*Brain/pp [Physiopathology]"
 Brain Mapping
 Child
 "*Child of Impaired Parents/px [Psychology]"
 Conflict (Psychology)
 "Dominance Cerebral/ph [Physiology]"

Female
 "Genetic Predisposition to Disease/ge [Genetics]"
 Humans
 *Image Interpretation Computer-Assisted
 *Inhibition (Psychology)
 Linear Models
 *Magnetic Resonance Imaging
 Male
 "*Motivation/ph [Physiology]"
 "Nerve Net/pp [Physiopathology]"
 "*Oxygen/bl [Blood]"
 "*Parents/px [Psychology]"
 Pattern Recognition Visual
 Punishment
 "Reaction Time/ge [Genetics]"
 "Reaction Time/ph [Physiology]"
 Reference Values
 *Reward
 Risk Assessment
 Risk Factors
 "Substance-Related Disorders/ge [Genetics]"
 "*Substance-Related Disorders/pp [Physiopathology]"
 "*Substance-Related Disorders/px [Psychology]"

Source: MEDLINE

48. Cigarette smoking and white matter microstructure in schizophrenia.

Citation: Psychiatry Research, February 2012, vol./is. 201/2(152-8), 0165-1781;0165-1781 (2012 Feb 28)

Author(s): Cullen KR; Wallace S; Magnotta VA; Bockholt J; Ehrlich S; Gollub RL; Manoach DS; Ho BC; Clark VP; Lauriello J; Bustillo JR; Schulz SC; Andreasen NC; Calhoun VD; Lim KO; White T

Institution: Department of Psychiatry, University of Minnesota Medical School, Minneapolis, MN, USA. rega0026@umn.edu

Language: English

Abstract: The majority of patients with schizophrenia smoke cigarettes. Both nicotine use and schizophrenia have been associated with alterations in brain white matter microstructure as measured by diffusion tensor imaging (DTI). The purpose of this study was to examine fractional anisotropy (FA) in smoking and non-smoking patients with schizophrenia and in healthy volunteers. A total of 43 patients (28 smoking and 15 non-smoking) with schizophrenia and 40 healthy, non-smoking participants underwent DTI. Mean FA was calculated in four global regions of interest (ROIs) (whole brain, cerebellum, brainstem, and total cortical) as well as in four regional ROIs (frontal, temporal, parietal and occipital lobes). The non-smoking patient group had a significantly higher intellectual quotient (IQ) compared with the patients who smoked, and our results varied according to whether IQ was included as a covariate. Without IQ correction, significant between-group effects for FA were found in four ROIs: total brain, total cortical, frontal lobe and the occipital lobe. In all cases the FA was lower among the smoking patient group, and highest in the control group. Smoking patients differed significantly from non-smoking patients in the frontal lobe ROI. However, these differences were no longer significant after IQ correction. FA differences between non-smoking patients and controls were not significant. Among smoking and non-smoking patients with schizophrenia but not healthy controls, FA was correlated with IQ. In conclusion, group effects of smoking on FA in schizophrenia might be mediated by IQ. Further, low FA in specific brain areas may be a neural marker for complex pathophysiology and risk for diverse problems such as schizophrenia, low IQ, and nicotine addiction. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article

Subject Headings: Adult
 "*Brain/pa [Pathology]"
 "Brain Stem/pa [Pathology]"
 "Cerebellum/pa [Pathology]"
 "Cerebral Cortex/pa [Pathology]"
 "Cerebral Ventricles/pa [Pathology]"
 *Diffusion Magnetic Resonance Imaging
 Female
 Humans
 *Image Interpretation Computer-Assisted
 "Intelligence/ph [Physiology]"
 "*Leukoencephalopathies/pa [Pathology]"
 Male
 Middle Aged
 "Nerve Fibers Myelinated/pa [Pathology]"
 Reference Values
 "*Schizophrenia/pa [Pathology]"
 "*Smoking/ae [Adverse Effects]"
 "Temporal Lobe/pa [Pathology]"
 "*Tobacco Use Disorder/pa [Pathology]"

Source: MEDLINE

49. Medicines management: case studies. The right mix.

Citation: Health Service Journal, March 2012, vol./is. 122/6299(S4-5), 0952-2271;0952-2271 (2012 Mar 22)

Author(s): anonymous

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Drug Incompatibility
 "*Drug Toxicity/pc [Prevention and Control]"
 Great Britain
 Humans
 "*Medication Errors/pc [Prevention and Control]"
 Organizational Case Studies
 *Polypharmacy
 State Medicine

Source: MEDLINE

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

50. Significantly increased detection rate of drugs of abuse in urine following the introduction of new German driving licence re-granting guidelines.

Citation: Forensic Science International, February 2012, vol./is. 215/1-3(32-7), 0379-0738;1872-6283 (2012 Feb 10)

Author(s): Agius R; Nadulski T; Kahl HG; Dufaux B

Institution: Labor Krone, Siemensstr. 40, 32105 Bad Salzflfen, Germany. ragius@laborkrone.de

Language: English

Abstract: In this paper we present the first assessment of the new German driving licence re-granting medical and psychological assessment (MPA) guidelines by comparing over 3500 urine samples tested under the old MPA cut-offs to over 5000 samples tested under the new MPA cut-offs. Since the enzyme multiplied immunoassay technique (EMIT)

technology used previously was not sensitive enough to screen for drugs at such low concentrations, as suggested by the new MPA guidelines, enzyme-linked immunosorbent assay (ELISA) screening kits were used to screen for the drugs of abuse at the new MPA cut-offs. The above comparison revealed significantly increased detection rates of drug use or exposure during the rehabilitation period as follows: 1.61, 2.33, 3.33, and 7 times higher for 11-nor-delta-9-tetrahydrocannabinol-9-carboxylic acid (THC-COOH), morphine, benzoylecgonine and amphetamine respectively. The present MPA guidelines seem to be more effective to detect non-abstinence from drugs of abuse and hence to detecting drivers who do not yet fulfil the MPA requirements to regain their revoked driving licence. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland
CAS Registry Number: 0 (Narcotics)
Publication Type: Journal Article
Subject Headings: ["*Automobile Driving/lj \[Legislation and Jurisprudence\]"](#)
[Enzyme-Linked Immunosorbent Assay](#)
["Forensic Toxicology/st \[Standards\]"](#)
[Germany](#)
[Guidelines as Topic](#)
[Humans](#)
["*Licensure/lj \[Legislation and Jurisprudence\]"](#)
["Licensure/st \[Standards\]"](#)
["*Narcotics/ur \[Urine\]"](#)
[Sensitivity and Specificity](#)
[*Substance Abuse Detection](#)
["Substance-Related Disorders/di \[Diagnosis\]"](#)
Source: MEDLINE

51. Validation of LUCIO-Direct-ELISA kits for the detection of drugs of abuse in urine: application to the new German driving licence re-granting guidelines.

Citation: Forensic Science International, February 2012, vol./is. 215/1-3(38-45), 0379-0738;1872-6283 (2012 Feb 10)
Author(s): Agius R; Nadulski T; Moore C
Institution: Labor Krone, Siemensstr. 40, 32105 Bad Salzflfen, Germany. ragius@laborkrone.de
Language: English
Abstract: LUCIO-Direct-enzyme linked immunosorbent assay (ELISA) tests were validated for the screening of drugs of abuse cannabis, opiates, amphetamines and cocaine in urine for the new German medical and psychological assessment (MPA) guidelines with subsequent gas chromatographic-mass spectrometric (GC-MS) confirmation. The screening cut-offs corresponding to 10 ng/mL 11-nor-delta-9-tetrahydrocannabinol-9-carboxylic acid (THC-COOH), 50 ng/mL amphetamine, 25 ng/mL morphine and codeine and 30 ng/mL benzoylecgonine were chosen at the point where the number of false negatives was lower than 1%. Due to their accuracy, ease of use and rapid analysis, these ELISA tests are very promising for cases where a large proportion of the tests are expected to be negative such as for abstinence monitoring as part of the driving licence re-granting process. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland
CAS Registry Number: 0 (Amphetamines); 0 (Cannabinoids); 0 (Narcotics)
Publication Type: Journal Article; Validation Studies
Subject Headings: ["Amphetamines/ur \[Urine\]"](#)
["*Automobile Driving/lj \[Legislation and Jurisprudence\]"](#)
["Cannabinoids/ur \[Urine\]"](#)
[Enzyme-Linked Immunosorbent Assay](#)
["Forensic Toxicology/st \[Standards\]"](#)
[Gas Chromatography-Mass Spectrometry](#)

Germany
 Guidelines as Topic
 Humans
 "*Licensure/lj [Legislation and Jurisprudence]"
 "Licensure/st [Standards]"
 "*Narcotics/ur [Urine]"
 Sensitivity and Specificity
 *Substance Abuse Detection
 "Substance-Related Disorders/di [Diagnosis]"

Source: MEDLINE

52. The incidence of drugs of impairment in oral fluid from random roadside testing.

Citation: Forensic Science International, February 2012, vol./is. 215/1-3(28-31), 0379-0738;1872-6283 (2012 Feb 10)

