

# Search Results

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## Search History

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

**1. Decision-making deficit in chronic migraine patients with medication overuse.**

- Citation:** Neurological Sciences, May 2012, vol./is. 33/Suppl 1(S151-S155), 1590-1874;1590-3478 (May 2012)
- Author(s):** Biagianti, B; Grazzi, L; Gambini, O; Usai, S; Muffatti, R; Scarone, S; Bussone, G
- Correspondence Address:** Biagianti, B.: Department of Psychiatry, University of Milan Medical School, via A. di Rudini 8/A, Milan, Italy, 20142, bruno.biagianti@gmail.com
- Institution:** Biagianti, B.: Department of Psychiatry, University of Milan Medical School, Milan; Grazzi, L.: Headache Center, National Neurological Institute C. Besta, Milan; Gambini, O.: Department of Psychiatry, University of Milan Medical School, Milan; Usai, S.: Headache Center, National Neurological Institute C. Besta, Milan; Muffatti, R.: Department of Psychiatry, San Paolo Hospital, Milan; Scarone, S.: Department of Psychiatry, University of Milan Medical School, Milan; Bussone, G.: Headache Center, National Neurological Institute C. Besta, Milan
- Language:** English
- Abstract:** Patients with chronic migraine developing medication-overuse headache (MOH) show dependency-like behaviors such as loss of control over analgesics despite adverse consequences on headaches, high rates of relapse after withdrawal from symptomatic medications, and compromised social functioning. Neuroimaging research suggests a common pathophysiology between substance-use disorders and MOH, which involves functional alterations in fronto-striatal networks, particularly in the orbitofrontal region of prefrontal cortex. These findings could explain the impaired decision-making observed in substance-use disorders. We hypothesize that MOH could share fronto-striatal circuit dysfunction and relative decision-making deficit with addiction. We further examine whether this deficit is a persistent cognitive trait or a reversible consequence of medication overuse. This study shows a dataset of 50 patients with MOH before the detoxification. All patients underwent a complete neurological and psychiatric examination. Psychiatric examination consisted of a clinical interview, Structured Clinical Interview for DSM-IV TR Axis II Personality Disorders, Anxiety and Depression Hamilton Scales, Severity of Dependence Scale. The neurological examination included the migraine disability assessment questionnaire. Neuropsychological assessment of fronto-striatal circuits was investigated using the Iowa gambling task (IGT). Twenty patients monitored for any relapse into medication overuse had 12 months of follow-up. Our sample, characterized by high rates of disability and dependency-like behaviors, exhibited a deficit in IGT performance, indicating an overall impairment in decision-making. All the 20 patients showed neurological and psychiatric improvement at 12-month follow-up, notwithstanding the overuse relapse, but a persistent IGT deficit was found. To our knowledge this is the first study that assesses this cognitive function in patients with MOH. Medication-overuse headache seems to share a persistent decision-making deficit with substance abuse that confirms the orbitofrontal cortex hypometabolism described in literature from a neuropsychological perspective. Looking at these shared neurocognitive features, our results suggest that MOH could belong to the addiction spectrum. Fronto-striatal dysfunction could be a premorbid psychobiological condition of vulnerability explaining the clinical onset of medication overuse and recurrent relapses. We propose that IGT could be used to identify chronic migraine patients with higher risk for medication overuse and relapse. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
- Country of Publication:** HOLDER: Springer-Verlag; YEAR: 2012
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Decision Making](#)  
[\\*Migraine Headache](#)  
[\\*Prefrontal Cortex](#)  
[\\*Side Effects \(Drug\)](#)  
[Addiction](#)  
[Gambling](#)

Functional Magnetic Resonance Imaging  
Positron Emission Tomography

**Source:** PsycINFO

**2. Career counseling and lifestyle planning for clients with addictive behaviors.**

**Citation:** Career counseling: Foundations, perspectives, and applications (2nd ed.), 2012(525-551) (2012)

**Author(s):** Wood, Chris; Cato, Sibyl Camille

**Institution:** Wood, Chris: New College Institute, Old Dominion University, Chester, VA

**Language:** English

**Abstract:** (from the chapter) This chapter discusses career counseling and lifestyle planning with clients who also present with addictive behaviors. A case example is included using Motivational Interviewing as a counseling strategy. Counseling individuals with career concerns and addictive behaviors is in one sense an issue of dual diagnosis. Although at one time the predominant thinking regarding dual diagnosis was to treat addictions separately from other client problems, current professional literature has encouraged addressing such issues together. Moreover, because an inherent relationship between a client's career concerns and his or her addictive behaviors is likely, it seems only logical that these respective issues be dealt with concurrently. Understanding the stages of change for behaviors can assist counselors in working with clients struggling with addiction. Knowledge of a client's current stage of change can help a counselor conceptualize the tasks necessary for clients to continue on the path toward positive change. Moreover, the four guiding principles of Motivational Interviewing (MI)-express empathy, develop discrepancy, roll with resistance, and support self-efficacy-can provide a solid foundation for career counseling clients with addictive behaviors. The specific MI counseling techniques introduced in this chapter provide counselors with a repertoire of tools to help them further positive change in clients and avoid the potential pitfalls posed by resistance. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Addiction  
\*Behavior Change  
\*Motivational Interviewing  
\*Occupational Guidance  
\*Stages of Change  
Clients  
Lifestyle

**Source:** PsycINFO

**3. A latent transition analysis of self-efficacy among men treated for cocaine dependence.**

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(6698), 0419-4217 (2012)

**Author(s):** Dang, Huy Dinh

**Institution:** Dang, Huy Dinh: U California, Los Angeles

**Language:** English

**Abstract:** Background: In the context of substance abuse research, self-efficacy refers to one's confidence to abstain or resist from drug use in high risk situations. Self-efficacy has been found to be an important determinant of behavior change and highly correlated with substance use. Although there is a relatively large body of research on self-efficacy in alcohol dependence, there is a dearth of research in cocaine dependence. Objectives: The current study was conducted to provide a better understanding of the role of self-efficacy in cocaine addiction and recovery. The specific aims of the study were as follows: 1) evaluate whether self-efficacy is heterogeneous across different high risk situations, 2) understand how self-efficacy changes over time following treatment, and 3) determine

whether self-efficacy following treatment can predict long-term abstinence from cocaine use. Methods: The sample consisted of 216 male veteran's seeking treatment for cocaine dependence and admitted to the West Los Angeles Veterans Affairs Medical Center. Self-efficacy data were prospectively collected at the time of admission, 1-year, and 2-years following treatment. Furthermore, long-term abstinence from cocaine use (defined as 5 or more years since last use) was collected at approximately 12-years following treatment. Results: Cross-sectional data analysis at each time point was evaluated using the latent class analysis (LCA) and revealed there to be three distinct subpopulations; those with low, medium and high self-efficacy. Longitudinal data analysis across the three time points was evaluated using latent transition analysis (LTA) and suggested that self-efficacy was relatively stable over time. An LTA with time varying covariates, time invariant covariates, and distal outcome, suggested that self-efficacy at intake, 1-year, and 2-years did not significantly predict long-term abstinence after controlling for other variables in the model. Finally, a latent transition mixture modeling (LTMM) was utilized to examine the long-term predictive validity of self-efficacy but convergence of the model was not achieved and resulted in an inappropriate solution. Discussion: The current study found that: 1) self-efficacy was not appreciably heterogeneous across different high risk situations, 2) self-efficacy was stable over time, and 3) self-efficacy was not a robust predictor of long-term abstinence. The findings can be used to: 1) establish cut-off scores for self-efficacy measures in substance abuse research, 2) aid in the development of custom tailored interventions, 3) understand the temporal stability of self-efficacy, 4) provide prevalence rates for low, medium, and high self-efficacy groups prior to and following treatment, 5) understand the relevance of self-efficacy in long-term recovery, and 6) further demonstrate how advanced latent variable models can contribute to substance abuse research. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Cocaine](#)  
[\\*Drug Dependency](#)  
[\\*Drug Therapy](#)  
[\\*Human Males](#)  
[\\*Self Efficacy](#)  
[Analysis](#)  
[Drug Abuse](#)  
[Self Analysis](#)  
[Side Effects \(Drug\)](#)

**Source:** PsycINFO

#### 4. Racial identity and religiousness: Role of religion and racial identity on substance use in African American college students.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7028), 0419-4217 (2012)

**Author(s):** Mailey, Chaz D

**Institution:** Mailey, Chaz D.: Indiana State U.

**Language:** English

**Abstract:** The present study sought to explore the relationships between Black racial identity, religiosity, and substance use in African American college students. Religiosity has commonly been identified as a protective factor against substance use for many ethnic groups, and historically religion has played a significant role in the lives of African Americans. Surprisingly, some research suggests that while important, religiosity may not be as strong of a protective factor against abuse or excessive consumption of substances for African Americans as it is for other ethnicities (Amey, Albrecht, & Miller, 1996). It has been suggested that for African Americans, a strong ethnic identity can help moderate drinking (Klonoff & Landrine, 1999; Pugh & Bry, 2007). One hundred and eighty-four African American students recruited from three Midwestern predominantly White universities, one Midwestern predominantly Black university and one Historically Black

Southern university completed an online questionnaire consisting of the Cross Racial Identity Scale (CRIS); the Religious Involvement subscale from the Brief Multidimensional Measure of Religion and Spirituality (BMMRS), measures of alcohol and marijuana use, and the Young Adult Alcohol Problems Screening Test (YAAPST). As hypothesized, racial identity and religiousness/spirituality were related with substance use in African American college students. The secondary hypothesis that black racial identity would be a better predictor of substance use than would religiousness/spirituality was not supported. For African American students in the current sample, religiosity was a better predictor of substance use than was Black racial identity. However, several differential relationships were observed between males and females. Overall, the study contributes support to the literature regarding how Black racial identity and religiosity influence substance use in African Americans. Limitations, significant findings, and possible directions for future research are presented. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Blacks](#)  
[\\*Drug Abuse](#)  
[\\*Ethnic Identity](#)  
[\\*Religiosity](#)  
[College Students](#)

**Source:** PsycINFO

#### 5. The role of NMDA receptors throughout the dopamine system in mediating drug addiction and learning.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(6548), 0419-4217 (2012)

**Author(s):** Beutler, Lisa

**Institution:** Beutler, Lisa: U Washington

**Language:** English

**Abstract:** The neural circuitry and molecular mechanisms underlying addiction to drugs of abuse are thought to share a number of key features with the circuitry and mechanisms underlying various forms of learning. Midbrain dopamine neurons along with their projection targets in the striatum, the medium spiny neurons (MSNs), are thought to be key mediators of both addiction and learning. Although dopamine itself is an important player in these processes, glutamate, the major excitatory neurotransmitter in the central nervous system also plays a critical role. In particular, glutamate signaling through NMDA-type glutamate receptors (NMDARs) is known to be involved in various forms of learning and a large number of addiction-like behaviors. However, the cell types and brain regions in which NMDARs are required for mediating these phenomena remain poorly understood. To determine in what brain regions and cell types NMDAR signaling is required for driving these types of behaviors, we have utilized a number of genetic tools in mice. Assembly of functional NMDARs requires expression of the critical subunit, NR1, from the unique gene, Grin1. We have crossed mice with a conditional allele of Grin1 to mice that express Cre-recombinase in dopamine neurons or MSNs to create mice that lack NMDAR signaling in these populations of neurons. We have also used viral vectors to remove or re-express NR1 in specific anatomical locations. These mice were tested in amphetamine sensitization (a behavioral model of addiction) and in paradigms assessing various forms of learning. We have concluded that, for all of the behaviors tested here, NMDARs in dopamine neurons are not necessary. By contrast NMDARs in dopamine D1 receptor- (D1R-) expressing neurons, a subset of MSNs, are required for all of these behaviors. However, while learning requires NMDARs on all MSNs, amphetamine sensitization is intact in animals lacking NMDARs on all MSNs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Animal Learning](#)  
[\\*Dopamine](#)  
[\\*Drug Addiction](#)

\*N-Methyl-D-Aspartate  
 \*Tegmentum  
 Mice  
 Cell Signaling

Source: PsycINFO

**6. Developing a Brief Integrative Biopsychosocial Screening Instrument to investigate influences of alcohol abuse and dependence in college age students: A mixed research study.**

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7062), 0419-4217 (2012)

**Author(s):** Rein, Marty J

**Institution:** Rein, Marty J.: Colorado State U.

**Language:** English

**Abstract:** The purpose of this mixed-methods study was to develop a reliable, valid, and clinically useful brief integrative biopsychosocial screening instrument to investigate influences of alcohol abuse and dependence in college age students. The Rein-Brief Integrative Biopsychosocial Screening Instrument (R-BIBSI) is a 30-item ( $\alpha = 0.89$ ), non-diagnostic, brief screening tool developed to aid drug and alcohol treatment professionals in treatment planning for persons experiencing substance abuse or dependence. The BIBSI is easily scored by clinical or non-clinical staff to assess six constructs of alcohol use influence: Biological Influence, Psychological Internally Expressed Influence, Psychological Externally Expressed Influence, Social Family Influence, Social Peer/Work Environmental Influence, and Social Cultural Influence. Item reduction processes included think-aloud, predictive validity testing utilizing paired samples t-test, and exploratory factor analysis. A convenience sample of 63 college age students provided data for validation and reliability testing of the R-BIBSI. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** \*Alcohol Abuse  
 \*Alcoholism  
 \*Screening Tests  
 \*Test Construction  
 \*Test Reliability  
 Biopsychosocial Approach  
 College Students  
 Psychometrics  
 Test Validity

Source: PsycINFO

**7. Learning to be a cocaine addict: Behavioral, pharmacological, and molecular characterization in initial learning of cocaine-environment associations.**

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(6551), 0419-4217 (2012)

**Author(s):** dela Cruz, Adriane Melissa

**Institution:** dela Cruz, Adriane Melissa: U Texas Medical Branch Graduate School of Biomedical Sciences

**Language:** English

**Abstract:** Cocaine addiction is a chronic, relapsing disease affecting millions of Americans, and differences between individuals modulate the progression from cocaine use to addiction. Learned associations between cocaine and environmental stimuli develop in the subset of patients who become addicted, and exposure to these stimuli facilitates relapse to cocaine-taking. Classical conditioning underlies the development and expression of these learned associations, and several systems implicated in both the behavioral response to

cocaine and in learning and memory-e.g., serotonin2 receptors (5-HT<sub>2R</sub>), ionotropic -amino-3-hydroxy-5-methyl-4-isoxazole propionic acid (AMPA) glutamate receptor subunit 1 (GluR1), and a signaling system associated with these receptors (i.e., the mitogen-activated protein kinase extracellular-signal regulated kinase; ERK) in the cortical-limbic regions--may modulate the acquisition and expression of cocaine-environment associations. Individual differences play a major role in the development of addiction, and behavioral models are needed study these implications in the learning of cocaine-environment associations. We utilized the conditioned place preference (CPP) paradigm in laboratory rats to model cocaine-environment associations and developed a new method for the analysis of CPP data that allows for identification of factors that modulate individual sensitivity to the development of cocaine-environment associations, pharmacological treatments that are effective only in subpopulations of subjects, and molecular neuroadaptations that differ among subjects susceptible to the development of cocaine-environment associations and non-susceptible individuals. We uncovered roles for 5-HT<sub>2R</sub> in the acquisition and expression of cocaine-environment associations formed after a single pairing of cocaine and environment, suggesting a role for these receptors in modulating the development and retrieval of initial cocaine-environment associations. We observed an increase in the phosphorylation of GluR1 and enhanced expression of total ERK protein in the prefrontal cortex upon retrieval of cocaine-environment associations. These studies suggest that the ability to learn strong cocaine-environment associations is associated with a unique set of neuroadaptations and is a predictor of those who will initiate development of a cocaine addiction. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Animal Learning](#)  
[\\*Cocaine](#)  
[\\*Learning](#)  
[\\*Pharmacology](#)  
[\\*Place Conditioning](#)  
[Animal Ethology](#)  
[Environment](#)  
[Rats](#)  
[Molecular Neuroscience](#)

**Source:** PsycINFO

#### 8. Adjustment and gender differences among substance abusing and non-substance abusing outpatients in a community mental health clinic.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7043), 0419-4217 (2012)

**Author(s):** DuPont, Alethia Y

**Institution:** DuPont, Alethia Y.: Adler School of Professional Psychology

**Language:** English

**Abstract:** Treating substance abuse is an important issue which involves gender differences and outcomes in substance abuse. This study investigated differences in gender and adjustment between substance abusing and non-substance abusing groups. Multiple measures were utilized to determine the overall psychological functioning of the groups which included social adjustment, work adjustment, and alcohol problems. The instruments employed were the Hopkins Symptoms Checklist SCL-90, the Functional Interview, the Comprehensive Initial Evaluation Summary (DIS scale) and the Global Assessment of Functioning (GAF). The sample consisted of a total of 298 adults (over the age of 18). The sample was comprised of 81 substance abusers (38% men and 21% women) and 217 non-substance abusers (62% men and 79% women). In the total sample, men (38%) were more likely than women (21%) to have a DSM IV substance abuse diagnosis (p. <.001). Men are more likely to abuse in terms of having a substance abuse diagnoses and in the total number of DIS items concerning abuse. Among women the abusing group of women was more likely to endorse more SCL-90 symptoms (such as

obsessive-compulsive, hostility, depression, psychoticism, unfavorable work and outcome overall) than the non-abusing group of women. In contrast, among men the findings indicated that the number of meetings was the only statistically significant difference between the substance abusers and non-substance abusers. The analysis indicated no statistically significant difference between gender and the outcome in the total sample. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Adjustment](#)  
[\\*Community Mental Health](#)  
[\\*Drug Abuse](#)  
[\\*Outpatients Clinics](#)

**Source:** PsycINFO

### 9. The role of expectancy in prescription stimulant misuse.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7055), 0419-4217 (2012)

**Author(s):** Looby, Alison

**Institution:** Looby, Alison: State U New York at Albany

**Language:** English

**Abstract:** Misuse of prescription stimulant medication such as methylphenidate (MPH) has increased among college students over the past several years. Common motivations for misuse include enhancements in cognitive function and subjective arousal. Researchers have recently cited a need to better understand and develop treatments for this behavior. Expectancy effects, which impact initiation and maintenance of substance use, may also be implicated in one's decision to engage in prescription stimulant misuse. This study first examined whether subjective mood and cognitive performance could be elevated solely by one's expectation to receive MPH. Additionally, this study examined the efficacy of an expectancy challenge in decreasing the likelihood of prescription stimulant misuse over a 6-month follow-up period and in reducing positive expectancy effects. Finally, this research tested a model of prescription stimulant misuse whereby positive expectancy effects mediate the relationship between risk factors and misuse. This research demonstrated that among prescription stimulant-naïve college students, subjective arousal, but not cognitive performance, is enhanced when expecting to receive MPH. However, the expectancy challenge was not effective in reducing the likelihood of misuse or in maintaining decreases in positive expectancy effects over the 6-month follow-up, though cognitive enhancement expectancies were weakened immediately following the intervention. Furthermore, the mediational model of nonmedical stimulant use was not significant. This is the first research to experimentally examine expectancy effects for prescription stimulants, and the first attempt to develop a prevention intervention for this behavior. Results suggest that prescription stimulant expectations do alter subjective mood and that these expectancies can be altered themselves. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Cognitive Ability](#)  
[\\*Drug Abuse](#)  
[\\*Methylphenidate](#)  
[\\*Prescription Drugs](#)  
[\\*Risk Factors](#)  
[College Students](#)  
[Emotional States](#)  
[Subjectivity](#)

**Source:** PsycINFO

### 10. Voices from the underworld: The shadow world of addiction.

- Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7066), 0419-4217 (2012)
- Author(s):** Stoops, Brandi Sue
- Institution:** Stoops, Brandi Sue: Pacifica Graduate Inst.
- Language:** English
- Abstract:** This study explores the lived experience of 8 self-disclosed female addicts and alcoholics prior to the onslaught of their addiction. The study addresses the following question: What are the factors that led to your addiction? Taking a phenomenological approach, the phenomenon of the lived experience of these 8 women seeks to uncover the fundamental nature and structure of this meaning. A structured interview consisting of 44 questions was implemented in this qualitative study to explore the variables of this experience. Rather than focus solely on the surface issues, the manifest content of the participants' developmental years, the questions within the interview were designed to elicit the latent meaning, the unconscious drives hidden in the depth of the psyche. The literature review provides a historical overview of the psychological literature on addiction. This dissertation traced the unconscious motivations fostering addiction back to Freud's psychoanalytic drive theory in 1898 through Jung's disease of the spirit in 1961. The etiology of addiction is examined through various psychological lenses including, but not limited to, attachment systems, self psychology, cognitive behavioral principles, neuropsychological and behavioral links, social learning theory, self-medication hypothesis, and trauma's effect on the development of addiction. A case study was written of each of the participants providing a soulful and clinical interpretation of her experience. To synthesize the information, a composite thematic exposition was employed to analyze the salient themes and most common early life issues. A hierarchy of experiences was then established which grouped the most common life experiences first and then addressed the next common issue down to the least common. The reviewed literature was then connected to the clinical material found through the research. The results of this study suggest that the role of early trauma and all of its implications as well as the prevalence of insecure attachments to the primary caretakers of these women played the most significant roles in the development of their addiction. This information will enhance the clinical work of psychologists who interact with addicts or their families. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Dissertation Abstract
- Subject Headings:** [\\*Addiction](#)  
[\\*Alcoholism](#)  
[\\*Etiology](#)  
[\\*Life Experiences](#)  
[Human Females](#)
- Source:** PsycINFO

### 11. Exploring psychic deadness in the lives of substance abusers.

- Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7035), 0419-4217 (2012)
- Author(s):** Aiello, Angela
- Institution:** Aiello, Angela: Pacifica Graduate Inst.
- Language:** English
- Abstract:** This phenomenological study explores the concept of psychic deadness in the lives of six recovering substance abusers. The study utilizes a specifically designed series of questions investigating substance abuse as a schizoid defense, particularly how that defense manifested in the participants' relationship to drugs and alcohol as the solution to such feeling states as psychic deadness. The findings of the study make clear that each participant experienced a lack of parental attunement and relatedness, leaving a sense of emptiness, an inability to verbalize feelings, and the experience of disconnection from self and others. As adults, this void was filled with mind-altering substances that would

provide a sense of aliveness and emotional safety. A common link found in the narratives of the participants was trauma and attachment disorders due to neglectful behavior on the part of caregiving figures, as manifested in the caregivers' depression, indifference, and outright physical and emotional abuse. Treatment implications are considered in response to the findings among this small sample of people who have suffered psychic deadness as active substance abusers and later, as experienced in their sobriety. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract  
**Subject Headings:** \*Defense Mechanisms  
 \*Drug Abuse  
 \*Mind  
 \*Schizoid Personality Disorder  
 \*Sobriety  
**Source:** PsycINFO

## 12. Understanding and treating cue-induced drug craving in substance-dependent individuals.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7102), 0419-4217 (2012)

**Author(s):** Culbertson, Christopher Steven

**Institution:** Culbertson, Christopher Steven: U California, Los Angeles

**Language:** English

**Abstract:** Drug craving represents a key component of addiction and serves to propagate drug-taking behavior, and to elicit relapse in abstinent individuals. Craving represents a complex condition that includes cognitive, emotional and physiological aspects that combine to influence behavioral. Addiction researchers have studied craving extensively in an effort to understand the factors that drive this phenomenon and to develop and improve treatments for drug craving. Much of this work has focused on cue-induced craving, which is measured by self-reports and/or physiological reactivity to environmental stimuli associated with drug use. The studies of this dissertation aim to investigate craving by applying epidemiological, clinical, and brain imaging methods to human drug users. In the first study, a large population of stimulant-abusers (methamphetamine or cocaine) was interviewed to assess the relationship between current drug use and craving relative to past drug use patterns. The second study looked at factors that influence craving on an individual level by assessing self-reported craving and physiological reactivity to a newly developed virtual reality cue model. This virtual reality model was then adapted and integrated into a cue exposure therapy treatment paradigm to examine extinction learning in cigarette smokers. Lastly, functional magnetic resonance imaging was applied to examine the effect of bupropion HCl, a medication shown to attenuate craving, on cue-induced brain activation. At the population level, stimulant abusers with a prior history of unrestricted access to unlimited amount of stimulants reported significantly greater current use, but no difference in drug craving, compared to participants with no history of unrestricted access. At the individual level, virtual reality drug cues presented in an online virtual environment proved more robust at elicited craving than traditional methods of cue exposure and neutral cues. This study also revealed a divergence in physiological cue reactivity between individuals with high versus low levels of baseline craving. At the clinical level, tobacco-dependent smokers treated with cue exposure therapy, which included virtual reality cues, were more likely to quit smoking during treatment and smoked significantly less cigarettes per day following treatment, compared to their counterparts treated with placebo cues. Finally, brain imaging revealed that tobacco-dependent smokers treated with bupropion HCl exhibited an improved ability to resist cue-induced craving, and a reduction in cue-induced activation of limbic and prefrontal brain regions following treatment. This study also revealed a positive association between changes in craving and changes in prefrontal brain activation. Taken together, these studies provide insight into population wide and individual factors that influence drug use and craving, present an improved method of eliciting and treating drug craving, and reveal the brain mechanisms by which bupropion

HCl attenuates cue-induced craving. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Craving](#)  
[\\*Cues](#)  
[\\*Drug Dependency](#)  
[\\*Epidemiology](#)  
[\\*Virtual Reality](#)

**Source:** PsycINFO

### 13. Neural mechanisms of anxiety during opiate withdrawal: Role of the ventral tegmental area and extended amygdala.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(6564), 0419-4217 (2012)

**Author(s):** Radke, Anna Kay

**Institution:** Radke, Anna Kay: U Minnesota

**Language:** English

**Abstract:** Exposure to addictive drugs alters neural circuits involved in reward and motivation, executive control, habit formation, learning and memory, and negative affect, and all except the last are known to depend on changes in the mesolimbic dopamine system. Negative affective symptoms of withdrawal are common to all drugs of abuse and negatively reinforce drug taking behavior. Using potentiation of the acoustic startle reflex as a measure of anxiety during withdrawal from acute morphine exposure, the experiments detailed in this thesis tested the hypothesis that -opioid receptor-mediated activation of VTA dopaminergic neurons is responsible for triggering negative emotional symptoms of withdrawal via recruitment of the extended amygdala. These experiments demonstrate the emergence of a negative affective state that occurs during withdrawal from direct infusion of morphine into the ventral tegmental area (VTA), the origin of the mesolimbic dopamine system. Potentiation of startle during withdrawal from systemic morphine exposure requires a decrease in -opioid receptor stimulation in the VTA and can be relieved by systemic or intra-nucleus accumbens administration of a dopamine receptor agonist. Investigation of mechanisms downstream of dopaminergic signaling found a role for type 2 corticotropin-releasing factor receptors following the very first, but not subsequent, opiate exposures. Together these results suggest that transient activation of the VTA mesolimbic dopamine system triggers the expression of anxiety during opiate withdrawal, possibly via direct recruitment of the extended amygdala. This conclusion provides unique insight into the neural mechanisms responsible for negative reinforcement of drug taking during the earliest stages of dependence. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Amygdala](#)  
[\\*Anxiety](#)  
[\\*Dopamine](#)  
[\\*Opiates](#)  
[\\*Tegmentum](#)  
[Drug Withdrawal](#)

**Source:** PsycINFO

### 14. A retrospective study of substance use and mental health disorders in a sample of urban American Indian and Alaska Natives.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(6666), 0419-4217 (2012)

**Author(s):** Fuller, Kathryn Aimee

**Institution:** Fuller, Kathryn Aimee: U San Diego

**Language:** English

**Abstract:** This retrospective study examined the prevalence of mental health disorders, co-occurring disorders (COD), and alcohol, tobacco, and other drug use (ATOD) among a sample of urban-dwelling adult American Indian and Alaska Natives (AI/ANs) seeking behavioral health services from one metropolitan Indian clinic in Southwestern United States. A descriptive quantitative design employed retrospective data from AI/AN subjects (N = 123) verified as tribally enrolled and receiving outpatient behavioral health services. Chart abstraction included patient demographics, substance use and mental health diagnoses, and ATOD scores from the Patient Health Questionnaire-9 (PHQ-9) and the Addiction Severity Index-NAV (ASI-NAV). The t-test compared gender differences and age at first use of commonly abused substances. Chi-Square () determined proportional differences among gender, mental health, ATOD, and COD. Logistic regression examined contributory factors increasing the likelihood of a mental health or substance use disorder (SUD). This urban adult AI/AN sample was evenly distributed by gender (64 males, 59 females), with a mean age of 38.94 years (SD = 11.01). Prevalence rate for current smokers was 44%, similar to nationwide data. Findings included diagnoses of mental health disorders (79%), substance abuse disorders (76%), and co-occurring disorders (55%). For those subjects who completed the PHQ-9 (n = 46), the prevalence rate for depression was 61%; the prevalence of depression among the 122 subjects with ICD-9 depression codes was 65%. ASI-NAV composite scores (CS) in subject charts (n = 43) demonstrated positive, statistically significant correlations between the psychosocial CS of alcohol use, legal (r = .35), family (r = .37), and psychiatry (r = .32); drug use, legal (r = .32), and family (r = .36). Legal also positively correlated with medical (r = .38), and family with psychiatry (r = .38). Logistic regression identified one predictor as statistically reliable in mental health (housing) and two predictors in distinguishing status of substance abuse (unemployment and education). Subjects with higher levels of education were less likely to have a diagnosed SUD. Health care providers rely on accurate data. Discerning the prevalence of mental health and substance use disorders when treating a growing native population ensures that culturally appropriate treatments are focused on the reduction of health disparities. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Alaska Natives](#)  
[\\*American Indians](#)  
[\\*Health Care Seeking Behavior](#)  
[\\*Mental Disorders](#)  
[\\*Urban Environments](#)  
[Comorbidity](#)  
[Drug Abuse](#)  
[Epidemiology](#)

**Source:** PsycINFO

#### 15. Conditioned reinforcement for drug-related cues: Neurochemical mechanisms and learning effects.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7028), 0419-4217 (2012)

**Author(s):** Jaffe, Adi

**Institution:** Jaffe, Adi: U California, Los Angeles

**Language:** English

**Abstract:** Drug use and abuse have a long history that closely parallels the development of our modern society. Given the significance and severity of many of the health, and social, difficulties brought on by both licit and illicit substance abuse and dependence, most modern-day governments have imposed regulations that have limited the consumption and trade of these substances. Still, global crime, violence, and negative health consequences are a hallmark of the continued rampant use of such drugs, especially by

individuals who meet dependence criteria and who seem unable to act in their own best interest and reduce, if not eliminate, such consumption. Research in this area seems to indicate that the use of most commonly-abused-drugs affects the neuropharmacological function of brain systems important for learning in ways that specifically bias behavioral selection towards drug-associated stimuli and the acquisition of drugs, possibly leading to the compulsive consumption patterns common among dependent, or addicted, individuals. The work presented in this manuscript will review current knowledge about the mechanisms by which such interference with normal learning occurs and present two new investigations that a) assessed the interference of drugs, when used as rewards, with a learning mechanism that specifically limits behavioral-control by rewards and b) examined the efficacy of pharmacological interventions, known to affect the subjective experience of drug use, with disrupting their behavioral-control capacity of a drug-associated contexts. Following the presentation of this work, we discuss applications in clinical samples and suggest future directions for work that will help elucidate, and clarify, the findings presented here. Our results indicate that in at least a subsample of users, drug-associated cues may exert exaggerated control and that drug-induced behavioral control is highly resistant to pharmacological intervention. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Conditioning](#)  
[\\*Cues](#)  
[\\*Drug Abuse](#)  
[\\*Pharmacology](#)  
[\\*Reinforcement](#)  
[Behavior Change](#)  
[Learning Theory](#)  
[Neurochemistry](#)  
[Rewards](#)

**Source:** PsycINFO

#### 16. Examination of the interaction of drinking motives and personality on alcohol use and alcohol-related problems among college students.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7084), 0419-4217 (2012)

**Author(s):** Martin, Jessica L

**Institution:** Martin, Jessica L.: State U New York at Albany

**Language:** English

**Abstract:** Approximately 55% of U.S. college students report binge drinking at least once in the previous two weeks (Core Institute, 2006). Students who engage in binge drinking are more likely to experience academic, social and legal problems as a result of their drinking (e.g., Wechsler et al., 2002). It is important for researchers to investigate factors associated with alcohol use and related problems so that prevention and intervention efforts can be targeted toward those students most at-risk for heavy consumption and alcohol-related problems. Research has shown that personality factors and drinking motives are associated with alcohol use and alcohol-related problems. Some studies suggest that drinking motives mediate the relationship between personality and alcohol use and alcohol-related problems (e.g. Kuntsche et al., 2008). The specific combinations of personality factors and drinking motives examined vary widely and findings have been mixed. The lack of consistency in results may be explained in part by personality theorists who propose that personality factors and motives interact to predict behavior (McAdams, 1995; McClelland, 1951). The present study investigated whether four drinking motives (enhancement, social, coping, and conformity) moderated the relationship between four personality factors (extraversion, neuroticism and the impulsivity-related traits of trait urgency and sensation seeking), and alcohol use and alcohol-related problems among a sample of 181 college students. Results indicated that for alcohol use there were main effects for coping motives, social motives, enhancement motives, and extraversion. Main

effects for alcohol-related problems were found for coping motives, enhancement motives, conformity motives, and trait urgency. No statistically significant interaction effects were found. It appears that both personality characteristics and drinking motives play important, yet distinct roles in predicting alcohol use and alcohol-related problems among college students. It is also possible that the best way to conceptualize the relationships among personality, drinking motives, and alcohol use and alcohol-related problems is through a mediated model as proposed by previous researchers. Findings suggest that prevention and intervention programs should address both personality factors and drinking motives to most effectively help students reduce their alcohol consumption and minimize harmful consequences that can result from drinking. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract  
**Subject Headings:** \*Alcohol Drinking Patterns  
 \*Alcoholism  
 \*Binge Drinking  
 \*Personality  
 College Students  
 Motivation  
**Source:** PsycINFO

### 17. Reduced regulation of negative emotion with escalations in smoking behavior during high school: A dose-response effect.

