

# Search Results

## Table of Contents

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Search History .....	page 3
1. Evidence-based practices in addiction treatment : review and recommendations for public policy. ....	page 4
2. Competition in general practice : prescriptions to the elderly in a list patient system. ....	page 4
3. Drug strategy 2010 : a panacea for drug addicts? .....	page 5
4. Measuring health and disability : manual for WHO disability assessment schedule. ....	page 5
5. Use of mass media campaigns to change health behaviour. ....	page 5
6. Coordination in networks for improved mental health service. ....	page 6
7. Re-orienting public health : rhetoric, challenges and possibilities for sustainability. ....	page 6
8. Stigmatised attitudes in independent pharmacies associated with discrimination towards individuals with opioid dependence .....	page 7
9. Does smoking cue-induced craving tell us anything important about nicotine dependence? .....	page 7
10. Alcohol and Russian mortality: a continuing crisis .....	page 7
11. How confident should we be that smoking cessation treatments work? .....	page 8
12. Cost-effectiveness of interventions to prevent alcohol-related disease and injury in Australia .....	page 8
13. 'I have no interest in drinking': a cross-national comparison of reasons why men and women abstain from alcohol use .....	page 8
14. Preventing heavy alcohol use in adolescents (PAS): cluster randomized trial of a parent and student intervention offered separately and simultaneously .....	page 9
15. Subtypes of major depression in substance dependence .....	page 9
16. First positive reactions to cannabis constitute a priority risk factor for cannabis dependence .....	page 9
17. Cigarettes and social differentiation in France: is tobacco use increasingly concentrated among the poor? .....	page 10
18. Adolescent smoking and depression: evidence for self-medication and peer smoking medication .....	page 10
19. Association of adolescent symptoms of depression and anxiety with daily smoking and nicotine dependence in young adulthood: findings from a 10-year longitudinal study .....	page 10
20. Were the changes to Sweden's maintenance treatment policy 2000-06 related to changes in opiate-related mortality and morbidity? .....	page 11
21. The impact of eliminating the global illicit cigarette trade on health and revenue .....	page 11
22. Failure to improve cigarette smoking abstinence with transdermal selegiline + cognitive behaviour therapy .....	page 11
23. Meta-analysis of drug-related deaths soon after release from prison .....	page 12
24. Collateral damage .....	page 12
25. Coalition conundrum .....	page 12
26. Needle syndrome .....	page 12
27. The addictive effects of alcohol and benzodiazepines on driving .....	page 13
28. Nicotine dependence and depression among women smokers on methadone maintenance .....	page 13
29. Relapse prevention in UK stop smoking services: current practice, systematic reviews of effectiveness and cost-effectiveness analysis .....	page 14
30. Drug prevention programmes for young people: where have we been and where should we be going? .....	page 15
31. Young people more likely to hold negative views of drug addiction .....	page 16

32. Alcohol consumption and body weight .....	page 16
33. Does socioeconomic inequality explain ethnic differences in nicotine dependence? Evidence from a New Zealand birth cohort .....	page 16
34. Prenatal drug exposure: infant and toddler outcomes .....	page 17
35. Addiction in pregnancy .....	page 18
36. Ethical issues and addiction .....	page 18
37. Substance use and women's health .....	page 19
38. Women and addiction: the importance of gender issues in substance abuse research .....	page 19
39. Smokers' reasons for quitting in an anti-smoking social context .....	page 20
40. Internet-based prevention for alcohol and cannabis use: final results of the Climate Schools course .....	page 21
41. Symptoms of nicotine dependence in a cohort of Swedish youths: a comparison between smokers, smokeless tobacco users and dual tobacco users .....	page 21
42. Prevention programs in the 21st century: what we do not discuss in public .....	page 22

## Search History

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

**1. Evidence-based practices in addiction treatment : review and recommendations for public policy.**

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**Citation:** Health Policy, 2010, vol./is. 97/2-3(93-104), 0168-8510

**Author(s):** Glasner-Edwards, Suzette; Rawson, Richard

**Language:** English

**Abstract:** The movement in recent years towards evidence-based practice (EBP) in health care systems and policy has permeated the substance abuse treatment system, leading to a growing number of federal and statewide initiatives to mandate EBP implementation. Nevertheless, due to a lack of consensus in the addiction field regarding procedures or criteria to identify EBPs, the optimal processes for disseminating empirically based interventions into real-world clinical settings have not been identified. Although working lists of interventions considered to be evidence-based have been developed by a number of constituencies advocating EBP dissemination in addiction treatment settings, the use of EBP lists to form policy-driven mandates has been controversial. This article examines the concept of EBP, critically reviews criteria used to evaluate the evidence basis of interventions, and highlights the manner in which such criteria have been applied in the addictions field. Controversies regarding EBP implementation policies and practices in addiction treatment are described, and suggestions are made to shift the focus of dissemination efforts from manualized psychosocial interventions to specific skill sets that are broadly applicable and easily learned by clinicians. Organizational and workforce barriers to EBP implementation are delineated, with corresponding recommendations to facilitate successful dissemination of evidence-based skills. [Abstract]

**Publisher:** 2010

**Subject Headings:** [Substance abuse treatment services](#)  
[United States of America](#)  
[Dissemination of research](#)  
[Evidence based practice](#)

**Source:** HMIC

**2. Competition in general practice : prescriptions to the elderly in a list patient system.**

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**Citation:** Journal of Health Economics, 2010, vol./is. 29/5(751-764), 01676296

**Author(s):** Kann, Inger Cathrine; Bi&#x00F8;rn, Erik; Lur&#x00E5;s, Hilde

**Language:** English

**Abstract:** Income motivation among general practitioners (GPs) is frequently discussed in the health economics literature. The question addressed in the present study on reimbursement drugs and addictive drugs is whether increased competition among GPs, which is part of a declared health policy to improve efficiency, contributes to more prescriptions for the elderly. The dataset comprises registered data of all prescribed drugs dispensed at pharmacies from the Norwegian Prescription Database merged with data on GPs. In choosing a method, particular attention is given to the fact that patients tend to be attracted to GPs who fit their preferences. Hence, we treat the composition of the patient list as endogenous. The results indicate that the stronger competition a GP faces, the more drugs are prescribed, which implies that GPs' prescription style may conflict with their role as gatekeepers, and even worse, it may be a hazard to patients' health. [Abstract]