Author(s): Chu M; Gerostamoulos D; Beyer J; Rodda L; Boorman M; Drummer OH

Institution: Victorian Institute of Forensic Medicine, Monash University, Australia. markc@vifm.org

Language: English

Abstract: Oral fluid (OF) has become a popular specimen to test for presence of drugs, particularly in regards to road safety. In Victoria, OF specimens from drivers have been used to test for the presence of methylamphetamine (MA) and [Greek capital Delta](9)-tetrahydrocannabinol (THC) since 2003 and 3,4-methylenedioxy-N-methylamphetamine (MDMA) since 2006. LC-MS/MS has been used to test the most recent 853 submitted OF specimens from Victoria Police for 31 drugs of abuse including those listed in the Australian Standard AS4760-2006. At least one proscribed drug was detected in 96% of drivers, of which MA was the most common (77%), followed by THC (42%), MDMA (17%) and the combination of all three (3.9%). Opioids were detected in 14% of drivers of which 4.8% were positive for 6-acetylmorphine and 3.3% for methadone. The incidence of the opioids tramadol (1.2%) and oxycodone (1.1%) were relatively low. Cocaine (8.0%) was as commonly detected as benzodiazepines (8.0%), and was almost always found in combination with MA (7.9%). Samples positive to benzodiazepines were largely due to diazepam (3.5%) and alprazolam (3.4%), with only 0.2% of drivers combining the two. Ketamine was also detected in 1.5% of cases. While the incidences of the proscribed drugs itself are concerning, it is clear that many drivers are also using other drugs capable of causing impairment. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Narcotics); 0 (Street Drugs)

Publication Type: Journal Article

Subject Headings: Australia
 "*Automobile Driving/lj [Legislation and Jurisprudence]"
 Forensic Toxicology
 Gas Chromatography-Mass Spectrometry
 Humans
 Incidence
 "*Narcotics/an [Analysis]"
 "*Saliva/ch [Chemistry]"
 "Street Drugs/an [Analysis]"
 *Substance Abuse Detection
 "Substance-Related Disorders/di [Diagnosis]"
 "Substance-Related Disorders/ep [Epidemiology]"

Source: MEDLINE

53. Hair testing and self-report of cocaine use.

Citation: Forensic Science International, February 2012, vol./is. 215/1-3(77-80), 0379-0738;1872-6283 (2012 Feb 10)

Author(s): Vignali C; Stramesi C; Vecchio M; Groppi A

Institution: Department of Legal Medicine, Forensic and Pharmacotoxicological Science, University of Pavia, Via Forlanini 12, 27100 Pavia, Italy. claudia.vignali@unipv.it

Language: English

Abstract: Hair analysis is a useful tool in both clinical and forensic fields: it allows information about drugs of abuse (DOA) consumption to be obtained. However, in spite of analytical results, sometimes patients continue to deny using drugs or, on the contrary, insist on describing themselves as severe drug addicts; indeed there are often considerable difficulties in getting truthful statements about the real amount of drugs used. In this study we have tried to compare cocaine concentration in hair samples with self-reported drug intake. We enrolled 113 subjects (61 Africans, 52 Caucasians) who had been recently sent to jail. They were asked to tell about their use of illicit drugs during the last three months and then submitted to hair analysis. Hair segments (3 cm) were analyzed by GC-MS for amphetamines, cocaine and opiates. Useful data was obtained from 82 subjects, separated into two main groups on account of ethnic origin (African or Caucasian) and divided further into daily, weekly and monthly users. The results showed qualitative results and self-reported consumption to be in good agreement, although the correlation between frequency of consumption and concentration in hair revealed sometimes higher concentrations in contrast with the admission of low consumption. There was a definite separation between occasional and daily use (especially in Caucasian people), while concentrations found where weekly use was reported were more variable. Concentrations of cocaine measured in Africans' hair were much higher than in Caucasians'. Even if this study is exclusively based on self-report, it provides some interesting information in order to differentiate the frequency of consumption, and especially underlines the great importance of ethnic bias on hair analysis. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Amphetamines); 0 (Narcotics); 50-36-2 (Cocaine)

Publication Type: Comparative Study; Journal Article

Subject Headings: [African Continental Ancestry Group](#)
["Amphetamines/an \[Analysis\]"](#)
["*Cocaine/an \[Analysis\]"](#)
["Cocaine-Related Disorders/di \[Diagnosis\]"](#)
[European Continental Ancestry Group](#)
[Forensic Toxicology](#)
[Gas Chromatography-Mass Spectrometry](#)
["*Hair/ch \[Chemistry\]"](#)
[Humans](#)
["*Narcotics/an \[Analysis\]"](#)
[Prisoners](#)
[*Self Report](#)
[*Substance Abuse Detection](#)

Source: MEDLINE

54. Serotonin toxicity involving MDMA (ecstasy) and moclobemide.

Citation: Forensic Science International, February 2012, vol./is. 215/1-3(184-8), 0379-0738;1872-6283 (2012 Feb 10)

Author(s): Pilgrim JL; Gerostamoulos D; Woodford N; Drummer OH

Institution: Victorian Institute of Forensic Medicine, Department of Forensic Medicine, Monash University, 57-83 Kavanagh Street, Southbank 3006, Victoria, Australia. jenniferp@vifm.org

Language: English

Abstract: The use of MDMA (ecstasy) in Australia is a widespread and growing problem, promoting acute toxicity and disease which can lead to premature death in users. We report four cases of fatal serotonin toxicity caused by the combination of MDMA and moclobemide, a reversible MAO-A inhibitor with potent serotonergic activity. Despite the highly reported toxicity of this drug combination, there are very few reports of fatalities attributed to a MDMA and moclobemide interaction. Pathology and toxicology reports, initial police reports and coroners' findings were examined to determine the circumstances of the deaths. Symptoms of some of the four cases as reported by paramedics and medical staff included hyperthermia, hyperkalemia, profuse sweating, twitching and shaking. Two cases involved moclobemide concentrations consistent with common prescribed doses, while the other two cases involved much higher concentrations often associated with toxicity. Three of these cases presented with some form of heart disease. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Hallucinogens); 0 (Monoamine Oxidase Inhibitors); 42542-10-9 (N-Methyl-3,4-methylenedioxyamphetamine); 71320-77-9 (Moclobemide)

Publication Type: Case Reports; Journal Article

Subject Headings: Adult
 "Coronary Artery Disease/pa [Pathology]"
 Forensic Toxicology
 "*Hallucinogens/po [Poisoning]"
 Humans
 "Liver/pa [Pathology]"
 "Lung/pa [Pathology]"
 Male
 Middle Aged
 "*Moclobemide/po [Poisoning]"
 "*Monoamine Oxidase Inhibitors/po [Poisoning]"
 "Myocardium/pa [Pathology]"
 "*N-Methyl-3 4-methylenedioxyamphetamine/po [Poisoning]"
 Organ Size
 "*Serotonin Syndrome/ci [Chemically Induced]"

Source: MEDLINE

55. Amphetamine, cocaine and cannabinoids use among truck drivers on the roads in the State of Sao Paulo, Brazil.

Citation: Forensic Science International, February 2012, vol./is. 215/1-3(25-7), 0379-0738;1872-6283 (2012 Feb 10)

Author(s): Leyton V; Sinagawa DM; Oliveira KC; Schmitz W; Andreuccetti G; De Martinis BS; Yonamine M; Munoz DR

Institution: University of Sao Paulo, Av. Dr. Arnaldo, 455, Cerqueira Cesar, 01246-903 Sao Paulo, SP, Brazil. vileyton@usp.br

Language: English

Abstract: Drugs are important risk factors for traffic accidents. In Brazil, truck drivers report using amphetamines to maintain their extensive work schedule and stay awake. These drugs can be obtained without prescription easily on Brazilian roads. The use of these stimulants can result in health problems and can be associated with traffic accidents. There are Brazilian studies that show that drivers use drugs. However, these studies are questionnaire-based and do not always reflect real-life situations. The purpose of this study was to demonstrate the prevalence of drug use by truck drivers on the roads of Sao Paulo State, Brazil, during 2009. Drivers of large trucks were randomly stopped by police officers on the interstate roads during morning hours. After being informed of the goals of the study, the drivers gave written informed consent before providing a urine sample. In addition, a questionnaire concerning sociodemographic characteristics and health information was administered. Urine samples were screened for amphetamines, cocaine, and cannabinoids by immunoassay and the confirmation was performed using gas

chromatography-mass spectrometry (GC-MS). Of the 488 drivers stopped, 456 (93.4%) provided urine samples, and 9.3% of them (n=42) tested positive for drugs. Amphetamines were the most commonly found (n=26) drug, representing 61.9% of the positive samples. Ten cases tested positive for cocaine (23.8%), and five for cannabinoids (11.9%). All drivers were male with a mean age of 40 +/- 10.8 years, and 29.3% of them reported some health problem (diabetes, high blood pressure and/or stress). A high incidence of truck drivers who tested positive for drug use was found, among other reported health problems. Thus, there is an evident need to promote a healthier lifestyle among professional drivers and a need for preventive measures aimed at controlling the use of drugs by truck drivers in Brazil. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Amphetamines); 0 (Cannabinoids); 0 (Narcotics); 50-36-2 (Cocaine)

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

Subject Headings: [Adolescent](#)
[Adult](#)
["*Amphetamines/ur \[Urine\]"](#)
["*Automobile Driving/lj \[Legislation and Jurisprudence\]"](#)
["Brazil/ep \[Epidemiology\]"](#)
["*Cannabinoids/ur \[Urine\]"](#)
["*Cocaine/ur \[Urine\]"](#)
["Diabetes Mellitus/ep \[Epidemiology\]"](#)
[Forensic Toxicology](#)
[Gas Chromatography-Mass Spectrometry](#)
[Humans](#)
["Hypertension/ep \[Epidemiology\]"](#)
[Male](#)
[Motor Vehicles](#)
["Narcotics/ur \[Urine\]"](#)
["Stress Psychological/ep \[Epidemiology\]"](#)
[Substance Abuse Detection](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)
[Young Adult](#)

Source: MEDLINE

56. Prevalence of drug abuse among workers: strengths and pitfalls of the recent Italian Workplace Drug Testing (WDT) legislation.