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7044), 0419-4217 (2012)

**Author(s):** Floro, Joshua Nicholas

**Institution:** Floro, Joshua Nicholas: U California, Irvine

**Language:** English

**Abstract:** Recent research suggests that cigarette smoking is associated with developing externalizing and internalizing psychological disorders. Because reduced emotion regulation is also associated with developing externalizing and internalizing disorders, and because cigarette smoking and nicotine addiction are theorized to interfere with emotion regulation processes, the association between cigarette smoking and psychological disorders may be mediated by reduced emotion regulation. This is the first study to examine the relationship between escalations in cigarette smoking behavior and emotion regulation. In a secondary analysis of electronic diary data from a multi-cohort, longitudinal observation study of high school students, the present study tested whether cigarette smoking was associated with reduced regulation of anger, sadness, anxiety, and happiness. Semiannually across the 4 high school years, students completed electronic diaries during 4 consecutive days. For each of these 4-day waves, smoking status was categorized as nonsmoking, infrequent smoking, or light-to-moderate smoking behavior. Daily emotion regulation was measured by area under the curve (AUC) and then averaged over a 4-day monitoring wave. AUC is a composite measure of emotion intensity, lability, and duration. A total of 178 male (55.6%) and female (44.4%) participants were included. Within-subject testing of the relationship between escalations in cigarette smoking behavior and 4-day wave measures of emotion regulation was done through repeated measures logistic regression modeling (Proc Genmod, SAS). Through forward selecting, stepwise model building, the present study attempted to control for sex, age, and freshman year externalizing and internalizing levels. Escalations in cigarette smoking behavior were associated with reductions in regulation of anger and sadness. A similar trend was found for anxiety but not at a statistically significant level. Escalations in cigarette smoking behavior were not associated with reductions in regulation of happiness. These findings indicate that adolescents become less adept at regulating their negative emotions as they progress in cigarette smoking behavior from nonsmoking to light-to-moderate smoking. These smoking-related reductions in regulation of negative emotion occur at subclinical levels of nicotine addiction. Further, these smoking-related reductions in regulation of negative emotion may put adolescents at risk for developing

externalizing and internalizing disorders such as conduct disorder or depression, respectively. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Drug Dosages](#)  
[\\*Emotional Regulation](#)  
[\\*High School Students](#)  
[\\*Mental Disorders](#)  
[\\*Tobacco Smoking](#)

**Source:** PsycINFO

#### **18. Emotional risk factors for substance abuse in a chronic pain population: Developing a predictive model and testing methods for assessing stigmatized behaviors.**

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7029), 0419-4217 (2012)

**Author(s):** Oberleitner, Lindsay M.S

**Institution:** Oberleitner, Lindsay M.S.: Wayne State U.

**Language:** English

**Abstract:** There are currently few factors guiding physicians' decisions as to whether an individual patient may need additional regulation of pain medications because of risks. The limited predictive factors applied to prescription opioid abuse in chronic pain patients is surprising given the breadth of personal, cognitive, and emotional factors explored in both chronic pain and substance abuse literatures broadly. The present study had two purposes. First, concurrent risk factors for prescription misuse and substance abuse in chronic pain patients were explored, specifically examining whether the addition of emotional factors to the traditionally used risk factors improves prediction of prescription and substance misuse. The present study also experimentally examined whether an enhanced interview condition would lead to increased disclosure of prescription misuse, other drug use, and traumatic events, by normalizing the experience of substance use and trauma, and engaging in a conversation about confidentiality of the information. Participants completed one session in which they were assigned to report their prescription misuse, substance use, and trauma in one of the following formats: written/private, standard interview, enhanced interview. In the enhanced condition, the interviewer followed an initial script addressing participants' potential concerns about disclosure prior to questions regarding substance use and trauma. In addition to replicating the role of personal and family history of substance use problems, this study provided new evidence for the role of emotional ambivalence as a risk factor for prescription misuse, prescription abuse and dependence symptoms, and alcohol use. Interestingly, only younger age was predictive of cannabis use. This study also provided evidence that further development in assessment methods, focused on understanding the role of meta-communication, normalizing of problematic behaviors, and probing unclear responses, could lead to better identification of patients already engaging in problematic prescription related behaviors. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Chronic Pain](#)  
[\\*Drug Abuse](#)  
[\\*Emotional States](#)  
[\\*Risk Factors](#)  
[\\*Stigma](#)  
[Models](#)  
[Testing Methods](#)

**Source:** PsycINFO

#### **19. White matter integrity, substance use, and risk taking in adolescence.**

- Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2012, vol./is. 72/11-B(7103), 0419-4217 (2012)
- Author(s):** Jacobus, Joanna
- Institution:** Jacobus, Joanna: U California, San Diego
- Language:** English
- Abstract:** White matter (WM) development is important for efficient communication between brain regions and higher order neurocognitive functioning. Adolescents have a higher propensity for engaging in risky behaviors such as substance misuse and delinquent acts, yet few studies have explored associations between WM integrity, neurocognitive functioning, and risk taking during adolescent development. This study evaluated baseline indices from diffusion tensor imaging (DTI) to examine the influence of WM microstructural integrity and executive functioning on subsequent real-world risk taking. Altered WM integrity in fiber tracts at baseline was suspected to be related to risk taking behaviors measured at 18-month follow-up, and neurocognitive functioning was proposed to mediate this relationship. Adolescent substance users (e.g., predominately marijuana and alcohol misuse; n=47) and controls (n=49) received DTI and comprehensive neuropsychological testing at baseline (ages 16-19), and risk taking measures at both baseline and an 18-month follow-up (i.e., ages 17-20). Brain regions of interest were: fronto-occipital fasciculus, superior longitudinal fasciculus, fornix, superior corona radiata, and genu of the corpus callosum. Regression analyses evaluating direct and indirect relationships were carried out in Mplus. In the user group (n=47), decreased WM integrity at baseline in the fornix and superior corona radiata predicted 12% of the variability in follow-up substance use, and fornix integrity predicted 7% of the variability in follow-up delinquent behaviors, above and beyond personality, emotional functioning, family history of an alcohol use disorder, and baseline risk taking behaviors, which were included as covariates ( ps < .05). WM integrity was not significantly linked to executive functioning in users or controls above and beyond covariates, and executive functioning did not mediate the relationship between WM integrity and risk taking. Overall, findings suggest that poorer integrity or maturation in distinct WM pathways is linked to a greater propensity for increased risk taking behaviors into late adolescence, among those youth with heavy levels of substance use by mid-adolescence. Most notable were relationships between limbic system fibers and future substance use frequency. It is possible that an imbalance between the maturation levels in cognitive control and reward systems may disadvantage the resistance to engage in risk taking behaviors during adolescence. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Dissertation Abstract
- Subject Headings:** [\\*Adolescent Development](#)  
[\\*Cognitive Ability](#)  
[\\*Drug Usage](#)  
[\\*Risk Taking](#)  
[\\*White Matter](#)  
[Neurocognition](#)
- Source:** PsycINFO
- 20. On the predictive validity of automatically activated approach/avoidance tendencies in abstaining alcohol-dependent patients.**

- Citation:** Drug and Alcohol Dependence, July 2012(No Pagination Specified), 0376-8716 (Jul 7, 2012)
- Author(s):** Spruyt, Adriaan; De Houwer, Jan; Tibboel, Helen; Verschuere, Bruno; Crombez, Geert; Verbanck, Paul; Hanak, Catherine; Brevers, Damien; Noel, Xavier
- Abstract:** BACKGROUND: Prominent addiction models posit that automatically activated approach/avoidance tendencies play a critical role in addiction. Nevertheless, only a limited number of studies have actually documented the relationship between relapse and automatically activated approach/avoidance tendencies. We compared automatically activated approach/avoidance tendencies towards alcohol in 40 abstaining

alcohol-dependent patients and 40 controls. We also examined whether individual differences in automatically activated approach/avoidance tendencies towards alcohol are predictive of relapse in patients. **METHODS:** A Relevant Stimulus Response Compatibility task was used to measure relative approach/avoidance tendencies. In one block of trials, participants were asked to approach alcohol-related pictures and to avoid alcohol-unrelated pictures (i.e., compatible block). In a second block of trials, participants were asked to approach alcohol-unrelated pictures and to move away from alcohol-related pictures (i.e., incompatible block). Patients were tested between 18 and 21 days after they quit drinking. Relapse was assessed 3 months after patients were discharged from the hospital. **RESULTS:** Whereas abstaining alcohol-dependent patients were faster to respond to incompatible trials as compared to compatible trials, participants in the control group showed the exact opposite pattern. Within the patient group, the likelihood of relapse increased as participants were faster to respond to incompatible trials relative to compatible trials. **CONCLUSIONS:** Unlike controls, abstaining alcohol-dependent patients revealed a relative avoidance bias rather than relative approach bias. Moreover, relapse rates were found to increase as the relative tendency to avoid alcohol increased. This finding suggests that an avoidance orientation towards alcohol can potentially be harmful in clinical samples. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:**

**Source:** PsycINFO

#### 21. Cognitive enhancement as a treatment for drug addictions.

**Citation:** Neuropharmacology, June 2012(No Pagination Specified), 0028-3908 (Jun 23, 2012)

**Author(s):** Sofuoglu, Mehmet; DeVito, Elise E; Waters, Andrew J; Carroll, Kathleen M

**Abstract:** Drug addiction continues to be an important public health problem, with an estimated 22.6 million current illicit drug users in the United States alone. For many addictions, including cocaine, methamphetamine, and marijuana addiction, there are no approved pharmacological treatments. Behavioral treatments are effective but effects vary widely across individuals. Treatments that are effective across multiple addictions are greatly needed, and accumulating evidence suggests that one such approach may be pharmacological or behavioral interventions that enhance executive inhibitory control in addicts. Current evidence indicates that most forms of chronic drug use may be associated with significant cognitive impairments, especially in attention, working memory, and response inhibition functions. In some studies, these impairments predict poor treatment retention and outcome. A number of cognitive enhancing agents, including galantamine, modafinil, atomoxetine, methylphenidate, and guanfacine, have shown promising findings in human studies. Specific behavioral interventions, including cognitive remediation, also show promise. However, whether improvement of selective cognitive functions reduces drug use behavior remains to be determined. Cognitive enhancement to improve treatment outcomes is a novel strategy worthy of future research, as are related questions such as whether these approaches may be broadly beneficial to most addicts or best reserved for substance users with specific demonstrated cognitive impairments. This article is part of a Special Issue entitled 'Cognitive Enhancers'. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:**

**Source:** PsycINFO

#### 22. Intervention for homeless, substance abusing mothers: Findings from a non-randomized pilot.

**Citation:** Behavioral Medicine, April 2012, vol./is. 38/2(36-48), 0896-4289 (Apr 2012)

**Author(s):** Slesnick, Natasha; Erdem, Gizem

**Correspondence Address:** Slesnick, Natasha: Department of Human Development and Family Science, Ohio State University, 1787 Neil Ave., 135 Campbell Hall, Columbus, OH, US, 43210, nslesnick@ehe.osu.edu

**Institution:** Slesnick, Natasha: Ohio State University, Columbus, OH; Erdem, Gizem: Ohio State University, Columbus, OH

**Language:** English

**Abstract:** Little empirically-based information is available regarding how best to intervene with substance-abusing homeless mothers. This study pilot-tested a comprehensive intervention with 15 homeless women and their 2- to 6-year-old children, recruited from a local family shelter. All participants were offered integrated intervention with three major components. The first component was housing which included 3 months of rental and utility assistance, and these services were not contingent upon women's abstinence from drugs or alcohol. The second and third components included 6 months of case management services and an evidence-based substance abuse treatment (Community Reinforcement Approach; CRA). Analysis revealed that women showed reductions in substance use ( $F_{2,22} = 3.63$ ;  $p < .05$ ), homelessness ( $F_{2,24} = 25.31$ ;  $p < .001$ ), and mental health problems ( $F_{2,20} = 8.5$ ;  $p < .01$ ). Further, women reported reduced internalizing ( $F_{2,22} = 4.08$ ;  $p < .05$ ) and externalizing problems ( $F_{2,24} = 7.7$ ;  $p = .01$ ) among their children. The findings suggest that the intervention is a promising approach to meet the multiple needs of this vulnerable population. These positive outcomes support the need for future research to replicate the findings with a larger sample using a randomized design. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Taylor & Francis Group, LLC

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

**Subject Headings:** [\\*Case Management](#)  
[\\*Drug Abuse](#)  
[\\*Homeless](#)  
[\\*Intervention](#)  
[\\*Mothers](#)  
[Housing](#)  
[Treatment](#)

**Source:** PsycINFO

### 23. Qualitative research for and in practice: Findings from studies with homeless adults who have serious mental illness and co-occurring substance abuse.

**Citation:** Clinical Social Work Journal, June 2012, vol./is. 40/2(187-193), 0091-1674;1573-3343 (Jun 2012)

**Author(s):** Padgett, Deborah K; Henwood, Benjamin F

**Correspondence Address:** Padgett, Deborah K.: Silver School of Social Work, New York University, 1 Washington Square North, New York, NY, US, 10003, dkp1@nyu.edu

**Institution:** Padgett, Deborah K.: Silver School of Social Work, New York University, New York, NY; Henwood, Benjamin F.: Silver School of Social Work, New York University, New York, NY

**Language:** English

**Abstract:** This article draws upon findings from the New York Services Study, a Federally-funded qualitative study conducted in practice settings representing two fundamentally different approaches to serving homeless adults with serious mental illness and co-occurring substance abuse. The findings yielded four themes-cumulative adversity, individual acts of kindness in a system designed to control, discordant case managers' perspectives, and the benefits of permanent housing. Recommendations for practice include respecting individuality, being sensitive to previous traumas, and working to achieve housing security sooner rather than later. Future research is needed to study the micro-level contexts of service delivery and how they inhibit or encourage engagement in care. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Springer Science+Business Media, LLC; YEAR: 2011  
**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Homeless](#)  
[\\*Mental Disorders](#)  
**Source:** PsycINFO

#### 24. Clinical treatment of substance abusers: Past, present and future.

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**Citation:** Clinical Social Work Journal, June 2012, vol./is. 40/2(127-133), 0091-1674;1573-3343 (Jun 2012)  
**Author(s):** Straussner, Shulamith Lala Ashenberg  
**Correspondence Address:** Straussner, Shulamith Lala Ashenberg: Silver School of Social Work, New York University, 1 Washington Square North, New York, NY, US, 10003, sls1@nyu.edu  
**Institution:** Straussner, Shulamith Lala Ashenberg: Silver School of Social Work, New York University, New York, NY  
**Language:** English  
**Abstract:** With an estimated 9 % of the population in the United States having a substance use disorder, it is a rare social worker that has not encountered a substance abuser or a family member of one in his or her clinical practice. This article provides a brief history of social workers' role in the treatment of substance abusing clients, an overview of the current, evidence-based treatment approaches and some of the issues that will be impacting this field in the future. A case study is used to illustrate some of the dynamics of substance abusing individuals, the impact on the family and effective treatment approaches. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)  
**Country of Publication:** HOLDER: Springer Science+Business Media, LLC; YEAR: 2012  
**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Evidence Based Practice](#)  
[\\*Social Workers](#)  
[\\*Treatment](#)  
**Source:** PsycINFO

#### 25. The continuing expansion of drug courts: Is that all there is?

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**Citation:** Deviant Behavior, August 2012, vol./is. 33/7(582-588), 0163-9625;1521-0456 (Aug 2012)  
**Author(s):** Murphy, Jennifer  
**Correspondence Address:** Murphy, Jennifer: California State University, 6000 J Street, Sacramento, CA, US, 95819-6005, murphyj@saclink.csus.edu  
**Institution:** Murphy, Jennifer: California State University, Sacramento, CA  
**Language:** English  
**Abstract:** Reply to the comments made by M. Hasha (see record 2012-00729-006) on the original article by J. Murphy (see record 2011-05066-003). The original article describes how a drug court used medicalized language to describe addiction, although in ambiguous and inconsistent ways. For instance, the label of addiction was extended to any drug-related behavior, including selling drugs. Here, Murphy addresses some of Hasha's concerns and provide further evidence for the theoretical claim that drug courts have become hegemonic means of dealing with nonviolent drug activity in the United States. Murphy will also show that the expansion of drug courts has been based primarily on ideology rather than research findings. That is, drug courts' widespread success is due to Americans' contradictory desire to both treat and punish drug users. As a result, the drug

court movement has effectively silenced most alternative ideas for drug policy.  
(PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Taylor & Francis Group, LLC

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

**Subject Headings:** [\\*Addiction](#)  
[\\*Authority](#)  
[\\*Court Referrals](#)  
[\\*Criminals](#)  
[\\*Legal Processes](#)  
[Punishment](#)

**Source:** PsycINFO

## 26. Lipophilicity as a determinant of binding of procaine analogs to rat 34 nicotinic acetylcholine receptor.

**Citation:** Journal of Neuroscience Research, August 2012, vol./is. 90/8(1607-1614), 0360-4012;1097-4547 (Aug 2012)

**Author(s):** Cheffer, Arquimedes; Mustafa, Elba Vieira; Amaral, Antonia T.-do; Ulrich, Henning

**Correspondence Address:** Ulrich, Henning: Departamento de Bioquímica, Instituto de Química, Universidade de Sao Paulo-Biochemistry, Universidade de Sao Paulo Av. Prof. Lineu Prestes 748, Sao Paulo, Brazil, 05508-900, henning@iq.usp.br

**Institution:** Cheffer, Arquimedes: Departamento de Bioquímica, Instituto de Química, Universidade de Sao Paulo, Sao Paulo; Mustafa, Elba Vieira: Departamento de Química Fundamental, Instituto de Química, Universidade de Sao Paulo, Sao Paulo; Amaral, Antonia T.-do: Departamento de Química Fundamental, Instituto de Química, Universidade de Sao Paulo, Sao Paulo; Ulrich, Henning: Departamento de Bioquímica, Instituto de Química, Universidade de Sao Paulo, Sao Paulo

**Language:** English

**Abstract:** Nicotinic acetylcholine receptors (nAChRs) have been studied in detail with regard to their interaction with therapeutic and drug addiction-related compounds. Using a structure-activity approach, we have examined the relationship among the molecular features of a set of eight para-R-substituted N,N-[(dimethylamino)ethyl] benzoate hydrochlorides, structurally related to procaine and their affinity for the 34 nAChR heterologously expressed in KX34R2 cells. Affinity values ( $\log[1/IC_{50}]$ ) of these compounds for the 34 nAChR were determined by their competition with [H]TCP binding.  $\log(1/IC_{50})$  values were analyzed considering different hydrophobic and electronic parameters and those related to molar refractivity. These have been experimentally determined or were taken from published literature. In accordance with literature observations, the generated cross-validated quantitative structure-activity relationship (QSAR) equations indicated a significant contribution of hydrophobic term to binding affinity of procaine analogs to the receptor and predicted affinity values for several local anesthetics (LAs) sets taken from the literature. The predicted values by using the QSAR model correlated well with the published values both for neuronal and for electroplaque nAChRs. Our work also reveals the general structure features of LAs that are important for interaction with nAChRs as well as the structural modifications that could be made to enhance binding affinity. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Wiley Periodicals, Inc.; YEAR: 2012

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

**Subject Headings:** [\\*Acetylcholine](#)  
[\\*Cholinergic Receptors](#)  
[\\*Nicotine](#)  
[\\*Procaine](#)  
[\\*Receptor Binding](#)  
[Rats](#)

**Source:** PsycINFO

### 27. Being wholesome: The paradox of methamphetamine addiction and recovery-A hermeneutical phenomenological interpretation within an interdisciplinary, transmethodological study.

**Citation:** Qualitative Social Work: Research and Practice, May 2012, vol./is. 11/3(299-318), 1473-3250;1741-3117 (May 2012)

**Author(s):** Vandermause, Roxanne K

**Correspondence Address:** Vandermause, Roxanne K.: Washington State University, College of Nursing, Room 422A, PO Box 1495, 103 E. Spokane Falls Boulevard, Spokane, WA, US, 99210-1495, rvandermause@wsu.edu

**Institution:** Vandermause, Roxanne K.: Washington State University, College of Nursing, Spokane, WA

**Language:** English

**Abstract:** This article presents a Heideggerian hermeneutic interpretation of findings from an interdisciplinary, transmethodological study addressing the questions, 'What does it mean to experience methamphetamine addiction? What does it mean to recover?' Study aims, to: (1) uncover the meaning of addiction and recovery via case intensive analysis, and (2) generate an interdisciplinary, transmethodology for understanding complex healthcare problems, were intended to stimulate a deeper understanding of the experience of addiction and recovery through an innovative methodological approach. Scholars from Nursing, English, Teaching and Learning, and Fine Arts contributed to the analysis. This article presents the hermeneutic interpretation of the transmethodological study. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Author(s); YEAR: 2011

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

**Subject Headings:** [\\*Addiction](#)  
[\\*Hermeneutics](#)  
[\\*Methamphetamine](#)  
[\\*Phenomenology](#)  
[Interdisciplinary Research](#)  
[Primary Health Care](#)

**Source:** PsycINFO

### 28. Memantine, an NMDA receptor antagonist, differentially influences Go/No-Go performance and fMRI activity in individuals with and without a family history of alcoholism.

**Citation:** Psychopharmacology, July 2012, vol./is. 222/1(129-140), 0033-3158;1432-2072 (Jul 2012)

**Author(s):** Jamadar, S; DeVito, E. E; Jiantonio, R. E; Meda, S. A; Stevens, M. C; Potenza, M. N; Krystal, J. H; Pearlson, G. D

**Correspondence Address:** Jamadar, S.: Olin Neuropsychiatry Research Center, Institute of Living, Hartford, CT, US, 06106, sjamadar@harthosp.org

**Institution:** Jamadar, S.: Olin Neuropsychiatry Research Center, Institute of Living, Hartford, CT; DeVito, E. E.: Department of Psychiatry, Yale University, New Haven, CT; Jiantonio, R. E.: Olin Neuropsychiatry Research Center, Institute of Living, Hartford, CT; Meda, S. A.: Olin Neuropsychiatry Research Center, Institute of Living, Hartford, CT; Stevens, M. C.: Olin Neuropsychiatry Research Center, Institute of Living, Hartford, CT; Potenza, M. N.: Department of Neurobiology, Yale University, New Haven, CT; Krystal, J. H.: Clinical Neuroscience Division, VA National Center for PTSD, VA Connecticut Healthcare System, West Haven, CT; Pearlson, G. D.: Olin Neuropsychiatry Research Center, Institute of Living, Hartford, CT

**Language:** English

**Abstract:** Rationale: Individuals with a family history of alcoholism (family history positive [FHP]) show higher alcoholism rates and are more impulsive than those without such a family history (family history negative [FHN]), possibly due to altered N-methyl-D-aspartate

(NMDA) receptor function. Objectives: We investigated whether memantine, an NMDA receptor antagonist, differentially influences impulsivity measures and Go/No-Go behavior and fMRI activity in matched FHP and FHN individuals. Methods: On separate days, participants received a single dose of 40 mg memantine or identical-appearing placebo. Results: No group performance differences were observed on placebo for Go correct hit or No-Go false alarm reaction time on the Go/No-Go task. During fMRI, right cingulate activation differed for FHP vs. FHN subjects during No-Go correct rejections. Memantine had attenuated effects in FHP vs. FHN subjects: For No-Go false alarms, memantine was associated with limited reduction in subcortical, cingulate, and temporal regions in FHP subjects and reduced activity in fronto-striatal-parietal networks in FHN subjects. For No-Go correct rejections, memantine (relative to placebo) reduced activity in left cingulate and caudate in FHP but not FHN subjects. Conclusions: Lower sensitivity to the effects of memantine in FHP subjects is consistent with greater NMDA receptor function in this group. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Springer-Verlag; YEAR: 2012

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drugs](#)  
[\\*N-Methyl-D-Aspartate](#)  
[\\*Response Inhibition](#)  
[\\*Functional Magnetic Resonance Imaging](#)  
[Reaction Time](#)  
[Family History](#)

**Source:** PsycINFO

### 29. High anxiety is a predisposing endophenotype for loss of control over cocaine, but not heroin, self-administration in rats.