**Publisher:** 2010

**Subject Headings:** [General practitioners](#)  
[Prescription drugs](#)  
[older people](#)  
[Patient choice](#)  
[Competition](#)  
[General practice prescribing](#)  
[Comparative studies](#)  
[Norway](#)

**Source:** HMIC

### 3. Drug strategy 2010 : a panacea for drug addicts?

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**Citation:** Pharmaceutical Journal, 2011, vol./is. 286/7634/5(12-13), 0031-6873

**Author(s):** Parsons, Graham

**Language:** English

**Abstract:** The 2010 Drug strategy from the government was published recently and has been trumpeted as a blueprint to end addiction. But does it do exactly what it says on the tin? [Introduction]

**Publisher:** 2011

**Subject Headings:** [Drug abuse views](#)  
[Government policy](#)  
[Drug addicts](#)

**Source:** HMIC

### 4. Measuring health and disability : manual for WHO disability assessment schedule.

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**Corporate/Institutional Author:** World Health Organization

**Language:** English

**Publisher:** Geneva : W.H.O., 2010

**Subject Headings:** [Measurement techniques](#)  
[Disabilities](#)  
[health status](#)  
[World Health Organization](#)

**Source:** HMIC

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

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**Citation:** Lancet, 2010, vol./is. 376/9748(1261-1271), 0140-6736

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

**Language:** English

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

**Publisher:** 2010

**Subject Headings:** [Health behaviour](#)  
[Good practices](#)  
[Effectiveness](#)  
[Outcomes](#)

[Mass media](#)  
[behaviour change](#)  
[Public health](#)

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

#### 6. Coordination in networks for improved mental health service.

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**Citation:** International Journal of Integrated Care, 2010, vol./is. 10/, 1568-4156  
**Author(s):** Hansson, Johan  
**Language:** English  
**Abstract:** INTRODUCTION: Well-organised clinical cooperation between health and social services has been difficult to achieve in Sweden as in other countries. This paper presents an empirical study of a mental health coordination network in one area in Stockholm. The aim was to describe the development and nature of coordination within a mental health and social care consortium and to assess the impact on care processes and client outcomes. METHOD: Data was gathered through interviews with 'joint coordinators' (n=6) from three rehabilitation units. The interviews focused on coordination activities aimed at supporting the clients' needs and investigated how the joint coordinators acted according to the consortium's holistic approach. Data on The Camberwell Assessment of Need (CAN-S) showing clients' satisfaction was used to assess on set of outcomes (n=1,262). RESULTS: The findings revealed different coordination activities and factors both helping and hindering the network coordination activities. One helpful factor was the history of local and personal informal cooperation and shared responsibilities evident. Unclear roles and routines hindered cooperation. CONCLUSIONS: This contribution is an empirical example and a model for organisations establishing structures for network coordination. One lesson for current policy about integrated health care is to adapt and implement joint coordinators where full structural integration is not possible. Another lesson, based on the idea of patient quality by coordinated care, is specifically to adapt the work of the local addiction treatment and preventive team (ATPT)-an independent special team in the psychiatric outpatient care that provides consultation and support to the units and serves psychotic clients with addictive problems. [Abstract]

**Publisher:** 2010  
**Subject Headings:** [Community mental health services](#)  
[Integrated care](#)  
[Sweden](#)  
[health & social care](#)  
[Coordination](#)  
[Networks](#)  
[Collaboration](#)

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

#### 7. Re-orienting public health : rhetoric, challenges and possibilities for sustainability.

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**Citation:** Critical Public Health, 2010, vol./is. 20/3(299-309), 0958-1596  
**Author(s):** Hanlon, Phil; Carlisle, Sandra  
**Language:** English  
**Abstract:** We make a case in this article for re-orienting public health, based on evidence that societies across the globe are now facing inevitable change for which public health remains insufficiently prepared. We focus on the relationship between different sustainability ideals, displayed through rhetoric and discourse and the reality of a number of challenges in the 'modern' world. We briefly describe discernible elements of public and policy rhetoric around sustainability, as an important background for public health

efforts, and present two significant public health discourses. We then outline some of the challenges to sustainability; some relate to the powerful social systems and cultural values associated with modernity, while others refer to broader environmental issues. These are not unconnected. We conclude by outlining the possibilities for sustainability, which include a transition to a more sustainable form of society that could lessen global inequalities, combat emerging problems, such as obesity, depression and addictive behaviours, and improve individual and social levels of well-being. We believe that this may well require a change of consciousness for a change of age, so the scope and scale of the required response should not be underestimated. [Abstract]

**Publisher:** 2010

**Subject Headings:** [Public health](#)  
[Addiction](#)  
[Depression](#)  
[Obesity](#)  
[Sustainability](#)  
[Public policy](#)

**Source:** HMIC

#### 8. Stigmatised attitudes in independent pharmacies associated with discrimination towards individuals with opioid dependence

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**Citation:** Psychiatrist, 2010, vol./is. 34/12, 1758-3209

**Author(s):** Luty, Jason; Kumar, Pramod; Stagias, Konstantinos

**Language:** English

**Abstract:** Record in progress

**Publication Type:** Article

**Subject Headings:** [Drug addiction](#)  
[Drug addicts](#)  
[Methadone](#)  
[Drug dispensing](#)  
[Pharmacies](#)  
[England](#)

**Source:** HMIC

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

#### 9. Does smoking cue-induced craving tell us anything important about nicotine dependence?

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**Citation:** Addiction, 2009, vol./is. 104/10, 0965-2140

**Author(s):** Perkins, Kenneth A

**Language:** English

**Abstract:** Record in progress

**Publication Type:** Article

**Subject Headings:** [Smoking](#)  
[Nicotine](#)  
[Drug addiction](#)  
[Psychological factors](#)  
[Analysis](#)

**Source:** HMIC

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

#### 10. Alcohol and Russian mortality: a continuing crisis

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**Citation:** Addiction, 2009, vol./is. 104/10, 0965-2140