Citation: Forensic Science International, February 2012, vol./is. 215/1-3(46-50), 0379-0738;1872-6283 (2012 Feb 10)

Author(s): Kazanga I; Tameni S; Piccinotti A; Floris I; Zanchetti G; Poletini A

Institution: Erasmus Mundus Master in Sustainable Regional Health Systems, Department of Public Health & Community Medicine, University of Verona, Italy.

Language: English

Abstract: BACKGROUND: In 2008 a Workplace Drug Testing (WDT) law became effective in Italy for workers involved in public/private transportation, oil/gas companies, and explosives/fireworks industry with the aim to ensure public safety for the community. AIMS: To examine and elaborate WDT data collected on a large group of workers (over 43,500) during March 2009-February 2010 in order to highlight pros and cons and to draw suggestions for policies in the field. SETTING: Northern Italy. METHODS: After <= 24 h notification, workers provided a urine sample screened for opiates, methadone, buprenorphine, cocaine, amphetamines, ecstasy, and cannabinoids (THC) by immunoassay. Positives were confirmed by GC-MS. RESULTS: The positive rate was 2.0%, THC being most frequent drug (1.3%; cocaine, 0.4%; opioids, 0.3%). 6.9% of the positive workers tested positive for >= 2 classes (most often THC+cocaine). Gender ratio and mean age were significantly lower in positives (F/M=0.007; 35.5 +/- 8.3 years) than negatives (0.016 and 40.7 +/- 9.5, respectively). No decline in rates of

positives and an increase of diluted samples over time were observed. The highest rates of positives were detected when sampling was performed just before/after week-end and during morning hours. Possible correlation between job type and drugs used were observed (e.g. more cocaine positives among road vehicle-drivers than among lift truck-drivers). Declared use of medicine/illicit drugs during the preceding week showed that illicit drug use was likely not always detected in urine and that almost 4% workers declared use of medicine drugs possibly affecting performance. CONCLUSIONS: This survey enabled to evidence relevant pitfalls of the law and to define strategies to improve the outcomes of WDT policies. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Narcotics)

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Female](#)
[Forensic Toxicology](#)
[Gas Chromatography-Mass Spectrometry](#)
[Humans](#)
["Italy/ep \[Epidemiology\]"](#)
[Male](#)
[Middle Aged](#)
["*Narcotics/ur \[Urine\]"](#)
["Occupations/sn \[Statistics and Numerical Data\]"](#)
[Prevalence](#)
[Public Policy](#)
["*Substance Abuse Detection/lj \[Legislation and Jurisprudence\]"](#)
["Substance-Related Disorders/di \[Diagnosis\]"](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)
["*Workplace/lj \[Legislation and Jurisprudence\]"](#)

Source: MEDLINE

57. Oral fluid results compared to self reports of recent cocaine and heroin use by methadone maintenance patients.

Citation: Forensic Science International, February 2012, vol./is. 215/1-3(88-91), 0379-0738;1872-6283 (2012 Feb 10)

Author(s): Cone EJ

Institution: Johns Hopkins School of Medicine, Department of Psychiatry and Behavioral Sciences, Baltimore, MD 21224, United States. Edward.cone@comcast.net

Language: English

Abstract: INTRODUCTION: Although self reports of illicit drug use may not be reliable, this information is frequently collected and relied upon by national drug surveys and by counselors in drug treatment programs. The addition of oral fluid testing to these programs would provide objective information on recent drug use. AIM: The goal of this study was to compare oral fluid tests for cocaine, benzoylecgonine, 6-acetylmorphine, morphine, codeine and 6-acetylcodeine to self reports of recent cocaine and heroin use by patients in an outpatient methadone treatment program. METHODS: Patients (n=400) provided an oral fluid specimen and completed a short questionnaire on illicit drug use over the last seven days. Oral fluid was collected with the Intercept Oral Fluid Collection device. Oral fluid was analyzed by a validated assay using liquid chromatography coupled with tandem mass spectrometry. The presence of an analyte was confirmed if all identification criteria were met and its concentration (ng/mL) was \geq LOQ (cocaine, 0.4; benzoylecgonine, 0.4; morphine, 2; codeine, 2; 6-acetylmorphine, 0.4; and 6-acetylcodeine, 1). RESULTS: Analyses of oral fluid specimens collected from the 400 methadone maintained patients revealed that a majority (95%) of subjects who admitted to recent cocaine use were confirmed positive, whereas slightly more than 50% were confirmed positive who admitted to heroin over the last seven days. For those patients who denied recent cocaine and heroin use, approximately 30% were positive for cocaine

and 14% were positive for heroin. CONCLUSION: Oral fluid testing provides an objective means of verifying recent drug use and for assessment of patients in treatment for substance use disorders. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Morphine Derivatives); 0 (Narcotics); 2784-73-8 (6-O-monoacetylmorphine); 50-36-2 (Cocaine); 519-09-5 (benzoylecgonine); 561-27-3 (Heroin); 57-27-2 (Morphine); 6703-27-1 (acetylcodeine); 76-57-3 (Codeine); 76-99-3 (Methadone)

Publication Type: Comparative Study; Journal Article

Subject Headings: "Cocaine/aa [Analog and Derivatives]"
 "*Cocaine/an [Analysis]"
 "Cocaine-Related Disorders/dt [Drug Therapy]"
 "Codeine/aa [Analog and Derivatives]"
 "Codeine/an [Analysis]"
 "*Heroin/an [Analysis]"
 "Heroin Dependence/dt [Drug Therapy]"
 Humans
 "*Methadone/tu [Therapeutic Use]"
 "Morphine/an [Analysis]"
 "Morphine Derivatives/an [Analysis]"
 "Narcotics/an [Analysis]"
 *Opiate Substitution Treatment
 "*Saliva/ch [Chemistry]"
 *Self Report
 Substance Abuse Detection

Source: MEDLINE

58. Concentrations of free-morphine in peripheral blood after recent use of heroin in overdose deaths and in apprehended drivers.

Citation: Forensic Science International, February 2012, vol./is. 215/1-3(18-24), 0379-0738;1872-6283 (2012 Feb 10)

Author(s): Jones AW; Holmgren A; Ahlner J

Institution: Department of Forensic Genetics and Forensic Toxicology, National Board of Forensic Medicine, Artillerigatan 12, SE-587 58 Linköping, Sweden. wayne.jones@rmv.se

Language: English

Abstract: The concentration of free-morphine was determined in peripheral (femoral) blood from heroin-related deaths and compared with the concentration in venous blood from impaired drivers. The presence of 6-MAM in blood or urine served as a biomarker for recent use of heroin. Males dominated over females ($p < 0.001$) in both the autopsy cases (88%) and the drivers (91%), although their mean age was about the same 33-35 y ($p > 0.05$). Concentrations of free-morphine in blood were not associated with age of heroin users in Sweden ($p > 0.05$). The median concentration of free-morphine was higher in autopsy cases (0.24 mg/L, N=766) compared with apprehended drivers with 6-MAM in blood (0.15 mg/L, N=124, $p < 0.05$), and appreciably higher than in drivers with 6-MAM in urine but not in blood (0.03 mg/L, N=1823, $p < 0.001$). The free-morphine concentration was above 0.20mg/L in 65% of autopsy cases, 36% of drivers with 6-MAM in blood but only 1.4% of drivers with 6-MAM in urine. Poly-drug deaths had about the same concentrations of free-morphine in blood (0.24 mg/L, N=703) as heroin-only deaths (0.25 mg/L, N=63). The concentration of morphine in drug overdose deaths (median 0.25 mg/L, N=669) was about the same as in traumatic deaths among heroin users (0.23 mg/L, N=97). However, the concentration of morphine was lower when the deceased had consumed alcohol (0.18 mg/L, N=104) compared with taking a benzodiazepine (0.32 mg/L, N=94). The concentration distributions of free-morphine in blood in heroin-related deaths overlapped with the concentrations in impaired drivers, which makes the interpretation of toxicology results difficult without knowledge about tolerance to opiates

in any individual case. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Biological Markers); 0 (Central Nervous System Depressants); 0 (Morphine Derivatives); 0 (Narcotics); 12794-10-4 (Benzodiazepines); 2784-73-8 (6-O-monoacetylmorphine); 561-27-3 (Heroin); 64-17-5 (Ethanol); 76-57-3 (Codeine)