**Citation:** Psychopharmacology, July 2012, vol./is. 222/1(89-97), 0033-3158;1432-2072 (Jul 2012)

**Author(s):** Dilleen, Ruth; Pelloux, Yann; Mar, Adam C; Molander, Anna; Robbins, Trevor W; Everitt, Barry J; Dalley, Jeffrey W; Belin, David

**Correspondence Address:** Belin, David: INSERM AVENIR Team Psychobiology of Compulsive Disorders, INSERM U1084 Laboratoire de Neurosciences Experimentales et Cliniques-Universite de Poitiers, Bat. B36-Pole Biologie Sante 1, rue Georges Bonnet, BP 633, Poitiers, France, 86022, Cedex, david.belin@univ-poitiers.fr

**Institution:** Dilleen, Ruth: Behavioural and Clinical Neuroscience Institute, University of Cambridge, Cambridge; Pelloux, Yann: Behavioural and Clinical Neuroscience Institute, University of Cambridge, Cambridge; Mar, Adam C.: Behavioural and Clinical Neuroscience Institute, University of Cambridge, Cambridge; Molander, Anna: CNS Pharmacology-Psychiatry, NeuroSearch A/S, Ballerup; Robbins, Trevor W.: Behavioural and Clinical Neuroscience Institute, University of Cambridge, Cambridge; Everitt, Barry J.: Behavioural and Clinical Neuroscience Institute, University of Cambridge, Cambridge; Dalley, Jeffrey W.: Behavioural and Clinical Neuroscience Institute, University of Cambridge, Cambridge; Belin, David: INSERM AVENIR Team Psychobiology of Compulsive Disorders, INSERM U1084 Laboratoire de Neurosciences Experimentales et Cliniques, Poitiers

**Language:** English

**Abstract:** Rationale: Although high anxiety is commonly associated with drug addiction, its causal role in this disorder is unclear. Objectives: In light of strong evidence for dissociable neural mechanisms underlying heroin and cocaine addiction, the present study investigated whether high anxiety predicts the propensity of rats to lose control over intravenous cocaine or heroin self-administration. Methods: Sixty-four rats were assessed for anxiety in the elevated plus-maze, prior to extended access to intravenous cocaine or heroin self-administration. Results: High-anxious rats, identified in the lower quartile of the population, showed a greater escalation of cocaine, but not heroin, self-administration compared with low-anxious rats selected in the upper quartile of the population. Anxiety scores were also positively correlated with the extent of escalation of cocaine

self-administration. Conclusions: The present data suggest that high anxiety predisposes rats to lose control over cocaine-but not heroin-intake. High anxiety may therefore be a vulnerability trait for the escalation of stimulant but not opiate self-administration. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Springer-Verlag; YEAR: 2012

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

**Subject Headings:** [\\*Anxiety](#)  
[\\*Cocaine](#)  
[\\*Drug Addiction](#)  
[\\*Drug Self Administration](#)  
[\\*Heroin](#)  
[Phenotypes](#)  
[Rats](#)

**Source:** PsycINFO

### 30. Protective effects of the antioxidant sulforaphane on behavioral changes and neurotoxicity in mice after the administration of methamphetamine.

**Citation:** Psychopharmacology, July 2012, vol./is. 222/1(37-45), 0033-3158;1432-2072 (Jul 2012)

**Author(s):** Chen, Hongxian; Wu, Jin; Zhang, Jichun; Fujita, Yuko; Ishima, Tamaki; Iyo, Masaomi; Hashimoto, Kenji

**Correspondence Address:** Hashimoto, Kenji: Division of Clinical Neuroscience, Chiba University Center for Forensic Mental Health, 1-8-1 Inohana, Chiba, Japan, 260-8670, hashimoto@faculty.chiba-u.jp

**Institution:** Chen, Hongxian: Division of Clinical Neuroscience, Chiba University Center for Forensic Mental Health, Chiba; Wu, Jin: Division of Clinical Neuroscience, Chiba University Center for Forensic Mental Health, Chiba; Zhang, Jichun: Division of Clinical Neuroscience, Chiba University Center for Forensic Mental Health, Chiba; Fujita, Yuko: Division of Clinical Neuroscience, Chiba University Center for Forensic Mental Health, Chiba; Ishima, Tamaki: Division of Clinical Neuroscience, Chiba University Center for Forensic Mental Health, Chiba; Iyo, Masaomi: Department of Psychiatry, Chiba University Graduate School of Medicine, Chiba; Hashimoto, Kenji: Division of Clinical Neuroscience, Chiba University Center for Forensic Mental Health, Chiba

**Language:** English

**Abstract:** Rationale: Methamphetamine (METH) is a powerfully addictive stimulant associated with serious health conditions. Accumulating evidence suggests a role of oxidative stress in METH-induced behavioral abnormalities. Sulforaphane (SFN), found in cruciferous vegetables, is a potent antioxidant. It is of interest to determine whether SFN can attenuate behavioral and neuropathological changes associated with METH exposure. Objectives: This study was undertaken to examine the effects of SFN on behavioral changes and dopaminergic neurotoxicity in mice exposed to METH. Methods: The effects of SFN on acute hyperlocomotion and the development of behavioral sensitization induced by the administration of METH were examined. Levels of dopamine (DA) and its major metabolite 3,4-dihydroxyphenyl acetic acid (DOPAC) in the striatum were measured. In addition, DA transporter (DAT) immunoreactivity was also performed. Results: Pretreatment with SFN at 1, 3, and 10 mg/kg elicited a dose-dependent attenuation of acute hyperlocomotion in mice, after a single administration of METH (3 mg/kg). The development of behavioral sensitization after repeated administrations of METH (3 mg/kg/day, once daily for 5 days) was significantly reduced by pretreatment with SFN (10 mg/kg). In addition, the lowering of DA levels and DOPAC as well as DAT immunoreactivity in the striatum, usually seen after repeated administration of METH, was significantly attenuated by both pretreatment and the subsequent administration of SFN. Furthermore, SFN significantly reduced microglial activation in the striatum after repeated exposure to METH. Conclusion: It is therefore likely that SFN can be a useful drug for the treatment of signs associated with METH abuse in humans. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Springer-Verlag; YEAR: 2011  
**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** \*Dopamine  
 \*Methamphetamine  
 \*Neurotoxicity  
 \*Sensitization  
 Mice  
 Antioxidants  
**Source:** PsycINFO

### 31. Cue-elicited heart rate variability and attentional bias predict alcohol relapse following treatment.

**Citation:** Psychopharmacology, July 2012, vol./is. 222/1(17-26), 0033-3158;1432-2072 (Jul 2012)  
**Author(s):** Garland, Eric L; Franken, Ingmar H. A; Howard, Matthew O  
**Correspondence Address:** Garland, Eric L.: College of Social Work, Trinity Institute for the Addictions, Florida State University, University Center, Building C, Tallahassee, FL, US, 32306-2570, egarland@fsu.edu  
**Institution:** Garland, Eric L.: College of Social Work, Trinity Institute for the Addictions, Florida State University, University Center, Tallahassee, FL; Franken, Ingmar H. A.: Erasmus University Rotterdam, Rotterdam; Howard, Matthew O.: University of North Carolina, Chapel Hill, NC  
**Language:** English  
**Abstract:** Rationale: Identification of malleable neurocognitive predictors of relapse among alcohol-dependent individuals is important for the optimization of health care delivery and clinical services. Objectives: Given that alcohol cue-reactivity can predict relapse, we evaluated cue-elicited high-frequency heart rate variability (HFHRV) and alcohol attentional bias (AB) as potential relapse risk indices. Method: Alcohol-dependent patients in long-term residential treatment who had participated in mindfulness-oriented therapy or an addiction support group completed a spatial cueing task as a measure of alcohol AB and an affect-modulated alcohol cue-reactivity protocol while HFHRV was assessed. Results: Post-treatment HFHRV cue-reactivity and alcohol AB significantly predicted the occurrence and timing of relapse by 6-month follow-up, independent of treatment condition and after controlling for alcohol dependence severity. Alcohol-dependent patients who relapsed exhibited a significantly greater HFHRV reactivity to stress-primed alcohol cues than patients who did not relapse. Conclusions: Cue-elicited HFHRV and alcohol AB can presage relapse and may therefore hold promise as prognostic indicators in clinical settings. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Springer-Verlag; YEAR: 2011  
**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** \*Alcoholism  
 \*Cues  
 \*Heart Rate  
 \*Relapse (Disorders)  
 \*Attentional Bias  
**Source:** PsycINFO

### 32. Offering incentives to drug-using women to take up contraception: The ethical and clinical issues.

**Citation:** Addiction, July 2012, vol./is. 107/7(1361-1362), 0965-2140;1360-0443 (Jul 2012)  
**Author(s):** Black, Kirsten I; Haber, Paul S; Lintzeris, Nicholas  
**Correspondence Address:** Black, Kirsten I.: Discipline of Obstetrics, Gynaecology and Neonatology, University of Sydney, Building D02, Sydney, NSW, Australia, 2006, kirsten.black@sydney.edu.au

**Institution:** Black, Kirsten I.: Discipline of Obstetrics, Gynaecology and Neonatology, University of Sydney, Sydney, NSW; Haber, Paul S.: Discipline of Addiction Medicine, University of Sydney, Sydney, Sydney, NSW; Lintzeris, Nicholas: Discipline of Addiction Medicine, University of Sydney, Sydney, Sydney, NSW

**Language:** English

**Abstract:** Comments on an article by Jayne Lucke & Wayne Hall (see record 2012-12135-004). We write in response to the paper by Jayne Lucke & Wayne Hall regarding their discussion about offering incentives to drug-using women to use long-acting forms of contraception. Their premise, that cash and non-cash incentives could be used in this group of women, only partly addresses many of the key ethical and clinical issues in this debate. Indeed, it is difficult to explore these ethical issues fully without addressing the many barriers experienced by this population in accessing appropriate contraception. Other barriers these women face in accessing contraception include a belief that contraception is not needed due to impaired fertility while in drug treatment and misinformation about different methods. Any discussion of the ethical issues of providing financial or other incentives for women to utilize effective contraception must take into consideration the extent to which this patient population has access to accurate information and consumer-friendly, affordable services. The danger of Project Prevention and similar propositions is that they undermine the need to address systemically the barriers to reproductive health in this population, somehow presupposing that this group of women are incapable of informed decision-making. This bypassing of the need for consumer information and accessible health care creates the paternalistic conditions for clients to be directed towards one method, which has been mainly sterilization. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Addiction](#)  
[\\*Birth Control](#)  
[\\*Drug Usage](#)  
[\\*Ethics](#)

**Source:** PsycINFO

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

### 33. Cost-effectiveness analysis supports the initiation of a clinical trial of deep brain stimulation for heroin dependence.

**Citation:** Addiction, July 2012, vol./is. 107/7(1361), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Halpern, Casey H; Caplan, Arthur L; Wolf, John A; Baltuch, Gordon H; Kampman, Kyle M; Stein, Sherman C

**Correspondence Address:** Halpern, Casey H.: Hospital of the University of Pennsylvania, Silverstein 3, 3400 Spruce Street, Philadelphia, PA, US, 19104, casey.halpern@uphs.upenn.edu

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**Language:** English

**Abstract:** Reply by the current authors to the comments made by W. Hall & A. Carter (see record 2012-15269-031) on the original article (see record 2012-03654-022). We thank Drs Hall & Carter for their interest in our article, and appreciate their reiteration for the need for caution as deep brain stimulation (DBS) evolves. We share many of the same concerns which, as they concede, are addressed thoroughly in the Discussion. We did not enumerate every limitation of the study in the abstract, which is hardly the place to look for clarifying details. We disagree with the claim that our analysis was 'biased' towards

supporting DBS. We include only data collected from clinical trials conducted at academic centers for both methadone maintenance therapy (MMT) and DBS. Thus, like any meta-analysis or clinical trial, our results may not be generalizable outside a tertiary center. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Drug Therapy](#)  
[\\*Heroin Addiction](#)  
[\\*Methadone Maintenance](#)  
[\\*Deep Brain Stimulation](#)  
[Costs and Cost Analysis](#)  
[Quality of Life](#)

**Source:** PsycINFO

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

#### 34. Is deep brain stimulation for addiction an acceptable crime control measure?

**Citation:** Addiction, July 2012, vol./is. 107/7(1360), 0965-2140;1360-0443 (Jul 2012)

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

**Correspondence Address:** Hall, Wayne: Centre for Clinical Research, University of Queensland, Herston, QLD, Australia, 4072, w.hall@uq.edu.au

**Institution:** Hall, Wayne: Centre for Clinical Research, University of Queensland, Herston, QLD;  
 Carter, Adrian: Centre for Clinical Research, University of Queensland, Herston, QLD

**Language:** English

**Abstract:** Comments on an article by J. H. Stephen et al. (see record 2012-03654-022). We wish to comment on Stephen et al.'s argument that trials of deep brain stimulation (DBS) are warranted in heroin addiction, because DBS needs only to be 49% as effective as methadone maintenance treatment (MMT) for it to be a cost-effective intervention. We accept that threshold analyses can be informative in specifying the characteristics required for cost-effectiveness of interventions, but we have some major concerns with the way in which their analyses were performed and the conclusions drawn. We doubt that good results of DBS in PD will apply to heroin-addicted individuals. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Drug Therapy](#)  
[\\*Heroin Addiction](#)  
[\\*Methadone Maintenance](#)  
[\\*Deep Brain Stimulation](#)  
[Costs and Cost Analysis](#)  
[Quality of Life](#)

**Source:** PsycINFO

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

#### 35. What is stopping us from using flumazenil?

**Citation:** Addiction, July 2012, vol./is. 107/7(1359), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Lugoboni, Fabio; Leone, Roberto

**Correspondence Address:** Lugoboni, Fabio: Addiction Unit, Department of Internal Medicine, Verona University Hospital, Verona, Italy, 37134, fabio.lugoboni@ospedaleuniverona.it

**Institution:** Lugoboni, Fabio: Addiction Unit, Department of Internal Medicine, Verona University Hospital, Verona; Leone, Roberto: Pharmacological Unit, Department of Public Health and Community Medicine, Verona University Hospital, Verona

- Language:** English
- Abstract:** The first study of the efficacy of FLU-SI (slow infusion of flumazenil) dates back to 20 years ago. One can only wonder why an innovative method which is rapid and effective has been so little used or studied over such a long period, despite the high prevalence and importance of BZD (benzodiazepines) dependence. The clinical studies of FLU-SI published since 1992 can be counted on the fingers of one hand. Suggesting gradual tapering of the dose to such HDD (high-dose dependent) patients is like suggesting that alcoholics gradually stop drinking: it simply does not work, and the problem is aggravated, in the case of BZDs, by the very long time that tapering takes. The crucial point is that these HDDs have been the subject of very little study and are virtually ignored in research and clinical practice, which tend to be confined to patients with co-addictions and personality disorders; but the situation is more complex. Before FLU-SI can become a routine therapy, further investigation is needed of the FLU dosage, the duration of infusion, safety issues in an out-patient setting due to the risk of seizures and measures for preventing them. The current situation of prevalence and negligence should not be allowed to continue. After all, BZD addiction is the most typical form of iatrogenic dependence; or is that the real reason for the lack of interest in it? (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Country of Publication:** HOLDER: Society for the Study of Addiction; YEAR: 2012
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Benzodiazepines](#)  
[\\*Drug Dependency](#)  
[\\*Drug Therapy](#)  
[\\*Epidemiology](#)  
[Side Effects \(Drug\)](#)
- Source:** PsycINFO
- Full Text:** Available in *fulltext* at [Wiley](#)
- 36. Commentary on Bruneau et al. (2012): Injection of prescription opioid pain relievers and infectious disease risk.**
- Citation:** Addiction, July 2012, vol./is. 107/7(1328-1329), 0965-2140;1360-0443 (Jul 2012)
- Author(s):** Hadland, Scott E; Wood, Evan
- Correspondence Address:** Hadland, Scott E.: Boston Medical Center, Department of Pediatrics, One Boston Medical Center Place, Dowling 3-South, Boston, MA, US, 02118, [scott.hadland@childrens.harvard.edu](mailto:scott.hadland@childrens.harvard.edu)
- Institution:** Hadland, Scott E.: Boston Medical Center, Department of Pediatrics, Boston, MA; Wood, Evan: British Columbia Centre for Excellence in HIV/AIDS, St Paul's Hospital, Vancouver, BC
- Language:** English
- Abstract:** Comments on an article by Julie Bruneau et al. (see record 2012-15269-023). The authors demonstrate that among a prospective cohort of injection drug users in Montreal, Canada, those who injected OPR were twice as likely to acquire hepatitis C as those who did not inject OPR. A strength of the study is that the authors directly examined the distinct population alluded to above—that is, users who inject OPR but not heroin. Such users were nearly three times as likely to acquire hepatitis C virus (HCV) as those who did not inject any OPR at all. The authors note that those who inject OPR but not heroin may be relatively 'newer' injectors with fewer years of injecting history, and hypothesize that they may be less informed regarding safe injecting practices than are more experienced heroin users. The study leaves unanswered which particular injecting practices unique to OPR-only injectors may place them at higher risk for HCV transmission. The implementation of evidence-based responses to the burgeoning epidemic of OPR use, and programming to prevent the initiation of injection drug use among OPR users, should be considered an urgent public health priority. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Drug Usage](#)  
[\\*Hepatitis](#)  
[\\*Injections](#)  
[\\*Opiates](#)  
[\\*Trends](#)  
[Epidemiology](#)

**Source:** PsycINFO

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

### 37. The rising prevalence of prescription opioid injection and its association with hepatitis C incidence among street-drug users.

**Citation:** Addiction, July 2012, vol./is. 107/7(1318-1327), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Bruneau, Julie; Roy, Elise; Arruda, Nelson; Zang, Geng; Jutras-Aswad, Didier

**Correspondence Address:** Bruneau, Julie: Centre de recherche, Centre hospitalier de l'Universite de Montreal (CRCHUM), Pavillon Edouard Asselin, 264 Rene-Levesque est, Montreal, PQ, Canada, H2X 1P1, julie.bruneau@umontreal.ca

**Institution:** Bruneau, Julie: Research Center, Centre Hospitalier de l'Universite de Montreal (CRCHUM), Montreal, PQ; Roy, Elise: Addiction Research and Study Program, Faculty of Medicine and Health Sciences, Universite de Sherbrooke, Longueuil, PQ; Arruda, Nelson: Independent Investigator and Consultant, Montreal, PQ; Zang, Geng: Research Center, Centre Hospitalier de l'Universite de Montreal (CRCHUM), Montreal, PQ; Jutras-Aswad, Didier: Research Center, Centre Hospitalier de l'Universite de Montreal (CRCHUM), Montreal, PQ

**Language:** English

**Abstract:** Aims: To examine trends in prescription opioid (PO) injection and to assess its association with hepatitis C virus (HCV) seroconversion among injection drug users (IDUs). Design: Prospective cohort study. Setting: Montreal, Canada. Participants: HCV-negative IDUs at baseline, reporting injection in the past month. Measurements: Semi-annual visits included HCV antibody testing and an interview-administered questionnaire assessing risk behaviours. HCV incidence rate was calculated using the person-time method. Time-updated Cox regression models were conducted to examine predictors of HCV incidence. Findings: The proportion of IDUs reporting PO injection increased from 21% to 75% between 2004 and 2009 ( $P < 0.001$ ). Of the 246 participants (81.6% male; mean age 34.5 years; mean follow-up time 23 months), 83 seroconverted to HCV [incidence rate: 17.9 per 100 person-years; 95% confidence interval (CI) 14.3, 22.1]. Compared to non-PO injectors, PO injectors were more likely to become infected [adjusted hazard ratio (AHR): 1.87; 95%CI:1.16, 3.03]. An effect modification was also found: PO injectors who did not inject heroin were more likely to become infected (AHR: 2.88; 95%CI: 1.52, 5.45) whereas no association was found for participants using both drugs (AHR: 1.19; 95% CI: 0.61, 2.30). Other independent predictors of HCV incidence were: cocaine injection, recent incarceration and  $>30$  injections per month. Conclusions: Prescription opioid injectors who do not inject heroin are at greater risk for HCV seroconversion than are those injecting both heroin and prescription opioids. Important differences in age, behaviour and social context suggest a need for targeted outreach strategies to this population. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Drug Usage](#)  
[\\*Hepatitis](#)  
[\\*Injections](#)  
[\\*Opiates](#)

[\\*Trends  
Epidemiology](#)

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

### 38. Commentary on Elkashef et al. (2012): Just enough efficacy for a second look.

**Citation:** Addiction, July 2012, vol./is. 107/7(1307-1308), 0965-2140;1360-0443 (Jul 2012)  
**Author(s):** Vocci, Frank  
**Correspondence Address:** Vocci, Frank: Friends Research Institute, Inc., Baltimore, MD, US, 21201, fvocci@friendsresearch.org  
**Institution:** Vocci, Frank: Friends Research Institute, Inc., Baltimore, MD  
**Language:** English  
**Abstract:** Comments on an article by Ahmed Elkashef et al. (see record 2012-15269-019). The authors report that topiramate was administered for 13 weeks, with a target dose of 200 mg per day. The primary outcome measure of this trial was to determine whether topiramate facilitated abstinence in methamphetamine-dependent participants in weeks 6-12. The primary analysis, using a generalized estimating equations (GEE) model, showed that there was no difference in abstinence rates between the groups. This lack of a significant finding is often enough to deem a medication as ineffective and abandon further development. These findings suggest a 'reduction of use' indication for topiramate. Reduction of use may be considered a partial response under the facilitation of abstinence indication. In summary, future investigations of topiramate in this patient population are warranted, and should include higher doses, better measures of medication compliance and a larger sample size to compensate for the high dropout rate. If a sufficient number of participants were enrolled, the relapse prevention and facilitation of abstinence/reduction of use indications could be evaluated in a single trial. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  
**Country of Publication:** HOLDER: The Author, Addiction-Society for the Study of Addiction; YEAR: 2012  
**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** [\\*Cocaine](#)  
[\\*Drug Abuse](#)  
[\\*Drug Therapy](#)  
[\\*Methamphetamine](#)  
[\\*Side Effects \(Drug\)](#)  
**Source:** PsycINFO  
**Full Text:** Available in *fulltext* at [Wiley](#)

### 39. Topiramate for the treatment of methamphetamine addiction: A multi-center placebo-controlled trial.

**Citation:** Addiction, July 2012, vol./is. 107/7(1297-1306), 0965-2140;1360-0443 (Jul 2012)  
**Author(s):** Elkashef, Ahmed; Kahn, Roberta; Yu, Elmer; Iturriaga, Erin; Li, Shou-Hua; Anderson, Ann; Chiang, Nora; Ait-Daoud, Nassima; Weiss, David; McSherry, Frances; Serpi, Tracey; Rawson, Richard; Hrymoc, Mark; Weis, Dennis; McCann, Michael; Pham, Tony; Stock, Christopher; Dickinson, Ruth; Campbell, Jan; Gorodetzky, Charles; Haning, William; Carlton, Barry; Mawhinney, Joseph; Li, Ming D; Johnson, Bankole A  
**Correspondence Address:** Johnson, Bankole A.: Department of Psychiatry and Neurobehavioral Sciences, University of Virginia, PO Box 800623, Charlottesville, VA, US, 22908-0623, bankolejohnson@virginia.edu  
**Institution:** Elkashef, Ahmed: National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD; Kahn, Roberta: National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD; Yu, Elmer: Veterans Administration Medical Center, Philadelphia, PA; Iturriaga, Erin: National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD; Li, Shou-Hua: National Institute on Drug Abuse, National Institutes of

Health, Bethesda, MD; Anderson, Ann: National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD; Chiang, Nora: National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD; Ait-Daoud, Nassima: Department of Psychiatry and Neurobehavioral Sciences, University of Virginia, Charlottesville, VA; Weiss, David: Department of Veterans Affairs, Cooperative Studies Program, Coordinating Center, Perry Point, MD; McSherry, Frances: Department of Veterans Affairs, Cooperative Studies Program, Coordinating Center, Perry Point, MD; Serpi, Tracey: Department of Veterans Affairs, Cooperative Studies Program, Coordinating Center, Perry Point, MD; Rawson, Richard: UCLA, Integrated Substance Abuse Programs, Los Angeles, CA; Hrymoc, Mark: UCLA, Integrated Substance Abuse Programs, Los Angeles, CA; Weis, Dennis: Lutheran Hospital Office of Research, Des Moines, IA; McCann, Michael: Matrix Institute on Addictions, Costa Mesa, CA; Pham, Tony: Matrix Institute on Addictions, Costa Mesa, CA; Stock, Christopher: Department of Veterans Affairs, Salt Lake City Health Care System, Salt Lake City, UT; Dickinson, Ruth: Department of Veterans Affairs, Salt Lake City Health Care System, Salt Lake City, UT; Campbell, Jan: Department of Psychiatry, University of Missouri, Kansas City, MO; Gorodetzky, Charles: Department of Psychiatry, University of Missouri, Kansas City, MO; Haning, William: Pacific Addiction Research Center, Honolulu, HI; Carlton, Barry: Pacific Addiction Research Center, Honolulu, HI; Mawhinney, Joseph: South Bay Treatment Center, San Diego, CA; Li, Ming D.: Department of Psychiatry and Neurobehavioral Sciences, University of Virginia, Charlottesville, VA; Johnson, Bankole A.: Department of Psychiatry and Neurobehavioral Sciences, University of Virginia, Charlottesville, VA

**Language:**

English

**Abstract:**

**Aims:** Topiramate has shown efficacy at facilitating abstinence from alcohol and cocaine abuse. This double-blind, placebo-controlled out-patient trial tested topiramate for treating methamphetamine addiction. **Design:** Participants (n = 140) were randomized to receive topiramate or placebo (13 weeks) in escalating doses from 50 mg/day to the target maintenance of 200 mg/day in weeks 6-12 (tapered in week 13). Medication was combined with weekly brief behavioral compliance enhancement treatment. **Setting:** The trial was conducted at eight medical centers in the United States. **Participants:** One hundred and forty methamphetamine-dependent adults took part in the trial. **Measurements:** The primary outcome was abstinence from methamphetamine during weeks 6-12. Secondary outcomes included use reduction versus baseline, as well as psychosocial variables. **Findings:** In the intent-to-treat analysis, topiramate did not increase abstinence from methamphetamine during weeks 6-12. For secondary outcomes, topiramate reduced weekly median urine methamphetamine levels and observer-rated severity of dependence scores significantly. Subjects with negative urine before randomization (n = 26) had significantly greater abstinence on topiramate versus placebo during study weeks 6-12. Topiramate was safe and well tolerated. **Conclusions:** Topiramate does not appear to promote abstinence in methamphetamine users but can reduce the amount taken and reduce relapse rates in those who are already abstinent. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:**

HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2011

**Publication Type:**

Journal; Peer Reviewed Journal

**Subject Headings:**

\*Cocaine  
 \*Drug Abuse  
 \*Drug Therapy  
 \*Methamphetamine  
 \*Side Effects (Drug)

**Source:**

PsycINFO

**Full Text:**Available in *fulltext* at [Wiley](#)**40. Co-occurrence of sexual risk behaviors and substance use across emerging adulthood: Evidence for state- and trait-level associations.****Citation:**

Addiction, July 2012, vol./is. 107/7(1288-1296), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** King, Kevin M; Nguyen, Hong V; Kosterman, Rick; Bailey, Jennifer A; Hawkins, J. David

**Correspondence Address:** King, Kevin M.: Department of Psychology, University of Washington, Box 351525, Seattle, WA, US, 98195-1525, kingkm@uw.edu

**Institution:** King, Kevin M.: Department of Psychology, University of Washington, Seattle, WA; Nguyen, Hong V.: Department of Psychology, University of Washington, Seattle, WA; Kosterman, Rick: Department of Psychology, University of Washington, Seattle, WA; Bailey, Jennifer A.: Department of Psychology, University of Washington, Seattle, WA; Hawkins, J. David: Department of Psychology, University of Washington, Seattle, WA

**Language:** English

**Abstract:** Aims: Prior research has suggested that problematic alcohol and drug use are related to risky sexual behaviors, either due to trait-level associations driven by shared risk factors such as sensation seeking or by state-specific effects, such as the direct effects of substance use on sexual behaviors. Although the prevalence of both high-risk sexual activity and alcohol problems decline with age, little is known about how the associations between substance use disorder symptoms and high-risk sexual behaviors change across young adulthood. Design setting and participants: Using a community sample (n = 790) interviewed every 3 years from age 21 to age 30 years, we tested trait- and state-level associations among symptoms of alcohol and drug abuse and dependence and high-risk sexual behaviors across young adulthood using latent growth curve models. Measurements: We utilized diagnostic interviews to obtain self-report of past-year drug and alcohol abuse and dependence symptoms. High-risk sexual behaviors were assessed with a composite of four self-reported behaviors. Findings: Results showed time-specific associations between alcohol disorder symptoms and risky sexual behaviors ( $r = 0.195$ ,  $P < 0.001$ ), but not associations between their trajectories of change. Conversely, risky sexual behaviors and drug disorder symptoms were associated only at the trait level, not the state level, such that the levels and rate of change over time of both were correlated ( $r = 0.35$ ,  $P < 0.001$ ). Conclusions: High-risk sexual behaviors during young adulthood seem to be driven both by trait and state factors, and intervention efforts may be successful if they are either aimed at high-risk individuals or if they work to disaggregate alcohol use from risky sexual activities. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Conference Information:** Annual Research Society on Alcoholism Scientific Meeting. 34th. Jun, 2011. Atlanta. GA, US. An earlier version of this paper was presented at the aforementioned conference.

**Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Alcohols](#)  
[\\*Comorbidity](#)  
[\\*Drug Usage](#)  
[\\*Risk Factors](#)  
[\\*Sexual Risk Taking](#)  
[At Risk Populations](#)

**Source:** PsycINFO

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

**41. Beer a no-go: Learning to stop responding to alcohol cues reduces alcohol intake via reduced affective associations rather than increased response inhibition.**

**Citation:** Addiction, July 2012, vol./is. 107/7(1280-1287), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Houben, Katrijn; Havermans, Remco C; Nederkoorn, Chantal; Jansen, Anita

**Correspondence Address:** Houben, Katrijn: Clinical Psychological Science, Maastricht University, PO Box 616, Maastricht, Netherlands, 6200 MD, k.houben@maastrichtuniversity.nl

**Institution:** Houben, Katrijn: Clinical Psychological Science, Maastricht University, Maastricht; Havermans, Remco C.: Clinical Psychological Science, Maastricht University,

Maastricht; Nederkoorn, Chantal: Clinical Psychological Science, Maastricht University, Maastricht; Jansen, Anita: Clinical Psychological Science, Maastricht University, Maastricht

**Language:** English

**Abstract:** Aims: Previous research has shown that consistently not responding to alcohol-related stimuli in a go/no-go training procedure reduces drinking behaviour. This study aimed to examine further the mechanisms underlying this go/no-go training effect. Design, setting and participants: Fifty-seven heavy drinkers were assigned randomly to two training conditions: in the beer/no-go condition, alcohol-related stimuli were always paired with a stopping response, while in the beer/go condition participants always responded to alcohol-related stimuli. Participants were tested individually in a laboratory at Maastricht University. Measurements: Weekly alcohol intake, implicit attitudes towards beer, approach-avoidance action tendencies towards beer and response inhibition were measured before and after the training. Findings: Results showed a significant reduction in both implicit attitudes ( $P = 0.03$ ) and alcohol intake ( $P = 0.02$ ) in the beer/no-go condition, but not in the beer/go condition. There were no significant training effects on action tendencies or response inhibition. Conclusions: Repeatedly stopping pre-potent responses towards alcohol-related stimuli reduces excessive alcohol use via a devaluation of alcohol-related stimuli rather than via increased inhibitory control over alcohol-related responses. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Alcohol Drinking Attitudes](#)  
[\\*Beer](#)  
[\\*Cues](#)  
[\\*Response Inhibition](#)  
[\\*Training](#)  
[Alcoholism](#)

**Source:** PsycINFO

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

#### 42. The co-occurring use and misuse of cannabis and tobacco: A review.

**Citation:** Addiction, July 2012, vol./is. 107/7(1221-1233), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Agrawal, Arpana; Budney, Alan J; Lynskey, Michael T

**Correspondence Address:** Agrawal, Arpana: Department of Psychiatry, Washington University School of Medicine, 660 S. Euclid, CB 8134, St Louis, MO, US, 63110, arpana@wustl.edu

**Institution:** Agrawal, Arpana: Department of Psychiatry, Washington University School of Medicine, Saint Louis, MO; Budney, Alan J.: Department of Psychiatry, University of Arkansas for Medical Sciences, Little Rock, AR; Lynskey, Michael T.: Department of Psychiatry, Washington University School of Medicine, Saint Louis, MO

**Language:** English

**Abstract:** Aims: Cannabis and tobacco use and misuse frequently co-occur. This review examines the epidemiological evidence supporting the life-time co-occurrence of cannabis and tobacco use and outlines the mechanisms that link these drugs to each other. Mechanisms include (i) shared genetic factors; (ii) shared environmental influences, including (iii) route of administration (via smoking), (iv) co-administration and (v) models of co-use. We also discuss respiratory harms associated with co-use of cannabis and tobacco, overlapping withdrawal syndromes and outline treatment implications for co-occurring use. Methods: Selective review of published studies. Results: Both cannabis and tobacco use and misuse are influenced by genetic factors, and a proportion of these genetic factors influence both cannabis and tobacco use and misuse. Environmental factors such as availability play an important role, with economic models suggesting a complementary relationship where increases in price of one drug decrease the use of the other. Route of

administration and smoking cues may contribute to their sustained use. Similar withdrawal syndromes, with many symptoms in common, may have important treatment implications. Emerging evidence suggests that dual abstinence may predict better cessation outcomes, yet empirically researched treatments tailored for co-occurring use are lacking. Conclusions: There is accumulating evidence that some mechanisms linking cannabis and tobacco use are distinct from those contributing to co-occurring use of drugs in general. There is an urgent need for research to identify the underlying mechanisms and harness their potential etiological implications to tailor treatment options for this serious public health challenge. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Cannabis](#)  
[\\*Comorbidity](#)  
[\\*Drug Abuse](#)  
[\\*Epidemiology](#)  
[\\*Public Health](#)  
[Drug Therapy](#)  
[Genetics](#)

**Source:** PsycINFO

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

#### 43. Addiction research centres and the nurturing of creativity: The research institute on addictions, University at Buffalo.

**Citation:** Addiction, July 2012, vol./is. 107/7(1214-1220), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Connors, Gerard J; Walitzer, Kimberly S; The Staff of the Research Institute on Addictions

**Correspondence Address:** Connors, Gerard J.: Research Institute on Addictions, 1021 Main Street, Buffalo, NY, US, 14203, connors@ria.buffalo.edu

**Corporate/Institutional Author:** The Staff of the Research Institute on Addictions

**Institution:** Connors, Gerard J.: Research Institute on Addictions, University at Buffalo, Buffalo, NY; Walitzer, Kimberly S.: Research Institute on Addictions, University at Buffalo, Buffalo, NY

**Language:** English

**Abstract:** The Research Institute on Addictions (RIA) was established in 1970 as a research component of the New York State Department of Mental Hygiene. After three decades of serving as a research component of New York State agencies concerned with alcohol and substance abuse, RIA was legislatively transferred to the University at Buffalo in 1999. Today, RIA's cadre of senior research scientists are engaged individually and collaboratively on a multitude of addictions-related studies. The majority of the Institute's ongoing research studies relate to one or more of the following seven broad research domains: causes and consequences of alcohol, marijuana and other drug use; biological and neuroscience; gambling behavior; gender-related studies; dissemination and professional training; treatment; and youth, families and relationships. In this paper, an overview of the structure of the Institute is provided, along with a description of the organizational and scientific culture at RIA. Further information about the Institute, its scientists and its activities can be found at <http://www.ria.buffalo.edu>. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2011

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

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

[\\*Hygiene](#)

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

#### 44. Response to commentaries.

**Citation:** Addiction, July 2012, vol./is. 107/7(1211-1213), 0965-2140;1360-0443 (Jul 2012)  
**Author(s):** Pechansky, Flavio; Chandran, Aruna  
**Correspondence Address:** Pechansky, Flavio, fpechans@uol.com.br  
**Institution:** Pechansky, Flavio: Department of Psychiatry, Federal University of Rio Grande do Sul, Rio Grande do Sul; Chandran, Aruna: International Injury Research Unit, Department of International Health, Johns Hopkins University, Baltimore, MD  
**Language:** English  
**Abstract:** Reply by the current author to the comments made by Raul Caetano (see record 2012-15269-004), Ilane Pinsky (see record 2012-15269-005), Isidore S. Obot (see record 2012-15269-006), and Robert E. Mann and Christine M. Wickens (see record 2012-15269-007) on the original article (see record 2012-15269-003). We appreciate the insightful responses provided by the commentators regarding differences in southern versus northern hemisphere approaches to the control and prevention of drinking and driving (DWI). Dr Obot's point about the significant burden of alcohol-associated road traffic mortality in sub-Saharan Africa is absolutely correct. Evidence-based interventions are needed urgently across most countries in order to combat this important issue. We also appreciate Dr Mann's points about the continued work that needs to be conducted in the United States and Canada; issues of further lowering the legal blood alcohol concentration (BAC) limit and conducting random breath testing (RBT) are also very much on our minds, as is the constant tension between rigorous public health evidence versus the well-organized lobby of the alcohol industry. In discussing the behavior paradox between US-born Hispanics versus Hispanic immigrants, Dr Caetano highlights an important point-the perception of deterrence may, in fact, be one of the factors that defines behaviors such as DWI, and we might hypothesize that immigrants from countries with lax attitudes towards DWI would have a strong perception of the law and its enforcement when driving in a more organized environment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  
**Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2012  
**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** [\\*Alcoholism](#)  
[\\*Driving Under the Influence](#)  
[\\*Prevention](#)  
[\\*Risk Factors](#)  
[\\*Strategies](#)

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

#### 45. Achieving international progress on alcohol and traffic safety.

**Citation:** Addiction, July 2012, vol./is. 107/7(1210-1211), 0965-2140;1360-0443 (Jul 2012)  
**Author(s):** Mann, Robert E; Wickens, Christine M  
**Correspondence Address:** Mann, Robert E.: Centre for Addiction and Mental Health, Toronto, ON, Canada, M5S 2S1, robert\_mann@camh.net  
**Institution:** Mann, Robert E.: Centre for Addiction and Mental Health, Toronto, ON; Wickens, Christine M.: Centre for Addiction and Mental Health, Toronto, ON  
**Language:** English

**Abstract:** Comments on an article by Flavio Pechansky and Aruna Chandran (see record 2012-15269-003). The authors have provided a thoughtful call-to-action to address drunk driving in South America. The authors provide evidence that drunk driving is a substantial and possibly increasing problem in South America, and contrast the status of the issue there with that in Canada and the United States. They then propose an insightful, three-pronged strategy to address the problem that, if implemented, promises to have a major impact on drunk driving deaths, injuries and collisions. If the author's advice is followed in Brazil, researchers in North America and other parts of the world can soon look forward to valuable new information from our Brazilian colleagues about drunk driving and effective means to prevent it. Drunk driving continues to be a leading cause of preventable death and injury internationally. We continue to learn about the nature of the problem and its prevention, and opportunities for jurisdictions to learn from each other should be embraced. The authors exemplify what is needed in proposing to learn from North American experience. It is also true that North America needs to learn from the rest of the world as well. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Driving Under the Influence](#)  
[\\*Prevention](#)  
[\\*Risk Factors](#)  
[\\*Strategies](#)

**Source:** PsycINFO

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

#### 46. Developing countries ignore drinking and driving problems at their own peril.

**Citation:** Addiction, July 2012, vol./is. 107/7(1209-1210), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Obot, Isidore S

**Correspondence Address:** Obot, Isidore S., [obotis@gmail.com](mailto:obotis@gmail.com)

**Institution:** Obot, Isidore S.: Department of Psychology, University of Uyo, Uyo

**Language:** English

**Abstract:** Comments on an article by Flavio Pechansky and Aruna Chandran (see record 2012-15269-003). The authors argue that limited knowledge of the extent of this risky behavior and its consequences might help to explain the lack or inadequacy of policies and strategies to address the problem in southern America compared to North American countries. In order to address this gap they propose improvements in data collection, passage of drinking and driving laws, where such laws do not exist, and better enforcement of the laws. In subSaharan Africa the fundamental policy challenge is recognizing that a problem exists, and that the problem is amenable to effective interventions. There is reason for optimism: the global and regional strategies to reduce harmful use of alcohol developed by the World Health Organization (WHO) have led at least to serious discussions of policy strategies in many African countries, and the involvement of international nongovernmental organizations in training on evidence based policy has helped to focus the attention of experts and policymakers on what works. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Driving Under the Influence](#)  
[\\*Prevention](#)  
[\\*Risk Factors](#)  
[\\*Strategies](#)

**Source:** PsycINFO

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

#### 47. The advocacy factor: The importance of grassroots movements in support of DWI policies.

**Citation:** Addiction, July 2012, vol./is. 107/7(1208-1209), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Pinsky, Ilana

**Correspondence Address:** Pinsky, Ilana, ilanapinsky@uol.com.br

**Institution:** Pinsky, Ilana: Instituto Nacional de Ciencia e Tecnologia para Políticas Publicas do Alcool e outras Drogas (Inpad), Departamento de Psiquiatria, Universidade Federal de Sao Paulo, Sao Paulo

**Language:** English

**Abstract:** Comments on an article by Flavio Pechansky and Aruna Chandran (see record 2012-15269-003). The author discusses what is lacking in South America drinking and driving policies in order for them to be as effective as those already employed in North America and other countries, such as Australia, New Zealand and Scandinavia. Despite the fact that the three issues pointed out by the authors (systematic collection of data, laws without loopholes and appropriate training of the police) are still lacking in Brazil, another relevant aspect to take into consideration is advocacy and active popular support. Brazilians, with an annual traffic accident death rate of more than 38000 in 2008 and rising, now seem to be realizing that the active participation of civil society in organized advocacy movements is a critical success factor to tackle the state of affairs of drinking and driving rates. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Driving Under the Influence](#)  
[\\*Prevention](#)  
[\\*Risk Factors](#)  
[\\*Strategies](#)

**Source:** PsycINFO

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

#### 48. The road may be long, but you are on your way.

**Citation:** Addiction, July 2012, vol./is. 107/7(1207-1208), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Caetano, Raul

**Correspondence Address:** Caetano, Raul: University of Texas Health Science Center-Houston, Dallas Regional Campus, UT School of Public Health, 5323 Harry Hines Boulevard V8.112, Dallas, TX, US, 75390-9128, raul.caetano@utsouthwestern.edu

**Institution:** Caetano, Raul: University of Texas Health Science Center-Houston, Dallas Regional Campus, UT School of Public Health, Dallas, TX

**Language:** English

**Abstract:** Comments on an article by Flavio Pechansky and Aruna Chandran (see record 2012-15269-003). The authors on driving while intoxicated (DWI) in South America provides a nice review of the status of the control and prevention of DWI in Brazil, or lack thereof, also calling attention to the fact that a similar worrisome situation is probably present in most other Latin American countries. There is nothing inherently special about Latin culture that prevents the same DWI preventive actions from being implemented and enforced South of the Equator. Brazil, for instance, may have a long way to go to reach the same level of law enforcement against DWI seen in the United States and Canada, but it has already started to move in the right direction. Enactment of the 'dry law' described by the author is a good example. Another is the growing preoccupation about DWI by a group of Brazilian public health professionals, which is

well exemplified by the author's paper. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: The Authors, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Driving Under the Influence](#)  
[\\*Prevention](#)  
[\\*Risk Factors](#)  
[\\*Strategies](#)

**Source:** PsycINFO

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

#### 49. Why don't Northern American solutions to drinking and driving work in Southern America?

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**Citation:** Addiction, July 2012, vol./is. 107/7(1201-1206), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Pechansky, Flavio; Chandran, Aruna

**Correspondence Address:** Pechansky, Flavio: Department of Psychiatry, Federal University of Rio Grande do Sul, Ramiro Barcelos 2350, room 2201A, Porto Alegre, Rio Grande do Sul, Brazil, 90035-003, fpechans@uol.com.br

**Institution:** Pechansky, Flavio: Department of Psychiatry, Federal University of Rio Grande do Sul, Rio Grande do Sul; Chandran, Aruna: International Injury Research Unit, Department of International Health, Johns Hopkins University, Baltimore, MD

**Language:** English

**Abstract:** While individual studies from several South American countries have shown driving while intoxicated to be a problem, there are no objective systematically collected alcohol-associated driving data obtained in most South American countries. This limits their ability to implement and enforce targeted prevention strategies, evaluate whether proven prevention efforts from North America (particularly the United States and Canada) can be transferred to the South, and to sustain momentum for the improvement of road safety by demonstrating that previously implemented legal and policy changes are effective. The aim of this paper is to discuss the abysmal differences that exist between northern and southern American countries regarding the current status of driving while intoxicated prevention strategies-their implementation, impacts and effects-using Brazil as a case example. We propose a three-pronged approach to close this northern-southern American gap in driving while intoxicated prevention and intervention: (a) systematic collection on road traffic crash/injury/death as well as risk factor data, (b) passage of laws without loopholes requiring compliance with blood alcohol concentration testing and (c) provision of appropriate training and equipment to the police in concomitance with vigilant enforcement. Resources and energies must be put towards data collection, implementation of prevention strategies and enforcement in order to decrease the unacceptably high rates of these preventable driving while intoxicated deaths. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Author, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Driving Under the Influence](#)  
[\\*Prevention](#)  
[\\*Risk Factors](#)  
[\\*Strategies](#)

**Source:** PsycINFO

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

#### 50. What are the public policy implications of a neurobiological view of addiction?

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**Citation:** Addiction, July 2012, vol./is. 107/7(1199-1200), 0965-2140;1360-0443 (Jul 2012)

**Author(s):** Gartner, Coral E; Carter, Adrian; Partridge, Brad

**Correspondence Address:** Gartner, Coral E.: UQ Centre for Clinical Research, University of Queensland, Level 7, Building 71/918, Royal Brisbane and Women's Hospital Site, Herston, QLD, Australia, 4029, c.gartner@uq.edu.au

**Institution:** Gartner, Coral E.: UQ Centre for Clinical Research, University of Queensland, Herston, QLD; Carter, Adrian: UQ Centre for Clinical Research, University of Queensland, Herston, QLD; Partridge, Brad: UQ Centre for Clinical Research, University of Queensland, Herston, QLD

**Language:** English

**Abstract:** This editorial discusses the limitations of equating addiction with neurobiological processes and the potential benefits and risks of this approach for public health policy. Neuroscience research has provided a greater understanding of the neurochemical mechanisms underpinning drug use and addiction. The public health consequences of the brain disease view of addiction may be complex and unexpected. A complete analysis of its potential impact needs to consider adverse consequences as well as benefits. It is important that policy makers and government officials are not seduced by the allure of neuroscience to neglect population-level approaches that target the causes of addiction that are the most amenable to change and have the greatest chance of reducing substance use and related harm. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: The Author, Addiction-Society for the Study of Addiction; YEAR: 2012

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

**Subject Headings:** [\\*Addiction](#)  
[\\*Government Policy Making](#)  
[\\*Neurobiology](#)  
[\\*Public Health](#)

**Source:** PsycINFO

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

#### 51. Childhood adversity and substance use of women prisoners: A general strain theory approach.

**Citation:** Journal of Criminal Justice, May 2012, vol./is. 40/3(202-211), 0047-2352 (May-Jun 2012)

**Author(s):** Sharp, Susan F; Peck, B. Mitchell; Hartsfield, Jennifer

**Correspondence Address:** Sharp, Susan F.: Department of Sociology, University of Oklahoma Norman, 780 Van Vleet Oval, KH 331, Norman, OK, US, 73019, ssharp@ou.edu

**Institution:** Sharp, Susan F.: Department of Sociology, University of Oklahoma Norman, Norman, OK; Peck, B. Mitchell: Department of Sociology, University of Oklahoma Norman, Norman, OK; Hartsfield, Jennifer: Dept. of Criminal Justice, Bridgewater State University Bridgewater, Bridgewater, MA

**Language:** English

**Abstract:** The current paper seeks to add to the literature on General Strain Theory (GST) in two ways. First, it tests the efficacy of the theory in a sample of incarcerated women, adding to our knowledge of the generality of the theory. Second, it examines whether specific individual measures of strain or an index of cumulative strain provide more information about the relationship between strain and deviance. To explore this issue, we examine the effects of individual strains versus the cumulative impact of strain on daily drug and alcohol use prior to incarceration using data from the 2008 and 2009 Oklahoma Study of Incarcerated Women and Their Children. Our measures of strain are drawn from the Adverse Childhood Experiences Study. The analyses indicate that certain tenets of GST do predict daily drug use in this sample, thus suggesting the theory is has applicability to an offending population. The analyses further suggest that the explanatory power is similar, whether the individual or cumulative measures of strain are employed. However,

a few key stressors appear to account for most of the explanatory power of the index, and there are some variations in which strains are related to the type of substance used. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** STATEMENT: All rights reserved.; HOLDER: Elsevier Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Child Abuse](#)  
[\\*Drug Usage](#)  
[\\*Prisoners](#)  
[Human Females](#)

**Source:** PsycINFO

## 52. What is known about the outcome as adults for children with fetal alcohol syndrome (FAS)/fetal alcohol spectrum disorders (FASD)?

**Original Title:** Was wird aus kindern mit fetalem alkoholsyndrom (FAS)/fetalen alkoholspektrumstorungen (FASD) im erwachsenenalter?

**Citation:** Fortschritte der Neurologie, Psychiatrie, June 2012, vol./is. 80/6(320-326), 0720-4299 (Jun 2012)

**Author(s):** Walloch, J. E; Burger, P. H; Kornhuber, J

**Correspondence Address:** Walloch, J. E.: Psychiatrische und Psychotherapeutische Klinik, Universitätsklinikum Erlangen, Schwabachanlage 6, Erlangen, Germany, 91054, judith.walloch@uk-erlangen.de

**Institution:** Walloch, J. E.: Psychiatrische und Psychotherapeutische Klinik, Universitätsklinikum Erlangen, Erlangen; Burger, P. H.: Psychiatrische und Psychotherapeutische Klinik, Universitätsklinikum Erlangen, Erlangen; Kornhuber, J.: Psychiatrische und Psychotherapeutische Klinik, Universitätsklinikum Erlangen, Erlangen

**Language:** German

**Abstract:** In the field of adult psychiatry in German-speaking countries, little attention is as yet paid to the psychic defects that a fetus can sustain as a result of prenatal exposure to alcohol. Although children of alcohol-dependent mothers do present to psychiatric institutions as adults with manifold symptoms, e. g., attention deficit disorders, affective disorders or intellectual disability, fetal alcohol spectrum disorders are rarely diagnosed as an underlying cause. Appropriate therapy guidelines do not exist. Current review papers within the German-speaking countries usually stem from paediatric and adolescent psychiatry or medicine. Based on a selected review of the literature, the following paper addresses and discusses the disease entity of fetal alcohol spectrum disorders and fetal alcohol syndrome and their significance for adult psychiatry and also identifies open questions and research requirements, e. g., the development of diagnostic instruments or the establishment of diagnostic categories. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Georg Thieme Verlag KG Stuttgart, New York

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Disease Course](#)  
[\\*Fetal Alcohol Syndrome](#)  
[Psychiatry](#)

**Source:** PsycINFO

## 53. Review of Clinical manual of adolescent substance abuse treatment.

**Citation:** Journal of the American Academy of Child & Adolescent Psychiatry, June 2012, vol./is. 51/6(656-657), 0890-8567;1527-5418 (Jun 2012)

**Author(s):** Wrzosek, Marika Inga

**Institution:** Wrzosek, Marika Inga: University of Illinois at Chicago College of Medicine, Chicago, IL

**Language:** English

**Abstract:** Reviews the book, Clinical Manual of Adolescent Substance Abuse Treatment edited by Yifrah Kaminer and Ken C. Winters (see record 2010-21811-000). Clinicians who interact with adolescents must be uniquely equipped to evaluate and treat the occasionally mischievous, yet always fascinating, patient that straddles childhood whimsy and adult danger. The editors' stated purpose is "to provide an updated, comprehensive, and clinically oriented text". The book is indeed current, and chapters from various contributors cite recent research developments and empiric evidence. Thoughtful inclusions of particularly well-written chapters on prescription and over-the-counter drug abuse are beneficial and broaden the 16- chapter text's scope, making it practical for a variety of clinicians. The text skillfully discloses limitations of the current literature, yet simultaneously inspires future directions for research in most chapters. The Clinical Manual is organized in a logical progression, with the first few chapters defining substance use versus abuse versus dependence and addressing prevention; the middle chapters address placement criteria and specific treatment approaches and outcomes; the end of the text includes several chapters on treating dually-diagnosed teens and concludes with special attention to teens with substance abuse in the juvenile justice system. The book addresses all three prongs of the biopsychosocial framework. Psychosocial factors and treatments are emphasized throughout, with biological treatments highlighted in several places. In sum, this text is a logically organized, concise, yet comprehensive manual that will benefit anyone who serves as the primary point of contact for adolescents and available services: the primary care clinician, the school social worker, the therapist in training, and the psychiatrist. The text introduces many treatment modalities and delves into varied levels of treatment, from outpatient to inpatient. The book also provides sufficient introduction to brief office interventions so that clinicians who defer referral to specialized care can still feel empowered to provide targeted, point-of-care treatment for an exquisitely challenging population of youths. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Adolescent Psychology](#)  
[\\*Clinical Practice](#)  
[\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Prevention](#)  
[Experimentation](#)

**Source:** PsycINFO

#### 54. Reaching out and reaching up -Developing a low cost drug treatment system in Cambodia.

**Citation:** Harm Reduction Journal, March 2012, vol./is. 9/, 1477-7517 (Mar 12, 2012)

**Author(s):** Klein, Axel; Saphonn, Vonthanak; Reid, Savanna

**Correspondence Address:** Klein, Axel: School of Community Health Sciences, University of Nevada at Las Vegas, Las Vegas, NV, US, inkwell\_11@yahoo.com

**Institution:** Klein, Axel: Centre for Health Services Studies, University of Kent, Canterbury; Saphonn, Vonthanak: Ministry of Health, National Institute of Public Health, Phnom Penh; Reid, Savanna: University of Nevada at Las Vegas, School of Community Health Sciences, Las Vegas

**Language:** English

**Abstract:** Cambodia, confronted by the spread of drug misuse among young people, requested support from international agencies to develop a drug treatment programme in 2000. The initial plan developed by the United Nations Office on Drugs and Crime was to set up a number of conventional drug treatment centres in urban areas. During the planning phase, however, the project was redesigned as a community based outreach programme. Ten Community Counselling Teams have been formed and trained in pilot areas, and within

the first year of operation 462 drug and alcohol users contacted. Comprising former drug users, family members affected by drug use and health care staff, they have drug scene credibility, local knowledge and connectivity, and a rudimentary level of medical competence. Crucially, they enjoy the support of village elders, who are involved in the planning and reporting stages. While the Community Counselling Teams with their basic training in addiction counselling are in no position as yet to either provide or refer clients to treatment, they can provide brief interventions, organise self help groups, and most importantly provide an alternative to law enforcement. By taking a development centred approach, with emphasis on community, empowerment and inclusion, it provides a constructive and inclusive alternative to medical approaches and the compulsory drug treatment centres. The paper is based on an evaluation involving interviews with a range of stakeholders and a review of project documents. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Klein et al; licensee BioMed Central Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Drug Rehabilitation](#)  
[\\*Health Care Costs](#)

**Source:** PsycINFO

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

#### 55. Atomoxetine treatment for nicotine withdrawal: A pilot double-blind, placebo-controlled, fixed-dose study in adult smokers.

**Citation:** Annals of General Psychiatry, March 2012, vol./is. 11/, 1744-859X (Mar 9, 2012)

**Author(s):** Silverstone, Peter H; Dadashova, Rana

**Correspondence Address:** Silverstone, Peter H.: Department of Psychiatry, University of Alberta, Edmonton, AB, Canada, peter.silverstone@ualberta.ca

**Institution:** Silverstone, Peter H.: Department of Psychiatry, University of Alberta, Edmonton, AB; Dadashova, Rana: Department of Psychiatry, University of Alberta, Edmonton, AB

**Language:** English

**Abstract:** Background: Many effective treatments for nicotine addiction inhibit noradrenaline reuptake. Three recent studies have suggested that another noradrenaline reuptake inhibitor, atomoxetine, may reduce smoking behaviors. Methods: The present double-blind, placebo-controlled, fixed-dose study was carried out over 21 days during which administration of 40 mg atomoxetine was compared to placebo in 17 individuals. Of these, nine were randomized to atomoxetine and eight to placebo. Baseline and weekly measurements were made using the Cigarette Dependence Scale (CDS), Cigarette Withdrawal Scale (CWS), Questionnaire of Smoking Urges (QSU), reported number of cigarettes smoked, and salivary cotinine levels. Results: The study results showed that all those on placebo completed the study. In marked contrast, of the nine individuals who started on atomoxetine, five dropped out due to side effects. In a completer analysis there were statistically significant differences at 14 and 21 days in several measures between the atomoxetine and placebo groups, including CDS, CWS, QSU, number of cigarettes smoked (decreasing to less than two per day in the treatment group who completed the study), and a trend towards lower mean salivary cotinine levels. However, these differences were not seen in a last observation carried forward (LOCF) analysis. Conclusions: In summary, this is the first study to examine the use of atomoxetine in non-psychiatric adult smokers for a period of more than 7 days, and the findings suggest that atomoxetine might be a useful treatment for nicotine addiction. However, the dose used in the current study was too high to be tolerated by many adults, and a dose-finding study is required to determine the most appropriate dose for future studies of this potential treatment for smoking cessation. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Silverstone and Dadashova; licensee BioMed Central Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Drug Therapy](#)  
[\\*Nicotine Withdrawal](#)  
[\\*Tobacco Smoking](#)  
[\\*Atomoxetine](#)

**Source:** PsycINFO

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

**56. The association of the appetitive peptide acetylated ghrelin with alcohol craving in early abstinent alcohol dependent individuals.**

**Citation:** Psychoneuroendocrinology, July 2012, vol./is. 37/7(980-986), 0306-4530 (Jul 2012)

**Author(s):** Koopmann, Anne; von der Goltz, Christoph; Grosshans, Martin; Dinter, Christina; Vitale, Meike; Wiedemann, Klaus; Kiefer, Falk

**Correspondence Address:** Koopmann, Anne: Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health, Mannheim, Germany, J5/68159, [anne.koopmann@zi-mannheim.de](mailto:anne.koopmann@zi-mannheim.de)

**Institution:** Koopmann, Anne: Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health, Mannheim; von der Goltz, Christoph: Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health, Mannheim; Grosshans, Martin: Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health, Mannheim; Dinter, Christina: Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health, Mannheim; Vitale, Meike: Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health, Mannheim; Wiedemann, Klaus: Department of Psychiatry, University Medical Center, Hamburg; Kiefer, Falk: Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health, Mannheim

**Language:** English

**Abstract:** Objective: Recent preclinical and clinical studies suggested ghrelin to have an orexigenic role in regulating appetite and energy balance. Preclinical studies also provided support for an important role of ghrelin in the neurobiology of addiction-related reward pathways, affecting the self-administration of alcohol and drugs as well as conditioned place preference. In contrast, clinical data have until now failed to support an association between ghrelin and alcohol craving, possibly due to the fact that these studies have analyzed the pharmacologically inactive, pro-hormone ghrelin instead of ghrelin in its active, acetylated form. Materials and methods: Our study sample was a group of 61 alcohol-dependent male inpatients. We assessed their plasma concentrations of both active and total ghrelin, using blood samples taken twice during the study: once at the onset of withdrawal, 12-24 h after admission, and then again after 14 days of controlled abstinence. During this time, we also assessed the patients' alcohol cravings (applying the obsessive compulsive drinking scale, or OCDS), symptoms of depression (Beck Depression Inventory; BDI) and anxiety (State Trait Anxiety Inventory; STAI). The severity of alcohol dependence was assessed using the alcohol dependence scale (ADS). Results: We found a significant positive correlation between the plasma concentration of active ghrelin and alcohol craving in both blood samples. Plasma concentrations of active ghrelin increased significantly during early abstinence. In a linear regression model, the plasma concentration of active ghrelin on day one, the scores of the ADS, and the BDI explained 36% of the variance in OCDS sum score ( $p < 0.0001$ ). By day 14, these same factors accounted for 54% ( $p < 0.0001$ ). We did not detect any association between the plasma concentration of total ghrelin and patients' alcohol cravings. Conclusion: Our results suggest that biologically active, acetylated ghrelin is involved in reward-associated craving during alcohol withdrawal and early abstinence in alcohol-dependent patients. Antagonizing ghrelin at its central growth-hormone secretagogue receptors (GHS-R1A) in the ventral tegmental area (VTA) may prove to be a novel pharmacological target in a future treatment for craving and relapse in alcoholics. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** STATEMENT: All rights reserved.; HOLDER: Elsevier Ltd.; YEAR: 2011