**Author(s):** Leon, David A; Shkolnikov, Vladimir M; McKee, Martin  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article  
**Subject Headings:** [Alcoholism](#)  
[Mortality](#)  
[Statistics](#)  
[Russia](#)  
**Source:** HMIC  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

#### 11. How confident should we be that smoking cessation treatments work?

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**Citation:** Addiction, 2009, vol./is. 104/10, 0965-2140  
**Author(s):** Hughes, John R  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article  
**Subject Headings:** [Smoking cessation](#)  
[medical treatment](#)  
[Effectiveness](#)  
[Analysis](#)  
**Source:** HMIC  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

#### 12. Cost-effectiveness of interventions to prevent alcohol-related disease and injury in Australia

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**Citation:** Addiction, 2009, vol./is. 104/10, 0965-2140  
**Author(s):** Cobiac, Linda; Vos, Theo; Doran, Christopher; Wallace, Angela  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article  
**Subject Headings:** [Alcohol abuse](#)  
[Alcohol related problems](#)  
[Preventive measures](#)  
[Medical interventions](#)  
[Cost effectiveness](#)  
[Australia](#)  
**Source:** HMIC  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)

#### 13. 'I have no interest in drinking': a cross-national comparison of reasons why men and women abstain from alcohol use

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**Citation:** Addiction, 2009, vol./is. 104/10, 0965-2140  
**Author(s):** Bernards, Sharon; Graham, Kathryn; Kuendig, Herve; Obot, Isidore  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article

**Subject Headings:** [Alcohol](#)  
[Men](#)  
[Women](#)  
[Attitudes](#)  
[views](#)  
[Comparative studies](#)

**Source:** HMIC

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

#### 14. Preventing heavy alcohol use in adolescents (PAS): cluster randomized trial of a parent and student intervention offered separately and simultaneously

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**Citation:** Addiction, 2009, vol./is. 104/10, 0965-2140

**Author(s):** Koning, Ina M; Vollebergh, Wilma A M; Smit, Filip; Verdurmen, Jacqueline E E; van den Eijnden, Regina

**Language:** English

**Abstract:** Record in progress

**Publication Type:** Article

**Subject Headings:** [Young people](#)  
[Alcohol](#)  
[Drug abuse](#)  
[Preventive measures](#)  
[Medical interventions](#)  
[Evaluation](#)

**Source:** HMIC

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

#### 15. Subtypes of major depression in substance dependence

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**Citation:** Addiction, 2009, vol./is. 104/10, 0965-2140

**Author(s):** Niciu, Mark J; Chan, Grace; Gelernter, Joel; Arias, Albert J; Douglas, Kara

**Language:** English

**Abstract:** Record in progress

**Publication Type:** Article

**Subject Headings:** [Drug abuse](#)  
[Depression](#)  
[Analysis](#)

**Source:** HMIC

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

#### 16. First positive reactions to cannabis constitute a priority risk factor for cannabis dependence

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**Citation:** Addiction, 2009, vol./is. 104/10, 0965-2140

**Author(s):** le Strat, Yann; Ramoz, Nicolas; Horwood, John; Falissard, Bruno; Hassler, Christine

**Language:** English

**Abstract:** Record in progress

**Publication Type:** Article

**Subject Headings:** [Cannabis](#)  
[Drug addiction](#)  
[Psychology](#)

[Demographic studies](#)  
[France](#)

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

#### 17. Cigarettes and social differentiation in France: is tobacco use increasingly concentrated among the poor?

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**Citation:** Addiction, 2009, vol./is. 104/10, 0965-2140  
**Author(s):** Peretti Watel, Patrick; Seror, Valerie; Beck, Francois  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article  
**Subject Headings:** [Cigarettes](#)  
[Smoking](#)  
[Nicotine](#)  
[Drug addiction](#)  
[Socioeconomic factors](#)  
[France](#)

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

#### 18. Adolescent smoking and depression: evidence for self-medication and peer smoking medication

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**Citation:** Addiction, 2009, vol./is. 104/10, 0965-2140  
**Author(s):** Audrain McGovern, Janet; Rodriguez, Daniel; Kassel, Jon D  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article  
**Subject Headings:** [Smoking](#)  
[Depression](#)  
[Young people](#)  
[Medical interventions](#)  
[Peer groups](#)  
[Self medication](#)

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

#### 19. Association of adolescent symptoms of depression and anxiety with daily smoking and nicotine dependence in young adulthood: findings from a 10-year longitudinal study

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**Citation:** Addiction, 2010, vol./is. 105/9, 0965-2140  
**Author(s):** McKenziel, Maria; Olsson, Craig A; Jorm, Anthony F; Romaniuk, Helena; Patton, George C  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article  
**Subject Headings:** [Smoking](#)  
[Depression](#)  
[Young adults](#)  
[Prevalence of disease](#)  
[Nicotine](#)  
[Drug addiction](#)

[Australia](#)  
[Longitudinal studies](#)

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

#### 20. Were the changes to Sweden's maintenance treatment policy 2000-06 related to changes in opiate-related mortality and morbidity?

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**Citation:** Addiction, 2010, vol./is. 105/9, 0965-2140  
**Author(s):** Romelsjöl, Anders; Engdahl, Barbro; Stenbacka, Marlene; Fugelstad, Anna; Davstad, Ingrid  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article  
**Subject Headings:** [drugs](#)  
[Mortality](#)  
[medical treatment](#)  
[Policy](#)  
[Change](#)  
[Methadone](#)

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

#### 21. The impact of eliminating the global illicit cigarette trade on health and revenue

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**Citation:** Addiction, 2010, vol./is. 105/9, 0965-2140  
**Author(s):** Joossens, Luk; Merriman, David; Ross, Hana; Raw, Martin  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article  
**Subject Headings:** [Cigarettes](#)  
[Trade](#)  
[Legal factors](#)  
[Preventive measures](#)  
[health status](#)  
[Revenue estimates](#)

