

# 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. School-based alcohol and other drug prevention.**

---

- Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(545-560) (2012)
- Author(s):** Newton, Nicola C; Conrod, Patricia; Teesson, Maree; Faggiano, Fabrizio
- Correspondence Address:** Newton, Nicola C.: National Drug and Alcohol Research Centre, University of New South Wales, Randwick, NSW, Australia, 2052, nickien@unsw.edu.au
- Institution:** Newton, Nicola C.: National Drug and Alcohol Research Centre, University of New South Wales, Randwick, NSW; Conrod, Patricia: National Addiction Centre, Institute of Psychiatry, King's College London, London; Teesson, Maree: National Drug and Alcohol Research Centre, University of New South Wales, Randwick, NSW; Faggiano, Fabrizio: Department of Clinical and Experimental Medicine, Avogadro University, Novara
- Language:** English
- Abstract:** (from the chapter) The need to prevent the use of alcohol and other drugs is clearly highlighted by the high prevalence rates of these drugs by young people throughout the world and the significant associated harms. The detrimental effects of substance use are robust and include strains on forming and maintaining healthy relationships, disruption to educational and vocational paths, and hindrance to overall social development. In addition, the burden of disease, social costs, and disability associated with this use are considerable. The peak of this disability occurs in those aged 15-24 years and corresponds with the typical age of initiation of alcohol and drug use. Early initiation to substance use is concerning as it is a strong risk factor for the later development of substance use disorders and co-morbid mental health problems. To reduce the occurrence and cost of such problems, preventative interventions need to be initiated early before problems begin to cause disability, and vocational, educational and social harms. Given that school-based drug prevention is the primary means by which drug education is delivered, it is essential to focus on increasing programme efficacy. This chapter will review the evidence base and outline the common approaches to school-based drug prevention. It will then discuss the effective components of prevention programmes as well as the obstacles which commonly impede on program effectiveness. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Book; Edited Book
- Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Drug Education](#)  
[\\*Educational Program Evaluation](#)  
[\\*School Based Intervention](#)  
[Drugs](#)  
[Epidemiology](#)  
[Evidence Based Practice](#)  
[Risk Factors](#)  
[Schools](#)
- Source:** PsycINFO

**2. Medical student and physician education in substance use disorders.**

---

- Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(531-544) (2012)
- Author(s):** Wyatt, Stephen A; Wilford, Bonnie B
- Correspondence Address:** Wyatt, Stephen A.: Dual Diagnosis Program, Middlesex Hospital, 20 Jericho Drive, Old Lyme, CT, US, 06371, WyattSA@sbcglobal.net
- Institution:** Wyatt, Stephen A.: Dual Diagnosis Program, Middlesex Hospital, Old Lyme, CT; Wilford, Bonnie B.: Coalition on Physician Education in Substance Use Disorders (COPE), Yale University School of Medicine, Easton, MD

<b>Language:</b>	English
<b>Abstract:</b>	(from the chapter) Research consistently demonstrates that substance use disorders (SUDs) constitute a major public health problem in the USA and around the world. In fact, SUDs account for approximately one in four deaths in the USA each year and result in more lives lost, illness, and disability than any other preventable health condition. Persons with SUDs include those who use illicit drugs as well as those who use alcohol, prescription medications, or over-the-counter products in ways that vary from recommended practices. Substance use disorders are conceptualized as occurring on a continuum that ranges from at-risk or hazardous use; through problematic or harmful use and abuse; and ultimately leading to dependence or addiction. The general health care system in the USA offers an ideal opportunity to identify and treat persons afflicted with SUDs and thereby to reduce associated adverse health, family, and societal effects. Physicians are particularly well positioned to intervene effectively with patients who have these disorders. Yet there is evidence that physicians are not adequately prepared to take advantage of this opportunity. In a survey of 1,082 physicians that asked about screening practices regarding illicit drug use, 68% reported that they routinely screen patients, while 55% said they routinely offer referral to treatment to those patients who screen positive. However, 15% reported that they do not intervene, even when signs of SUD are apparent. This chapter outlines the rationale for greater physician involvement in recognizing and treating patients with SUDs, describes core clinical competencies and didactic initiatives for all physicians, reviews current barriers to improved medical education about SUDs, and presents strategies for overcoming those barriers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
<b>Publication Type:</b>	Book; Edited Book
<b>Subject Headings:</b>	<a href="#">*Drug Abuse</a> <a href="#">*Drug Usage Screening</a> <a href="#">*Medical Education</a> <a href="#">*Medical Students</a> <a href="#">*Physicians</a> <a href="#">Disorders</a> <a href="#">Drug Rehabilitation</a> <a href="#">Involvement</a> <a href="#">Public Health</a> <a href="#">Treatment Barriers</a>
<b>Source:</b>	PsycINFO

### 3. Drugs of abuse and traffic safety.

<b>Citation:</b>	Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(523-530) (2012)
<b>Author(s):</b>	Penning, Renske; Veldstra, Janet; Daamen, Anne P; Olivier, Berend; Verster, Joris C
<b>Correspondence Address:</b>	Penning, Renske: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Universiteitsweg 99, Utrecht, Netherlands, 3584 CG, rpenning@uu.nl
<b>Institution:</b>	Penning, Renske: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht; Veldstra, Janet: Faculty of Behavioural and Social Sciences, Section Experimental Psychology, University of Groningen, Groningen; Daamen, Anne P.: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht; Olivier, Berend: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht; Verster, Joris C.: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht
<b>Language:</b>	English
<b>Abstract:</b>	(from the chapter) This chapter discusses traffic safety and drug and alcohol use. In most Western countries, alcohol prevalence in traffic crashes and fatalities has been declining since the early 1980s. This is probably due to successful public health campaigns and

vigorous enforcement. In contrast, the number of drug-impaired drivers seems to increase and so is the prevalence of combined alcohol and drug driving. Roadside studies estimate the prevalence of drug-impaired drivers between 1 and 15%. A report by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), based on different driving studies in Europe, Australia, the USA, and Canada, estimates the prevalence of a combination of drugs and alcohol in the general driving population between 0.3% and 1.3%. These increasing numbers are of concern, since drugged drivers are, like alcohol-impaired drivers, significantly more likely to be culpable for a fatal accident. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Driving Under the Influence](#)  
[\\*Drug Abuse](#)  
[\\*Highway Safety](#)  
[\\*Motor Traffic Accidents](#)  
[Alcohol Drinking Patterns](#)  
[Drug Usage](#)