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Craving](#)  
[\\*Ghrelin](#)  
[Major Depression](#)

**Source:** PsycINFO

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**57. Drug abuse and intimate partner violence: A comparative study of opioid-dependent fathers.**

**Citation:** American Journal of Orthopsychiatry, April 2011, vol./is. 81/2(218-227), 0002-9432;1939-0025 (Apr 2011)

**Author(s):** Moore, Barbara C; Easton, Caroline J; McMahon, Thomas J

**Correspondence Address:** McMahon, Thomas J.: Yale University School of Medicine, Connecticut Mental Health Center, West Haven Mental Health Clinic, 270 Center Street, West Haven, CT, US, 06516, thomas.mcmahon@yale.edu

**Institution:** Moore, Barbara C.: Yale University School of Medicine, West Haven, CT; Easton, Caroline J.: Yale University School of Medicine, West Haven, CT; McMahon, Thomas J.: Yale University School of Medicine, West Haven, CT

**Language:** English

**Abstract:** Because very little is known about the coparenting relationships of drug-abusing men, this comparative study was designed to examine the lifetime prevalence and recent frequency of intimate partner violence in the coparenting relationships of 106 fathers enrolled in methadone maintenance treatment. When compared with 118 community controls, the opioid-dependent fathers reported greater prevalence of physical, sexual, and psychological aggression directed at the mother of their youngest biological child over the course of the relationship. They also reported more frequent physical, sexual, and psychological aggression directed at the mother during the previous year. Similarly, the opioid-dependent fathers reported both greater prevalence of physical and sexual aggression directed at them by the mother of their youngest child over the course of the relationship and more frequent sexual aggression directed at them over the previous year. The results highlight the need for clinicians to consider risk for intimate partner violence in coparenting relationships when planning family-oriented intervention designed to meet the needs of fathers, mothers, and children affected by chronic drug abuse. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: American Orthopsychiatric Association; YEAR: 2011

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

**Subject Headings:** [\\*Drug Dependency](#)  
[\\*Fathers](#)  
[\\*Intimate Partner Violence](#)  
[\\*Methadone Maintenance](#)  
[\\*Opiates](#)  
[Drug Abuse](#)

**Source:** PsycINFO

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

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**58. Retention in the National Institute on Drug Abuse Clinical Trials Network Women and Trauma Study: Implications for posttrial implementation.**

**Citation:** American Journal of Orthopsychiatry, April 2011, vol./is. 81/2(211-217), 0002-9432;1939-0025 (Apr 2011)

**Author(s):** Pinto, Rogerio M; Campbell, Aimee N. C; Hien, Denise A; Yu, Gary; Gorroochurn, Prakash

**Correspondence Address:** Pinto, Rogerio M.: Columbia University School of Social Work, 1255 Amsterdam Avenue, New York, NY, US, 10027, rmp98@columbia.edu

**Institution:** Pinto, Rogerio M.: Columbia University School of Social Work, New York, NY; Campbell, Aimee N. C.: New York State Psychiatric Institute, NY; Hien, Denise A.: City University of New York, New York, NY; Yu, Gary: Columbia University, Mailman School of Public Health, New York, NY; Gorroochurn, Prakash: Columbia University, Mailman School of Public Health, New York, NY

**Language:** English

**Abstract:** This study aimed to identify factors that influenced retention in the National Institute on Drug Abuse-funded Women and Trauma Study, conducted within the Clinical Trials Network (CTN). Women (N = 346) were recruited from and received treatment in 6 CTN-affiliated sites. Log-linear and logistic models were used to explore factors associated with retention. The mean number of treatment sessions attended was 6.8 (SD = 3.9). Women with more education, higher attendance at 12-step meetings, and strong therapeutic alliance between facilitator and participant had better retention rates. Significant site differences were found; the site with the highest retention rate provided child care and had the lowest average monthly intake. To retain women with histories of trauma and substance abuse in "real world" psychiatric settings, emphasis on regulating individual-level and site-related modifiable variables are crucial. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: American Orthopsychiatric Association; YEAR: 2011

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Retention](#)  
[\\*Trauma](#)  
[\\*Twelve Step Programs](#)  
[Clinical Trials](#)  
[Human Females](#)  
[Therapeutic Alliance](#)

**Source:** PsycINFO

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

### 59. Self-rated health in relation to rape and mental health disorders in a National sample of women.

**Citation:** American Journal of Orthopsychiatry, April 2011, vol./is. 81/2(202-210), 0002-9432;1939-0025 (Apr 2011)

**Author(s):** Amstadter, Ananda B; McCauley, Jenna L; Ruggiero, Kenneth J; Resnick, Heidi S; Kilpatrick, Dean G

**Correspondence Address:** Amstadter, Ananda B.: Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, 800 Leigh St., Biotech One, PO Box 980126, Richmond, VA, US, 23298-0126, abamstadter@vcu.edu

**Institution:** Amstadter, Ananda B.: National Crime Victims Research and Treatment Center, Medical University of South Carolina, Charleston, SC; McCauley, Jenna L.: National Crime Victims Research and Treatment Center, Medical University of South Carolina, Charleston, SC; Ruggiero, Kenneth J.: National Crime Victims Research and Treatment Center, Medical University of South Carolina, Charleston, SC; Resnick, Heidi S.: National Crime Victims Research and Treatment Center, Medical University of South Carolina, Charleston, SC; Kilpatrick, Dean G.: National Crime Victims Research and Treatment Center, Medical University of South Carolina, Charleston, SC

**Language:** English

**Abstract:** Overall health status is associated with long-term physical morbidity and mortality. Existing research on the correlates of mental health effects of rape suggests that rape victims are at higher risk for poor overall health status. Little is known, however, about how different rape tactics may relate to health status in rape victims. Our aim was to

examine prevalence and correlates of self-rated health in a community sample of women, with particular emphasis on lifetime rape history (distinguishing between rape tactics), psychopathology, and substance use outcomes. A nationally representative sample of 3,001 U.S. women (age range: 18-86 years) residing in households with a telephone participated in a structured telephone interview. Poor self-rated health was endorsed by 11.4% of the sample. Final multivariable models showed that poor self-rated health was associated with older age ( $p < .001$ ), lower educational attainment ( $p = .01$ ), African American ethnicity ( $p = .03$ ), lifetime posttraumatic stress disorder (PTSD;  $p < .001$ ), lifetime major depressive episode (MDE;  $p = .01$ ), and history of forcible rape ( $p = .01$ ). Self-rated health was associated with three potentially modifiable variables (forcible rape, PTSD, and MDE). Therefore, trauma-focused interventions for rape victims should include collaboration on treatment or prevention modules that specifically address both mental and physical health. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: American Orthopsychiatric Association; YEAR: 2011

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

**Subject Headings:** [\\*Drug Usage](#)  
[\\*Health](#)  
[\\*Mental Disorders](#)  
[\\*Psychopathology](#)  
[\\*Rape](#)  
[Human Females](#)

**Source:** PsycINFO

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

#### 60. Embarking on a career path: Persistence, process, and psychiatry.

**Citation:** Women in psychiatry: Personal perspectives., 2012(3-11) (2012)

**Author(s):** Brownridge, Andrea M

**Institution:** Brownridge, Andrea M.: Department of Psychiatry, Morehouse School of Medicine, Atlanta, GA

**Language:** English

**Abstract:** (from the chapter) In this chapter, the author discusses her journey toward her career in psychiatry. She attributes her realizing her lifelong dream of working in psychiatry to persistence. She states that she knew she wanted to be a physician as early as five years of age. Witnessing her family's battle with addiction also played its role in her early thoughts of pursuing a career in addiction psychiatry. The author then says in the thirty-two years that preceded her matriculation, each experience, each trial, and certainly every tribulation molded her into the woman she is today and the psychiatrist she will be tomorrow. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Occupational Choice](#)  
[\\*Psychiatry](#)

**Source:** PsycINFO

#### 61. Child maltreatment histories, alcohol and other drug use symptoms, and sexual risk behavior in a treatment sample of adolescents.

**Citation:** American Journal of Public Health, May 2012, vol./is. 102/Suppl 2(S250-S257), 0090-0036;1541-0048 (May 2012)

**Author(s):** Oshri, Assaf; Tubman, Jonathan G; Burnette, Mandi L

**Correspondence Address:** Oshri, Assaf: Department of Clinical and Social Sciences, Mt. Hope Family Center, University of Rochester, 187 Edinburgh Street, Rochester, NY, US, 14608, [Assafoshri@Rochester.edu](mailto:Assafoshri@Rochester.edu)

**Institution:** Oshri, Assaf: Department of Clinical and Social Sciences, Mt. Hope Family Center, University of Rochester, Rochester, NY; Tubman, Jonathan G.: Department of Psychology, American University, Washington, DC; Burnette, Mandi L.: Department of Clinical and Social Sciences, University of Rochester, Rochester, NY

**Language:** English

**Abstract:** Objectives: We tested a structural model of relations among self-reported childhood maltreatment, alcohol and other drug abuse and dependence symptoms, and sexual risk behavior in a sample of adolescents receiving outpatient treatment of substance use problems. Methods: Structured interviews were administered to an ethnically diverse sample of 394 adolescents (114 girls, 280 boys; mean = 16.30 years; SD = 1.15 years; 44.9% Hispanic, 20.6% African American, 25.4% White non-Hispanic, and 9.1% other) in 2 outpatient treatment settings. Results: Path analyses yielded findings consistent with a mediation model. Alcohol abuse and dependence symptoms mediated (1) relations between emotional neglect scores and sex with co-occurring alcohol use and (2) relations between sexual abuse scores and sex with co-occurring alcohol use. Drug abuse and dependence symptoms mediated relations between (1) neglect scores and (2) sexual intercourse with co-occurring alcohol or drug use, as well as unprotected sexual intercourse. Conclusions: Efforts to treat alcohol or drug use problems among adolescents or to prevent transmission of HIV or other sexually transmitted infections among youths with substance use problems may require tailoring treatment or prevention protocols to address client histories of maltreatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Adolescent Development](#)  
[\\*Alcohol Drinking Patterns](#)  
[\\*Child Abuse](#)  
[\\*Drug Usage](#)  
[\\*Sexual Risk Taking](#)

**Source:** PsycINFO

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

## 62. A call to action for health disparities in boys and men: Innovative research on addiction, trauma, and related comorbidities.

**Citation:** American Journal of Public Health, May 2012, vol./is. 102/Suppl 2(S168-S170), 0090-0036;1541-0048 (May 2012)

**Author(s):** Boyce, Cheryl Anne; Willis, Tamara D; Beatty, Lula

**Correspondence Address:** Boyce, Cheryl Anne: NIMH, 6001 Executive Blvd., Rm 6200, MSC 9617, Bethesda, MD, US, 20892-9617, [cboyce@nida.nih.gov](mailto:cboyce@nida.nih.gov)

**Institution:** Boyce, Cheryl Anne: National Institute on Drug Abuse (NIDA), National Institutes of Health, Department of Health and Human Services, Bethesda, MD; Willis, Tamara D.: National Institute on Drug Abuse (NIDA), National Institutes of Health, Department of Health and Human Services, Bethesda, MD; Beatty, Lula: National Institute on Drug Abuse (NIDA), National Institutes of Health, Department of Health and Human Services, Bethesda, MD

**Language:** English

**Abstract:** This special issue was convened by federal agencies seeking perspectives from multidisciplinary scientists and community partners to examine conditions that disproportionately negatively impact males. Research and community experts prioritized issues of immediate concern including alcohol and drug use, addiction and comorbid disorders, and the lower likelihood of seeking substance abuse and mental health services. The purpose of this special issue is to bring focused attention on health disparities in boys and men examining etiology and approaches to their prevention and treatment particularly

in the areas of substance abuse, trauma, and HIV to improve public health. Articles in this special issue are the result of a call to public health researchers and communities to respond to the disquieting issues concerning health disparities in boys and men. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Etiology](#)  
[\\*Public Health](#)  
[\\*Trauma](#)  
[\\*Health Disparities](#)  
 Comorbidity  
 HIV  
 Human Males

**Source:** PsycINFO

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

### 63. The relationships of attachment styles, coping strategies, and mental health to Internet addiction.

**Citation:** Journal of Iranian Psychologists, 2012, vol./is. 8/30(177-185), 1735-305X (Win, 2012)

**Author(s):** Khosroshahi, Jafar Bahadori; Nosrat Abad, Toraj Hashemi

**Correspondence Address:** Khosroshahi, Jafar Bahadori, Jafar.b2010@yahoo.com

**Institution:** Nosrat Abad, Toraj Hashemi: Tabriz University

**Language:** Farsi (Iranian)

**Abstract:** In order to investigate the role of attachment styles, coping strategies, and mental health in internet addiction, 400 students (200 females, 200 males) were selected by cluster sampling method. The participants completed the Adult Attachment Questionnaire (Beshart, 2005), the Coping Strategies Questionnaire (Endler and Parker, 1990), the General Health Questionnaire (Goldberg, 1972), and the Internet Addiction Test (Young, 1998). Findings indicated that 1) internet addiction had a negative relationship with problem solving coping strategy and positive relationships with emotional and avoidant coping strategies, 2) internet addiction correlated negatively with secure attachment styles, and positively with ambivalent and avoidant insecure attachment styles, 3) there was a significant positive relationship between internet addiction and low mental health, and 4) the attachment styles, coping strategies and mental health predicted internet addiction. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Attachment Behavior](#)  
[\\*Coping Behavior](#)  
[\\*Internet Addiction](#)  
[\\*Mental Health](#)

**Source:** PsycINFO

### 64. Stress, mental health, and substance abuse problems in a sample of diversion program youths: An exploratory latent class analysis.

**Citation:** Journal of Child & Adolescent Substance Abuse, April 2012, vol./is. 21/2(130-155), 1067-828X;1547-0652 (Apr 2012)

**Author(s):** Dembo, Richard; Briones, Rhissa; Gulledege, Laura; Karas, Lora; Winters, Ken C; Belenko, Steven; Greenbaum, Paul E

**Correspondence Address:** Dembo, Richard: Department of Criminology, University of South Florida, 4202 East Fowler Avenue, Tampa, FL, US, 33620, jac@gate.net

**Institution:** Dembo, Richard: University of South Florida, Tampa, FL; Briones, Rhissa: University of South Florida, Tampa, FL; Gullede, Laura: University of Southern Mississippi, Hattiesburg, MS; Karas, Lora: 13th Judicial Circuit, Tampa, FL; Winters, Ken C.: University of Minnesota, Minneapolis, MN; Belenko, Steven: Temple University, Philadelphia, PA; Greenbaum, Paul E.: University of South Florida, Tampa, FL

**Language:** English

**Abstract:** Reflective of interest in mental health and substance abuse issues among youths involved with the justice system, we performed a latent class analysis on baseline information collected on 100 youths involved in two diversion programs. Results identified two groups of youths: Group 1: a majority of the youths, who had high levels of delinquency, mental health, and substance abuse issues; and Group 2: youths with low levels of these problems. Comparison of these two groups on a variety of psychosocial measures and parent/guardian reports found differences between them that were consistent with their problem group classification. Follow-up analysis confirmed problem behavior that was consistent with the youths' latent class placement. Implications of the findings for research and practice are presented. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Taylor & Francis Group, LLC

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Mental Health](#)  
[\\*Psychosocial Factors](#)  
[\\*Stress](#)

**Source:** PsycINFO

#### 65. What adolescents need to prevent relapse after treatment for substance abuse: A comparison of youth, parent, and staff perspectives.

**Citation:** Journal of Child & Adolescent Substance Abuse, April 2012, vol./is. 21/2(117-129), 1067-828X;1547-0652 (Apr 2012)

**Author(s):** Acri, Mary C; Gogel, Leah P; Pollock, Michele; Wisdom, Jennifer P

**Correspondence Address:** Acri, Mary C.: New York State Psychiatric Institute, 1051 Riverside Drive, Box 100, New York, NY, US, 10032, cavaleri@pi.cpmc.columbia.edu

**Institution:** Acri, Mary C.: New York State Psychiatric Institute, New York, NY; Gogel, Leah P.: Columbia University, New York, NY; Pollock, Michele: New York State Psychiatric Institute, New York, NY; Wisdom, Jennifer P.: New York State Psychiatric Institute, New York, NY

**Language:** English

**Abstract:** Objective: Little is known about what factors and supports youths identify as important for their sustained recovery after substance abuse treatment, and if their caregivers and treatment staff identify similar needs. The purpose of this study was to explore what youths, caregivers, and staff perceive as important to remain substance free after completing a residential treatment program. Methods: Semi-structured interviews were conducted with 28 adolescents, 30 parents, and 29 staff at 3 treatment agencies. Data were coded thematically and themes were organized by respondent type. Results: There was high frequency and concordance across respondents regarding the need for aftercare services, supportive relationships, and activities. Only one item, outpatient treatment, demonstrated significant differences across groups. Conclusions: External supports and activities are important to recovery of adolescents from substances following treatment completion. Implications and potential areas of inquiry are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Taylor & Francis Group, LLC

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

**Subject Headings:** [\\*Adolescent Development](#)

\*Caregivers  
\*Drug Abuse  
\*Treatment

**Source:** PsycINFO

#### 66. Substance use and fighting among male and female high school youths: A brief report.

**Citation:** Journal of Child & Adolescent Substance Abuse, April 2012, vol./is. 21/2(105-116), 1067-828X;1547-0652 (Apr 2012)

**Author(s):** Noffsinger, Sandra; Clements-Nolle, Kristen; Bacon, Robinette; Lee, William; Albers, Eric; Yang, Wei

**Correspondence Address:** Noffsinger, Sandra: University of Nevada, Reno, School of Community Health, Sciences/MS 274, Reno, NV, US, 89557, s.noffsinger@gmail.com

**Institution:** Noffsinger, Sandra: University of Nevada, Reno, Reno, NV; Clements-Nolle, Kristen: University of Nevada, Reno, Reno, NV; Bacon, Robinette: Office of Child Nutrition and School Health, Nevada Department of Education, Carson City, NV; Lee, William: University of Nevada, Reno, Reno, NV; Albers, Eric: University of Nevada, Reno, Reno, NV; Yang, Wei: University of Nevada, Reno, Reno, NV

**Language:** English

**Abstract:** While previous studies have investigated the relationship between substance use and violent behaviors among youths, the individual influence of specific drugs among males and females is poorly understood. Using the Nevada 2005 Youth Risk Behavior Surveillance (YRBS) Survey (N = 1,556), weighted logistic regression was used to assess the independent substance use correlates of physical fighting among males and females. Final models controlled for sociodemographics, gang membership, parental monitoring, and other drugs. Our data suggest that there are gender differences in the individual drugs that are correlated with fighting among high school students. For males, binge drinking was independently associated with fighting, while for females, marijuana and methamphetamine were independent correlates. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Taylor & Francis Group, LLC

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

**Subject Headings:** \*Aggressive Behavior  
\*Drug Usage  
\*Individual Differences  
\*Marijuana  
\*Methamphetamine

**Source:** PsycINFO

#### 67. Prenatal substance use, prenatal stress and offspring behavioural outcomes: Considerations for future studies.

**Citation:** Nordic Journal of Psychiatry, April 2012, vol./is. 66/2(115-122), 0803-9488;1502-4725 (Apr 2012)

**Author(s):** Huizink, Anja C

**Correspondence Address:** Huizink, Anja C.: Faculty of Psychology & Education, Department of Developmental Psychology, Van der Boechorststraat 1, Amsterdam, Netherlands, 1081 BT, a.c.huizink@vu.nl

**Institution:** Huizink, Anja C.: Faculty of Psychology and Education, Department of Developmental Psychology, Behavioural Science Institute, Radboud University Nijmegen, Nijmegen

**Language:** English

**Abstract:** Background: Numerous studies have been conducted in which the most common forms of maternal substance use during pregnancy (smoking, drinking or using cannabis) and maternal stress during pregnancy and her offspring's developmental or behavioural outcome have been the focus of interest. These studies seem to suggest that any

perturbation caused by maternal substance use or maternal stress during fetal development may have (enduring) effects on offspring behaviour. However, recent developments in research methodology used to examine these associations question whether these prenatal influences actually cause altered offspring outcomes. Aims: This review provides a short overview of previous studies in this field of research, some methodological issues particularly involved in studies that focus on the association between maternal substance use or stress during pregnancy and offspring's outcomes. Furthermore, it introduces several new approaches that have been applied recently to test these associations. Results: Studies that applied these designs to disentangle prenatal influences from associated or inherited factors consistently show an effect of prenatal substance use exposure on birth weight, but yield little evidence for causal effects on behaviour. In contrast, prenatal stress may have a causal effect on some aspects of behaviour, although only one study thus far has been able to differentiate heritable factors from environmental factors. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Informa Healthcare; YEAR: 2012

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

**Subject Headings:** [\\*Drug Usage](#)  
[\\*Offspring](#)  
[\\*Pregnancy](#)  
[\\*Prenatal Development](#)  
[\\*Stress](#)

**Source:** PsycINFO

#### 68. Rediscovering values in the lives of severely alcoholic women.

**Citation:** Counseling and Values, April 1982, vol./is. 26/3(165-171), 0160-7960;2161-007X (Apr 1982)

**Author(s):** Capps, Marie Jeffries

**Institution:** Capps, Marie Jeffries: Department of Counseling and Human Services, Montclair State College, NJ

**Language:** English

**Abstract:** This article focuses on rediscovering values in the lives of severely alcoholic women. The severely alcoholic woman must attend to her own personal growth before she can fulfill the cultural roles of wife and mother. A woman with a professional life-style must build friendships and work associations to be a complete person. The values of relatedness cannot be stressed too strongly since the alcoholic client has experienced the most painful failure in this area. My experience of counseling alcoholic women leads me to not consider them basically different from nonalcoholic women. The very real possibility exists that women in treatment for alcohol addiction mirror the social and personal conflict of all women. Addiction may only identify the women who have gone beyond acceptable behavior. The definition of severely alcoholic women comes from observation of women recovering from acute alcoholism and living in a residential half way house. further problem of severely alcoholic women is that while many once held strong, traditional values, the value placed on family life has been shattered as a result either of drinking or of some other circumstance producing family disintegration. In contrast to clients who have minimal to moderate adjustment tasks, the severely alcoholic client faces major adjustments. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Friendship](#)  
[\\*Values](#)  
[Human Females](#)  
[Lifestyle](#)

**Source:** PsycINFO

**69. A study of counseling students' attitudes toward drug abuse.**

- Citation:** Counseling and Values, October 1981, vol./is. 26/1(26-34), 0160-7960;2161-007X (Oct 1981)
- Author(s):** Miederhoff, Patrick; Ray, Scott; Brombach, Conrad; Vogel, Fred; Liston, Walter
- Institution:** Miederhoff, Patrick: Clinical Pharmacy; Ray, Scott: Social Science Research Center, Xavier University, New Orleans, LA; Brombach, Conrad: University of New Orleans, New Orleans, LA; Vogel, Fred: University of New Orleans, New Orleans, LA; Liston, Walter: University of New Orleans, New Orleans, LA
- Language:** English
- Abstract:** The abuse and misuse of drugs continues to be one of our most important social problems and has resulted in various professional groups expanding their roles in society to include this area. The purpose of this study was to determine counseling students' attitudes toward drug abuse using a standardized scale and to examine the variation within those attitudes. The participants in this study were counseling students enrolled in master's degree programs at five universities in Southeastern Louisiana. Preliminary analysis revealed that the heavy categories in alcohol use and both the heavy and moderate categories in recreational drug use contained too few participants for analysis. These categories were therefore collapsed and the cases were added to the moderate classification in alcohol use and the light classification in recreational drug use, respectively. The mean Measurement of Attitudes Toward Drugs (MAD) score for the 106 students was 44.38. This score was almost identical to the nuns. The results showed that this population of counseling students in Southeastern Louisiana held attitudes toward drugs and drug abusers comparable to the nuns, who were significantly more punitive than all the groups tested except police and senior citizens. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Counseling](#)  
[\\*Drug Abuse](#)  
[\\*Drug Usage Attitudes](#)  
[\\*Medical Students](#)  
[\\*Student Attitudes](#)
- Source:** PsycINFO

**70. Drug abuse HIV/AIDS interventions in criminal justice settings.**

- Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(293-309), 1572-1981 (2011)
- Author(s):** Oser, Carrie B; Harp, Kathi L. Hariand; Staton-Tindall, Michele
- Correspondence Address:** Oser, Carrie B.: Department of Sociology, Center on Drug and Alcohol Research, University of Kentucky, Lexington, KY, US, 40506, cbooser0@uky.edu
- Institution:** Oser, Carrie B.: Department of Sociology, Center on Drug and Alcohol Research, University of Kentucky, Lexington, KY; Harp, Kathi L. Hariand: Department of Sociology, Center on Drug and Alcohol Research, University of Kentucky, Lexington, KY; Staton-Tindall, Michele: College of Social Work, Center on Drug and Alcohol Research, University of Kentucky, Lexington, KY
- Language:** English
- Abstract:** (from the chapter) The U.S. prison population is disproportionately affected by HIV/AIDS as compared to the general population. The high prevalence of HIV/AIDS among incarcerated individuals can be attributed to several risk factors both in their environments prior to incarceration and also within the prison environment. In particular, the large number of inmates with drug use and risky sexual behavior histories place this population at risk. This chapter provides an overview of the most effective HIV interventions that work in criminal justice setting to date and their theoretical

underpinnings. Promising interventions for criminal justice populations and recommendations for improving them are also discussed. While many HIV interventions have demonstrated significant promise in reducing risk behaviors, the majority of correctional facilities in the U.S. have yet to implement such interventions. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*AIDS](#)  
[\\*Criminal Justice](#)  
[\\*Drug Abuse](#)  
[\\*HIV](#)  
[\\*Intervention](#)  
[Prisoners](#)

**Source:** PsycINFO

#### 71. Co-occurring disorders: Mental health and drug misuse.

**Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(279-292), 1572-1981 (2011)

**Author(s):** Lurigio, Arthur J

**Correspondence Address:** Lurigio, Arthur J.: College of Arts and Sciences, Loyola University, Chicago, IL, US, 60656, alurigio@luc.edu

**Institution:** Lurigio, Arthur J.: College of Arts and Sciences, Loyola University, Chicago, IL

**Language:** English

**Abstract:** (from the chapter) Numerous studies have demonstrated that people with serious mental illness also have high rates of substance use disorders. When such disorders are diagnosed in the same person, at the same time, they are referred as co-occurring or comorbid disorders. This chapter examines the prevalence, cause, and treatment of comorbid psychiatric and substance use disorders, which are each found on Axis I of the Diagnostic and Statistical Manual of the American Psychiatric Association. Co-occurring disorders are difficult to diagnose and treat and can co-occur in various combinations. Left untreated, people with comorbid disorders have poorer clinical outcomes than people with one type of disorder or the other. They are also more likely to be criminally involved, hospitalized, and imprisoned. The best treatments for comorbidity focus on both types disorders as primary and deliver services in a fully integrated model of care. Several prison-based programs for people with co-occurring disorders have been implemented and tested. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Comorbidity](#)  
[\\*Drug Abuse](#)  
[\\*Mental Disorders](#)  
[Epidemiology](#)  
[Etiology](#)  
[Treatment](#)

**Source:** PsycINFO

#### 72. Pharmacotherapy.

**Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(259-277), 1572-1981 (2011)

**Author(s):** Schwartz, Robert P; Mitchell, Shannon Gwin; Gordon, Michael S; Kinlock, Timothy W

**Correspondence Address:** Schwartz, Robert P.: Friends Research Institute, Baltimore, MD, US, 21201, rschwartz@friendsresearch.org

**Institution:** Schwartz, Robert P.: Friends Research Institute, Baltimore, MD; Mitchell, Shannon Gwin: Friends Research Institute, Baltimore, MD; Gordon, Michael S.: Friends Research

Institute, Baltimore, MD; Kinlock, Timothy W.: Friends Research Institute, Baltimore, MD

**Language:**

English

**Abstract:**

(from the chapter) The underutilization of pharmacotherapy for alcohol and drug withdrawal and dependence in the US criminal justice system undermines both public safety and public health. This chapter provides the reader with an overview of the use of medications in the treatment of opioid and alcohol dependence. Clinical research findings are first presented regarding the use of the opioid agonists methadone and buprenorphine and the opioid antagonist naltrexone. The use of these medications in community corrections as well as in jails and prisons is highlighted. Subsequent sections of the chapter include an overview of the pharmacology of the medications approved for the treatment of alcohol withdrawal and dependence as well as their use in the criminal justice system. The views of correction staff and patients under supervision are summarized and barriers to implementation of these effective treatments are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:**

Book; Edited Book

**Subject Headings:**

[\\*Alcoholism](#)  
[\\*Criminal Justice](#)  
[\\*Drug Dependency](#)  
[\\*Drug Therapy](#)  
[\\*Opiates](#)

**Source:**

PsycINFO

**73. Self-help.****Citation:**

Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(245-257), 1572-1981 (2011)

**Author(s):**

Magaletta, Phillip R; Leukefeld, Carl

**Correspondence Address:**

Magaletta, Phillip R.: Federal Bureau of Prisons, Psychology Services Branch, Washington, DC, US, 20534, pmagaletta@bop.gov

**Institution:**

Magaletta, Phillip R.: Federal Bureau of Prisons, Psychology Services Branch, Washington, DC; Leukefeld, Carl: Department of Behavioral Science, Center on Drug and Alcohol Research, University of Kentucky, Lexington, KS

**Language:**

English

**Abstract:**

(from the chapter) Self help approaches to addressing the needs of substance abusing offenders involved in the criminal justice system are frequently offered and understudied. This chapter collects, in one place, available information on self help 12-step approaches to substance abusing offenders, reviews the existing research, and recommends several strategies that criminal justice systems might consider when addressing 12-step approaches within their systems. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:**

Book; Edited Book

**Subject Headings:**

[\\*Criminal Justice](#)  
[\\*Criminals](#)  
[\\*Drug Abuse](#)  
[\\*Self Help Techniques](#)  
[\\*Twelve Step Programs](#)