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

#### 22. Failure to improve cigarette smoking abstinence with transdermal selegiline + cognitive behaviour therapy

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**Citation:** Addiction, 2010, vol./is. 105/9, 0965-2140  
**Author(s):** Killen, Joel D; Fortmann, Stephen P; Murphy, Greer M; Hayward, Chris; Fong, Dalea  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article  
**Subject Headings:** [Smoking cessation](#)  
[Effectiveness](#)  
[Evaluation](#)  
[Nicotine](#)  
[Drug addiction](#)  
[medical treatment](#)

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

### 23. Meta-analysis of drug-related deaths soon after release from prison

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**Citation:** Addiction, 2010, vol./is. 105/9, 0965-2140  
**Author(s):** Merrall, Elizabeth L C; Kariminia, Azar; Binswanger, Ingrid A; Hobbs, Michael S; Farrell, Michael  
**Language:** English  
**Abstract:** Record in progress  
**Publication Type:** Article  
**Subject Headings:** [Ex prisoners](#)  
[drugs](#)  
[Mortality](#)  
[Meta analysis](#)

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

### 24. Collateral damage

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**Citation:** Druglink, 2010, vol./is. 25/6, 0957-3100  
**Author(s):** Hart, Sam  
**Language:** English  
**Abstract:** The author discusses the recent reduction in local authority budgets for youth work and the impact this will have on support for young drug users.  
**Publication Type:** Article  
**Subject Headings:** [Young people](#)  
[Youth work](#)  
[Drug addiction control](#)  
[Substance abuse](#)  
[Social policy](#)

**Source:** HMIC

### 25. Coalition conundrum

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**Citation:** Druglink, 2010, vol./is. 25/6, 0957-3100  
**Author(s):** Barnes, Martin  
**Language:** English  
**Abstract:** As of writing the new coalition government drug policy has not been released. The author discusses differing opinions on what form it is likely to take and the possible impacts on current approaches.  
**Publication Type:** Article  
**Subject Headings:** [Drug policy](#)  
[Social policy](#)  
[Drug addiction control](#)

**Source:** HMIC

### 26. Needle syndrome

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**Citation:** Druglink, 2010, vol./is. 25/6, 0957-3100  
**Author(s):** Stevens, Alex

**Language:** English

**Abstract:** The author discusses the possible negative correlation between injecting drug use and low levels of social welfare, and warns that removal of welfare support could increase the levels of UK drug abuse significantly especially in periods of high unemployment.

**Publication Type:** Article

**Subject Headings:** [Drug addiction](#)  
[Drug abuse](#)  
[Heroin](#)  
[Drug policy](#)  
[Social policy](#)  
[Economic recession](#)

**Source:** HMIC

### 27. The addictive effects of alcohol and benzodiazepines on driving

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**Citation:** Canadian Journal of Public Health, 2010, vol./is. 101/5, 0008-4263

**Author(s):** Maxwell, Hillary G; Dubois, Sacha; Weaver, Bruce; Bedard, Michel

**Language:** English

**Abstract:** Record in progress

**Publication Type:** Article

**Subject Headings:** [Alcohol](#)  
[benzodiazepines](#)  
[Driving](#)  
[Effects](#)

**Source:** HMIC

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

### 28. Nicotine dependence and depression among women smokers on methadone maintenance

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**Citation:** European Journal of General Practice, 2010, vol./is. 16/4, 1381-4788

**Author(s):** Khanna, N; Arnold, S; Sadaphal, S; Joshi, A; Stewart, D

**Language:** English

**Abstract:** Record in progress Tobacco use and depression are highly prevalent among methadone maintenance (MM) treatment programme participants. The authors aim was to study the relationship between nicotine dependence, depression, and readiness to change smoking behaviour among women smokers in MM compared to women smokers attending a primary care clinic (Control group). The authors conducted a cross-sectional survey of 117 MM women smokers and 50 controls attending a family medicine clinic. All participants completed a computerised self-administered questionnaire, including demographic information, medical history, and drug and tobacco use history. Participants also completed the Fagerstrom Test for Nicotine dependence (FTND), the Centre for Epidemiologic Studies Depression Scale (CES-I), and the University of Rhode Island Change Assessment (URICA) instrument. The results were, in this study 83% African American women had an average age of 43 years. Of the women smokers in the MM group, 95% were daily smokers compared to 46% in the Control group (P<0.05). The MM women smokers had CES-D scores of 22.5 compared to 14.7 in women of the Control group (P<0.0001). Women smokers in MM were significantly more likely to be depressed, more dependent on nicotine, and more ready to change their smoking behaviour. The conclusions were, the authors data show a higher level of nicotine dependence and depression, and greater readiness to change among women smokers in methadone maintenance programmes compared to women smokers attending primary care clinics. Methadone treatment programmes present a need and an opportunity to assess and intervene in nicotine dependence and depression and in addressing and eliminating health disparities. Cites numerous references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [Women](#)  
[Nicotine](#)  
[Drug addiction](#)  
[Methadone](#)  
[Depression](#)  
[Evaluation](#)

**Source:** HMIC

### 29. Relapse prevention in UK stop smoking services: current practice, systematic reviews of effectiveness and cost-effectiveness analysis