**Source:** PsycINFO

#### 4. Occupational impact of drug abuse and addiction.

---

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(511-521) (2012)

**Author(s):** Slaymaker, Valerie J

**Correspondence Address:** Slaymaker, Valerie J.: Butler Center for Research, Hazelden, Center City, MN, US, 55012-0011, vslaymaker@hazelden.org

**Institution:** Slaymaker, Valerie J.: Butler Center for Research, Hazelden, Center City, MN

**Language:** English

**Abstract:** (from the chapter) It may be surprising to learn that the majority of alcohol and drug-using individuals are gainfully employed full- or part-time. This equates to millions in the workforce whose substance use may create work-related problems and consequences. Studies have demonstrated the negative impact of substance use on worker productivity, safety, and functioning that result in substantial economic and societal costs. Strategies to address substance use among employees include workplace education and awareness campaigns, drug testing. Employee Assistance Programs, and other intervention efforts. Despite the popularity of such services, there is a relative lack of experimental study of their impact. Nonetheless, recent studies have begun to document the benefit of workplace programs on worker productivity and safety. Future study is needed to experimentally test workplace interventions, document cost-benefit ratios, and replicate findings across work sites. Additional work is necessary to address barriers faced by human resource professionals when identifying and addressing substance use problems among the workforce (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Drug Abuse](#)  
[\\*Employee Assistance Programs](#)  
[\\*Employee Productivity](#)  
[\\*Human Resource Management](#)  
[Alcoholism](#)

**Source:** PsycINFO

#### 5. Legal aspects of drug addiction.

---

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(505-510) (2012)

**Author(s):** Lader, Malcolm

**Correspondence Address:** Lader, Malcolm: Institute of Psychiatry, Kings College, London, United Kingdom, malcolm.lader@kcl.ac.uk

**Institution:** Lader, Malcolm: Institute of Psychiatry, Kings College, London

**Language:** English

**Abstract:** (from the chapter) Human societies are regulated by social rules which can be formalised as laws. The principles and philosophy upon which laws are based often differ fundamentally from country to country. The law is so closely involved in the regulation of drug addiction because, firstly, the disorder follows the epidemiological model of a communicable, 'infectious disease', and needs containment. Secondly, drug addiction imposes enormous personal, social and economic burdens. The law may also govern the conduct of research into the problems of addiction, both animal and human studies. The debate concerning prohibition or liberalisation of drug legislation has been conducted fiercely for many years and has raised many issues. The legal situation has unfortunately tended to become polarised with experts and lay people backing up their arguments with purblind opinions rather than firm factual evidence-based reasoning. For example, those enforcing the law may regard any use of illicit drugs as problematic or fundamentally undesirable; those seeking to legalise some forms of drug misuse consider that most such drug use does not raise problems: rather, the problems arise from the illegal designation of much widespread recreational drug use. A major difference between the two sides relates to the effectiveness or otherwise of drug enforcement measures. This is a contentious subject and opinions diverge radically. Whatever the differences, both sides agree that drug use is dangerous. They differ in how to lessen harm. One side advocates legislation, the other a medical approach. Research should be directed towards monitoring outcomes of legal measures to see if their effects in practice attain pre-specified goals, say lessening of overall usage or of a particular type of harm. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Laws](#)  
[\\*Legal Processes](#)  
[Drug Usage](#)  
[Drugs](#)  
[Society](#)

**Source:** PsycINFO

## 6. Gambling and drug abuse.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(489-496) (2012)

**Author(s):** Petry, Nancy M; Champine, Robey

**Correspondence Address:** Petry, Nancy M.: Calhoun Cardiology Center, University of Connecticut Health Center, 263 Farmington Avenue, Farmington, CT, US, 06030-3944, npetry@uchc.edu

**Institution:** Petry, Nancy M.: Calhoun Cardiology Center, University of Connecticut Health Center, Farmington, CT; Champine, Robey: Calhoun Cardiology Center, University of Connecticut Health Center, Farmington, CT

**Language:** English

**Abstract:** (from the chapter) Pathological gambling shares many similarities to substance use disorders, including some diagnostic criteria and high rates of comorbidity. This chapter reviews epidemiological and treatment studies exploring the relationship between disordered gambling and substance use. It also delineates the increased problems experienced by individuals with both disorders. Further, this chapter describes treatment interventions for individuals with gambling problems. Existing research demonstrates the efficacy of cognitive-behavioral therapy for pathological gambling as well as motivational enhancement therapy for gambling behavior problems. Based on consideration of these

findings, we suggest an integrated treatment approach to assist dually diagnosed clients in overcoming concurrent gambling and substance use problems. However, further empirical research is needed to evaluate the efficacy of treatments specifically for this dually diagnosis population. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Comorbidity](#)  
[\\*Diagnosis](#)  
[\\*Drug Abuse](#)  
[\\*Pathological Gambling](#)  
[\\*Treatment](#)  
[Cognitive Behavior Therapy](#)  
[Drug Rehabilitation](#)  
[Dual Diagnosis](#)  
[Intervention](#)  
[Mental Disorders](#)  
[Motivational Interviewing](#)  
[Multimodal Treatment Approach](#)  
[Public Health](#)  
[Treatment Effectiveness Evaluation](#)