Publication Type: Comparative Study; Journal Article

Subject Headings: Adult
 "*Automobile Driving/lj [Legislation and Jurisprudence]"
 "Benzodiazepines/bl [Blood]"
 "Biological Markers/bl [Blood]"
 "Biological Markers/ur [Urine]"
 "Central Nervous System Depressants/bl [Blood]"
 "Codeine/bl [Blood]"
 "Codeine/ur [Urine]"
 "Ethanol/bl [Blood]"
 Female
 Forensic Toxicology
 Gas Chromatography-Mass Spectrometry
 "*Heroin/bl [Blood]"
 "*Heroin/po [Poisoning]"
 Humans
 Male
 Middle Aged
 "*Morphine Derivatives/bl [Blood]"
 "Morphine Derivatives/ur [Urine]"
 "*Narcotics/bl [Blood]"
 "*Narcotics/po [Poisoning]"
 Overdose
 Young Adult

Source: MEDLINE

59. Development and validation of a self-rating scale for betel quid chewers based on a male-prisoner population in Taiwan: the Betel Quid Dependence Scale.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(18-22), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Lee CY; Chang CS; Shieh TY; Chang YY

Institution: Department of Oral Hygiene, Kaohsiung Medical University, Taiwan, ROC.

Language: English

Abstract: BACKGROUND: Betel quid is a substance that commonly used among male labor in Taiwan, and the dependence potential has been reported in some studies, but no instrument has been developed specifically to assess areca/betel quid dependence.OBJECTIVE: To develop a reliable and valid research instrument/screening tool for the measurement of betel quid dependence.METHODS: There were 223 male prisoners with a history of betel quid chewing behavior before they were incarcerated in Kaohsiung Prison enrolled in this study. The items of the Betel Quid Dependence Scale (BQDS) were developed by the authors and were designed referring to previous research findings and the diagnostic criteria of Substance Dependence in DSM-IV.RESULTS: The BQDS has high internal consistency (Cronbach's alpha=0.921), and a three-factor structure consisting of "physical and psychological urgent need," "increasing dose" and "maladaptive use," which accounted for 61.2% of the total variance. There were 94 (42.2%) male-prisoners who satisfied DSM-IV criteria for dependent use, and the receiver operating characteristic (ROC) curve showed that the BQDS had an optimal cut-off score of 4, the optimal sensitivity was 0.926 and the specificity was 0.977, with the predictive accuracy up to 99.3%.CONCLUSIONS: The BQDS has good internal consistency and construct validity, and was proved to have optimal reliability and criterion validity in this

special sample. Further investigation is suggested in different samples such as the general population or oral submucous fibrosis (OSF) patients to test the generalization of this instrument. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland
Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Validation Studies
Subject Headings: [Adult](#)
[*Areca](#)
["*Behavior Addictive/di \[Diagnosis\]"](#)
[Humans](#)
[Male](#)
[*Mastication](#)
[Middle Aged](#)
[Reproducibility of Results](#)
["*Substance-Related Disorders/di \[Diagnosis\]"](#)
[Taiwan](#)
Source: MEDLINE

60. Formal and informal substance use treatment utilization and alcohol abstinence over seven years: is the relationship different for blacks and whites?.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(73-80), 0376-8716;1879-0046 (2012 Feb 1)
Author(s): Avalos LA; Mulia N
Institution: Alcohol Research Group, 6475 Christie Ave, Ste 400, Emeryville, CA 94608, United States. Lyndsay.A.Avalos@kp.org
Language: English
Abstract: BACKGROUND: This study examines whether the effects of formal substance use treatment utilization and Alcoholics Anonymous (AA) on 30-day abstinence vary for black versus white Americans. METHODS: The current analysis utilizes data from a longitudinal sample of 1013 black and white, dependent and problem drinkers across a 7-year period. Participants were identified through a probability survey in the general population and consecutive intakes in chemical dependency treatment programs in a California County. Generalized Estimating Equations assessing interactions between race and treatment utilization incorporated variables from four post-baseline interviews, controlling for baseline variables. RESULTS: Formal treatment utilization was associated with 30-day abstinence (OR:1.6, 95%CI: 1.3, 2.1), yet this relationship did not differ for blacks and whites. In contrast, there was a significant interaction between AA utilization, race and 30-day abstinence. While both whites and blacks who attended AA were more likely to report 30-day abstinence compared to their non-AA attending counterparts (white OR:4.0, 95%CI: 3.2-5.1 and black OR:2.2, 95%CI: 1.5-3.2), the relationship was stronger for whites. Among those who did not attend AA, blacks were more likely than whites to be abstinent. Post hoc analyses suggest that these latter findings may be related to greater religiosity and "drier" social networks among black Americans. CONCLUSIONS: While utilization of formal treatment may yield similar benefits for blacks and whites, AA utilization may be more important for maintaining abstinence among whites than blacks. Future research should investigate racial differences in social network drinking patterns and religious reinforcement of sobriety, and the role these may play in AA outcomes. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland
Publication Type: Journal Article; Research Support, N.I.H., Extramural
Subject Headings: [Adult](#)
["*African Continental Ancestry Group/sn \[Statistics and Numerical Data\]"](#)
[Alcoholics Anonymous](#)
[California](#)
["*European Continental Ancestry Group/sn \[Statistics and Numerical Data\]"](#)

Female
 Humans
 Male
 Middle Aged
 Social Support
 "*Substance Abuse Treatment Centers/ut [Utilization]"
 "*Substance-Related Disorders/th [Therapy]"

Source: MEDLINE

61. Results of an initial clinical trial of varenicline for the treatment of cocaine dependence.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(163-6), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Plebani JG; Lynch KG; Yu Q; Pettinati HM; O'Brien CP; Kampman KM

Institution: University of Pennsylvania, Department of Psychiatry, Treatment Research Center, 3900 Chestnut Street, Philadelphia, PA 19104, United States. plebani_j@mail.trc.upenn.edu

Language: English

Abstract: BACKGROUND: Cocaine use, abuse and dependence remains a pressing public health problem. Based on its mechanism of action, varenicline, an alpha4beta2 partial agonist seemed to be a likely candidate for treating cocaine dependence. METHODS: Cocaine dependent participants (n=37) were enrolled in a 9-week double-blind placebo controlled clinical trial. Varenicline was titrated up to a target dose of 1mg BID during the first week of medication. RESULTS: Varenicline was associated with lower odds of cocaine use than placebo (OR=2.02, p=0.08), as measured by thrice-weekly urinalysis results. Compared to placebo-treated participants, varenicline treated participants had significantly decreased rates of cocaine reward, as measured by the Multiple Choice Procedure (MCP) (p=0.02). CONCLUSIONS: Varenicline appears to decrease cocaine use and reward, suggesting that further investigation of varenicline may be warranted. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Benzazepines); 0 (Nicotinic Agonists); 0 (Quinoxalines); 0 (varenicline)

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

Subject Headings: Adult
 "*Benzazepines/tu [Therapeutic Use]"
 "*Cocaine-Related Disorders/dt [Drug Therapy]"
 Double-Blind Method
 Female
 Humans
 Male
 "*Nicotinic Agonists/tu [Therapeutic Use]"
 "*Quinoxalines/tu [Therapeutic Use]"
 Treatment Outcome

Source: MEDLINE

62. Early onset problem behaviors and alcohol, tobacco, and other substance use disorders in young adulthood.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(152-8), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Windle M; Windle RC

Institution: Department of Behavioral Sciences and Health Education, Emory University, 1518 Clifton Road NE, Room 564, Atlanta, GA 30322, United States. mwindle@emory.edu