**Citation:** Health Technology Assessment, 2010, vol./is. 14/49, 1366-5278

**Author(s):** Coleman, T; Agboola, S; Leonardi Bee, J; Taylor, M; McEwen, A

**Language:** English

**Abstract:**

Record in progress Reducing smoking is a chief priority for governments and health systems like the UK National Health Service (NHS). The UK has implemented a comprehensive tobacco control strategy involving a combination of population tobacco control interventions combined with treatment for dependent smokers through a national network of NHS Stop Smoking Services (NHS SSS). The objectives of the study were to assess the effectiveness and cost-effectiveness of relapse prevention in NHS SSS. To (i) update current estimates of effectiveness on intervention for preventing relapse to smoking; (2) examine studies that provide findings that are generalisable to NHS SSS, and which test interventions that might be acceptable to introduce within the NHS; and (3) determine the cost-effectiveness of those relapse prevention interventions (RPIs) that could potentially be delivered by the NHS SSS. A systematic review of the literature and economic evaluation were carried out. In addition to searching the Cochrane Tobacco Addiction Group register of trials (2004 to July 2008), MEDLINE, the Cochrane Central Register of Controlled Trials., EMBASE, PsycINFO, the Science Citation Index and Social Science Citation Index were also searched. The project was divided into four distinct phases with different methodologies: qualitative research with a convenience sample of NHS SSS managers; a systematic review investigation the efficacy of RPIs; a cost-effectiveness analysis; and a further systematic review to derive the relapse curves for smokers receiving evidence-based treatment of the type delivered by the NHS SSS. The results were, qualitative research with 16 NHS SSS managers indicated that there was no shared understanding of what relapse prevention meant or of the kinds of interventions that should be used for this. The systematic review included 35 studies that randomised and delivered interventions to abstainers. 'Self-help' behavioural interventions delivered to abstainers who had achieved abstinence unaided were effective for preventing relapse to smoking at long-term follow-up (odds ratio (OR) 1.52, 95% confidence interval (CI) 1.15 to 2.01). The following pharmacotherapies were also effective as RPIs after their successful use in cessation treatments: bupropion at long-term follow-up (pooled OR 1.49, 95% CI 1.10 to 2.01); nicotine replacement therapy (NRT) at medium- (pooled OR 1.56, 95% CI 1.16 to 2.11) and long-term follow-ups (pooled OR 1.33, 95% CI 1.08 to 12.63) and one trial of varenicline also indicated effectiveness. The health economic analysis found that RPIs are highly cost-effective. Compared with 'no intervention'; using bupropion resulted in an incremental quality-adjusted life-year (QALY) increase of 0.07, with a concurrent NHS cost saving of 68; for NRT, spending 12 resulted in a 0.04 incremental QALY increase: varenicline resulted in a similar QALY increase as NRT, but at almost seven times the cost. Extensive sensitivity analyses demonstrated that cost-effectiveness ratios were more sensitive to variations in effectiveness than cost and that for bupropion and NRT, cost-effectiveness generally remained. Varenicline also demonstrated cost-effectiveness at a 'willingness-to-pay' threshold of 20,000 per QALY, but exceeded this when inputted values for potential effectiveness were at the lower end of the range explored. For all drugs, there was substantial relapse to smoking after treatment courses had finished. Quit attempts involving NRT appeared to have the highest early relapse rates, when trial participants would be expected to still be on treatment, but for those involving bupropion and

varenicline little relapse was apparent during this time. The limitations were the qualitative research sample was small. The conclusions were, based on the totality of evidence, RPIs are expected to be effective and cost-effective if incorporated into routine treatment within the NHS SSS. While staff within the NHS SSS were largely favourably inclined towards providing RPIs, guidance would be needed to encourage the adoption of the most effective RPIs, as would incentives that focused on the importance of sustaining quit attempts beyond the currently monitored four-week targets. Cites 166 references. [Journal abstract]

**Publication Type:** Article  
**Subject Headings:** [Smoking cessation](#)  
[medical treatment](#)  
[health services](#)  
[NHS](#)  
[Effectiveness](#)  
[Cost effectiveness](#)  
[Analysis](#)  
[Tabular data](#)  
[Statistical data](#)  
**Source:** HMIC

### 30. Drug prevention programmes for young people: where have we been and where should we be going?

**Citation:** Addiction, 2010, vol./is. 105/10, 1360-0443  
**Author(s):** Midford, R  
**Language:** English  
**Abstract:** Record in progress Substance use by young people has long been a concern of western society, but opinion is mixed as to which prevention approach offers the greatest benefit, and whether indeed there is any benefit at all. This paper reviews the nature of prevention programmes, the research evidence that underpins these programmes and the prevention objectives against which effectiveness is measured. The aim of this is to create better understanding of the elements that maximise programme effectiveness, what can be achieved by prevention programmes and how programmes can be improved. The findings were, there is a range of prevention approaches for which there is evidence of effectiveness. Some are classroom-based; some focus upon parenting; some have substantial whole-of-school and community elements; and some target risk and protective factors in early childhood. All, however, are based substantially on the social influence model. In an attempt to improve practice lists of effective programmes have been developed, but there are concerns about the science behind selection. On balance, there is consistent evidence that social influence prevention programmes do have a small, positive effect on drug use, but this then raises the question as to whether harm, rather than use, would be the more worthwhile target for prevention. prevention that seeks to reduce harm has been demonstrably effective, but has found little support in some jurisdictions. The conclusion was, research has created a progressively better understanding of how to optimise programme effectiveness and what can be achieved realistically by even the most effective programmes. However, further research is required to identify which, if any, particular approach offers greater promise. The effectiveness of harm reduction should be compared with more traditional abstinence and the additional effects of whole of school, parent and community elements need to be measured more accurately. Contemporary social influence prevention programmes are flawed, but the approach is still the best way of influencing drug use behaviour in young people as a whole. Evidence-based refinement is the best option for greater benefit. [Journal abstract]

**Publication Type:** Article  
**Subject Headings:** [drugs](#)  
[Preventive measures](#)  
[Health programmes](#)  
[Young people](#)

[Substance abuse](#)  
[Effectiveness](#)

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

### 31. Young people more likely to hold negative views of drug addiction

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**Citation:** Children & Young People Now, 2010  
**Author(s):** Cook, Ben  
**Language:** English  
**Abstract:** Young people aged 16 to 19 are more likely to have negative views of drug addiction than pensioners, according to a review of research into the stigmatisation of drug users. [Journal abstract]  
**Publication Type:** Article  
**Subject Headings:** [Young people](#)  
[older people](#)  
[Drug addiction](#)  
[views](#)  
[Attitudes](#)  
[Drug abusers](#)  
**Source:** HMIC