**Source:** PsycINFO

### 7. Suicidal behavior in alcohol and drug abuse.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(479-487) (2012)

**Author(s):** Sher, Leo

**Correspondence Address:** Sher, Leo: James J. Peters Veterans' Administration Medical Center and Mount Sinai School of Medicine, 130 West Kingsbridge Road, Bronx, NY, US, 10468, Leo.Sher@mssm.edu

**Institution:** Sher, Leo: James J. Peters Veterans' Administration Medical Center and Mount Sinai School of Medicine, Bronx, NY

**Language:** English

**Abstract:** (from the chapter) Suicidal behavior is common among individuals with substance use disorders. The large population of individuals with alcohol and drug abuse and dependence, the relative frequency of suicides and suicide-related behaviors in this population, and the devastating effects of attempted and completed suicides on individuals, families, and society make this an important area for clinical and research work. Multiple lines of evidence suggest that lower serotonin activity is tied to increased aggression/impulsivity which in turn is presumed to enhance the probability of suicidal behavior. Dopaminergic dysfunction may play a role in the pathophysiology of suicidal behavior in alcoholism. Alcohol and drugs can damage the brain in many ways. The brain is vulnerable to the toxic effects of alcohol and drugs and can be affected by substance-related damage to other organs, including the liver, pancreas, and heart. Brain damage and neurobehavioral deficits are associated with suicidal behavior. It is possible that cognitive abnormalities contribute to increased suicidality in individuals with alcohol use disorders. Low selenium status is associated with depressed mood, anxiety, and cognitive decline. These symptoms are commonly observed in persons with alcohol use disorders. Selenium deficiency may play a role in the pathophysiology of depression and suicidal behavior in individuals with alcohol abuse. Cocaine use is associated with suicidal behavior. The management of the suicidal patient with substance abuse/dependence involves three components: first, the diagnosis and treatment of existing substance abuse and other psychiatric disorders; second, the assessment of suicide risk and limiting access to the most lethal methods for suicide; and third, specific treatment to reduce the diathesis or propensity to attempt suicide. Treatments designed to enhance social supports and foster abstinence from alcohol and drugs, together with those directed at the resolution of major depression, often reduce the risk of suicide. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Abuse](#)  
[\\*Pathophysiology](#)  
[\\*Suicide](#)  
[\\*Suicide Prevention](#)  
Cocaine  
Diagnosis  
Dietary Supplements  
Dopamine  
Drug Addiction  
Drug Rehabilitation  
Serotonin  
Treatment

**Source:** PsycINFO

### 8. Drug use and abuse and human aggressive behavior.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(467-477) (2012)

**Author(s):** Hoaken, Peter N. S.; Hamill, Vanessa L; Ross, Erin H; Hancock, Megan; Lau, Megan J; Tapscott, Jennifer L

**Correspondence Address:** Hoaken, Peter N. S.: Department of Psychology, University of Western Ontario, London, ON, Canada, N6A 3K7, phoaken@uwo.ca

**Institution:** Hoaken, Peter N. S.: Department of Psychology, University of Western Ontario, London, ON; Hamill, Vanessa L: Department of Psychology, University of Western Ontario, London, ON; Ross, Erin H.: Department of Psychology, University of Western Ontario, London, ON; Hancock, Megan: Department of Psychology, University of Western Ontario, London, ON; Lau, Megan J.: Department of Psychology, University of Western Ontario, London, ON; Tapscott, Jennifer L.: Department of Psychology, University of Western Ontario, London, ON

**Language:** English

**Abstract:** (from the chapter) This chapter discusses the prominent drugs of use and abuse, and the evidence that each is related to heightened human aggressive behavior. In instances where the evidence for a relationship between the drug in question and aggression is strong, putative explanatory mechanisms will be discussed in the context of the four mechanisms described above. We will focus on the effects of proximal drug administration (notably intoxication), but when relevant studies are available, we will also discuss the drug-aggression relationship in terms of the effects of chronic-use (i.e., neurotoxic effects), and/or with some withdrawal syndrome. For each of the drug classes, we will begin with a reiteration of what conclusions were reached in our last review of this literature, and will then follow with an integration of what studies have emerged since that time, or were not included in that review, and then a statement about what new conclusions, if any, may be reached. We begin this review with alcohol, for three reasons: (1) it is the drug with the greatest prevalence of both use and abuse; (2) it is a pharmacologically complex drug, with several properties which might be seen as having the potential to increase aggressivity; and (3) it is, by far, the drug with the greatest amount of empirical evidence to support its direct aggression-inducing properties. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Aggressive Behavior](#)  
[\\*Alcohol Abuse](#)  
[\\*Antisocial Behavior](#)  
[\\*Drug Abuse](#)  
[\\*Violent Crime](#)  
Alcohol Withdrawal

[Drug Withdrawal](#)  
[Drugs](#)  
[Mental Disorders](#)  
[Neurotoxicity](#)  
[Prescription Drugs](#)