**Source:**

PsycINFO

**74. The impact of drug treatment provided in correctional facilities.****Citation:**

Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(183-203), 1572-1981 (2011)

**Author(s):**

MacKenzie, Doris Layton; Mitchell, Ojmarrh; Wilson, David B

**Correspondence Address:** MacKenzie, Doris Layton: Department of Sociology, Crime, Law and Justice Program, Justice Center for Research, College of the Liberal Arts, University Outreach, University Park, PA, US, 16802, dlm69@psu.edu

**Institution:** MacKenzie, Doris Layton: Department of Sociology, Crime, Law and Justice Program, Justice Center for Research, College of the Liberal Arts, University Outreach, University Park, PA; Mitchell, Ojmarrh: Department of Criminology, University of South Florida, Tampa, FL; Wilson, David B.: Department of Criminology, Law and Society George Mason University, Fairfax, VA

**Language:** English

**Abstract:** (from the chapter) Over the past 40 years enormous changes have occurred in the philosophy and management of corrections and these changes had a dramatic impact correctional practice. The "War on Drugs" focused on the philosophies of incapacitation and deterrence. As a result the number of drug involved offenders entering correctional facilities greatly increased. Policy makers, correctional administrators and the public began to realize that many of these offenders had serious drug problems and that onerous punishment and longer prison sentences were not the answers to the drug-involved offenders' problems. A surprisingly large number of them returned to prison a relatively short time after release to the community. In response to this problem, many jurisdictions initiated drug treatment in correctional facilities so drug-involved inmates could receive treatment while incarcerated. This chapter reviews the research literature to examine whether these programs are effective in reducing the drug use and criminal activities of drug-involved offenders once they return to the community. We found some types of drug treatment programs are effective in reducing recidivism, although the research is disappointingly poor in terms of design quality and there are few randomized controlled trials. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Correctional Institutions](#)  
[\\*Crime](#)  
[\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Recidivism](#)

**Source:** PsycINFO

#### 75. Case management for substance abusing offenders.

**Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(173-181), 1572-1981 (2011)

**Author(s):** Rodriguez, Pamela F

**Correspondence Address:** Rodriguez, Pamela F.: TASC, Inc., Chicago, IL, US, 60642, prodriguez@tasc-il.org

**Institution:** Rodriguez, Pamela F.: TASC, Inc., Chicago, IL

**Language:** English

**Abstract:** (from the chapter) As many as 80% of offenders test positive for drug use while only 15% have access to treatment. Recidivism rates for drug involved offenders exceed 65%. Criminal justice system expectations for rehabilitation relative to drug use are high and consequences of treatment failure are even higher. Case management has been employed to increase offender access to treatment and improve retention in services. This chapter examines case management effectiveness in that context and specifically reviews the TASC model of offender case management. The chapter concludes with recommendations for practice and further research. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Case Management](#)  
[\\*Criminal Justice](#)

\*Criminals  
\*Drug Abuse

**Source:** PsycINFO

#### 76. Adult and juvenile drug courts.

**Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(123-142), 1572-1981 (2011)

**Author(s):** Marlowe, Douglas B

**Correspondence Address:** Marlowe, Douglas B.: Treatment Research Institute, University of Pennsylvania, Philadelphia, PA, US, 19106, dmarlowe@tresearch.org

**Institution:** Marlowe, Douglas B.: Treatment Research Institute, University of Pennsylvania, Philadelphia, PA

**Language:** English

**Abstract:** (from the chapter) Drug courts provide judicially supervised substance abuse treatment and other needed services in lieu of prosecution or incarceration. Two decades of research confirms that adult drug courts reduce crime and substance abuse, improve family relationships, and return average net cost savings that are two to three times the initial investment. The optimal target population for adult drug courts has been identified and fidelity to key components of the model has been demonstrated to be necessary for favorable outcomes. Less can be confidently concluded about juvenile drug courts, but recent studies suggest the programs are becoming more effective with increasing experience. Future directions are considered for bringing this blended public health/public safety model to scale. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Adjudication  
\*Drug Abuse  
\*Drug Rehabilitation

**Source:** PsycINFO

#### 77. Substance use prevalence in criminal justice settings.

**Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(81-101), 1572-1981 (2011)

**Author(s):** Staton-Tindall, Michele; Havens, Jennifer R; Oser, Carrie B; Burnett, Mary Carroll

**Correspondence Address:** Staton-Tindall, Michele: College of Social Work, Center on Drug and Alcohol Research, University of Kentucky, Lexington, KY, US, 40506, mstindall@uky.edu

**Institution:** Staton-Tindall, Michele: College of Social Work, Center on Drug and Alcohol Research, University of Kentucky, Lexington, KY; Havens, Jennifer R.: Department of Behavioral Science, Center on Drug and Alcohol Research, University of Kentucky, Lexington, KY; Oser, Carrie B.: Department of Sociology, Center on Drug and Alcohol Research, University of Kentucky, Lexington, KY; Burnett, Mary Carroll: University of Kentucky, Lexington, KY

**Language:** English

**Abstract:** (from the chapter) Since the mid-1970s, research studies in the United States have focused on the drug-crime connection. Federal drug abuse efforts in the early 1980s targeted controlling the supply of drugs, determinate sentencing for drug offenders, and long prison terms. With the growing number of substance users involved in the criminal justice system, this chapter overviews recent prevalence studies on substance use among individuals involved in differing levels of the criminal justice system from prison and jail to community corrections, including a discussion of special populations of offenders. This chapter also overviews the theoretical underpinnings of the relationship between drug use and crime as it relates to the development of treatment approaches for this population. Finally, the chapter concludes with an overview of evidence-based interventions and

promising approaches for substance abuse for the criminal justice population and future directions. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Crime](#)  
[\\*Criminal Justice](#)  
[\\*Criminals](#)  
[\\*Drug Usage](#)  
[\\*Epidemiology](#)  
[Evidence Based Practice](#)  
[Intervention](#)

**Source:** PsycINFO

#### 78. Substance abuse technology: A primer for community corrections practitioners.

**Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(63-79), 1572-1981 (2011)

**Author(s):** Paparozzi, Mario A; Guy, Roger

**Correspondence Address:** Paparozzi, Mario A.: Department of Sociology and Criminal Justice, University of North Carolina, Pembroke, NC, US, 28372, mario.paparozzi@uncp.edu

**Institution:** Paparozzi, Mario A.: Department of Sociology and Criminal Justice, University of North Carolina, Pembroke, NC; Guy, Roger: Department of Sociology and Criminal Justice, University of North Carolina, Pembroke, NC

**Language:** English

**Abstract:** (from the chapter) Community corrections practitioners generally conceptualize "substance abuse technologies" to mean those things that are used to detect the use of some substance that an offender is prohibited from using as a condition of pretrial release, probation, parole, work release, or any other correctional options that involve an alternative to traditional incarceration (e.g., day reporting programs, electronic monitoring, or community-based residential and treatment programs for inmates reentering the community after a period of incarceration). In this chapter, we broaden the focus of "technologies" in order to give due diligence to substance abuse testing technologies from their traditionally narrow focus on detection to include technologies associated with delivering services that produce reductions in substance abuse and ultimately in individual offender recidivism. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Criminals](#)  
[\\*Drug Abuse](#)  
[\\*Drug Usage Screening](#)  
[\\*Technology](#)

**Source:** PsycINFO

#### 79. Screening and assessment: An evidence-based process for the management and care of adult drug-involved offenders.

**Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(45-62), 1572-1981 (2011)

**Author(s):** Hiller, Matthew L; Belenko, Steven; Welsh, Wayne N; Zajac, Gary; Peters, Roger H

**Correspondence Address:** Hiller, Matthew L.: Department of Criminal Justice, Temple University, Philadelphia, PA, US, 19122, mhiller@temple.edu

**Institution:** Hiller, Matthew L.: Department of Criminal Justice, Temple University, Philadelphia, PA; Belenko, Steven: Department of Criminal Justice, Temple University, Philadelphia, PA; Welsh, Wayne N.: Department of Criminal Justice, Temple University, Philadelphia, PA; Zajac, Gary: Justice Center for Research, College of the Liberal Arts, Pennsylvania State

University, University Park, PA; Peters, Roger H.: Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa, FL

- Language:** English
- Abstract:** (from the chapter) Valid and reliable assessment of risk and needs is a cornerstone of evidence-based practices with offenders who use and abuse drugs. They provide the needed clinical information upon which the case planning and services referral and delivery processes observed in criminal justice settings are based. However, recent surveys of nationally representative samples shows critical gaps remain, with many criminal justice programs either forgoing assessment of risks and needs or using instruments that have not be externally validated. To encourage more widespread use of risk and substance abuse instruments that have been shown to be reliable and valid, the current chapter reviews a number instruments within the context of the Risk-Need-Responsivity (R-N-R) model for assessment and services planning. Descriptions of these instruments as well as their ability and validity when used with offender samples are presented. Discussion focuses on the need to adhere to evidence-based practices and processes when assessing and managing offenders with drug abuse problems. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Book; Edited Book
- Subject Headings:** [\\*Criminal Justice](#)  
[\\*Drug Abuse](#)  
[\\*Measurement](#)  
[\\*Screening](#)  
[Criminals](#)  
[Evidence Based Practice](#)  
[Needs Assessment](#)  
[Test Reliability](#)  
[Test Validity](#)  
[Risk Assessment](#)
- Source:** PsycINFO

#### 80. Evidence-based practice in criminal justice settings: A biological/genetic perspective: The addicted brain.

- Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(23-44), 1572-1981 (2011)
- Author(s):** Heffron, William M; Babalonis, Shanna; Staton-Tindall, Michele; Molenaar, Lori; Lommel, Karen M; Kazura, Alessandra N; House, Katie; Martin, Catherine A
- Institution:** Heffron, William M.: Mental Health Services, Kentucky Department of Juvenile Justice, Frankfort, KY; Babalonis, Shanna: Department of Behavioral Science, College of Medicine, University of Kentucky, Lexington, KY; Staton-Tindall, Michele: College of Social Work, Center on Drug and Alcohol Research, University of Kentucky, Lexington, KY; Molenaar, Lori: University of Kentucky, Lexington, KY; Lommel, Karen M.: Department of Psychiatry, University of Kentucky, Lexington, KY; Kazura, Alessandra N.: Center for Tobacco Independence Maine Health, Portland, ME; House, Katie: Psychiatry Research Center, University of Kentucky, Lexington, KY; Martin, Catherine A.: Department of Psychiatry, College of Medicine, University of Kentucky, Lexington, KY
- Language:** English
- Abstract:** (from the chapter) The role of substance use and fetal exposure to substances of abuse is reviewed from the viewpoint of what role it may play in current or future criminal behavior. Fetal exposure to Alcohol, Nicotine and Marijuana doe shave long term consequences in terms of problems with learning, planning and analyzing situations. These effects can lead to impaired school performance and increased impulsivity in the classroom. Having problems in school is a risk factor for later delinquent behavior. There is some association with later criminal behavior in youth with fetal Nicotine exposure. Current use of Alcohol, Cannabis, Cocaine, Methamphetamine, Opiates and high levels of Caffeine is associated with increased criminal and violent behavior. Appropriate screening, assessment of prenatal substance abuse exposure and adolescent substance

abuse is recommended in order to minimize delinquent behavior. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Criminal Behavior](#)  
[\\*Drug Abuse](#)  
[\\*Juvenile Delinquency](#)  
[\\*Prenatal Exposure](#)  
[\\*Risk Factors](#)  
[Brain](#)  
[Caffeine](#)  
[Cannabis](#)  
[CNS Stimulating Drugs](#)  
[Cocaine](#)  
[Criminal Justice](#)  
[Drug Addiction](#)  
[Ethanol](#)  
[Nicotine](#)  
[Opiates](#)

**Source:** PsycINFO

### 81. Individual characteristics associated with crime and substance misuse.

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**Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(13-21), 1572-1981 (2011)

**Author(s):** Samenow, Stanton E

**Correspondence Address:** Samenow, Stanton E., [samenow@cox.net](mailto:samenow@cox.net)

**Language:** English

**Abstract:** (from the chapter) This chapter focuses primarily on people who are habitual drug users. In other words, their use of mind-altering substances is a regular and ongoing aspect of their lives. Clearly, the extent of use of any mind-altering substance, legal or not, varies along a continuum from a person who refuses to take even an aspirin to the individual who uses mind-altering substances whenever he can obtain them. To gain an understanding of the personality of the frequent or habitual drug user is fraught with difficulty. This is because, when asked about behavior that one is trying to hide, the user's self-report is likely to be unreliable. The user scopes out whoever is asking for information, seeking to avoid incriminating himself and feed his questioner only what he thinks will satisfy him. Even in requesting a response to a confidential research protocol with no legal ramifications, one encounters a variety of tactics from drug users who may minimize or, in some instances, exaggerate their drug use. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Crime](#)  
[\\*Drug Abuse](#)  
[\\*Personality Traits](#)

**Source:** PsycINFO

### 82. A historical perspective on offender drug abuse treatment.

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**Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011(1-12), 1572-1981 (2011)

**Author(s):** Weinman, Beth

**Correspondence Address:** Weinman, Beth: Federal Bureau of Prisons, National Drug Abuse Programs, Correctional Programs Division, Psychology Services Branch, Washington, DC, US, 20534, [bweinman@bop.gov](mailto:bweinman@bop.gov)

**Institution:** Weinman, Beth: Federal Bureau of Prisons, National Drug Abuse Programs, Correctional Programs Division, Psychology Services Branch, Washington, DC

**Language:** English

**Abstract:** (from the chapter) The nexus between substance abuse and crime has its roots in the nineteenth century when alcohol was seen as a problem that contributed to crime. In the twenty-first century, there is a need to continue to seek magical solutions that will "break the cycle" of substance abuse and crime. The research conducted and collected from programs and interventions has been established over the years and indicates there is evidence that what works, and what does not work with the offender population has been proven. A historical review of what has been done throughout the years to reduce the impact of the drug abusing offender underscores this knowledge. This review demonstrates that "effective" programs have been developed, and redeveloped under different names throughout the last quarter of a century. Today there is the opportunity to bring together researchers, programmers and funders to develop evidence-based program infrastructures, implementation plans, performance standards, training and evaluation knowledge to develop strong, evidence-based foundations for designing future operations, programs and interventions. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Criminal Justice](#)  
[\\*Drug Rehabilitation](#)  
[\\*History](#)  
[Crime](#)  
[Drug Abuse](#)

**Source:** PsycINFO

### 83. Handbook of evidence-based substance abuse treatment in criminal justice settings.

**Citation:** Handbook of evidence-based substance abuse treatment in criminal justice settings., 2011, 1572-1981 (2011)

**Author(s):** Leukefeld, Carl [Ed]; Gullotta, Thomas P [Ed]; Gregrich, John [Ed]; Ramos, Jessica M [Col]

**Correspondence Address:** Leukefeld, Carl: Department of Behavioral Science, Center on Drug & Alcohol Research, University of Kentucky, Lexington, KY, US, 40506, cleukef@uky.edu

**Institution:** Leukefeld, Carl: Department of Behavioral Science, Center on Drug & Alcohol Research, University of Kentucky, Lexington, KY; Gullotta, Thomas P.: Child and Family Agency of Southeastern Connecticut, New London, CT

**Language:** English

**Abstract:** (from the cover) Get high. Become addicted. Commit crimes. Get arrested and be sent to jail. Get released. Repeat. It's a cycle often destined to persist, in large part because of the critical step that is often missing from the process: treatment needs to be geared toward ensuring that addicts are able to reenter society without the constant threat of imminent relapse. The Handbook of Evidence-Based Substance Abuse Treatment in Criminal Justice Settings probes the efficacy of corrections-based drug interventions, particularly behavioral treatment. With straightforward interpretation of data that reveals what works, what doesn't, and what needs further study, this volume navigates readers through the criminal justice system, the history of drug treatment for offenders, and the practical problems of program design and implementation. Probation and parole issues as well as concerns specific to special populations such as women, juvenile offenders, and inmates living with HIV/AIDS are also examined in detail. This reference work is a comprehensive and timely resource for clinicians, researchers, and graduate students across a variety of disciplines including clinical psychology, criminology and criminal justice, counseling, and educational policy makers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Criminal Justice](#)  
[\\*Drug Rehabilitation](#)  
[\\*Evidence Based Practice](#)  
[Drug Abuse](#)

**Source:** PsycINFO

#### 84. Private and public approaches to addiction treatment: Evidence and beliefs.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(301-314) (2012)

**Author(s):** Krausz, Michael; Kaiser, Edgar

**Institution:** Krausz, Michael: University of British Columbia, Vancouver, BC; Kaiser, Edgar: Kaiser Foundation, Vancouver, BC

**Language:** English

**Abstract:** (from the chapter) The current situation for individuals with addiction and concurrent disorders in our system of care is unsatisfactory. Political paradigms, stigma and discrimination, limited access to quality care and a lack of funding all contribute to an unacceptable state. Cultural and political values, such as the declaration of human rights, and substantial social values documented in constitutions should be a strong starting point to change this current state. Professional ethics, health care and beyond should guide the necessary process of change. In response to the fact that addictive behaviors cover a range of syndromes and are related to a spectrum of medical problems, treatment goals become more specific and adapted to the stage a patient is in (Prochaska & DiClemente, 1982). A hierarchy of objectives is then developed over the course of the patient's treatment. Appropriate treatment goals need to reflect both concurrent physical and mental disorders that directly interfere with recovery. The delivery of treatment is in competition with natural coping styles. The treatment needs to have advantages in order for the patient to choose it. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Drug Rehabilitation](#)  
[\\*Evidence Based Practice](#)  
[\\*Health Care Delivery](#)  
[\\*Treatment Barriers](#)  
[Attitudes](#)  
[Culture \(Anthropological\)](#)  
[Discrimination](#)  
[Funding](#)  
[Mental Disorders](#)  
[Physical Disorders](#)  
[Politics](#)  
[Professional Ethics](#)  
[Social Values](#)  
[Stigma](#)

**Source:** PsycINFO

#### 85. Investment and vested interests in neuroscience research of addiction: Ethical research requires more than informed consent.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(277-300) (2012)

**Author(s):** Miller, Peter; Carter, Adrian; de Groot, Florentine

**Institution:** Miller, Peter: Deakin University, Geelong, VIC; Carter, Adrian: University of Queensland, Centre for Clinical Research, Herston, QLD; de Groot, Florentine: Deakin University, Geelong, VIC

<b>Language:</b>	English
<b>Abstract:</b>	(from the chapter) Most discussion about ethics in conducting neuroscience research of addiction understandably involves the protection of participants in this research; vulnerable individuals with an addiction or involved in the use of addictive drugs. This chapter considers an issue seldom discussed in the research ethics literature: the role of vested interests and investment in influencing what is researched and how this research is portrayed. This involves asking questions such as: (1) who commissions and pays for research and why?; and (2) where should governments invest scarce societal resources in tackling addiction? These issues raise substantial ethical questions for those conducting neuroscientific research about whether they should accept funding from businesses involved in selling addictive commodities, and their role and responsibilities in disseminating the results of their research. They also raise important and difficult questions for policy makers in making decisions about research funding priorities. The chapter begins by discussing some powerful vested interests in neuroscience research of addiction, describing why and how they manipulate neuroscience research. It then considers the current government investment in addiction research, and examines the challenge of prioritizing investment of limited societal resources in such research. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
<b>Publication Type:</b>	Book; Edited Book
<b>Subject Headings:</b>	<a href="#">*Drug Addiction</a> <a href="#">*Experimental Ethics</a> <a href="#">*Experimentation</a> <a href="#">*Informed Consent</a> <a href="#">*Neurosciences</a> <a href="#">Business Organizations</a> <a href="#">Deception</a> <a href="#">Decision Making</a> <a href="#">Funding</a> <a href="#">Government</a> <a href="#">Policy Making</a>
<b>Source:</b>	PsycINFO

## 86. Legal regulation of addictive substances and addiction.

<b>Citation:</b>	Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(261-276) (2012)
<b>Author(s):</b>	Morse, Stephen J
<b>Institution:</b>	Morse, Stephen J.: University of Pennsylvania Law School, Philadelphia, PA
<b>Language:</b>	English
<b>Abstract:</b>	(from the chapter) The law regulates addiction in two primary ways: by limiting access to controlled substances and by criminal and civil law doctrines that pertain to addicts. The general ability of the state to legally regulate potentially harmful commodities and behaviors, including by criminal law prohibitions and punishment, is an unquestionably justifiable exercise of its police power authority to act for the benefit of public health, safety and welfare. The public policy issues are whether legal regulation is wise in a specific context and whether it may conflict with individual rights. This chapter first addresses the basic definitional and conceptual issues concerning addiction that must be clarified to make progress. Then it turns to the justification of substance regulation in the USA and to the public policy issues themselves. The author suggests that the right to use substances recreationally, even at the risk of severe negative consequences such as addiction, is weighty and that regulation of substances and addiction-related behavior by the criminal law is problematic. Next, the chapter considers whether addiction should be a mitigating or excusing condition for crime and whether addicts can be involuntarily civilly committed. The current state of the law is described and it is proposed that, in most cases, addiction should not mitigate or excuse criminal offending and that addicts should not be civilly committed. A final section briefly considers sensible social and criminal justice policies that could alleviate the costs of addiction, even if society does not

decriminalize drugs or excuse addicts. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Civil Rights](#)  
[\\*Criminal Behavior](#)  
[\\*Criminal Law](#)  
[\\*Drug Addiction](#)  
[\\*Drugs](#)  
 Crime  
[Government Policy Making](#)  
[Involuntary Treatment](#)  
**Source:** PsycINFO

### 87. Population approaches to alcohol, tobacco and drugs: Effectiveness, ethics and interplay with addiction neuroscience.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(247-260) (2012)  
**Author(s):** Room, Robin; Hall, Wayne D  
**Institution:** Room, Robin: University of Melbourne, VIC; Hall, Wayne D.: University of Queensland, Centre for Clinical Research, Herston, QLD  
**Language:** English  
**Abstract:** (from the chapter) This chapter considers the possible implications that neuroscience perspectives on addiction may have for population approaches to reducing problems arising from the use of psychoactive substances such as alcohol, tobacco and drugs subject to the international prohibition regime (often called "illicit drugs"). Population approaches mean policies and strategies that aim to affect rates of drug use in the population as a whole by affecting all potential users without targeting interventions at heavy or problem users. The chapter first provides a schematic history of ideas about and policies toward different types of drug use and addiction. This is followed by a discussion of the key policy themes often extracted from addiction neuroscience research and a consideration of how they may be used to inform the development of drug policies in the twenty-first century. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book  
**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Ethics](#)  
[\\*Government Policy Making](#)  
[\\*Neurosciences](#)  
[\\*Population](#)  
 Alcohols  
 Drug Usage  
 Drugs  
 History  
 Nicotine  
 Strategies  
**Source:** PsycINFO

### 88. Social epistemology: Communicating neuroscience.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(231-244) (2012)  
**Author(s):** Leach, Joan  
**Institution:** Leach, Joan: University of Queensland, St. Lucia, QLD  
**Language:** English

**Abstract:** (from the chapter) Serious discussions of social impact, public understanding and engagement, and public debate emerge strongly in current discourses about the sciences. Neuroscience is second only to genetics in foregrounding such concerns by inventing an interdisciplinary space, "neuroethics", in which social discourses of neuroscience are considered within an ethical framework (Carter, Capps, Nutt, ter Muelen, Ashcroft, & Hall, 2009; Moreno, 2003). Adjacent to the interests in ethics, and many times superseded by them, issues of communication and knowledge circulation have become increasingly important in scientific fields, including neuroscience (Illes et al., 2010). The goal of this chapter is to suggest a social epistemology of neuroscience, with a special focus on the communication of addiction neuroscience. It sets social epistemology in a complementary relation to neuroethics, as part of this important interdisciplinary space where issues of knowledge circulation and science communication are foregrounded. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Epistemology](#)  
[\\*Neurosciences](#)  
[\\*Scientific Communication](#)  
[\\*Social Groups](#)  
[Ethics](#)  
[Knowledge Transfer](#)

**Source:** PsycINFO

#### 89. The diction of addiction at the intersection of law and neuroscience.

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**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(215-230) (2012)

**Author(s):** Robillard, Julie M; Illes, Judy

**Institution:** Robillard, Julie M.: University of British Columbia, Vancouver, BC; Illes, Judy: University of British Columbia, Brain Research Centre, Vancouver, BC

**Language:** English

**Abstract:** (from the chapter) Innovations in neuroscience are increasingly broadening the understanding of human brain function and contributing to knowledge about mental health and addiction. Consequently, results from neurotechnological innovations quickly enter into policy making, law and public attitudes (Dietrich, Heider, Matschinger, & Angermeyer, 2006; McClure, Puhl, & Heuer, 2010). The media serves as a primary purveyor of neuroscience findings into the public sphere and, in its role as an intermediary, has its own set of disciplinary techniques and reporting standards. Its influence is powerful: studies have highlighted the weight attributed to neuroscience findings in defining how people see themselves (Racine, Waldman, Rosenberg, & Illes, 2010), how hype can create a public health hazard (Offit & Coffin, 2003; Singh, Hallnayer, & Illes, 2007) and how miscommunication can jeopardize the advancement of meritorious science (Elvevag, Wyrn, & Covington, 2011). The goal of this chapter is specifically to explore media discourse of addiction in the context of reporting at the intersection of law and neuroscience. To understand and characterize the phenomenon of addiction in media reports discussing both neuroscience and law, we carried out: two studies (1) an analysis of headlines containing addiction terms; and (2) a content analysis of press articles. The specific aim was to quantify and qualify addiction content in popular media and analyze the occurrence of addiction in the context of press articles at the intersection of neuroscience and law. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Conference Information:** Introducing Addiction Neuroethics. 2010. Queensland Brain Institute. Brisbane. Australia. This chapter is based upon work presented at the aforementioned conference.