Language: English

Abstract: OBJECTIVE: Ten early onset problem behaviors were used to prospectively predict alcohol, tobacco, cannabis, and cocaine disorders in young adulthood (mean age=28.6

yrs) for a U.S. community sample of 671 participants. **METHOD:** Data from a longitudinal study of participants who were recruited from high schools during adolescence and followed into young adulthood were used to evaluate prospective associations. The relationship between early onset problem behaviors, reported when participants were age 16 years, and psychiatric diagnoses assessed in young adulthood was tested. Structural equation models were used to evaluate both generality and specificity hypotheses regarding relationships between early onset problem behaviors and young adult disorders. **RESULTS:** Findings supported the specificity hypothesis in that "like" early onset problem behaviors significantly predicted "like" young adult outcomes (e.g., early cocaine use predicted cocaine disorders). Furthermore, eliminating such "like" predictors in regression equations resulted in a 36% reduction in the amount of variance accounted for by the equation. The generality hypothesis was also supported in that a larger number of early onset problem behaviors strengthened the prediction of young adult disorders beyond the "like" attribute, and a dose-response pattern indicated that additional early onset problem behaviors increased the probable occurrence of a young adult disorder. **CONCLUSIONS:** A comprehensive framework relating early onset problem behaviors to young adult substance disorders will require the integration of both generality and specificity hypotheses, and a developmental orientation focused on the unfolding of mediating and moderating processes. Early screening of multiple, rather than single, early onset problems is also discussed. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: [Adolescent](#)
["*Adolescent Behavior/px \[Psychology\]"](#)
[Age of Onset](#)
["Alcohol Drinking/ep \[Epidemiology\]"](#)
["Alcohol Drinking/px \[Psychology\]"](#)
["*Child Behavior Disorders/di \[Diagnosis\]"](#)
["Child Behavior Disorders/ep \[Epidemiology\]"](#)
["Child Behavior Disorders/px \[Psychology\]"](#)
[Female](#)
[Humans](#)
[Longitudinal Studies](#)
[Male](#)
[Predictive Value of Tests](#)
["Smoking/ep \[Epidemiology\]"](#)
["Smoking/px \[Psychology\]"](#)
["*Substance-Related Disorders/di \[Diagnosis\]"](#)
["Substance-Related Disorders/ep \[Epidemiology\]"](#)
["Substance-Related Disorders/px \[Psychology\]"](#)

Source: MEDLINE

63. Drunk versus drugged: how different are the drivers?.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(68-72), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Maxwell JC

Institution: Addiction Research Institute, School of Social Work, The University of Texas at Austin, 1717 West 6th Street, Suite 335, Austin, TX 78703, United States. jcmaxwell@mail.utexas.edu

Language: English

Abstract: **BACKGROUND:** Driving under the influence (DUI) of drugs is increasing in the U.S., but little is known about the differences based on their patterns of use and abuse of alcohol and other drugs. **METHODS:** This paper uses a large dataset to study patients admitted to Texas substance abuse treatment programs with one or more past-year DUI arrests. t-Tests are used for comparisons between normally distributed continuous data

and chi square for categorical data. RESULTS: First-time DUI offenders not only differ from those reporting more than one past-year DUI, but they differ among themselves in terms of demographics, treatment participation, substance use problems, and mental health disorders. Those with primary problems with methamphetamine, crack cocaine, powder cocaine, other opiates, sedatives, and heroin reported more days of problems and more daily use than those with problems with alcohol, while offenders with primary problems with cannabis were less impaired. CONCLUSIONS: The most impaired clients were less likely to be referred to treatment from the justice system, and the differences in drug and alcohol offenders show the need to tailor approaches with education and treatment programs. More attention should be given to the needs of drivers impaired through use of prescription drugs such as the opiates and sedatives, as well as female drivers, and the role of acculturation should be recognized in programs for Hispanic drivers. In addition, specific programs should be targeted to young cannabis abusers and underage offenders. All first-time DUI arrestees should be assessed for their levels of impairment. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article

Subject Headings: [Adult](#)
["*Alcoholic Intoxication/px \[Psychology\]"](#)
["Automobile Driving/lj \[Legislation and Jurisprudence\]"](#)
["*Automobile Driving/px \[Psychology\]"](#)
[Female](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
["*Substance-Related Disorders/px \[Psychology\]"](#)

Source: MEDLINE

64. Prevalence and patterns of commonly abused psychoactive prescription drugs in a sample of university students from Lebanon: an opportunity for cross-cultural comparisons.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(110-7), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Ghandour LA; El Sayed DS; Martins SS

Institution: Department of Epidemiology and Population Health, American University of Beirut, 1107-2020 Lebanon. lg01@aub.edu.lb

Language: English

Abstract: BACKGROUND: Concerns about psychoactive prescription drug abuse among youth are growing worldwide, but the majority of published studies remain from the US and Canada impeding cross-cultural comparisons. This study examines the prevalence, sources, motivations and substance-use correlates of commonly abused medications among youth from Lebanon. METHODS: An IRB-approved cross-sectional study was conducted (May 2010) at the American University of Beirut. Proportionate cluster sampling was used to generate a representative sample of AUB students (n=570). A self-filled anonymous questionnaire was administered. RESULTS: Lifetime medical and nonmedical prevalence of medications were (respectively): pain (36.9%, 15.1%), anxiety (8.3%, 4.6%), sleeping (6.5%, 5.8%) and stimulants (2.6%, 3.5%). Gender differences were not observed. Lebanese were least likely to report non-medical use. Nonmedical users mostly used the drugs for their intended purpose (e.g., sleeping to help in sleep, stimulants to increase alertness). Parents and pharmacists (without a doctor's prescription) were the top two sources of all medications, except for stimulants (friends predominated). Diversion was observed in about 20% of the medical users. Lifetime marijuana users and past year alcohol abusers were three times as likely to use any prescription drug nonmedically. CONCLUSIONS: In Lebanon, as in Western cultures, a considerable proportion of youth may be self-medicating. The absence of medical supervision coupled with motivations such as "to get high" renders this issue a high priority on the national youth agenda. Besides larger more comprehensive surveys, the findings signal the

immediate need to reinforce relevant policies, and raise awareness among youth, parents, health professionals and other stakeholders. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Analgesics); 0 (Prescription Drugs); 0 (Psychotropic Drugs)

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

Subject Headings: ["*Analgesics/ad \[Administration and Dosage\]"](#)
[Cross-Cultural Comparison](#)
[Cross-Sectional Studies](#)
[Female](#)
[Humans](#)
["Lebanon/ep \[Epidemiology\]"](#)
[Male](#)
["*Prescription Drugs/ad \[Administration and Dosage\]"](#)
[Prevalence](#)
["*Psychotropic Drugs/ad \[Administration and Dosage\]"](#)
[Questionnaires](#)
[Self Medication](#)
[Students](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)
[Universities](#)
[Young Adult](#)

Source: MEDLINE

65. Impact of alcohol use on mortality in the elderly: results from the Korean Longitudinal Study on Health and Aging.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(133-9), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Jeong HG; Kim TH; Lee JJ; Lee SB; Park JH; Huh Y; Chin HJ; Jhoo JH; Lee DY; Woo JI; Kim KW

Institution: Department of Psychiatry, Korea University Guro Hospital, Korea University College of Medicine, Republic of Korea.

Language: English

Abstract: BACKGROUND: To examine the effects of problematic drinking, amount of alcohol use and binge drinking on all-cause mortality in the elderly. METHODS: We investigated 45-month all-cause mortality of 997 randomly sampled community-dwelling elderly Koreans aged 65 years or older who participated in the Korean Longitudinal Study on Health and Aging. Problematic drinking was defined as having alcohol use disorders according to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition criteria or having 8 or higher of the Alcohol Use Disorders Identification Test. Light drinking was defined as drinking 7 alcoholic drinks or less, and heavy drinking as having 14 alcoholic drinks more per week during past 12 months. Binge drinking was defined as having 6 or more drinks on a single occasion at least monthly. RESULTS: One hundred and thirteen participants (11.3%) died during the 45-month follow-up period. Heavy drinking (>14 alcoholic drinks per week) increased the all-cause mortality risk when in association with problematic drinking (hazard ratio [HR]=2.604, 95% confidence interval [CI]=1.221-5.553, p=0.012) or binge drinking (HR=2.823, 95% CI=1.259-6.328, p=0.013). Light drinking (<= 7 alcoholic drinks per week) was associated with decreased all-cause mortality (HR=0.114, 95% CI=0.015-0.833, p=0.032). CONCLUSIONS: Problematic drinking is associated with increased all-cause mortality in elderly Koreans, particularly when it is heavy and/or combined with binge drinking. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: Aged
Aged 80 and over
*Aging
"*Alcohol Drinking/mo [Mortality]"
Alcoholic Beverages
"Alcoholism/di [Diagnosis]"
"*Alcoholism/mo [Mortality]"
Asian Continental Ancestry Group
Female
Follow-Up Studies
Health Status
Humans
Longitudinal Studies
Male
"Republic of Korea/ep [Epidemiology]"
Risk Factors

Source: MEDLINE

66. The impact of borderline personality disorder on residential substance abuse treatment dropout among men.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(97-102), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Tull MT; Gratz KL

Institution: Department of Psychiatry and Human Behavior, University of Mississippi Medical Center, 2500 North State Street, Jackson, MS 39216, USA. MTull@umc.edu