**Source:** PsycINFO

### 9. Drug abuse and addiction in elderly.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(455-465) (2012)

**Author(s):** Simoni-Wastila, Linda; Yang, Hui-Wen Keri

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**Language:** English

**Abstract:** (from the chapter) Misuse and abuse of legal and illegal drugs constitute a current and growing problem among older adults. This chapter reviews the prevalence, risks and protective factors, screening and diagnosis, and treatment of drug abuse in older adults. Despite a wealth of information on the epidemiology and treatment of alcohol abuse in older adults, few data are available on drug abuse in this population. Limited evidence suggests that although illegal drug use among older adults is relatively rare compared to younger adults and adolescents, there is a growing problem of prescription drug misuse and abuse, with nonmedical use of prescription drugs among all adults aged >50 years estimated to increase to 2.7 million by 2020. Factors associated with drug misuse and abuse in older adults include female sex, social isolation, history of a substance use or mental health disorder, and medical exposure to prescription drugs with abuse potential. The paucity of validated screening and assessment instruments impedes the identification and diagnoses of substance use disorders in the older population. Thus, special approaches may be necessary when treating substance use disorders in older adults with multiple comorbidities and/or functional impairment, with the least intensive approaches considered first. In conclusion, psychoactive medications with abuse potential are used by at least one in four older adults. The treatment of substance use disorders in older adults may involve family and caretakers, and should take into account the unique physical, emotional, and cognitive factors associated with aging. Further research should focus on epidemiologic, health services, and screening and treatment aspects of drug abuse in older adults. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Aging](#)  
[\\*Drug Abuse](#)  
[\\*Drug Addiction](#)  
[\\*Epidemiology](#)  
[Age Differences](#)  
[Alcohol Abuse](#)  
[Drug Rehabilitation](#)  
[Drug Usage Screening](#)  
[Drugs](#)  
[Prescription Drugs](#)

**Source:** PsycINFO

### 10. Fetal alcohol spectrum disorder.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(443-452) (2012)

**Author(s):** Kilgour, Andrea R; Chudley, Albert E

**Correspondence Address:** Chudley, Albert E.: Department of Pediatrics, University of Manitoba, Winnipeg, MB, Canada, R3A IR9, achudley@hsc.mb.ca

**Institution:** Kilgour, Andrea R.: Department Clinical Health Psychology, University of Manitoba, Winnipeg, MB; Chudley, Albert E.: Department of Pediatrics, University of Manitoba, Winnipeg, MB

**Language:** English

**Abstract:** (from the chapter) One of the most tragic outcomes of a woman's addiction to or abuse of alcohol is the effects on the unborn child. Fetal Alcohol Spectrum Disorder (FASD) is common and preventable. Western estimates suggest that FASD affects 1% of the population, and in some communities, the frequency is much higher. Fetal Alcohol Spectrum Disorder is caused by a mother's use of alcohol with or without other substances of abuse that can result in permanent physical and neurodevelopmental impairments to her unborn child. In addition to the primary effects of FASD, affected children are at risk of developing secondary disabilities, including drug and alcohol addictions. It is uncertain what factors, genetic and/or environmental, lead to this addiction. The individual, social, and financial costs are enormous. Multidisciplinary teams have been developed to improve ascertainment of, and standardized approaches to, FASD diagnosis. Strategies and mentorship programs have been developed to better recognize and support women at risk for having FASD children. We discuss issues specific to the treatment and management of FASD adolescents and adults who are struggling with addiction to alcohol and other substances. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Alcoholism](#)  
[\\*Disease Management](#)  
[\\*Fetal Alcohol Syndrome](#)  
[\\*Human Females](#)  
[Alcohol Abuse](#)  
[At Risk Populations](#)  
[Treatment](#)

**Source:** PsycINFO

## 11. Alcohol and cancer.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(431-441) (2012)

**Author(s):** Seitz, Helmut K; Mueller, Sebastian

**Correspondence Address:** Seitz, Helmut K.: Department of Medicine and Center of Alcohol Research, Liver Disease and Nutrition, Salem Medical Center, University of Heidelberg, Zeppelinstrae 11-33, Heidelberg, Germany, 69121, helmut\_karl.seitz@urz.uni-heidelberg.de

**Institution:** Seitz, Helmut K.: Department of Medicine and Center of Alcohol Research, Liver Disease and Nutrition, Salem Medical Center, University of Heidelberg, Heidelberg; Mueller, Sebastian: Department of Medicine and Center of Alcohol Research, Liver Disease and Nutrition, Salem Medical Center, University of Heidelberg, Heidelberg

**Language:** English

**Abstract:** (from the chapter) Alcohol is a major risk factor for a variety of cancer sites including the upper gastrointestinal tract (oropharynx, oesophagus), the larynx, the colorectum, the liver, and the female breast. In animal experiments ethanol and acetaldehyde, the first metabolites of ethanol oxidation, are both carcinogenic. Acetaldehyde can bind to DNA forming various DNA adducts, some of them with high carcinogenic potential. Indeed,