### 32. Alcohol consumption and body weight

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**Citation:** Health Economics, 2010, vol./is. 19/7, 1057-9230  
**Author(s):** French, Michael T; Norton, Edward C; Fang, Hai; Maclean, Johanna Catherine  
**Language:** English  
**Abstract:** The number of Americans who are overweight or obese has reached epidemic proportions. Elevated weight is associated with health problems and increased medical expenditures. This paper analyses Waves one and two of the National Epidemiological Survey of Alcohol and Related Conditions to investigate the role of alcohol consumption in weight gain. Alcohol is not only an addictive substance but also a high-calorie beverage that can interfere with metabolic function and cognitive processes. Because men and women differ in the type and amount of alcohol they consume, in the biological effects they experience as a result of alcohol consumption, and in the consequences they face as a result of obesity, the authors expect their results to differ by gender. They use first-difference models of body mass index (BMI) and alcohol consumption (frequency and intensity) to control for time-invariant unobservable factors that may influence changes in both alcohol use and weight status. Increasing frequency and intensity of alcohol use is associated with statistically significant yet quantitatively small weight gain for men but not for women. Moreover, the first-difference results are much smaller in magnitude and sometimes different in sign compared with the benchmark pooled cross-sectional estimates. Cites numerous references. [Journal abstract]  
**Publication Type:** Article  
**Subject Headings:** [Alcohol consumption](#)  
[Body weight](#)  
[Obesity](#)  
[body mass index](#)  
[Statistical data](#)  
[Tabular data](#)  
**Source:** HMIC

### 33. Does socioeconomic inequality explain ethnic differences in nicotine dependence? Evidence from a New Zealand birth cohort

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- Citation:** Australian and New Zealand Journal of Psychiatry, 2010, vol./is. 44/4, 0004-8674
- Author(s):** Marie, Dannette; Fergusson, David M; Boden, Joseph M
- Language:** English
- Abstract:** The present study examined the role of socioeconomic status and cultural identify in the association between ethnicity and nicotine dependence, in a birth cohort of >1,000 methods young people studied to age 30. Data were gathered on ethnicity, cultural identification, nicotine dependence, and socioeconomic factors, as part of a longitudinal study of a New Zealand birth cohort (the Christchurch Health and Development Study). Those reporting Maori identity had rates of nicotine dependence that were significantly higher ( $p < 0.05$ ) than rates for non-Maori. Control for socioeconomic factors reduced the associations between ethnic identify and nicotine dependence to statistical non-significance. In addition, there was no evidence of a statistically significant association between Maori cultural identity and nicotine dependence, nor was there evidence of gender differences in the association between ethnic identity and nicotine dependence, after controlling for socioeconomic factors. The conclusions were, the higher rates of nicotine dependence observed among Maori appear to be attributable to differences in socioeconomic status. Efforts to improve the socioeconomic standing of Maori should therefore help to reduce rates of nicotine dependence in this population. [Journal abstract]
- Publication Type:** Article
- Subject Headings:** [Nicotine](#)  
[Drug addiction](#)  
[Socioeconomic status](#)  
[Cultural identity](#)  
[ethnic groups](#)  
[Socioeconomic factors](#)  
[New Zealand](#)
- Source:** HMIC
- Full Text:** Available in *fulltext* at [EBSCO Host](#)

#### 34. Prenatal drug exposure: infant and toddler outcomes

- Citation:** Journal of Addictive Diseases, 2010, vol./is. 29/2, 1055-0887
- Author(s):** Bandstra, Emmalee S; Morrow, Connie E; Mansoor, Elana; Accornero, Veronica H
- Language:** English
- Abstract:** This manuscript provides an overview of the current scientific literature on the impact of maternal drug use, specificity opioids and cocaine, during pregnancy on the acute and long-term outcomes of infants and toddlers from birth through age three years. Emphasis with regard to opioids is placed on heroin and opioid substitutes used to treat opioid addiction, including methadone, which has long been regarded as the standard of care in pregnancy, and buprenorphine, which is increasingly being investigated and prescribed as an alternative to methadone. Controlled studies comparing methadone at high and low doses, as well as those comparing methadone with buprenorphine, are highlighted and the diagnosis and management of neonatal abstinence syndrome is discussed. Over the past two decades, attention of the scientific and lay community has also been focused on the potential adverse effects of cocaine and crack cocaine, especially during the height of the cocaine epidemic in the United States. Herein, the findings are summarised from prospective studies comparing cocaine-exposed with non-cocaine-exposed infants and toddlers with respect to anthropometric growth, infant neurobehaviour, visual and auditory function, and cognitive, motor, and language development. The potentially stigmatising label of the so-called 'crack baby' preceded the evidence now accumulating from well-designed prospective investigations that have revealed less severe sequelae in the majority of prenatally exposed infants than originally antidepressant. In contrast to opioids, which may produce neonatal abstinence syndrome and infant neurobehavioural deficits, prenatal cocaine exposure appears to be associated with what has been described as statistically significant but subtle decrements in neurobehavioural, cognitive, and

language function, especially when viewed in the context of other exposures and the care-giving environment which may mediate or moderate the effects. Whether these early findings may herald more significant learning and behavioural problems during school-age and adolescence when the child is inevitably confronted with increasing social and academic challenges is the subject of ongoing longitudinal research. Cites 92 references. [Journal abstract]

**Publication Type:** Article  
**Subject Headings:** [Pregnancy](#)  
[Drug abuse](#)  
[Infants](#)  
[Substance abuse](#)  
[Pregnant women](#)  
[Health behaviour](#)  
**Source:** HMIC