Language: English

Abstract: BACKGROUND: Research is increasingly focusing on identifying factors distinguishing patients who complete vs. dropout of residential substance abuse treatment. One potentially relevant factor that has received relatively little attention is borderline personality disorder (BPD).METHODS: This study sought to examine the effect of BPD on residential substance abuse treatment dropout within a sample of 159 male patients with substance use disorders-a population often understudied with regard to BPD and at high-risk for treatment dropout. Patients were administered a structured diagnostic interview to establish BPD diagnoses. Patients were then followed throughout the course of residential substance abuse treatment to identify those who completed treatment and those who prematurely dropped out of treatment.RESULTS: Patients with BPD were significantly more likely to prematurely dropout of treatment, and this finding remained even when taking into account relevant covariates (i.e., court-ordered treatment status, contract duration, and major depressive disorder). Further, patients with BPD were more likely to experience center-initiated dropout as opposed to voluntary withdrawal from treatment.CONCLUSIONS: These findings add to the literature on BPD-SUD co-occurrence, suggesting that the presence of co-occurring BPD among male SUD patients may increase the risk for dropout from residential substance abuse treatment, necessitating targeted interventions focused on decreasing dropout within this patient subgroup. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: Adult
"Borderline Personality Disorder/co [Complications]"
"Borderline Personality Disorder/di [Diagnosis]"
"*Borderline Personality Disorder/px [Psychology]"
Humans
Male
Middle Aged
"*Patient Dropouts/px [Psychology]"
*Residential Treatment
*Substance Abuse Treatment Centers

"Substance-Related Disorders/co [Complications]"
 "*Substance-Related Disorders/th [Therapy]"

Source: MEDLINE

67. Addressing Tobacco Through Organizational Change (ATTOC) in residential addiction treatment settings.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(30-7), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Guydish J; Ziedonis D; Tajima B; Seward G; Passalacqua E; Chan M; Delucchi K; Zammarelli L; Levy M; Kolodziej M; Brigham G

Institution: University of California, San Francisco, Philip R. Lee Institute for Health Policy Studies, San Francisco, CA 94118, United States. Joseph.Guydish@ucsf.edu

Language: English

Abstract: BACKGROUND: Smoking prevalence among persons in addiction treatment is 3-4 times higher than in the general population. However, treatment programs often report organizational barriers to providing tobacco-related services. This study assessed the effectiveness of a six month organizational change intervention, Addressing Tobacco Through Organizational Change (ATTOC), to improve how programs address tobacco dependence. METHODS: The ATTOC intervention, implemented in three residential treatment programs, included consultation, staff training, policy development, leadership support and access to nicotine replacement therapy (NRT) medication. Program staff and clients were surveyed at pre- and post-intervention, and at 6 month follow-up. The staff survey measured knowledge of the hazards of smoking, attitudes about and barriers to treating smoking, counselor self-efficacy in providing such services, and practices used to address tobacco. The client survey measured knowledge, attitudes, and tobacco-related services received. NRT use was tracked. RESULTS: From pre- to post-intervention, staff beliefs became more favorable toward treating tobacco dependence ($F(1, 163)=7.15$, $p=0.008$), NRT use increased, and tobacco-related practices increased in a non-significant trend ($F(1, 123)=3.66$, $p=0.058$). Client attitudes toward treating tobacco dependence became more favorable ($F(1, 235)=10.58$, $p=0.0013$) and clients received more tobacco-related services from their program ($F(1, 235)=92.86$, $p<0.0001$) and from their counselors ($F(1, 235)=61.59$, $p<0.0001$). Most changes remained at follow-up. CONCLUSIONS: The ATTOC intervention can help shift the treatment system culture and increase tobacco services in addiction treatment programs. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: [Adult](#)
[Counseling](#)
[Female](#)
[Follow-Up Studies](#)
[Health Knowledge Attitudes Practice](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[Organizational Innovation](#)
[Residential Treatment](#)
[Self Efficacy](#)
[*Smoking/th \[Therapy\]"](#)
[*Smoking Cessation/mt \[Methods\]"](#)
[*Tobacco Use Disorder/th \[Therapy\]"](#)

Source: MEDLINE

68. Four-year outcomes from the Early Re-Intervention (ERI) experiment using Recovery Management Checkups (RMCs).

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(10-7), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Dennis ML; Scott CK

Institution: Chestnut Health Systems, 448 Wylie Drive, Normal, IL 61761, USA. mdennis@chestnut.org

Language: English

Abstract: BACKGROUND: While drug abuse is the 10th leading cause of mortality in the US, the public health care system has been slow to adopt a chronic disease approach with aggressively timed monitoring and interventions. Drug abuse remains isolated from adoption into the "chronic condition" model of care. This paper evaluates the efficacy of quarterly Recovery Management Checkups (RMCs) on treatment reentry and long-term substance use in the context of chronic substance use disorders. METHODS: 446 adult substance users were randomly assigned to RMC or a control group and assessed quarterly for 4 years (94% completion). The main outcome measures were: time from need of treatment to treatment reentry, frequency of treatment reentry, days of treatment, number of substance use related problems per month, and total days abstinent. RESULTS: Participants in the RMC condition were significantly more likely than participants in the control group to return to treatment sooner, to return at all, to return more times, and to receive more total days of treatment. They subsequently had significantly fewer quarters in need of treatment, fewer substance related problems per month, and more total days of abstinence. Effects were larger for those with earlier onset and higher crime/violence scores. CONCLUSIONS: RMC is an effective method of monitoring and re-intervening with chronic substance users and is associated with improved long-term outcomes. A subgroup of people for whom RMC did not appear to be "enough," signals a need to explore more intensive models to address chronicity. Copyright Copyright 2011. Published by Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Subject Headings: [Adult](#)
[Chronic Disease](#)
[Female](#)
[Follow-Up Studies](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[Public Health](#)
["*Substance Abuse Treatment Centers/mt \[Methods\]"](#)
["*Substance-Related Disorders/th \[Therapy\]"](#)
[Treatment Outcome](#)

Source: MEDLINE

69. Similar hyporesponsiveness of the dorsomedial prefrontal cortex in problem gamblers and heavy smokers during an inhibitory control task.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(81-9), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): de Ruiter MB; Oosterlaan J; Veltman DJ; van den Brink W; Goudriaan AE

Institution: Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands. m.b.deruiter@amc.uva.nl

Language: English

Abstract: BACKGROUND: Behavioral addictions like pathological gambling share many clinical characteristics with substance dependence. In addition, both types of disorders are associated with impairments in inhibitory control. Studies in patients with substance use disorders point to hyporesponsiveness of the dorsomedial prefrontal cortex. However, no such data exist on behavioral addictions. METHODS: Using functional magnetic

resonance imaging, we investigated the neural circuitry associated with impaired response inhibition in a group of male problem gamblers (n=17) using a stop signal task. We included control conditions tailored to specifically isolate neural correlates of inhibitory control. To investigate the specificity of effects, a group of heavy smokers (n=18) and a group of healthy controls (n=17) were also included. RESULTS: Groups did not differ in behavioral performance on the stop signal task. However, both problem gamblers and heavy smokers showed hypo-responsiveness of the dorsomedial prefrontal cortex compared to healthy controls, during successful as well as failed response inhibition. These effects were robust against adjustments for depression and adult attention deficit scores. CONCLUSIONS: These findings suggest that hypoactivation of the inhibition circuit is a shared neural mechanism in substance use disorders and behavioral addictions. As such, they support the reclassification of pathological gambling as a behavioral addiction in DSM-V. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: [Adult](#)
[Brain Mapping](#)
["*Executive Function/ph \[Physiology\]"](#)
["*Gambling/pp \[Physiopathology\]"](#)
[Humans](#)
[*Inhibition \(Psychology\)](#)
[Magnetic Resonance Imaging](#)
[Male](#)
[Middle Aged](#)
[Neuropsychological Tests](#)
["*Prefrontal Cortex/pp \[Physiopathology\]"](#)
[Severity of Illness Index](#)
["*Smoking/pp \[Physiopathology\]"](#)

Source: MEDLINE

70. The neurobiology of cognitive control in successful cocaine abstinence.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(45-53), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Connolly CG; Foxe JJ; Nierenberg J; Shpaner M; Garavan H

Institution: Department of Psychiatry, University of California, San Diego, USA.

Language: English

Abstract: INTRODUCTION: Extensive evidence demonstrates that current cocaine abusers show hypoactivity in anterior cingulate and dorsolateral prefrontal cortex and respond poorly relative to drug-naïve controls on tests of executive function. Relatively little is known about the cognitive sequelae of long-term abstinence in cocaine addicts. METHODS: Here, we use a GO-NOGO task in which successful performance necessitated withholding a prepotent response to assay cognitive control in short- and long-term abstinent cocaine users (1-5 weeks and 40-102 weeks, respectively). RESULTS: We report significantly greater activity in prefrontal, cingulate, cerebellar and inferior frontal gyri in abstinent cocaine users for both successful response inhibitions and errors of commission. Moreover, this relative hyperactivity was present in both abstinent groups, which, in the presence of comparable behavioral performance, suggests a functional compensation. CONCLUSIONS: Differences between the short- and long-abstinence groups in the patterns of functional recruitment suggest different cognitive control demands at different stages in abstinence. Short-term abstinence showed increased inhibition-related dorsolateral and inferior frontal activity indicative of the need for increased inhibitory control while long-term abstinence showed increased error-related ACC activity indicative of heightened behavioral monitoring. The results suggest that the integrity of prefrontal systems that underlie cognitive control functions may be an important characteristic of successful long-term abstinence. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: Adult
Brain Mapping
"*Cocaine-Related Disorders/pp [Physiopathology]"
"Cocaine-Related Disorders/px [Psychology]"
"Cognition/ph [Physiology]"
"*Executive Function/ph [Physiology]"
Female
"*Gyrus Cinguli/pp [Physiopathology]"
Humans
Image Processing Computer-Assisted
Inhibition (Psychology)
Magnetic Resonance Imaging
Male
Middle Aged
Neuropsychological Tests
"*Prefrontal Cortex/pp [Physiopathology]"

Source: MEDLINE

71. Respondent-driven sampling to recruit young adult non-medical users of pharmaceutical opioids: problems and solutions.