individuals with an increased accumulation of acetaldehyde due to changes in ethanol- or acetaldehyde metabolism have an increased cancer risk when they drink chronically. This includes individuals with a genetically determined increased acetaldehyde production due to alcohol dehydrogenase polymorphism and those with a decreased detoxification of acetaldehyde due to an acetaldehyde dehydrogenase mutation. In addition, oral bacterial overgrowth due to poor oral hygiene also increases salivary acetaldehyde, since bacteria and yeasts are capable to generate acetaldehyde from ethanol. Dietary deficiencies such as a lack of folate, riboflavine, and zinc may also contribute to the increased cancer risk in the alcoholic. It is of considerable importance that smoking and drinking act synergistically. Smoking increases the acetaldehyde burden following alcohol consumption since smoke itself contains acetaldehyde and drinking enhances the activation of various procarcinogens present in tobacco smoke due to increased metabolic activation by induction of the cytochrome P-450E1 (CYP2E1)-dependent microsomal biotransformation system in the mucosa of the upper digestive tract and the liver. The induction of CYP2E1 by chronic ethanol consumption also results in the production of reactive oxygen species during ethanol metabolism via CYP2E1, and these oxygen species lead to lipid peroxidation. Lipid peroxidation products such as 4-hydroxynonenal can then bind to DNA, forming highly mutagenic and carcinogenic exocyclic etheno-DNA adducts. Subsequently, chronic ethanol ingestion results in severe alterations of the methyl transfer with hypomethylation of DNA and also in a decrease of retinoic acid concentrations associated with the activation of protooncogenes and hyperproliferation. All these mechanisms functioning in concert stimulate carcinogenesis and the intensity of the effect of various mechanisms may depend among others on tissue sensibility and susceptibility which is determined genetically and/or by the environment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Neoplasms](#)  
[\\*Risk Factors](#)  
[\\*Susceptibility \(Disorders\)](#)  
[\\*Tobacco Smoking](#)  
[Alcohol Abuse](#)  
[Alcoholism](#)

**Source:** PsycINFO

## 12. Hyperkinetic movement disorders.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(421-428) (2012)

**Author(s):** Hess, Christopher; Saunders-Pullman, Rachel

**Correspondence Address:** Hess, Christopher: Department of Neurology, Columbia University College of Physicians and Surgeons, New York, NY, US, 10032, ch2553@mail.cumc.columbia.edu

**Institution:** Hess, Christopher: Department of Neurology, Columbia University College of Physicians and Surgeons, New York, NY; Saunders-Pullman, Rachel: Department of Neurology, Beth Israel Medical Center, New York, NY

**Language:** English

**Abstract:** (from the chapter) The relationship between movement disorders and substance abuse can be examined from two approaches: first, assessment of the movements which occur secondary to substance abuse, and second, review of the movement disorders that might increase the propensity for substance abuse. This chapter will first address the myriad of hyperkinetic movements that can be seen in drug abusers, followed by a discussion of alcohol and two movement disorders (myoclonus-dystonia and essential tremor) in which patients may be at increased risk of alcohol abuse and dependence due to self-treatment of the disorders with alcohol. Hyperkinetic movement disorders include tremor, myoclonus, dystonia, chorea, athetosis, tics, akathisia, and stereotypies. Amphetamines have been associated with dystonia, chorea, tics, and tremors, and may exacerbate underlying movement disorders. In addition to worsening pre-existing movements, cocaine may

cause tics, dystonia, chorea, myoclonus, and tremor. Movements associated with opioid use usually occur in the setting of medically ill patients, and include myoclonus and chorea. Alcohol, in contrast, may dampen some hyperkinetic movement disorders, and people with essential tremor and myoclonus-dystonia may use alcohol to self-treat symptoms. In some situations this has led to abuse which has been more damaging to the lives of the affected individuals than the underlying movement disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Muscular Disorders](#)  
[\\*Myoclonus](#)  
[\\*Self Medication](#)  
 Alcoholism  
 Chorea  
[Hyperkinesia](#)

**Source:** PsycINFO

### 13. Liver disease.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(407-420) (2012)

**Author(s):** Zakhari, Samir; Gao, Bin; Hoek, Jan B

**Correspondence Address:** Zakhari, Samir: Division of Metabolism and Health Effects, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD, US, 20852, szakhari@mail.nih.gov

**Institution:** Zakhari, Samir: Division of Metabolism and Health Effects, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD; Gao, Bin: Division of Intramural Clinical and Biological Research, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD; Hoek, Jan B.: Department of Pathology, Anatomy and Cell Biology, Thomas Jefferson University, Philadelphia, PA

**Language:** English

**Abstract:** (from the chapter) The profiles of liver disease associated with chronic alcohol consumption show a great deal of individual variability in severity and progression of the condition for comparable levels of alcohol consumption. It has traditionally been assumed that this variability may reflect individual genetic factors, such as the expression and activity of individual isoforms of ADH and ALDH that determine the pharmacokinetics of ethanol metabolism, but is also influenced by variations in temporal intake patterns (binge vs. steady drinking) or by nutritional status, gender, exposure to other damaging factors, such as smoking or use of other drugs of abuse. In addition, the onset and severity of alcoholic liver disease (ALD) is strongly influenced by other comorbid conditions such as infection with hepatitis B or C viruses, and/or human immunodeficiency virus (HIV), diabetes, hemochromatosis, or obesity, suggesting that chronic alcohol consumption may affect the susceptibility to other challenges. The origin of this increase in susceptibility to ALD is not due solely to intrahepatic factors, but may also involve alcohol-induced changes in other tissues, ranging from adipose tissue to the CNS, the gut, and the immune system. Thus, although the factors contributing to alcohol-induced liver disease remain poorly understood, they are complex and systemic. Although abstinence from drinking can reverse alcoholic fatty liver and is helpful in the management of alcoholic hepatitis and cirrhosis, current treatment of ALD includes palliative therapy and nutritional support. There are no specific antifibrotic compounds available for the reversal of alcohol-induced liver fibrosis and cirrhosis. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Cirrhosis \(Liver\)](#)  
[\\*Individual Differences](#)

\*Susceptibility (Disorders)  
 \*Pharmacokinetics  
 Comorbidity  
 Ethanol  
 Liver

**Source:** PsycINFO

#### 14. Drug abuse in cardiovascular diseases.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(393-406) (2012)

**Author(s):** Furlanello, F; Serdoz, L. Vitali; De Ambroggi, L; Cappato, R

**Correspondence Address:** Furlanello, F.: Center of Clinical Arrhythmology and Electrophysiology, Istituto Policlinico San Donato, IRCCS, University of Milan, San Donato Milanese, Milan, Italy, ffurlanello@villabiancatrento.it