**Publication Type:** Book; Edited Book

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

\*Mental Health  
 \*Neurosciences  
 \*Public Opinion  
 Brain  
 Communications Media  
 Experimentation  
 News Media  
 Policy Making  
 Written Communication

**Source:** PsycINFO

### 90. The impact of changes in neuroscience and research ethics on the intellectual history of addiction research.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(197-213) (2012)

**Author(s):** Campbell, Nancy D

**Institution:** Campbell, Nancy D.: Rensselaer Polytechnic Institute, NY

**Language:** English

**Abstract:** (from the chapter) The history of scientific research on addiction has contemporary relevance for neuroethics, the unfolding "examination of how we want to deal with the social issues of disease, normality, mortality, lifestyle, and the philosophy of living informed by our understanding of underlying brain mechanisms" (Gazzaniga, 2005). Addiction research was one of the earliest arenas in which a seemingly social problem was understood as a neuroscientific problem. Initially this insight was confined to a small cadre of researchers in the US Public Health Service, and a handful of global drug control policy makers who were informed by these path-breaking scientists. The problem of narcotic drug addiction had emerged with such force by the 1920s in large US cities that US political elites-initially in the philanthropic sector and later in the quasi-public sector-sought to bring the power of science to curb the number of addicted people through prevention and explore possible "cures", including pharmacotherapy. However, the underlying neurophysiology was not well understood, and the dominant psychoanalytic and psychodynamic frameworks of the time foreclosed widespread diffusion of this idea. The study of the social, political, psychological and economic factors that shaped narcotic addiction occupied the arena, driving neuroscientific theories and neurobiochemical explanations to the periphery. Because the debate was framed as biological versus social, serious exploration of biosocial interactions emerged only gradually as pharmacological models, neuroimaging technologies and neuropharmacological techniques evolved in the late twentieth century. Ethical questions arose for early twentieth century neurobiological addiction researchers in direct relation to their need for human subjects who had significant social and neurophysiological experience with narcotic drugs. This chapter explores the relevance of this history for the ethical questions embedded in contemporary neuroscience theories of addiction. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Bioethics  
 \*Drug Addiction  
 \*Experimentation  
 \*History  
 \*Neurosciences  
 Drug Abuse Prevention  
 Drug Therapy  
 Narcotic Drugs  
 Neurobiology  
 Social Issues

**Source:** PsycINFO

### 91. Toward a lay descriptive account of identity in addiction neuroethics.

- Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(175-193) (2012)
- Author(s):** Fry, Craig L; Buchman, Daniel Z
- Institution:** Fry, Craig L.: University of Melbourne, Parkville, VIC; Buchman, Daniel Z.: University of British Columbia, Vancouver, BC
- Language:** English
- Abstract:** (from the chapter) Drug consumption and beliefs about morality, identity, responsibility and self-control are inextricably linked. Since the nineteenth century, influential models of drug use and addiction either as a moral decision (intentional and controllable) or as a medical disease (chronic, relapsing and compulsive) have emerged. For better or worse, these have informed public, private and state responses to the "drug problem". There are other accounts of drug use and "addiction" identities. These include more liberal stances that reject the idea of drug addiction, and define drug use as pleasure seeking akin to other consumption behaviors (Foddy & Savulescu, 2006; Szasz, 1975). Functional and constitutive addiction identities are also available from popular culture (be it literature, film, music and other areas of the arts) and in the narrative accounts of drug users themselves. The idea of identity is important in both addiction and addiction neuroethics, but is a complex construct to clarify. The aims in this chapter are to highlight some of the key accounts of identity that are relevant to drug use and addiction, and to discuss how descriptive definitions of addicted identities (or lay, folk psychological or narrative understandings, as they are also known) offer an important alternative account. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Book; Edited Book
- Subject Headings:** [\\*Disorders](#)  
[\\*Drug Addiction](#)  
[\\*Drug Usage](#)  
[\\*Morality](#)  
[\\*Self Concept](#)  
[Attitudes](#)  
[Ethics](#)
- Source:** PsycINFO

## 92. Consent and coercion in addiction treatment.

- Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(153-174) (2012)
- Author(s):** Wild, T. Cameron; Wolfe, Jody; Hyshka, Elaine
- Institution:** Wild, T. Cameron: University of Alberta, Edmonton, AB; Wolfe, Jody: University of Alberta, Edmonton, AB; Hyshka, Elaine: University of Alberta, Edmonton, AB
- Language:** English
- Abstract:** (from the chapter) Addictive behaviors clearly undermine individual and population health (Ezzati, Lopez, Rodgers, Vander Hoorn, & Murray, 2002), and exact an enormous economic cost on societies across the world (Lewin Group, 2004; Rehm, Baliumas, & Brochu, 2006). Clinicians, researchers, policy makers and the public at large are thus eager to implement effective policies and programs to reduce the social, health and economic burdens of addiction. Treatment is one important response to these burdens. Addiction treatment programs have traditionally adopted the view that clients are sufficiently impaired and concerned by their problems to seek help voluntarily. However, the case-mix has shifted over time, and mandatory treatment pathways are becoming increasingly entrenched in addiction treatment programs and policies around the world (Wild, 2006). The rationale for mandatory addiction treatment has recently been broadened to emphasize findings from neuroscience research. Evidence of impairments in decision making (Bechara, 2005; Bechara, Dolan, & Hindes, 2002) and behavioral control (Goldstein & Volkow, 2002) in people with histories of substance abuse and gambling disorders has been used to argue that people with such neurocognitive deficiencies cannot

reasonably be assumed to be capable of informed consent. Some have extended this argument further by proposing that mandated addiction treatment should be used to restore patient autonomy (Caplan, 2008) and is therefore justifiable on humanitarian grounds. In this chapter, it is suggested that any proposals in favor of mandatory treatment policies and programs must provide reasonable evidence that: (1) people experiencing addictions are incapable of making treatment decisions; (2) treatment provided under mandates is effective; (3) there are no iatrogenic effects of mandatory treatment; and (4) negative effects of not providing mandatory treatment are likely. In the following sections, it is argued that neuroscientific findings are currently insufficient to support (1), and that neuroscience cannot, in principle, provide compelling evidence with respect to (2), (3) and (4). Moreover, addiction research outside the neuroscience area has not provided sufficient evidence to support criteria (2), (3) and (4). Consequently, it is concluded that mandatory addiction treatment policies and programs—despite their appeal as a useful approach for reducing the health, economic and social costs of addiction—do not currently warrant widespread support. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Coercion](#)  
[\\*Decision Making](#)  
[\\*Drug Addiction](#)  
[\\*Drug Rehabilitation](#)  
[\\*Informed Consent](#)  
[Clients](#)  
[Gambling](#)  
[Government Policy Making](#)  
[Mental Health Programs](#)  
[Neurocognition](#)  
[Neurosciences](#)  
[Policy Making](#)

**Source:** PsycINFO

### 93. Autonomy, responsibility and the oscillation of preference.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(139-151) (2012)

**Author(s):** Levy, Neil

**Institution:** Levy, Neil: Florey Neuroscience Institutes, Carlton South, VIC

**Language:** English

**Abstract:** (from the chapter) From a legal and moral perspective, addiction is perplexing. Courts, philosophers and ordinary people find themselves torn when they consider the behavior of people with addiction disorders such as alcoholism, illicit drug use and disordered gambling: should we think of it as free and responsible behavior, or instead as unfree (coerced or compelled, perhaps)? For the past three decades, a disease model of addiction has been in the ascendancy among knowledgeable professionals. The disease model, which understands addiction as a mental illness, seems to powerfully support one side of the debate over the moral responsibility of addicts. The symptoms of a disease are not chosen, and therefore they are not phenomena for which agents are morally responsible. Recently, however, the disease model of addiction has come under withering attack from several quarters. In this chapter, it will be argued that the claim that the behaviors characteristic of addiction are (in some sense) voluntary does not entail either that the disease model of addiction is wrong or that addicts are (fully) responsible for their actions. Behaviors can be chosen and yet not free in the manner required for moral responsibility; for a wide range of the behaviors characteristic of addiction, it is suggested, both these things are true. The responsibility of the addict will be approached via a consideration of her (or his) autonomy. Though autonomy and moral responsibility are not equivalent concepts, the impairment of autonomy can significantly undermine moral responsibility. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Choice Behavior](#)  
[\\*Drug Addiction](#)  
[\\*Independence \(Personality\)](#)  
[\\*Responsibility](#)  
[Gambling](#)  
[Legal Processes](#)  
[Morality](#)  
[Preferences](#)

**Source:** PsycINFO

#### 94. Technical, ethical and social issues in the bioprediction of addiction liability and treatment response.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(115-135) (2012)

**Author(s):** Hall, Wayne D; Gartner, Coral E; Mathews, Rebecca; Munafo, Marcus

**Institution:** Hall, Wayne D.: University of Queensland, Centre for Clinical Research, Herston, QLD; Gartner, Coral E.: University of Queensland, Herston, QLD; Mathews, Rebecca: University of Queensland, Herston, QLD; Munafo, Marcus: University of Bristol, Bristol

**Language:** English

**Abstract:** (from the chapter) Over the past several decades, increased insights into the genetics and neurobiological bases of addiction have raised the possibility that biomarkers, such as genetic tests and measures of brain functioning, will be used to predict an individual's liability to develop addiction. In the case of addicted people, these biomarkers may be used to match individuals to treatments to maximize their chances of achieving abstinence (Ho et al., 2010; Hutchison, 2010; Singh & Rose, 2009). This chapter critically evaluates the likelihood of these types of "bioprediction" (Singh & Rose, 2009) being realized and considers the ethical issues that would arise if this were to happen. The focus is on the predictive use of genomic information. Since this possibility was first described over a decade ago (Collins, 1999) a great deal of research has been undertaken to assess the feasibility of genetic tests being used for bioprediction. Many of the same issues may arise if biomarkers based on brain functioning are developed for predicting future disease risk or selecting treatment, but there has been more limited research on this possibility to date (Singh & Rose, 2009). (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Bioethics](#)  
[\\*Drug Addiction](#)  
[\\*Drug Rehabilitation](#)  
[\\*Etiology](#)  
[\\*Genetic Testing](#)  
[Alcoholism](#)  
[Biological Markers](#)  
[Brain](#)  
[Drug Abstinence](#)  
[Experimentation](#)  
[Genome](#)  
[Neurobiology](#)  
[Prediction](#)  
[Risk Factors](#)  
[Social Issues](#)

**Source:** PsycINFO

#### 95. Emerging neurobiological treatments of addiction: Ethical and public policy considerations.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(95-113) (2012)

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

**Institution:** Carter, Adrian: University of Queensland, Centre for Clinical Research, Herston, QLD; Capps, Benjamin: National University of Singapore; Hall, Wayne D.: University of Queensland, Centre for Clinical Research, Herston, QLD

**Language:** English

**Abstract:** (from the chapter) Addiction is a neuropsychiatric disorder that shortens life, causes morbidity for affected individuals and can adversely affect others, such as spouses, children, family members, workmates and the community. Relapse rates after treatment are high. Pharmaceutical and other medical assistance markedly improves the likelihood of abstinence, but only 40-60% of patients will achieve 12 months of continuous abstinence after treatment (McLellan, Lewis, O'Brien, & Kleber, 2000). Recent developments in neuroscience promise to substantially improve our ability to assist addicted individuals to abstain from using drugs and, more speculatively, to provide a cure for drug addiction. Technological innovations in neuroimmunology, the development of sustained-release forms of medications and neurosurgery are among the potential candidates. Some of these approaches have been used in limited but often controversial situations. It is the authors' contention that before they become more widely used, there needs to be a considered analysis of the socio-ethical implications of their use, including their potential misuse and harms that may arise from their use in particular populations. This chapter will also examine prospective neurobiological interventions on the horizon and discuss some of the ethical and social challenges that may arise from their future use. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Bioethics](#)  
[\\*Drug Addiction](#)  
[\\*Drug Therapy](#)  
[\\*Neurobiology](#)  
[\\*Policy Making](#)  
[Drug Abstinence](#)  
[Drugs](#)  
[Intervention](#)  
[Neurosciences](#)  
[Neurosurgery](#)  
[Relapse \(Disorders\)](#)  
[Neuroimmunology](#)

**Source:** PsycINFO

#### 96. Addiction neuroscience and tobacco control.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(75-93) (2012)

**Author(s):** Gartner, Coral E; Partridge, Brad

**Institution:** Gartner, Coral E.: University of Queensland, Herston, QLD; Partridge, Brad: University of Queensland, Herston, QLD

**Language:** English

**Abstract:** (from the chapter) The use of tobacco for its psychoactive effects has a long history within many human societies (Goodman, 1993; Proctor, 2004). Tobacco can be smoked (as cigarettes or cigars, or in a pipe), or used via non-smoked products such as chewing tobacco, oral and nasal snuff. Over the past century, cigarette smoking has become the most common method of tobacco use in most societies (Brandt, 2007; Proctor, 2004). Smoking tobacco is the most harmful form of consumption. Tobacco addiction is a complex phenomenon that develops from a combination of positive reinforcing effects of nicotine (such as mood enhancement), avoidance of nicotine withdrawal symptoms and

conditioning effects (Benowitz, 2010). Compared to other addictive substances, tobacco has a high conversion rate from experimentation to dependence. Neuroscience research has contributed to the understanding of the reasons for smoking and to the development of new cessation aids. An acceptance of a neurobiological model of addiction could lead to greater smoking cessation if this model increases smokers' belief in their ability to quit successfully. However, the most successful strategies for reducing smoking prevalence remain in the domain of broad public health measures such as high taxation on tobacco products, anti-smoking counter-advertising campaigns, workplace and public smoking bans, and measures that reduce the visibility and attractiveness of tobacco products, such as retail display bans and mandatory plain packaging laws. Tobacco harm reduction options, such as non-tobacco recreational nicotine products and non-smoked low toxin tobacco products, may also contribute to reducing tobacco-related harm. Researchers and policy makers need to balance the promise of new methods based on a neurobiological understanding of addiction with these other population-wide policies if the harms of tobacco addiction are to be further reduced. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Harm Reduction](#)  
[\\*Neurosciences](#)  
[\\*Public Health](#)  
[\\*Tobacco Smoking](#)  
[Attitudes](#)  
[Models](#)  
[Neurobiology](#)  
[Nicotine](#)  
[Nicotine Withdrawal](#)  
[Policy Making](#)  
[Smoking Cessation](#)  
[Strategies](#)

**Source:** PsycINFO

### 97. Treating opioid dependence with opioids: Exploring the ethics.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(57-74) (2012)

**Author(s):** Bell, James; Reed, Kylie D; Ashcroft, Richard; Witton, John; Strang, John

**Institution:** Bell, James: King's College London, Institute of Psychiatry, National Addiction Center, London; Reed, Kylie D.: King's College London, Institute of Psychiatry, National Addiction Center, London; Ashcroft, Richard: University of London, School of Law at Queen Mary, London; Witton, John: King's College London, Institute of Psychiatry, National Addiction Center, London; Strang, John: King's College London, Institute of Psychiatry, National Addiction Center, London

**Language:** English

**Abstract:** (from the chapter) Opioid substitution treatment (OST) involves prescribing opioids [e.g. methadone, buprenorphine, in some countries long-acting oral morphine, and in some situations, diamorphine (pharmaceutical heroin)] to patients who are opioid dependent, usually on heroin. It is alternatively described as maintenance or replacement therapy. This analysis of the ethics of OST begins with a brief history of opioid prescribing, and how attitudes to opioid dependence have evolved. It then analyzes whether addiction can appropriately be called a disease, and whether OST is a form of medical treatment justified in terms of effectiveness in improving quality of life. This includes analysis of factors contributing to and detracting from the quality of treatment. Finally, the chapter examines the extent to which treatment is primarily driven by the patient's best interests, as opposed to the interests of government, the treatment industry and the pharmaceutical industry. This is the critical issue in the ethics of OST, because individuals with addictive disorders tend to act in ways that are harmful to themselves. Indeed, it could even be

argued that the false consciousness of the addict, driven by the need to avoid withdrawal, means that dependent users do not possess the capacity for making autonomous decisions about their lives. Specifically, they may lack the capacity to refuse offers of prescribed opioids, and their receipt of a prescription merely prolongs their dependence. This critical ethical issue is a concern of consumers, the community and policy makers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Maintenance Therapy](#)  
[\\*Opiates](#)  
[\\*Professional Ethics](#)  
[\\*Well Being](#)  
 Attitudes  
 Decision Making  
 Drug Dependency  
 Drug Therapy  
 History  
 Patients  
 Prescribing (Drugs)  
 Quality of Life

**Source:** PsycINFO

#### 98. Molecular neuroscience and genetics.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(27-54) (2012)

**Author(s):** Duncan, Jhodie R; Lawrence, Andrew J

**Institution:** Duncan, Jhodie R.: University of Melbourne, Florey Neuroscience Institutes, Parkville, VIC; Lawrence, Andrew J.: University of Melbourne, Florey Neuroscience Institutes, Parkville, VIC

**Language:** English

**Abstract:** (from the chapter) Addiction has been defined as compulsive drug-seeking and taking that continues despite significant negative consequences (Hyman & Malenka, 2001). However, the development of an addicted state is complex and multifactorial, being influenced by (epi)genetic, biological and environmental factors that give rise to individual variability in the vulnerability to develop addiction following drug use (Belin, Berson, Balado, Piazza, & Deroche-Gamonet, 2011; Piazza, Deminiere, Le Moal, & Simon, 1989). The aim of this chapter is to provide an overview of the current knowledge base regarding the (epi)genetic, molecular and cellular mechanisms linked to substance abuse. The chapter highlights some of the initial responses in the brain following experimentation and the key processes that are believed to drive continued drug use. As in-depth exploration of the literature relating to these topics for all drugs of abuse is beyond the scope of a chapter, basic concepts will be introduced and then specific examples provided from animal data that model aspects of addiction. For the purpose of this review, the focus will be on the acute and chronic effects following exposure to cocaine, one of the most highly reinforcing and addictive drugs commonly used in developed societies. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Brain](#)  
[\\*Cocaine](#)  
[\\*Drug Addiction](#)  
[\\*Genetics](#)  
[\\*Molecular Neuroscience](#)  
 Animal Models  
 Biology  
 Cells (Biology)  
 Drug Abuse

[Drug Usage](#)  
[Environmental Effects](#)  
[Susceptibility \(Disorders\)](#)  
[Molecules](#)

**Source:** PsycINFO

### 99. Brain imaging in addiction.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012(3-25) (2012)

**Author(s):** Nutt, David; Lingford-Hughes, Anne; Nestor, Liam

**Institution:** Nutt, David: Imperial College London, London; Lingford-Hughes, Anne: Imperial College London, London; Nestor, Liam: Imperial College London, London

**Language:** English

**Abstract:** (from the chapter) The aim of this chapter is to give the reader a practical understanding of neuroimaging techniques and explain their relevance to understanding addiction. From both psychological and pharmacological aspects, drug (including alcohol) addiction can be seen as a manifestation of pharmacological actions on the brain. However, non-drug or behavioral addictions, especially gambling, show similarities to drug addiction. Therefore, it is sensible to investigate what is happening in the brains of both drug and non-drug addicts to determine what effects substances of abuse have on the brain, as well as the common processes underpinning addiction as a whole. Neuroimaging has revolutionized our ability to probe the neurobiology of drug use and addiction in humans. We can now image and track, depending on the technique used, circuits and neurotransmitters associated with addiction vulnerability, drug consumption and abstinence, and processes such as reward and impulsivity. The major application and strength of neuroimaging will continue to be used as a powerful research tool to characterize the underlying neurobiology of addiction vulnerability, the impact of drug use, abstinence and treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Brain](#)  
[\\*Drug Addiction](#)  
[\\*Neurobiology](#)  
[\\*Neuroimaging](#)  
[Addiction](#)  
[Drug Abstinence](#)  
[Drug Rehabilitation](#)  
[Drug Usage](#)  
[Experimentation](#)  
[Impulsiveness](#)  
[Neurotransmitters](#)  
[Pharmacology](#)  
[Rewards](#)  
[Susceptibility \(Disorders\)](#)

**Source:** PsycINFO

### 100. Addiction neuroethics: The ethics of addiction neuroscience research and treatment.

**Citation:** Addiction neuroethics: The ethics of addiction neuroscience research and treatment., 2012 (2012)

**Author(s):** Carter, Adrian [Ed]; Hall, Wayne [Ed]; Illes, Judy [Ed]

**Institution:** Carter, Adrian: University of Queensland, Centre for Clinical Research, Herston, QLD; Hall, Wayne: University of Queensland, Centre for Clinical Research, Herston, QLD; Illes, Judy: University of British Columbia, Brain Research Centre, Vancouver, BC

**Language:** English

**Abstract:** (from the cover) Addiction to alcohol, tobacco and illicit drugs are significant social problems and major causes of premature death and disability globally. Neuroscience research on addiction promises to provide ways to identify people who are vulnerable to addiction, effective interventions, and even personalized treatments. Academic scholars, clinicians, and members of society alike hope that the outcomes of research will lead to humane social policies that acknowledge addiction as a neuropsychiatric disorder. These positive aspirations need to be tempered, however, by critical consideration of less welcome applications of advances in brain research. An uncritical acceptance of a neuroscience perspective on addiction may lead to a neglect of other adverse effects of drug use such as accidents, violence, or mental illnesses. Such a perspective may also unwittingly promote biological treatment of addicted individuals over social policies to prevent or minimize drug use. It may even be used to justify heroic neurosurgical treatments in pursuit of a "cure", or coercive interventions for those who are most impaired. This text brings together addiction researchers and practitioners with ethicists, social scientists and philosophers to address these issues. Topics covered include: (1) The history of ideas about addiction; (2) The neurobiology of drug use and addiction; (3) Approaches to preventing and treating addiction and drug-related harm; (4) Philosophical reflections on the implications of addiction neuroscience for moral responsibility, autonomy and identity; (5) Legal issues; (6) Public policies including prohibition, prescription and consumer forces; and (7) Public understanding. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Addiction](#)  
[\\*Drug Rehabilitation](#)  
[\\*Mental Disorders](#)  
[\\*Nicotine](#)  
[Addiction](#)  
[Brain](#)  
[Ethics](#)  
[Experimentation](#)  
[Intervention](#)  
[Neurosciences](#)  
[Policy Making](#)  
[Social Behavior](#)  
[Susceptibility \(Disorders\)](#)

**Source:** PsycINFO

#### 101. Civilian and military programs in psychosocial rehabilitation for couples with PTSD.

**Citation:** Handbook of counseling military couples., 2012(355-370) (2012)

**Author(s):** Penk, Walter; Little, Dolores; Ainspan, Nathan

**Institution:** Penk, Walter: Texas A&M University, College of Medicine, College Station, TX; Little, Dolores: Department of Veterans Affairs; Ainspan, Nathan: Civilian Personnel Evaluation Agency

**Language:** English

**Abstract:** (from the chapter) Psychosocial rehabilitation techniques are being empirically validated as beneficial for reducing symptoms and improving functioning among those surviving trauma in combat (e.g., Glynn, Drebing, & Penk, 2009). While couples and families may be impacted by trauma among partners and/or parents, simultaneously, couples and families are key in recovery and may need such services (e.g., Allen, Rhoades, Stanley, & Markman, 2010; Bates, Bowles, Kilgore, & Solursh, 2008; Figley, 1983, 1989; Gottman, Gottman, & Atkins, 2011; Park, 2011). To date, few psychosocial rehabilitation techniques, except for lifestyle management courses (Cahoon, 1984; Devilly, 2002) and family psychoeducation, have been demonstrated as beneficial for couples with posttraumatic stress disorder (PTSD) or for other disorders associated with trauma, such

as depression, pain, traumatic brain injury, and addictions (e.g., Allen, Rhoades, Stanley, & Markman, 2010; Glynn et al., 2009). But, just as psychosocial rehabilitation techniques for individuals are being found to be effective based on findings from randomized clinical trials (see early review by Penk & Flannery, 2000), so we expect that results will be favorable once couples therapy interventions are integrated with psychosocial rehabilitation (Gottman, et al., 2011). In this chapter we discuss basic approaches in civilian and military programs that now need to be pioneered by blending psychosocial rehabilitation in the treatment of PTSD with therapies for couples and their families. It should be noted that we are not speculating without any evidence that such combinations of therapies/rehabilitations can be helpful; rather, treating PTSD is grounded on empirical approaches based on clinical case studies, naturalistic observations, and randomized clinical trials demonstrating such treatments and rehabilitation as beneficial. Besides, the use of the term psychosocial paired with rehabilitation not only refers to symptoms within the individual but also requires interventions for the social context in which functioning takes place by each person in recovery, which, being psychosocial, includes each one's partner/spouse and family. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Couples](#)  
[\\*Couples Therapy](#)  
[\\*Military Personnel](#)  
[\\*Posttraumatic Stress Disorder](#)  
[\\*Psychosocial Rehabilitation](#)  
[Combat Experience](#)  
[Family Therapy](#)  
[Lifestyle](#)  
[Psychoeducation](#)  
[Self Management](#)  
[Symptoms](#)  
[Trauma](#)  
[Military Families](#)

**Source:** PsycINFO

## 102. Substance misuse.

**Citation:** Handbook of counseling military couples., 2012(267-277) (2012)

**Author(s):** Freeman, Sharon Morgillo

**Institution:** Freeman, Sharon Morgillo: Center for Brief Therapy, Fort Wayne, IN

**Language:** English

**Abstract:** (from the chapter) Substance misuse problems cross all socioeconomic, occupational, and international boundaries. Therefore, it should not come as a surprise that individuals in military occupations would also be at risk for this particular human behavioral health problem. The most common substances of abuse among veterans are alcohol and nicotine, with binge-drinking patterns being most problematic, especially in deployed personnel with combat exposure. The Office of Applied Studies reported that within this group, National Guard and Reserve troops in younger age brackets are at the highest risk for problematic alcohol use disorders (SAMHSA, 2008). The military is reinforcing the need for service members to seek marriage counseling as a sign of strength, especially postdeployment, if there are problems in the marriage. It has become apparent that service members who have problems at home are less effective in the workplace, which can have severe consequences in a warrior society. This chapter addresses problems of alcohol and drug misuse in the military, specifically in intimate relationships. The majority of military members are either married or in a significant relationship; therefore, it would stand to reason that substance misuse would negatively affect military relationships similar to the way substance misuse disorders affect civilian relationships. Negative consequences related to substance use disorders (SUDs) eventually filter into the service member's personal relationships, work performance, and financial situation. The impact of SUDs on

relationships in the civilian sector is well known; however, these problems become more complicated in the military as well as chosen methods of intervention. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Binge Drinking](#)  
[\\*Drug Abuse](#)  
[\\*Intervention](#)  
[\\*Marital Relations](#)  
[\\*Military Personnel](#)  
[Alcoholism](#)  
[Couples](#)  
[Drug Addiction](#)  
[Financial Strain](#)  
[Job Performance](#)  
[Marriage](#)  
[Military Deployment](#)  
[Nicotine](#)  
[Risk Factors](#)  
[Military Families](#)

**Source:** PsycINFO

### 103. Review of Connections: Notes from the heroin world.

**Citation:** The Sociological Review, May 1975, vol./is. 23/2(441-443), 0038-0261;1467-954X (May 1975)

**Author(s):** Zentner, Joseph L

**Institution:** Zentner, Joseph L.: University of Southwestern Louisiana, Lafayette, LA

**Language:** English

**Abstract:** Reviews the book, Connections: Notes from the Heroin World by Leroy C. Gould et al. (1974). Social deviance theory is applicable to the study of drug use. Deviance refers to behavior that exceeds the tolerance limits of a group and is therefore felt to require control or punishment. Of the wide range of acts that are perceived to be intolerable, annoying, offending, or threatening, some go too far. These acts are viewed as behaviors that threaten the group's sense of order and decency. They are behaviors for which corrective action is taken. Leroy C. Gould, Andrew L. Walker and Charles W. Lidz are sociologists. The fourth author, Lansing E. Crane, is an attorney. All four individuals were members of the research staff of a drug abuse treatment clinic in a metropolitan center during the period from 1969 to 1973. Their assignment, as members of the research staff, was to analyze the impact that various programs of the treatment clinic had on heroin use. The authors of this much-needed volume argue that much of the existing literature on drug abuse is dated, contradictory, fragmented, and that it emphasizes analysis rather than description. They are concerned with how drug use is initiated, identified and dealt with, not in terms of statistics and abstractions, but as the process occurs naturally. The authors sought access to accounts of action that were intended to make drug-related activities meaningful to the participants themselves or to other participants in similar situations. Connections is deliberately intended to be non analytic. It seeks to describe the chain of situations in which the deviance-control process surrounding heroin use is developed. The authors point out that data should not merely record what is done, in the sense of overt behavior, by the people in whom researchers are interested, but should also include the 'sense' which the participants make out these actions and the world around them. The authors of Connections merit praise for their successful attempt to reduce the distance between the reader and participants in the heroin scene. Their method of presentation provides the reader with information that he conceivably could gather if he had direct access to the drug scene itself. It should be remembered, however, that the book is, as its authors point out, limited to a study of the drug scene in one particular metropolitan center. It is quite possible that the various parts of that scene interact differently in other cities. Generalization beyond the metropolitan center that is treated in the book is,

therefore, risky. Connections is a tightly-written, valuable study. The book should appeal to professionals involved in the drug abuse problem as well as to concerned non professionals. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

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

**Source:** PsycINFO

#### 104. Review of Street ethnography.

**Citation:** The Sociological Review, November 1980, vol./is. 28/4(917-919), 0038-0261;1467-954X (Nov 1980)

**Author(s):** Coffield, Frank

**Institution:** Coffield, Frank: University of Durham, Durham, NC

**Language:** English

**Abstract:** Reviews the book, Street Ethnography edited by Robert S. Weppner (1977). This book inaugurates a new series, the Sage Annual Reviews of Drug and Alcohol Abuse, and its long sub-title, Selected Studies of Crime and Drug Use in Natural Settings, is an accurate summary of its contents. The eleven articles were originally papers given at a workshop (the one word which, according to Kingsley Amis, sums up everything that's gone wrong since the War) in Miami, Florida, sponsored by the National Institute on Drug Abuse. The articles are divided into three main sections: methodology and theory, ethical problems and descriptive studies. This collection is a welcome addition to the literature on participant observation and will be of value to those who have read more in this field than William Foote Whyte's Street Corner Society. After an introductory essay by Robert Weppner, there follow articles by James A. Inciardi on the 'class cannon', or professional pickpocket (where the author explains how he was given the underworld 'moniker' or nick name of 'jungle Jim'), and by Harvey A. Siegal, who concentrates on the three major theoretical threads of community, a culture of poverty, and deviance. The last two articles are short, descriptive studies, firstly by Edward Preble and Thomas Miller on 'Methadone, Wine, and Welfare', and finally, by Harvey W. Feldman on 'A Neighborhood History of Drug Switching', where he traces street drug use from alcohol to cough medicine to barbiturates to heroin to marijuana. So much for the popular notion of a natural progression from milder drugs to increasingly more potent ones. A book, then, for the advanced rather than the first-year student. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcohol Abuse](#)  
[\\*Drug Abuse](#)  
[\\*Drugs](#)  
[\\*Ethnography](#)

**Source:** PsycINFO

#### 105. Romantic partner selection and socialization of young adolescents' substance use and behavior problems.

**Citation:** Journal of Adolescence, December 2010, vol./is. 33/6(813-826), 0140-1971 (Dec 2010)

**Author(s):** Aikins, Julie Wargo; Simon, Valerie A; Prinstein, Mitchell J

**Correspondence Address:** Aikins, Julie Wargo: Department of Psychology, University of Connecticut, 406 Babbidge Road, Unit 1020, Storrs, CT, US, 06269, julie.aikins@uconn.edu

**Institution:** Aikins, Julie Wargo: Department of Psychology, University of Connecticut, Storrs, CT; Simon, Valerie A.: Department of Psychology, Merrill Palmer Skillman Institute, Wayne State University, Detroit, MI; Prinstein, Mitchell J.: Department of Psychology, University of North Carolina at Chapel Hill, Chapel Hill, NC

<b>Language:</b>	English
<b>Abstract:</b>	This study examined romantic partner selection and socialization of substance use (cigarettes, alcohol) and behavior problems among a sample of 78 young adolescents (6th-8th graders) over eleven months. Adolescent and romantic partner behaviors were assessed before and after relationships were initiated via school records and self-report. Most selection and socialization effects were apparent for the eighth grade adolescents (at Time 1). Prior to their relationship, eighth graders and romantic partners were alike on alcohol use. In contrast, romantic socialization effects emerged for eighth graders' cigarette use and behavior problems. The nature of the partner socialization effects depended on the combination of adolescents' and partners' pre-relationship behaviors. Eighth graders who dated partners with fewer problems showed the greatest instability in their behavior problems and partner behavior predicted greater decreased in problem behaviors among adolescents with more problems. The implications of these findings are discussed within the broader context of adolescent peer relationships. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
<b>Country of Publication:</b>	STATEMENT: Published by Elsevier Ltd. All rights reserved.; HOLDER: The Association for Professionals in Services for Adolescents; YEAR: 2010
<b>Publication Type:</b>	Journal; Peer Reviewed Journal
<b>Subject Headings:</b>	<a href="#">*Behavior Problems</a> <a href="#">*Drug Usage</a> <a href="#">*Human Mate Selection</a> <a href="#">*Romance</a> <a href="#">*Socialization</a> <a href="#">Adolescent Development</a> <a href="#">Peer Relations</a>
<b>Source:</b>	PsycINFO