Citation: Drug & Alcohol Dependence, February 2012, vol./is. 121/1-2(23-9), 0376-8716;1879-0046 (2012 Feb 1)

Author(s): Daniulaityte R; Falck R; Li L; Nahhas RW; Carlson RG

Institution: Center for Interventions, Treatment, and Addiction Research, Department of Community Health, Boonshoft School of Medicine, Wright State University, Dayton, OH 45435, United States. raminta.daniulaityte@wright.edu

Language: English

Abstract: Respondent-driven sampling (RDS) has been promoted as a superior method in recruiting hard-to-reach and hidden populations. Although its application has expanded enormously, there remains a need for empirical data evaluating the performance of RDS in different settings. This study describes the application of RDS to recruit a community sample (N=396) of young adults (18-23 years old) into a natural history study of non-medical pharmaceutical opioid use. Since recruitment targeted non-dependent pharmaceutical opioid users, and applied other eligibility restrictions, several modifications had to be made to make RDS work with this narrowly defined target population. RDS recruitment was less efficient than expected, and produced greater numbers of African American recruits than anticipated. Although the sampling quota was met, sample analysis revealed a lack of equilibrium in terms of ethnic composition and very strong in-group recruitment tendencies among White and African American respondents. This study contributes potentially helpful insights into the strengths and limitations of using RDS which may benefit future studies. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: Adolescent
Female
Humans
Male
"*Opioid-Related Disorders/di [Diagnosis]"
*Patient Selection
Sampling Studies
Urban Population
Young Adult

Source: MEDLINE

72. A theory-based intervention to reduce alcohol drinking in excess of guideline limits among undergraduate students.

Citation: British Journal of Health Psychology, February 2012, vol./is. 17/1(18-43), 1359-107X;2044-8287 (2012 Feb)

Author(s): Hagger MS; Lonsdale A; Chatzisarantis NL

Institution: School of Psychology and Speech Pathology, Curtin University, Australia. martin.hagger@curtin.edu.au

Language: English

Abstract: OBJECTIVES: Undergraduate students frequently exceed guideline limits for alcohol intake in a single session and are highly susceptible to associated health, social, and economic problems. Psychological theory suggests that interventions aimed at reducing alcohol consumption should target both motivational and volitional phases of action to be effective. This study reports an integrated theory-based intervention aimed at reducing undergraduates' alcohol consumption in excess of guideline limits. DESIGN: The study adopted a 2 (motivation: mental simulation vs. no mental simulation) x 2 (volitional: implementation intention vs. no implementation intention) randomized controlled design presented in an online format. METHODS: Undergraduate students (N= 238; females, n= 133, M age = 20.11, SD= 2.09; males, n= 105, M age = 20.38, SD= 1.35) completed baseline psychological measures and self-reported alcohol consumption as units consumed and heavy episodic drinking occasions followed by the intervention manipulation (if any). One month later participants completed follow-up measures of the psychological variables and alcohol consumption. RESULTS: Significant reductions in alcohol consumption were observed at follow-up. Participants receiving a mental simulation intervention reported significantly fewer units of alcohol consumed and heavy episodic drinking occasions. Among participants with high baseline alcohol consumption, participants in the combined mental simulation and implementation intention intervention group consumed significantly fewer units than other groups. CONCLUSION: Results support the use of these theory-based strategies to reduce alcohol drinking in excess of guideline limits among undergraduates. There was preliminary support for the interaction between the two strategies among heavier drinkers. Targeting both motivational and implemental phases of action poses a high probability for success in changing alcohol-related behaviour in this population. Copyright2011 The British Psychological Society.

Country of Publication: England

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

Subject Headings: [Adolescent](#)
[*Alcohol Drinking](#)
[**Alcoholic Intoxication/pc \[Prevention and Control\]"](#)
[England](#)
[Female](#)
[Humans](#)
[Male](#)
[*Psychological Theory](#)
[Questionnaires](#)
[**Students/px \[Psychology\]"](#)
[Universities](#)
[Young Adult](#)

Source: MEDLINE

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

73. Using the theory of planned behaviour to understand binge drinking: the importance of beliefs for developing interventions.

- Citation:** British Journal of Health Psychology, February 2012, vol./is. 17/1(1-17), 1359-107X;2044-8287 (2012 Feb)
- Author(s):** French DP; Cooke R
- Institution:** Applied Research Centre in Health and Lifestyles Interventions, Coventry University, UK. david.french@coventry.ac.uk
- Language:** English
- Abstract:** OBJECTIVES: To elicit students' salient beliefs in relation to binge drinking, and to examine the extent to which individual salient beliefs predict theory of planned behaviour (TPB) constructs in relation to binge drink, and actual drinking behaviour assessed later that evening. DESIGN: Longitudinal, over a single evening. METHODS: 192 students were recruited as they entered a campus bar at the beginning of the evening. They completed questionnaires with open-ended questions eliciting beliefs concerning binge drinking, and ratings scales assessing standard TPB constructs in relation to binge drinking. At the end of the evening, 181 completed a second questionnaire and recorded the number of alcoholic drinks they had consumed. RESULTS: Beliefs were reliably coded (all kappas ≥ 0.79). Students with higher intentions to binge drink were more likely to believe that their friends approved of binge drinking, and that (lack of) money would make it difficult. Students who reported drinking more alcohol at the end of the evening were more likely to believe that getting drunk is an advantage/what they would like about binge drinking tonight, that their sports teams would approve, and that celebrating, drinking patterns, and environment would make it easy to binge drink. CONCLUSIONS: The present study has identified the individually salient beliefs relating to drinking behaviour that the TPB states should be addressed by interventions to alter behaviour, and which that should be assessed as mediators in intervention research. As a whole, these findings highlight the importance of perceived peer norms in binge drinking in this population, and support the idea of interventions to challenge the perception of social pressure to binge drink. Copyright 2011 The British Psychological Society.
- Country of Publication:** England
- Publication Type:** Journal Article
- Subject Headings:** Adolescent
 "*Alcohol Drinking/px [Psychology]"
 "*Alcoholic Intoxication/ep [Epidemiology]"
 "*Alcoholic Intoxication/pc [Prevention and Control]"
 Female
 Great Britain
 Humans
 *Intention
 Male
 *Psychological Theory
 Questionnaires
 *Social Behavior
 Social Environment
 Young Adult
- Source:** MEDLINE
- Full Text:** Available in *fulltext* at [Wiley](#)

74. Hepatitis C infection among recent initiates to injecting in England 2000-2008: Is a national hepatitis C action plan making a difference?.

- Citation:** Journal of Viral Hepatitis, January 2012, vol./is. 19/1(55-64), 1352-0504;1365-2893 (2012 Jan)
- Author(s):** Hope V; Parry JV; Marongui A; Ncube F
- Institution:** Centre for Infections, Health Protection Agency, London, UK.
- Language:** English

Abstract: Around 80% of hepatitis C virus (HCV) infections in England are among injecting drug users (IDUs). The HCV Action Plan launched in 2004 includes targets to reduce HCV prevalence in recent initiates (those starting injecting in the preceding 3 years), and to increase HCV voluntary confidential testing (VCT). The Action Plan's impact is examined using surveillance data from recent initiates participating in an annual survey of IDUs in contact with specialist services across England, 2000-2008. Participants provided an oral fluid sample (tested for anti-HCV) and completed a short questionnaire (including HCV VCT and result of last test). Overall, anti-HCV prevalence among the recent initiates was 18% (619/3463); in 2004, it was 20% (59/291), other than being lower in 2000 [11%, 73/672, adjusted odds ratio (AOR) = 0.63 95%CI 0.42-0.93] there was no change over time. Prevalence increased with age; was higher among those ever imprisoned, using a needle exchange, and having a HCV VCT; and varied by region. Overall, 42% (1460) had ever had a HCV VCT; in 2004 uptake was 45% (130/291) having increased from 26% (175/672, AOR = 0.57 95%CI 0.42-0.77) in 2000, and it rose to 62% (197/320, AOR = 2.12 95%CI 1.50-2.99) in 2008. The proportion of anti-HCV-positive IDUs aware of their infection was higher in 2006-2008 than in earlier years. The HCV Action Plan has probably helped increase recent initiates' uptake of HCV VCT and the proportion of those diagnosed with HCV infection. However, its impact on HCV transmission is unclear. There is a need to reinvigorate, and improve coverage of, interventions to prevent HCV transmission. Copyright 2011 Blackwell Publishing Ltd.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Diagnostic Tests Routine](#)
["England/ep \[Epidemiology\]"](#)
[Female](#)
["Hepacivirus/de \[Drug Effects\]"](#)
["Hepacivirus/py \[Pathogenicity\]"](#)
["Hepatitis C/di \[Diagnosis\]"](#)
["Hepatitis C/dt \[Drug Therapy\]"](#)
["*Hepatitis C/ep \[Epidemiology\]"](#)
["Hepatitis C/tm \[Transmission\]"](#)
[Humans](#)
[Male](#)
[*National Health Programs](#)
[Questionnaires](#)
[Risk Factors](#)
["Substance-Related Disorders/co \[Complications\]"](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)
[Young Adult](#)

Source: MEDLINE

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

75. Quality and safety of medication use in primary care: consensus validation of a new set of explicit medication assessment criteria and prioritisation of topics for improvement.