**Institution:** Furlanello, F.: Center of Clinical Arrhythmology and Electrophysiology, Istituto Policlinico San Donato, IRCCS, University of Milan, San Donato Milanese, Milan; Serdoz, L. Vitali: Center of Clinical Arrhythmology and Electrophysiology, Istituto Policlinico San Donato, IRCCS, University of Milan, San Donato Milanese, Milan; De Ambroggi, L.: Center of Clinical Arrhythmology and Electrophysiology, Istituto Policlinico San Donato, IRCCS, University of Milan, San Donato Milanese, Milan; Cappato, R.: Center of Clinical Arrhythmology and Electrophysiology, Istituto Policlinico San Donato, IRCCS, University of Milan, San Donato Milanese, Milan

**Language:** English

**Abstract:** (from the chapter) A large amount of substances and their association can lead to worsening of latent or active cardiovascular diseases and, sometimes, to ex-novo cardiovascular diseases. Negative cardiovascular effects are mainly due to pharmacokinetics of substances, in particular if drugs are administered in combination, or if intake, distribution, and elimination processes are altered; moreover, negative effects can be due to pharmacodynamics of drugs as in the presence of an interaction between an otherwise non-toxic substance and a morphofunctional altered cardiac substrate. In the first part of this chapter, we systematically describe cardiovascular effects of illicit drugs, as listed by the World Anti-Doping Agency and including different classes of substances, namely, anabolic androgenic steroids, hormones and related substances, 2-agonists, diuretics, stimulants, narcotics, cannabinoids, glucocorticosteroids, alcohol, and -blockers. The second part is dedicated to cardiovascular effects that can occur during the use and abuse of most common prescription drugs as antipsychotic, antibiotics, anti-viral, antihistaminic, and antineoplastic drugs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Cardiovascular Disorders  
 \*Drug Abuse  
 \*Pharmacodynamics  
 \*Pharmacokinetics  
 Prescription Drugs  
 Performance Enhancing Drugs

**Source:** PsycINFO

#### 15. Drug abuse, dreams, and nightmares.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(385-392) (2012)

**Author(s):** Johnson, Brian

**Correspondence Address:** Johnson, Brian: Department of Psychiatry, Suny Upstate Medical University, Syracuse, NY, US, 13210, johnsonb@upstate.edu

**Institution:** Johnson, Brian: Department of Psychiatry, Suny Upstate Medical University, Syracuse, NY

**Language:** English

**Abstract:** (from the chapter) Craving is a concept with good face validity and poor construct validity. The difficulties measuring craving includes that it varies by time, by environment, by the amount of stress, by one's state of mood, that it may be partially unconscious and that there is no clearly established concept of what exactly is being measured. Neural mechanisms of drug craving are reviewed. The ventral tegmentum is central to craving. It is connected to limbic and cortical structures that help the organism learn to find alcohol and drugs via the establishment of drug cues that intensify craving. The "dream on" mechanism and the subcortical pathways of addiction are identical. Specimen drinking/drug dreams are provided. A possible neural mechanism of transition from heavy drinking of alcohol to physical addiction is described and tied to the onset of drinking dreams. Therefore, drinking dreams would represent a biological marker of the transition from psychological to physical addiction. With more empirical work, it is possible that drug dreams would be established as the psychological readout of the "switch mechanism" to physical addiction and persistent craving for alcohol or drugs. Drug dreams might then represent the "gold standard" for craving research because they are a direct readout of midbrain function, and become the basis of construction of scales to capture the phenomenon of craving. Drinking and drug dreams represent a biological manifestation of addiction that can be used in psychotherapy to help the patient to be conscious of their persistent urge to relapse and to understand that their brain has been permanently captured by the addictive drug; whether they use or not. Nightmares are a subset of dreams defined by the presence of alarm on awakening. Nightmares are common in the addicted population because of an increased incidence of childhood abuse and posttraumatic stress disorder. Despite the wishes of some patients to avoid using nightmares in their psychotherapy, addressing the issues raised by the nightmare is essential as part of helping the patient remain abstinent. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Craving](#)  
[\\*Drug Abuse](#)  
[\\*Nightmares](#)  
[\\*REM Dreams](#)  
[\\*Biological Neural Networks](#)  
[Addiction](#)  
[Alcohol Abuse](#)  
[Drug Therapy](#)  
[Drugs](#)  
[Psychotherapy](#)

**Source:** PsycINFO

## 16. Sleep and sleep disorders.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(375-384) (2012)

**Author(s):** Roehrs, Timothy; Roth, Thomas

**Correspondence Address:** Roehrs, Timothy: Sleep Disorders and Research Center, Henry Ford Health System, 2799 West Grand Blvd, CPF-3, Detroit, MI, US, 48202, TARoehrs@aol.com

**Institution:** Roehrs, Timothy: Sleep Disorders and Research Center, Henry Ford Health System, Detroit, MI; Roth, Thomas: Sleep Disorders and Research Center, Henry Ford Health System, Detroit, MI