#### 106. Class action to protect against discrimination of individuals with alcohol and drug addictions.

<b>Citation:</b>	Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(323-343) (2010)
<b>Author(s):</b>	Miller, Norman S
<b>Institution:</b>	Miller, Norman S.: Michigan State University, College of Human Medicine, Department of Medicine, East Lansing, MI
<b>Language:</b>	English
<b>Abstract:</b>	(from the chapter) Overall, class actions show promise as a legal procedural device to protect the "picked on, little people" with "small claims" who are vulnerable to discriminatory practices (Gamer, 2001) and outmatched by more financially resourceful and politically powerful forces (Conte & Newberg, 2002) (Achem Prods. v. Windsor, 1997, quoting Mace v. Van Ru Credit Corp., 1997, "the policy at the very core of the class action mechanism is to overcome the problem that small recoveries do not provide the incentive for any individual to bring a solo action prosecuting his or her rights. A class action solves this problem, by aggregating the relatively paltry potential recoveries into something worth someone's (usually an attorney's) labor"). To even the playing field, a stigmatized class of alcoholics and drug addicts might band together for collective strength to claim damages from fraudulent and negligent practices by producers of addicting alcohol and other drugs (Grace v. City of Detroit, 1992, "one major advantage of class actions to the courts, attorneys, and litigants is the judicial economy and efficiency they can achieve"). Importantly, the class members can pursue their rights against unjust and discriminatory state and federal laws that exploit their vulnerable status as alcoholics and drug addicts. Ultimately, the success of class action litigation in protecting discrimination against harmful effects of addiction will depend on acceptance of addiction as a unity disorder, worthy of prevention and treatment, and a standard of care. The root of the discrimination is a persistent moral belief that addiction is a defect in character despite compelling scientific evidence to the contrary (Miller & Swift, 1997, supra note 10). Thus, as with other forms of discrimination, class action remains an

important and potential procedural tool to correct past wrongs and to protect against future wrongs committed against stigmatized individuals. Perhaps persistent and aggressive class actions against the "mainstream" and powerful majority opinion may eventually persuade the courts in the future to choose to take "the road less traveled." (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Awards \(Jury\)](#)  
[\\*Civil Rights](#)  
[\\*Collective Behavior](#)  
[\\*Drug Addiction](#)  
 Adjudication  
 Discrimination  
 Drug Laws  
 Litigation  
 Morality  
 Stigma

**Source:** PsycINFO

### 107. Use of addictive medications and drugs in athletics.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(293-322) (2010)

**Author(s):** Levy, Woodburne O; Kalidas, Kavita

**Institution:** Levy, Woodburne O.: University of South Florida College of Medicine, Department of Mental Health and Behavioral Sciences, James A. Haley Veteran Affairs Medical Center, Tampa, FL; Kalidas, Kavita: University of South Florida College of Medicine, Department of Neurology, FL

**Language:** English

**Abstract:** (from the chapter) The prospect of fame and fortune are among the leading factors that influence athletes to use substances. These factors usually override both legal and medical pitfalls that may arise while an athlete is using performance-enhancing drugs. The actual or perceived benefits drive the athlete to continue their drug habits, often to the detriment of their health. With fortunes to be made in supplying athletes with substances, both illicit and for doping, it is no surprise that trafficking and distribution of substances is dominated by organized crime, multinational pharmaceutical companies, both legitimate (e.g., BALCO) and clandestine, and even rogue governments; with physicians, pharmacists, other athletes and the Internet playing a major role in athletes' relative ease of access to these substances. With new developments in masking techniques for steroid users, gene doping and designer street drugs, all parties involved, including lawyers, physicians and administrators, must continue to increase their knowledge base to be effective in their endeavors to control substance use in athletes. This chapter will discuss the historical perspective of drug use among athletes, elaborate on the reasons athletes use substances, and detail both specific performance-enhancing and recreational drugs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Athletes](#)  
[\\*Athletic Performance](#)  
[\\*Drug Addiction](#)  
[\\*Drugs](#)  
[\\*Sports](#)  
 Illegal Drug Distribution  
 Drug Usage  
 Fame  
 Health  
 History  
 Monetary Rewards

[Prescription Drugs](#)  
[Recreation](#)  
[Steroids](#)  
[Performance Enhancing Drugs](#)

**Source:** PsycINFO

**108. Legal authority, medical basis and public policy for controlling and scheduling controlled substances.**

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(277-291) (2010)

**Author(s):** Miller, Norman S

**Institution:** Miller, Norman S.: Michigan State University, College of Human Medicine, Department of Medicine, East Lansing, MI

**Language:** English

**Abstract:** (from the chapter) Controlled substance laws contain three sources of policy framework to regulate the production and distribution of controlled substances: international treaties; federal laws and regulations; and state laws and regulations (Joranson & Gilson, 1994). In addition, a drugs scheduling level (I-V) is based on its medical use, potential for abuse, addiction and safety (21 U.S.C. 812). The assessment of actual and potential for abuse of controlled substances is based on a composite of a review of the chemistry, pharmacology, clinical considerations and the public health risks following the introduction of the drug to the general population (Adams, 1991; Lurie & Lee, 1991). For drugs with medical and therapeutic value, the abuse and dependence potential poses risks which require management and control at multiple levels, particularly by physicians who prescribe these drugs in clinical practice (Wamer et al., 1995; Fe Caces et al., 1998). Labeling and drug scheduling alone have substantial impact, but cannot replace the medical judgment of skilled physicians who prescribe controlled substances. Unfortunately, the current state of knowledge and skill possessed by physicians is generally insufficient to meet the expected demands implicit within the controlled substance laws (Center on Addiction and Substance Abuse, 2000; Miller et al., 2001). The prevalence of prescription addiction continues to grow among those who already have an identifiable alcohol and drug disorder, as would be expected in populations of addicts who are vulnerable to developing addiction to drugs in general. After cannabis, non-medical use of psychotherapeutic drugs represents the second largest drug problem in the United States. Therefore, legal intervention through regulation and monitoring continues to be necessary, because of the potential for abuse and the addictive nature of controlled substances (21 U.S.C. 811; 21 U.S.C. 812). Thus, the current lack of knowledge and skill possessed by physicians in prescribing these medications, in addition to the potential for illicit diversion, warrant continued monitoring and scheduling for control of abusive use (Center on Addiction and Substance Abuse, 2000; Miller et al., 2001). Important targets for reducing morbidity and mortality from these controlled substances consist of a combination of improved undergraduate, graduate and continuing medical education, and increased public awareness of the public health issues pertaining to narcotic medications (Center on Addiction and Substance Abuse, 2000; Miller et al., 2001). (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:**

- [\\*Drug Addiction](#)
- [\\*Drug Laws](#)
- [\\*Drug Therapy](#)
- [\\*Public Health](#)
- [\\*Safety](#)
- [Authority](#)
- [Chemistry](#)
- [Clinical Practice](#)
- [Drug Abuse](#)
- [Government Policy Making](#)
- [Legal Processes](#)

Medical Education  
Pharmacology  
Risk Factors  
Morbidity

**Source:** PsycINFO

#### 109. Criminal populations and substance abuse.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(253-275) (2010)

**Author(s):** Peters, Roger H; Ray, John M; Kremling, Janine

**Institution:** Peters, Roger H.: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Mental Health Law and Policy, FL; Ray, John M.: University of South Florida, Department of Psychology, FL; Kremling, Janine: California State University at San Bernardino, Department of Criminal Justice, CA

**Language:** English

**Abstract:** (from the chapter) The criminal justice system has been significantly altered as a result of widespread substance abuse problems and drug-related crime over the past two decades. Courts, jails, prisons and community corrections have all grown dramatically during this time, and are facing enormous challenges to reduce the revolving door of substance-involved offenders cycling through the justice system. In response to this trend, a number of substance abuse treatment programs have been implemented in correctional facilities, including residential and "outpatient" programs that employ cognitive-behavioral and motivational enhancement approaches and that focus on restructuring "criminal thinking." Specialized correctional treatment programs have also begun to address the needs of offenders with co-occurring mental and substance use disorders, who present additional risk for recidivism on release from custody. A growing number of correctional substance abuse programs have emerged in other countries, and these more prominently feature "harm reduction" approaches such as methadone maintenance. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Criminal Justice  
\*Criminals  
\*Drug Abuse  
\*Prisons  
\*Treatment  
Adjudication  
Comorbidity  
Crime  
Criminal Behavior  
Mental Disorders  
Recidivism  
Thinking

**Source:** PsycINFO

#### 110. Legal rights of fetuses and young children.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(229-251) (2010)

**Author(s):** Vandervort, Frank E

**Institution:** Vandervort, Frank E.: University of Michigan, Ann Arbor, MI

**Language:** English

**Abstract:** (from the chapter) The abuse of illicit drugs, prescription drugs and alcohol are substantial social problems in the United States (Simoni-Wastila & Strickler, 2004; SAMHSA, 2007). Some of those using drugs are pregnant women. In 1990, it was

estimated that between 100,000 and 375,000 women were using drugs during pregnancy (Ondersma et al., 2000). Although there is evidence that these numbers may have dropped somewhat (SAMHSA, 2007), the use of drugs and alcohol during pregnancy remains at concerning levels. Policymakers and scholars debate what the proper response to the use of drugs and alcohol by pregnant women should be. This chapter addresses the following questions: what impact does prenatal exposure to alcohol and illicit drugs have upon a developing fetus; how does our legal system respond to pregnant women who use drugs and alcohol; do pregnant women commit a crime when they use these substances while pregnant and give birth to drug or alcohol exposed children? If they do, what crime, and how have courts responded to these charges? What rights, if any, do fetuses that have been exposed to drugs and alcohol in utero have? What rights do children who have been born exposed to alcohol and drugs have? (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Childhood Development](#)  
[\\*Criminal Law](#)  
[\\*Drug Abuse](#)  
[\\*Prenatal Development](#)  
[\\*Chemical Exposure](#)  
[Adjudication](#)  
[Alcohol Abuse](#)  
[Civil Rights](#)  
[Drug Usage](#)  
[Drugs](#)  
[Fetus](#)  
[Legal Processes](#)  
[Pregnancy](#)

**Source:** PsycINFO

#### 111. Forensic psychiatry, substance use and mental illness.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(203-227) (2010)

**Author(s):** Silberberg, Joel M; Crosley, Adair

**Institution:** Silberberg, Joel M.: Northwestern University, Feinberg School of Medicine, Division of Psychiatry and Law, Chicago, IL; Crosley, Adair: Northwestern University School of Law, Chicago, IL

**Language:** English

**Abstract:** (from the chapter) Approximately 20% of Americans will have a problem with substance abuse during their lifetime. Substance use or abuse plays an important role in criminal issues and in civil issues, such as competence to practice a profession or parental fitness. It is therefore important that judges, attorneys, forensic psychiatrists, forensic psychologists and other actors at all levels in the criminal and civil process understand the basic issues of substance abuse and addiction (dependence) and their interaction with the legal system. This chapter will tackle five goals and objectives for those individuals who work at the intersection of substance abuse and addiction and the legal system. The focus will primarily be on the relationship between substance abuse and addiction, and competence to stand trial and affirmative defenses. We will also address some civil and treatment issues. As a first goal, we try to provide the reader with basic current epidemiological data. Second, we aim to educate the reader on the basic legal concepts such as competence and affirmative defenses, and on key statutes relevant for the addicted. Third, we will describe the inherent tension between free will, public safety and the disease concept of substance addiction. Fourth, we will briefly describe criminal and civil competence for the addicted. Finally, we will briefly cover treatment issues for this population in different clinical settings. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Civil Law](#)  
[\\*Criminal Law](#)  
[\\*Drug Abuse](#)  
[\\*Forensic Psychiatry](#)  
[\\*Mental Disorders](#)  
 Competency to Stand Trial  
 Drug Laws  
 Drug Usage  
 Epidemiology  
 Legal Processes  
 Safety  
 Treatment  
 Volition

**Source:** PsycINFO

### 112. Pharmacological drug effects on brain and behavior.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(177-192) (2010)

**Author(s):** Greer, Richard A; Gold, Mark S

**Institution:** Greer, Richard A.: University of Florida, College of Medicine, Department of Psychiatry, Division of Forensic Psychiatry, Gainesville, FL; Gold, Mark S.: University of Florida, College of Medicine, Department of Psychiatry, Gainesville, FL

**Language:** English

**Abstract:** (from the chapter) Psychoactive substances including alcohol acutely, and often chronically, affect the way an individual feels and thinks. This chapter will focus on the properties of psychoactive substances which are abused, including alcohol, illicit drugs and prescribed medications. These substances not only affect the mood, but also have significant effects on cognition, behavior and physiology, therefore substantially altering our perceptions and social function. The biological mechanisms of neuropsychological reward, cravings and withdrawal will be discussed, as these processes have great relevance in understanding the disease model of addiction and how best to evaluate and treat individuals who suffer from these disorders. Characteristic pharmacological and pharmacokinetic features are important in understanding the acute and chronic effects of a substance on an individual. In addition, there are individual differences among users, considering the individual's own physiology and psychology. This chapter will therefore focus primarily on psychoactive substances of abuse, which can be broadly defined as central nervous system stimulants and depressants. Central nervous system stimulants include cocaine and amphetamines. Central nervous system depressants include alcohol, opioids, barbiturates and benzodiazepines. Marijuana, performance-enhancing drugs (steroids) and psychedelic drugs such as PCP and LSD, fall outside this division. However, physiological and psychological aspects of the most common types of these substances of abuse will be discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Behavior](#)  
[\\*Brain](#)  
[\\*Drug Addiction](#)  
[\\*Drugs](#)  
[\\*Pharmacology](#)  
 Alcoholism  
 Alcohols  
 CNS Depressant Drugs  
 CNS Stimulating Drugs  
 Craving  
 Drug Abuse  
 Drug Withdrawal

Neuropsychology  
 Prescription Drugs  
 Treatment

**Source:** PsycINFO

### 113. Forensic considerations in blood alcohol evaluation.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(167-175) (2010)

**Author(s):** Spitz, Werner U

**Institution:** Spitz, Werner U.: Wayne State University School of Medicine, Detroit, MI

**Language:** English

**Abstract:** (from the chapter) This chapter discusses forensic considerations in blood alcohol evaluation. Alcohol is a drug with predictable effects. When we think of alcohol or alcoholic beverages, we mean ethyl alcohol, also known as ethanol. An overview of alcoholism and the resourcefulness of alcoholics is provided, and the contribution of alcohol to violence, injury and death is discussed. Effects of blood alcohol, and the disastrous consequences of depressants and sedatives taken with alcohol are also presented. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Intoxication](#)  
[\\*Alcoholism](#)  
[\\*Blood Alcohol Concentration](#)  
[\\*Drug Interactions](#)  
[\\*Forensic Psychology](#)  
 Alcohols  
 CNS Depressant Drugs  
 Death and Dying  
 Drug Usage Screening  
 Injuries  
 Sedatives  
 Violence

**Source:** PsycINFO

### 114. Expert witness in civil and criminal testimony.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(159-166) (2010)

**Author(s):** Miller, Norman S

**Institution:** Miller, Norman S.: Michigan State University, College of Human Medicine, Department of Medicine, East Lansing, MI

**Language:** English

**Abstract:** (from the chapter) An expert witness is a witness who, by virtue of skill, education, experience, or training, is held to have knowledge in a particular subject above that of the average layperson. In civil trials, there has been some criticism of the use of expert witnesses as they are often employed by both sides to advocate conflicting opinions, ultimately leaving a jury of laymen to decide which expert to believe. Despite the controversy, the importance of expert witnesses has been well-established throughout American law. Expert testimony and evidence has become a critical component of many civil and criminal cases, particularly in cases involving drug and alcohol addiction. An expert witness, in either a criminal or medical malpractice case involving addiction, often plays a vital role in the outcome of the litigation. In criminal cases, an expert can testify as to the mental status and capacity of a defendant when the crime took place. Such testimony will affect not only what the defendant is charged with at trial, but also what the defendant is ultimately convicted of and sentenced to. Additionally, in medical

malpractice cases, an expert participates in determining the merits of a claim before it is even filed with the court, and then continues to play a role throughout litigation. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Civil Law](#)  
[\\*Criminal Law](#)  
[\\*Drug Addiction](#)  
[\\*Expert Testimony](#)  
 Crime  
 Criminal Behavior  
 Legal Evidence  
 Legal Processes  
 Litigation  
 Professional Liability  
 Witnesses

**Source:** PsycINFO

#### 115. Medical malpractice.

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**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(135-157) (2010)

**Author(s):** Cooney, Mark

**Institution:** Cooney, Mark: Thomas M. Cooley Law School, Lansing, MI

**Language:** English

**Abstract:** (from the chapter) Medical malpractice refers to a medical professional's negligence in treating or diagnosing a patient (Trimel v. Lawrence Community Hosp. Rehab. Ctr., 2001). This chapter offers an overview of medical malpractice law and its application to addiction cases. Defenses, informed consent, assumption of risk, and the statute of limitations are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Diagnosis](#)  
[\\*Drug Addiction](#)  
[\\*Medical Sciences](#)  
[\\*Professional Liability](#)  
[\\*Treatment](#)  
 Alcoholism  
 Informed Consent  
 Laws  
 Legal Processes  
 Litigation  
 Patients  
 Risk Factors

**Source:** PsycINFO

#### 116. International law, public health and addiction.

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**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(113-133) (2010)

**Author(s):** Hammer, Peter J

**Institution:** Hammer, Peter J.: Wayne State University Law School, Detroit, MI

**Language:** English

**Abstract:** (from the chapter) What is the relationship between international law, public health and addiction? This chapter addresses three straightforward questions: (1) what is

international law; (2) how does international law relate to addiction; and (3) why is international law relevant to domestic practitioners struggling with the legal, medical and policy dimensions of addiction? The notion of practitioner is intentionally left vague. It includes research scientists studying addiction and physicians treating addiction. It includes lawyers and judges dealing with the legal aspects of addiction. It also includes social workers, community activists and policymakers confronting the problems of addiction and thinking creatively about law reform. The focus on practitioners reflects a deeper interest in the ways that members of global civil society are playing an increasingly important role in shaping the contours of international law. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Addiction](#)  
[\\*Globalization](#)  
[\\*Laws](#)  
[\\*Society](#)  
[Experimentation](#)  
[Nicotine](#)  
[Personnel](#)  
[Public Health](#)

**Source:** PsycINFO

#### 117. Domestic public health law.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(97-112) (2010)

**Author(s):** Stone, Lesley; Kim, Susan C

**Institution:** Stone, Lesley: Georgetown University, School of Foreign Service, Washington, DC; Kim, Susan C.: Georgetown University, O'Neill Institute for National and Global Health Law, Washington, DC

**Language:** English

**Abstract:** (from the chapter) The medicinal drug approval process in the United States and the agency that carries it out (the Food and Drug Administration (FDA)) are world-renowned for their safety and efficacy. The exceptions, where dangerous drugs are approved for use by the general population, are infrequent. While the FDA has broad power to keep drugs off the market and regulate their use, other agencies, such as the Department of Justice (DOJ), work to stem the flow and impact of illegal drugs. The United States has one of the world's highest incarceration rates (Liptak, 2008), due in no small part to our drug policies. The "war on drugs," declared in the 1970s, has channeled billions of dollars into keeping drugs out of the reach of citizens. Yet, it has been criticized for being ineffective, unfair and disproportionately impacting minorities. This chapter will explore how we regulate drugs in the United States, as well as federal law and policy surrounding the enforcement of the regulations. Legal and moral issues surrounding the classification of drug users as "abusers" or "offenders" versus "addicts" is a balance the United States is struggling with today. The enforcement paradigm holds that drug users have full moral culpability for their behavior and should be punished in order to protect society from those willing to break with social mores, or to serve as a deterrent to others that may be tempted to head down the same path. The medical paradigm holds that addiction is a disease that limits a person's ability to make rational choices and should be treated rather than punished. These frameworks are not absolute, and the challenge is to promulgate law and allocate resources in a way that successfully reduces the cost of addiction to society. The first part of this chapter will provide the legal framework for controlled substances, summarizing relevant legislation for both legal and illegal drugs. The second part will discuss the role of the major federal agencies in addiction and drug control policy. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

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

\*Drug Abuse  
 \*Drug Addiction  
 \*Drug Laws  
 \*Government Agencies  
 Criminal Behavior  
 Drug Therapy  
 Drug Usage  
 Drugs  
 Government Policy Making  
 Guilt  
 Incarceration  
 Law Enforcement  
 Morality  
 Public Health

**Source:** PsycINFO

#### 118. Bioethical decisions, substance use and addiction: The clinical context.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(81-96) (2010)

**Author(s):** Loue, Sana

**Institution:** Loue, Sana: Case Western Reserve University, School of Medicine, Department of Epidemiology and Biostatistics, Cleveland, OH

**Language:** English

**Abstract:** (from the chapter) This chapter has presented the various ethical issues that may confront the care provider in the context of providing care to patients who use substances, who suffer from substance dependence and/or who are in need of prescription medication for pain. Key issues for the physician that are common across these issues include: (1) Assessment of the patient's capacity to provide informed consent; (2) The physician's obligation to act in the best interest of the patient; (3) Potential conflict between what one perceives as one's ethical responsibility to the patient and existing legal obligations; and (4) The ethical obligation to provide care without bias or prejudice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Bioethics  
 \*Decision Making  
 \*Drug Addiction  
 \*Drug Therapy  
 \*Health Care Delivery  
 Drug Usage  
 Informed Consent  
 Legal Processes  
 Patients  
 Physicians  
 Prejudice  
 Prescription Drugs  
 Professional Ethics  
 Well Being

**Source:** PsycINFO

#### 119. Medical licensure and credentialing.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(55-74) (2010)

**Author(s):** Greenwood, Mark J; Beasley-Greenwood, Maureen

<b>Institution:</b>	Greenwood, Mark J.: Aero Med Spectrum Health, Grand Rapids, MI; Beasley-Greenwood, Maureen: Cherry Street Health Services, Grand Rapids, MI
<b>Language:</b>	English
<b>Abstract:</b>	(from the chapter) Medicine is a regulated profession because of the potential harm to the public if an incompetent or impaired physician is licensed to practice. After medical school education, postgraduate training and passing examinations a physician undergoes certification, licensure and credentialing. To protect the public from the unprofessional, unlawful, fraudulent or incompetent practice of medicine, each of the fifty states, the District of Columbia and the United States territories have a medical practice act that defines the practice of medicine and delegates the authority to enforce the law to a state medical board. Raising the subject of the incompetent or impaired physician also raises the question of the extent to which patients in particular, and the public in general, have the right to be informed of the risk that comes from the compromised condition. Further, how can this right be delineated in light of the conflict between the need to hold persons accountable only when appropriate, and on the other hand, the need for open reporting systems required if the healthcare system is to become increasingly safe? Of the entities that play important roles in balancing the interests and rights of the physician, patients and the public, this chapter will survey both peer review organizations and databases that compile information on various indicators of a physician's ability to practice medicine. It will also survey the topic of medical licensing boards, because whether by peer review actions, hospital credentialing actions, or criminal and civil proceedings, evidence of significant compromise on the part of a physician will inevitably lead to the medical licensing board. Finally, because part and parcel of any evidence of abuse of alcohol or drugs by a physician is the inference that his or her medical practice is also compromised, we discuss ways in which actions on the part of all parties involved can proceed with appropriate care and deliberation. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
<b>Publication Type:</b>	Book; Edited Book
<b>Subject Headings:</b>	<a href="#">*Alcohol Abuse</a> <a href="#">*Drug Abuse</a> <a href="#">*Medical Sciences</a> <a href="#">*Physicians</a> <a href="#">*Professional Licensing</a> <a href="#">Civil Law</a> <a href="#">Criminal Law</a> <a href="#">Databases</a> <a href="#">Hospitals</a> <a href="#">Litigation</a> <a href="#">Organizations</a> <a href="#">Patients</a> <a href="#">Peer Evaluation</a> <a href="#">Professional Certification</a>
<b>Source:</b>	PsycINFO

#### 120. Physician practice of addictions in medical practice.

<b>Citation:</b>	Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(37-53) (2010)
<b>Author(s):</b>	Miller, Norman S
<b>Institution:</b>	Miller, Norman S.: Michigan State University, College of Human Medicine, Department of Medicine, East Lansing, MI
<b>Language:</b>	English
<b>Abstract:</b>	(from the chapter) The role of physicians in the prevention and treatment of addictive disorders is growing in importance and magnitude. The public and managed care organizations are increasingly looking to physicians for leadership and advocacy for patients who have drug and alcohol addictions. The political climate and enormous need

combine to make the role of physicians essential to prevention and treatment strategies for addiction diseases. Efforts by physicians in the past have been slow and obstructionist, because of moral views and lack of training in alcohol and drug problems and disorders. Physicians who were not prepared to confront patients about their addictions, and nonphysicians who could treat but not communicate with the physicians, competed for the overall care of the patients. Frequently, patients had to bridge the gap at the expensive cost of delay in prevention and diagnosis of problematic use of alcohol and drugs. After reading this chapter you will be better able to understand: (1) The clinical prevalence of addictive disorders in the general, as well as special circumstance, populations; (2) The role of the physician in the prevention and treatment of addictive disorders; and (3) Methods to improve prevention and treatment of addictive disorders primarily through improving medical school education. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Drug Addiction](#)  
[\\*Physicians](#)  
[\\*Treatment](#)  
[Epidemiology](#)  
[Medical Education](#)  
[Medical Sciences](#)  
[Patients](#)

**Source:** PsycINFO

#### 121. Addictions and the law.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(17-35) (2010)

**Author(s):** Miller, Norman S; Spratt, Sara

**Institution:** Miller, Norman S.: Michigan State University, College of Human Medicine, Department of Medicine, East Lansing, MI; Spratt, Sara: Private Practice, Chicago, IL

**Language:** English

**Abstract:** (from the chapter) Addictions and the law are interwoven in court cases, legislative actions, constitutional law and administrative policy. In general, the law views alcohol and drug addiction as an illness in an individual who bears responsibility for its consequences, including punishment and therapeutic treatments. The individual is not completely guilty or absolved from criminal or civil responsibilities because of addictive disease. Increasingly, alcohol and drug disorders are considered the root causes of criminal and civil violations that can be ameliorated or eliminated through therapeutic actions sanctioned and monitored by the courts. The forensic psychiatrist and the generalist should acquaint themselves with the efficacy of addictions treatment and the importance and advantages of identifying addictive diseases in their patients. They must also consider the legal consequences for not informing patients of the treatment options for their addictions. If addiction treatment is viewed as an alterative consequence of addictive disease in legal cases, the psychiatrist can cooperate with the legal system to improve clinical care and reduce harm to self and others by those suffering from alcohol and drug disorders. In this model, addiction treatment becomes the "carrot" in mitigation and the legal consequences for not complying with the alternative are the "stick" to induce the individual to exercise personal responsibility in his or her decisions. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Adjudication](#)  
[\\*Alcoholism](#)  
[\\*Drug Addiction](#)  
[\\*Forensic Psychiatry](#)  
[\\*Law \(Government\)](#)

[Civil Law](#)  
[Criminal Law](#)  
[Drug Laws](#)  
[Government Policy Making](#)  
[Patients](#)  
[Physicians](#)  
[Psychiatrists](#)  
[Punishment](#)  
[Responsibility](#)  
[Treatment](#)

**Source:** PsycINFO

### 122. The basic legal structure and organization.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010(1-16) (2010)

**Author(s):** Baumgras, Anna

**Language:** English

**Abstract:** (from the chapter) The United States legal system is structured to protect individual rights and prevent overpowering government officials from violating those rights. The United States Constitution is the supreme source of law. It establishes and controls the legal system structure. All other laws are measured against, and must be consistent with, the Constitution. The Constitution establishes two basic levels of law: the state and the federal. At the federal level, the Constitution establishes three sources of law: the Executive Branch, the Legislative Branch, and the Judicial Branch. All states have enacted a state constitution, which establishes the structure of the state government. Often the state constitution resembles the United States Constitution, and therefore establishes a state executive branch, legislative branch and judicial branch. However, the state constitution details vary by state. State law also establishes and regulates local law, including county, city, township and village law. Each branch of government serves a distinct purpose in governing the country and provides a "check" on another branch to keep the government balanced. This chapter will focus on the federal system, including the Judicial Branch, basic constitutional rights and the Legislative Branch. It will also address how addictions interact with the law. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:**

- [\\*Civil Rights](#)
- [\\*Drug Addiction](#)
- [\\*Drug Laws](#)
- [\\*Government](#)
- [\\*Legal Processes](#)
- [Alcoholism](#)

**Source:** PsycINFO

### 123. Principles of addictions and the law: Applications in forensic, mental health, and medical practice.

**Citation:** Principles of addictions and the law: Applications in forensic, mental health, and medical practice., 2010 (2010)

**Author(s):** Miller, Norman S [Ed]

**Institution:** Miller, Norman S.: Michigan State University, College of Human Medicine, Department of Medicine, East Lansing, MI

**Language:** English

**Abstract:** (from the cover) This book discusses how the science of addiction may be relevant to the law, and how laws and legal practices pertain to clients with addiction problems. Written so as to be understandable to non-experts, chapters include basic definitions and concepts, and coverage of case law, statutes, landmark cases, and clinical vignettes in order to better

understand the material. Written by experts in addictive disease and forensic practitioners, this book bridges the knowledge gap between law and health practice as it relates to addiction. The book begins with an overview of how addictions are treated within the law, and moves on to privacy of medical records, bioethical decisions that relate to substance abuse and addiction, drug testing-what it can and can't show, forensic toxicology, epidemiology, co-morbidity, the general biology of addiction, and then the effects of substance abuse and addiction on special populations. Covering science and law across the US and internationally, this book provides information to mental health and medical practitioners for their own and their client's protection, it better prepares legal professionals to understand the science of addiction as it may relate to law, and can be used as a graduate level textbook for courses on law and addiction. The book is intended for mental health professionals, health practitioners, and legal professionals wanting to better understand laws and legal practices pertaining to clients with addiction problems. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Bioethics](#)  
[\\*Drug Addiction](#)  
[\\*Drug Laws](#)  
[\\*Epidemiology](#)  
[\\*Forensic Psychology](#)  
 Clients  
 Comorbidity  
 Decision Making  
 Drug Usage Screening  
 Litigation  
 Medical Records  
 Medical Treatment (General)  
 Mental Health  
 Privacy  
 Toxicity

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