Citation: BMC Clinical Pharmacology, 2012, vol./is. 12/(5), 1472-6904;1472-6904 (2012)

Author(s): Dreischulte T; Grant AM; McCowan C; McAnaw JJ; Guthrie B

Institution: Tayside Medicines Unit, NHS Tayside, Mackenzie Building, Kirsty Semple Way, Dundee, Scotland, DD2 4BF, UK. T.Dreischulte@dundee.ac.uk

Language: English

Abstract: BACKGROUND: Addressing the problem of preventable drug related morbidity (PDRM) in primary care is a challenge for health care systems internationally. The increasing implementation of clinical information systems in the UK and internationally provide new opportunities to systematically identify patients at risk of PDRM for targeted medication review. The objectives of this study were (1) to develop a set of explicit

medication assessment criteria to identify patients with sub-optimally effective or high-risk medication use from electronic medical records and (2) to identify medication use topics that are perceived by UK primary care clinicians to be priorities for quality and safety improvement initiatives. **METHODS:** For objective (1), a 2-round consensus process based on the RAND/UCLA Appropriateness Method (RAM) was conducted, in which candidate criteria were identified from the literature and scored by a panel of 10 experts for 'appropriateness' and 'necessity'. A set of final criteria was generated from candidates accepted at each level. For objective (2), thematically related final criteria were clustered into 'topics', from which a panel of 26 UK primary care clinicians identified priorities for quality improvement in a 2-round Delphi exercise. **RESULTS:** (1) The RAM process yielded a final set of 176 medication assessment criteria organised under the domains 'quality' and 'safety', each classified as targeting 'appropriate/necessary to do' (quality) or 'inappropriate/necessary to avoid' (safety) medication use. Fifty-two final 'quality' assessment criteria target patients with unmet indications, sub-optimal selection or intensity of beneficial drug treatments. A total of 124 'safety' assessment criteria target patients with unmet needs for risk-mitigating agents, high-risk drug selection, excessive dose or duration, inconsistent monitoring or dosing instructions. (2) The UK Delphi panel identified 11 (23%) of 47 scored topics as 'high priority' for quality improvement initiatives in primary care. **CONCLUSIONS:** The developed criteria set complements existing medication assessment instruments in that it is not limited to the elderly, can be implemented in electronic data sets and focuses on drug groups and conditions implicated in common and/or severe PDRM in primary care. Identified priorities for quality and safety improvement can guide the selection of targets for initiatives to address the PDRM problem in primary care.

Country of Publication:	England
Publication Type:	Journal Article; Research Support, Non-U.S. Gov't; Validation Studies
Subject Headings:	Consensus Delphi Technique "*Drug Toxicity/pc [Prevention and Control]" Great Britain Humans "*Medication Errors/pc [Prevention and Control]" Patient Safety *Physician's Practice Patterns "*Primary Health Care/mt [Methods]" "*Quality Assurance Health Care/mt [Methods]" Quality Improvement
Source:	MEDLINE
Full Text:	Available in <i>fulltext</i> at BioMedCentral Available in <i>fulltext</i> at National Library of Medicine Available in <i>fulltext</i> at ProQuest

76. Modelling HIV in the injecting drug user population and the male homosexual population in a developed country context.

Citation:	Epidemics, March 2012, vol./is. 4/1(48-56), 1878-0067;1878-0067 (2012 Mar)
Author(s):	Sutton AJ; House T; Hope VD; Ncube F; Wiessing L; Kretzschmar M
Institution:	Health Economics Unit, Public Health Building, University of Birmingham, Edgbaston, Birmingham, UK. a.j.sutton@bham.ac.uk
Language:	English
Abstract:	In many high income countries men who have sex with men (MSM) and injecting drug users (IDUs) are the two groups with the highest HIV prevalence. Yet these two groups are not mutually exclusive, and those MSM who are also IDUs (MSM-IDUs) may be particularly vulnerable to HIV infection. This may be particularly relevant to the IDU population in countries, like the UK, with a much lower HIV prevalence amongst IDUs than MSM, as the MSM-IDUs could provide a route of HIV infection into the IDU population. In this research two alternative modelling approaches that describe the

transmission dynamics of HIV within the IDU, MSM, and heterosexual populations are proposed. These models are constructed with two aims. The first is to investigate the possible impact of interventions that target HIV transmission in the MSM and IDU populations, and the second aim is to investigate the impact of the model structure on the model results. An examination of the assortativity of mixing between risk groups is also undertaken. The models are parameterised for England and Wales. While the MSM-IDU population is small, targeting MSM-IDUs was the most efficient intervention strategy in terms of cases averted per 100 individuals targeted with the intervention. Sensitivity analysis showed that variations in the assumed assortativity of mixing between the population groups in both models have a large impact on model results. This means that to generate quantitatively robust estimates for the impact of different intervention strategies it will be necessary to obtain estimates for assortativity values through empirical work. Copyright Copyright 2012 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

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

Subject Headings: [Adult](#)
[Female](#)
["Great Britain/ep \[Epidemiology\]"](#)
["*HIV Infections/ep \[Epidemiology\]"](#)
["*HIV Infections/tm \[Transmission\]"](#)
["*Homosexuality Male/sn \[Statistics and Numerical Data\]"](#)
[Humans](#)
[Male](#)
[Models Statistical](#)
[Prevalence](#)
["*Substance Abuse Intravenous/ep \[Epidemiology\]"](#)

Source: MEDLINE

77. Reported paediatric adverse drug reactions in the UK 2000-2009.

Citation: British Journal of Clinical Pharmacology, March 2012, vol./is. 73/3(437-46), 0306-5251;1365-2125 (2012 Mar)

Author(s): Hawcutt DB; Mainie P; Riordan A; Smyth RL; Pirmohamed M

Institution: Division of Developmental and Reproductive Medicine, University of Liverpool, Liverpool Northwick Park Hospital, Watford Road, Harrow, London Alder Hey Children's Hospital, Liverpool Department of Molecular and Clinical Pharmacology, University of Liverpool, Liverpool, UK.

Language: English

Abstract: AIMS: The UK Medicines and Healthcare products Regulatory Agency (MHRA) runs a national spontaneous reporting system (Yellow Card Scheme) to collect 'suspected' adverse drug reaction (ADR) data. MHRA advice is to report all suspected ADRs in paediatric (<17 years) patients. METHODS: Data on all ADRs reported to the MHRA in patients <17 years from the years 2000-9 were supplied in two datasets, inclusive and exclusive of vaccines. RESULTS: Of 222[em space]755 ADR reports received by the MHRA from 2000-9, 31726 (14.2%) were in children <17 years. The number of reports in 2000 was greater than in subsequent years (12035) due to a national vaccination programme (Meningococcal Serogroup C conjugate vaccine). The median number of ADR reports per annum (2001-2009) for children was 2146 (95% CI 1801, 2575). Vaccines were included in 22102 (66.5%) paediatric ADR reports, with Meningococcal Serogroup C conjugate vaccine reported most frequently (12106 reports) and headache the commonest symptom (3163). Excluding vaccines, methylphenidate (653 reports) and atomoxetine (491) were the most commonly reported medications, and the most commonly reported symptom was vomiting (374). Reporting by nurses increased from 396 in 2001 to 1295 in 2009 (41.8% of all reports); reporting by doctors stayed constant. Reports from patients, parents or carers more than doubled but remained infrequent (1.5% in 2005, 4.0% in 2009). CONCLUSIONS: Although under-reporting is probably common, the Yellow Card Scheme in the UK receives more than 2000 reports per year on patients

<17 years. Nurses now report more suspected ADRs in children than any other healthcare professional. Copyright 2011 The Authors. British Journal of Clinical Pharmacology
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Country of Publication: England

CAS Registry Number: 0 (Pharmaceutical Preparations)

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

Subject Headings: Adolescent
"*Adverse Drug Reaction Reporting Systems/sn [Statistics and Numerical Data]"
Child
Child Preschool
"*Drug Toxicity/ep [Epidemiology]"
"Great Britain/ep [Epidemiology]"
"Health Personnel/sn [Statistics and Numerical Data]"
Humans
Infant
"*Pharmaceutical Preparations/ae [Adverse Effects]"
"*Vaccination/ae [Adverse Effects]"

Source: MEDLINE

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