**Language:** English

**Abstract:** (from the chapter) Nearly all drugs of abuse and alcohol have considerable effects on sleep efficiency, sleep continuity, sleep stages, and consequent next-day alertness. It has been hypothesized that such drug effects on sleep and wake function may act as

contributing factors in maintaining compulsive and excessive drug use, as well as factors that increase the risk for relapse. Alcohol at high doses disrupts sleep continuity and suppresses REM sleep. In abstinent alcoholics, a REM sleep disturbance is predictive of relapse. Stimulants, which have daytime alerting effects, have been shown to increase alertness and wakefulness at night, and suppress REM sleep. Analgesics have been found to decrease REM sleep and total sleep time, as well as increase daytime sleepiness. Hallucinogens have varying effects on sleep. MDMA has been shown to reduce sleep time without having major effects on REM sleep, whereas marijuana has been found to decrease REM sleep while increasing slow wave sleep. Older sedative-hypnotics like the barbiturates are also REM suppressant. In fact, virtually all drugs of abuse have REM suppressant properties, at least acutely. In contrast, the newer sedative-hypnotics (i.e., the benzodiazepine receptor agonists) which have a low abuse liability have been shown to have little effect on REM sleep. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Usage](#)  
[\\*REM Sleep](#)  
[\\*Sleep Disorders](#)  
[Alcohol Abuse](#)  
[Prescription Drugs](#)

**Source:** PsycINFO

#### 17. Addiction and Parkinson's disease.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(363-374) (2012)

**Author(s):** Witjas, Tatiana; Azulay, Jean Philippe; Eusebio, Alexandre

**Correspondence Address:** Witjas, Tatiana: Clinical Neurosciences Department, Movement Disorders Unit, CHU Timone, 264 rae Saint Piete, Marseille, France, 13385, tatiana.witjas@ap-hm.fr

**Institution:** Witjas, Tatiana: Clinical Neurosciences Department, Movement Disorders Unit, Marseille; Azulay, Jean Philippe: Clinical Neurosciences Department, Movement Disorders Unit, CHU Timone, Marseille; Eusebio, Alexandre: Clinical Neurosciences Department, Movement Disorders Unit, CHU Timone, Marseille

**Language:** English

**Abstract:** (from the chapter) Parkinson's disease (PD) is a neurodegenerative disease characterized by tremor, rigidity, and akinesia. Parkinson's disease patients are commonly treated by dopamine replacement therapy (DRT). The degeneration of the dopaminergic system and the longstanding exposure to DRT may cause, in a group of vulnerable patients, dysregulation of the brain reward system. These patients develop DRT-related compulsions, which include addiction to levodopa or dopamine dysregulation syndrome (DDS), punding, and impulse control disorders (ICDs). Impulse control disorders or behavioral addiction reported in PD include pathological gambling, hypersexuality, compulsive buying, and binge eating. Although the underlying pathophysiology is still poorly understood, these behaviors are linked by their reward-based and repetitive nature. Such behaviors may result in psychosocial impairment for the patients and are often hidden. The recognition of these behaviors is important and allows a better clinical management. Although the limited data do not permit particular therapeutic strategies, some approaches are worth considering: DRT reduction, trials of nondopaminergic medications and subthalamic chronic stimulation. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Disease Management](#)  
[\\*Drug Therapy](#)  
[\\*Parkinson's Disease](#)  
[\\*Repetition Compulsion](#)

[Addiction](#)  
[Apraxia](#)  
[Dopamine](#)  
[Neurodegenerative Diseases](#)  
[Pathophysiology](#)  
[Syndromes](#)  
[Tremor](#)

**Source:** PsycINFO

### 18. Medication overuse headache: Causes, consequences, and treatment.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(351-362) (2012)

**Author(s):** Cupini, Letizia M; Sarchielli, Paola; Calabresi, Paolo

**Correspondence Address:** Cupini, Letizia M.: Centro Cefalee, Clinica Neurologica, Dipartimento Cranio Spinale, U.O.C. Neurologia, Ospedale S. Eugenio, P.le dell'Umanesimo 10, Roma, Italy, 00144, lecupini@tin.it

**Institution:** Cupini, Letizia M.: Centro Cefalee, Clinica Neurologica, Dipartimento Cranio Spinale, U.O.C. Neurologia, Ospedale S. Eugenio, Roma; Sarchielli, Paola: Clinica Neurologica, Universita degli Studi di Perugia, Perugia; Calabresi, Paolo: Clinica Neurologica, Universita degli Studi di Perugia, Perugia

**Language:** English

**Abstract:** (from the chapter) All primary headache subtypes (migraine, tension-type headache, cluster headache) may become complicated by medication overuse headache (MOH). Medication overuse headache has developed into the third most common type of headache after tension-type headache and migraine. The prevalence reaches approximately 1 % of the world's population and shows an increasing trend. Medication overuse headache is a condition in which headaches become increasingly frequent as a patient begins to use more and more acute headache medications. The initial headache frequency is one of the factors that may play a role in the development of MOH. However, the reasons why some patients overuse acute treatments of headaches whereas others do not are not clearly understood. Medication overuse headache might be prompted and sustained by some psychological states and behavioral disorders, including fear of headache, anticipatory anxiety of attacks, and psychological drug dependence. A range of behaviors presumed to be related to excessive medications are being increasingly recognized in MOH disease. These behaviors are linked by their reward-based and repetitive natures. Whether these behaviors are simply related to medications interacting with an underlying individual vulnerability or whether the primary pathological features of MOH play a role is not known. Neurobiological mechanisms underlying drug dependence and reward system (i.e. endocannabinoids, dopamine, orexins) might also be involved in MOH. The study of these neurobiological mechanisms and behaviors might allow not only a greater insight into the pathophysiology of MOH but also an improved clinical management of this disorder. Although many questions remain unanswered, it is encouraging that several clinical and experimental advances have shed new light on the neuropharmacology of nociception and have prompted new hope for more effective treatments of such diverse problems as chronic headache pain, migraine, and drug dependency. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:**
[\\*Drug Usage](#)  
[\\*Headache](#)  
[\\*Self Medication](#)  
[\\*Treatment](#)  
[\\*Trends](#)  
[Pathophysiology](#)  
[Subtypes \(Disorders\)](#)  
[Neuropharmacology](#)