### 35. Addiction in pregnancy

**Citation:** Journal of Addictive Diseases, 2010, vol./is. 29/2, 1055-0887  
**Author(s):** Keegan, Joan; Parva, Mehdi; Finnegan, Mark; Gerson, Andrew; Belden, Michael  
**Language:** English  
**Abstract:** Substance abuse in pregnancy has increased over the past three decades in the United States, resulting in approximately 225,000 infants yearly with prenatal exposure to illicit substances. Routine screening and the education of women of child bearing age remain the most important ways to reduce addiction in pregnancy. Legal and illegal substances and their effect on pregnancy discussed in this review include opiates, cocaine, alcohol, tobacco, marijuana, and amphetamines. Most literature regarding opiate abuse is derived from clinical experience with heroin and methadone. Poor obstetric outcomes can be up to six times higher in patients abusing opiates. Neonatal care must be specialised to treat symptoms of withdrawal. Cocaine use in pregnancy can lead to spontaneous abortion, preterm births, placental abruption, and congenital anomalies. Neonatal issues include poor feeding, lethargy, and seizures. Mothers using cocaine require specialised prenatal care and the neonate may require extra supportive care. More than 50% of women in their reproductive years use alcohol. Alcohol is a teratogen and its effects can include spontaneous abortion, growth restriction, birth defects, and mental retardation. Fetal alcohol spectrum disorder can have long-term sequelae for the infant. Tobacco use is high among pregnant women, but this can be a time of great motivation to begin cessation efforts. Long-term effects of prenatal tobacco exposure include spontaneous abortion, ectopic pregnancy, placental insufficiency, low birth weight, fetal growth restriction, preterm delivery, childhood respiratory disease, and behavioural issues. Marijuana use can lead to fetal growth restriction, as well as withdrawal symptoms in the neonate. Lastly, amphetamines can lead to congenital anomalies and other poor obstetric outcomes. Once recognised, a multidisciplinary approach can lead to improved maternal and neonatal outcomes. Cites 63 references. [Journal abstract]

**Publication Type:** Article  
**Subject Headings:** [Drug addiction](#)  
[Pregnancy](#)  
[Women](#)  
[Drug abuse](#)  
[Substance abuse](#)  
[Alcohol abuse](#)  
**Source:** HMIC

### 36. Ethical issues and addiction

**Citation:** Journal of Addictive Diseases, 2010, vol./is. 29/2, 1055-0887  
**Author(s):** Lambert, Binta; Scheiner, Melissa; Campbell, Deborah

**Language:** English

**Abstract:** The epidemic of substance abuse continues to pose a significant challenge to clinicians nationwide. Although there is a tendency to simply associate drug abuse with poverty, the problem affects every social stratum gender and race; and pregnant women are no exception. Caring for pregnant, substance-using women and their infants presents complex legal and ethical issues. Debate is ongoing about whether criminal penalties should be imposed on women based solely on their use of alcohol and other drugs during pregnancy. Furthermore, controversies persist about the rights and wishes of pregnant women versus the interests of their fetuses. For health professionals, conflict arises when the pregnant woman chooses behaviours that have the potential to harm the developing fetus. The ethical dilemma arises from competing autonomy-based and beneficence-based obligations to the maternal-fetal dyad. This chapter explores the ethics-based conflicts in the delivery of healthcare to drug abusing pregnant women. Cites 46 references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [Ethics](#)  
[Drug abuse](#)  
[Substance abuse](#)  
[Mothers](#)  
[Drug addiction](#)

**Source:** HMIC

### 37. Substance use and women's health

**Citation:** Journal of Addictive Diseases, 2010, vol./is. 29/2, 1055-0887

**Author(s):** Kay, Abigail; Taylor, Trusandra E; Barthwell, Andrea G; Wichelecki, Jana; Leopold, Vera

**Language:** English

**Abstract:** Scientific findings show that substance abuse in women yields as higher risk of a variety of health problems than substance abuse in men. Research suggests that women experience addiction telescoping when they abuse alcohol, tobacco, specific stimulants, and possibly opioids. Medical side effects also develop more rapidly in women than men when they abuse many substances. Cancer and cardiac complications, specifically, pose a significant threat for women who abuse almost all types of substances. However, the physical consequences are not the only ones women suffer when they engage in substance abuse. Research on substance abuse in women ties opioids to mood and anxiety disorders, heroin to neurological deficiencies, cocaine to immune system suppression, and alcohol to intimate partner abuse. Additionally, female substance abusers, on average, have a lower level of education and lower rates of employment. In light of these gender-specific concerns, physicians should give particular consideration to detecting substance abuse in women. Cites 221 references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [Women](#)  
[Substance abuse](#)  
[Health effects](#)  
[Alcohol abuse](#)  
[Drug abuse](#)  
[Breast cancer](#)  
[Cardiovascular diseases](#)  
[Cancer](#)  
[Diabetes](#)  
[Osteoporosis](#)  
[Stroke](#)

**Source:** HMIC

### 38. Women and addiction: the importance of gender issues in substance abuse research

**Citation:** Journal of Addictive Diseases, 2010, vol./is. 29/2, 1055-0887

**Author(s):** Tuchman, Ellen

**Language:** English

**Abstract:** Substance use was considered to be primarily a male problem, and many substance abuse studies are conducted with a predominance of male participants. However, recent substance abuse research indicates significant gender differences in the substance-related epidemiology, social factors and characteristics, biological responses, progressions to dependence, medical consequences, co-occurring psychiatric disorders, and barriers to treatment entry, retention, and completion. The epidemiology of women's drug use presents challenges separate from those raised by men's drug use. A convergence of evidence suggests that women with substance use disorders are more likely than men to face multiple barriers affecting access and entry to substance abuse treatment. Gender-specific medical problems as a result of the interplay of gender-specific drug use patterns and sex-related risk behaviours create an environment in which women are more vulnerable than men to human immunodeficiency virus. Individual characteristics and treatment approaches can differentially affect outcomes by gender. All of these differences have important clinical, treatment, and research implications. Cites 109 references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [Women](#)  
[Gender groups](#)  
[Substance abuse](#)  
[Drug abuse](#)  
[Epidemiologic research](#)  
[Research](#)  
[Drug addiction treatment](#)

**Source:** HMIC

### 39. Smokers' reasons for quitting in an anti-smoking social context

**Citation:** Public Health, 2010, vol./is. 124/4, 0033-3506

**Author(s):** Baha, M; Le Faou, A L

**Language:** English

**Abstract:** The objective of the study was to examine the impact of the social de-normalization of smoking on smokers' motives for quitting and on subsequent abstinence in a context of intensified anti-smoking measures. This study is based on data from 13,746 French smokers who were registered in cessation services nationwide between September 2006 and September 2007. Motives freely reported by smokers on their first visit to a cessation service were explored through open coding. Bivariate methods and multivariate logistic regression analyses were used to assess the association with biochemically validated abstinence at one month follow-up. The results were, motives most frequently expressed by smokers were health concerns (55.0%) and cost of smoking (24.2%), but no significant association was found with abstinence. The highest abstinence rates were achieved by smokers motivated by their social network: 'motivated or pressured by others' (20.9%), 'setting a good example' (20.7%) and 'having a smoke-free social network' (20.3%). Smokers could no longer bear the social constraints of smoking: '(my) friends and family have all quit, (I) smoke outside all alone and feel left out' and 'I no longer want people to say with disgust that I smell of tobacco. I would like to be freed from this addiction because I'm ashamed of smoking, not at home but on the street'. The conclusion was, French smokers' motives for quitting reflect a social unacceptability of smoking which has been buttressed by measures intended to reduce tobacco use. Through smoke-free social networks, and de-normalization of smoking appears to improve short-term abstinence. Cites 27 references. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [Smokers](#)

Smoking  
 Cultural change  
 Cultural factors  
 Sociocultural factors  
 Smoking cessation  
 France

**Source:** HMIC

#### 40. Internet-based prevention for alcohol and cannabis use: final results of the Climate Schools course

**Citation:** Addiction, 2010, vol./is. 105/4, 0965-2140

**Author(s):** Newton, Nicola C; Teesson, Maree; Vogl, Laura E; Andrews, Gavin

**Language:** English

**Abstract:** The aims of the study were to establish the long-term efficacy of a universal internet-based alcohol and cannabis prevention programme in schools. A cluster-randomised controlled trial was conducted to assess the effectiveness of the Climate Schools: Alcohol and Cannabis Course. The evidence-based course, aimed at reducing alcohol and cannabis use, is facilitated by the internet and consists of 12 novel and curriculum consistent lessons delivered over six months. A total of 764 year eight students (13 years) from 10 Australian secondary schools were allocated randomly to the internet-based prevention programme (n=397, five schools), or to their usual health classes (n=367, five schools). Participants were assessed at baseline, immediately post, and six and 12 months following completion of the intervention, on measures of alcohol and cannabis knowledge, attitudes, use and related harms. This paper reports the final results of the intervention trial, 12 months following the completion of the Climate Schools: Alcohol and Cannabis Course. The effectiveness of the course six months following the intervention has been reported previously. At the 12-month follow-up, compared to the control group, students in the intervention group showed significant improvements in alcohol and cannabis knowledge, a reduction in average weekly alcohol consumption and a reduction in frequency of drinking to excess. No differences between groups were found on alcohol expectancies, cannabis attitudes or alcohol-and cannabis related harms. The course was found to be acceptable by teachers and students as a means of delivering drug education in schools. The conclusions were, Internet-based prevention programs for school-age children can improve student's knowledge about alcohol and cannabis, and may also reduce alcohol use twelve months after completion. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** Schoolchildren  
 Alcohol  
 Cannabis  
 Drug education  
 Internet  
 Preventive measures  
 Australia

**Source:** HMIC

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

#### 41. Symptoms of nicotine dependence in a cohort of Swedish youths: a comparison between smokers, smokeless tobacco users and dual tobacco users

**Citation:** Addiction, 2010, vol./is. 105/4, 0965-2140

**Author(s):** Post, Ann; Gilljam, Hans; Rosendahl, Ingvar; Bremberg, Sven; Galanti, Maria Rosaria

**Language:** English

**Abstract:** The aims of the study were to determine whether symptoms of nicotine dependence, addiction and withdrawal symptoms differ between exclusive smokers, exclusive snus (moist snuff) users and dual users. The design was a cross-sectional survey of a cohort sub-sample. The setting was County of Stockholm, Sweden. The participants were,

current exclusive smokers (n=466), exclusive snus users (n=209) and dual users (n=144), mean age 17.6 years. The measurements were, self-reported life-time experience of nicotine dependence and withdrawal symptoms in periods of discontinued tobacco use. Selected items from the modified Fagerstrom Tolerance Questionnaire (mFTQ), the Hooked on Nicotine Checklist (HONC) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The odds ratio of endorsing each of four mFTQ items as well as the HONC item investigating the risk of feeling addicted to tobacco was two to five-fold higher for exclusive snus users and for dual users compared to exclusive smokers. One DSM-IV item (difficult to refrain from use) was elevated among dual users compared to smokers. Dual users reported the highest prevalence of any withdrawal symptom in contrast to exclusive snus users, who reported a lower risk of withdrawal symptoms compared to exclusive smokers. The conclusions were, smokeless tobacco users show symptoms of nicotine dependence at least as frequently as cigarette smokers. Symptoms of nicotine dependence and of withdrawal during quit attempts are particularly frequent in the subgroup of users who combine smokeless tobacco with smoking. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [Nicotine](#)  
[Drug addiction](#)  
[Young people](#)  
[Addiction](#)  
[Withdrawal symptoms](#)  
[Smoking](#)  
[Chewing tobacco](#)

**Source:** HMIC

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

#### 42. Prevention programs in the 21st century: what we do not discuss in public

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**Citation:** Addiction, 2010, vol./is. 105/4, 0965-2140

**Author(s):** Holder, Harold

**Language:** English

**Abstract:** Prevention research concerning alcohol, tobacco and other drugs faces a number of challenges as the scientific foundation is strengthened for the future. Seven issues which the prevention research field should address are discussed: lack of transparency in analyses of prevention program outcomes, lack of disclosure of copyright and potential for profit/income during publication, post-hoc outcome variable selection and reporting only outcomes which show positive and statistical significance at any follow-up point, tendency to evaluate statistical significance only rather than practical significance as well, problem of selection bias in terms of selecting subjects and limited generalizability, the need for confirmation of outcomes in which only self-report data are used and selection of appropriate statistical distributions in conducting significance testing. In order to establish a solid scientific base for alcohol, tobacco and drug prevention, this paper calls for discussions, disclosures and debates about the above issues (and others) as essential. In summary, the best approach is always transparency. [Journal abstract]

**Publication Type:** Article

**Subject Headings:** [Preventive measures](#)  
[Research](#)  
[Alcohol](#)  
[Tobacco](#)  
[drugs](#)  
[Self reporting](#)  
[Statistical analysis](#)

**Source:** HMIC

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