**Source:** PsycINFO

**19. Seizures, illicit drugs, and ethanol.**

- Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(343-349) (2012)
- Author(s):** Brust, John C. M
- Correspondence Address:** Brust, John C. M.: Department of Neurology, Columbia University College of Physicians and Surgeons, New York, NY, US, jcb2@columbia.edu
- Institution:** Brust, John C. M.: Department of Neurology, Columbia University College of Physicians and Surgeons, New York, NY
- Language:** English
- Abstract:** (from the chapter) Seizures can occur in recreational drug users by indirect mechanisms, including CNS infection, ischemic or hemorrhagic stroke, cerebral trauma, or metabolic derangements such as hypoglycemia, hyponatremia, or renal failure. With some drugs, seizures are a feature of acute toxicity. Cocaine-induced seizures often occur without other evidence of toxicity; seizures in users of other psychostimulants such as methamphetamine or methylenedioxymethamphetamine (ecstasy)-are usually accompanied by additional signs of overdose. Sedative drugs and ethanol cause seizures as a withdrawal phenomenon, but ethanol-related seizures appear to be of more than one type, some lacking a close temporal relationship to withdrawal. Clinicians should consider substance abuse when dealing with unexplained seizures and should consider seizures when encountering unusual symptoms in recreational drug users. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Book; Edited Book
- Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Usage](#)  
[\\*Seizures](#)  
[Cerebrovascular Accidents](#)  
[CNS Stimulating Drugs](#)  
[Cocaine](#)  
[Drug Withdrawal](#)  
[Ethanol](#)  
[Hypoglycemia](#)  
[Hyponatremia](#)  
[Infectious Disorders](#)  
[Kidney Diseases](#)  
[Methylenedioxymethamphetamine](#)  
[Sedatives](#)  
[Toxicity](#)
- Source:** PsycINFO

**20. Posttraumatic stress disorder and psychological trauma.**

- Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(335-342) (2012)
- Author(s):** Ford, Julian D
- Correspondence Address:** Ford, Julian D.: Department of Psychiatry, Division of Child and Adolescent Psychiatry, University of Connecticut Health Center, Farmington, US, 06030-1410, jford@uehc.edu
- Institution:** Ford, Julian D.: Department of Psychiatry, Division of Child and Adolescent Psychiatry, University of Connecticut Health Center, Farmington
- Language:** English
- Abstract:** (from the chapter) Community and clinical epidemiologic studies indicate that adults and adolescents with substance use disorders (SUD; especially involving opiates or cocaine) are highly likely (as high as 90% prevalence in treatment-seeking samples) to have experienced psychological trauma at some time in their lives and as much as 11 times

more likely than persons who do not have a SUD to meet diagnostic criteria for posttraumatic stress disorder (PTSD). Adults and adolescents with PTSD are as much as 14 times more likely to meet criteria for SUD (including alcohol or other drugs) than those without PTSD. Substance use disorders and PTSD may occur prior to the other, but research indicates that it is more likely that SUD develop or are worsened as a result of attempts to cope with PTSD than the reverse. Posttraumatic stress disorder and SUD also exacerbate and sustain each other over time. An evidence-based screening measure and promising treatments have been developed and preliminarily validated for PTSD in SUD treatment populations, including integrated approaches to simultaneous SUD/PTSD treatment rather than sequential or compartmentalized treatments. In the present chapter, the scientific and clinical literatures on the relationship of SUD with exposure to psychological trauma and PTSD will be summarized, highlighting the bidirectional effects of SUD and PTSD on each other. Research on the impact of trauma exposure and PTSD on SUD treatment will be discussed, followed by implications for SUD treatment providers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Comorbidity](#)  
[\\*Drug Abuse](#)  
[\\*Emotional Trauma](#)  
[\\*Posttraumatic Stress Disorder](#)  
[\\*Treatment](#)  
[Cocaine](#)  
[Opiates](#)  
[Stress](#)  
[Trauma](#)

**Source:** PsycINFO

## 21. Schizophrenia and other psychotic disorders.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(323-333) (2012)

**Author(s):** Gregg, L

**Correspondence Address:** Gregg, L.: Division of Clinical Psychology, School of Psychological Sciences, University of Manchester, Branswick Street, Manchester, United Kingdom, lynsey.gregg@manchester.ac.uk

**Institution:** Gregg, L.: Division of Clinical Psychology, School of Psychological Sciences, University of Manchester, Manchester

**Language:** English

**Abstract:** (from the chapter) Around half of all people with psychosis have a co-occurring substance use problem, a much higher prevalence rate than that found in the general population. Alcohol and cannabis are the most frequently used substances, and multiple substance use is common. This comorbidity has profound implications for the course and treatment of psychotic disorders. People with psychosis who use drugs and alcohol have been reported to have poorer symptomatic and functional outcomes than their non-substance using counterparts: they experience more symptoms, are less likely to be compliant with medication, are at greater risk of relapse and hospitalisation and as a consequence make greater use of mental health services. The causes of this increased comorbidity are not yet fully understood. There is evidence that cannabis may act as a specific trigger for psychosis in some vulnerable individuals but simple broad models of either substance use causing schizophrenia or schizophrenia causing substance use have largely been discredited. Multiple risk factor models of comorbidity have not been adequately tested. Research on treatment development is limited and the findings contradictory: there is preliminary evidence for Clozapine but no evidence to support any one atypical antipsychotic over another. Likewise, despite promising findings for a combination of motivational interviewing and cognitive behavioural therapy there is little evidence for its superiority when compared to other psychosocial interventions. More good-quality

longitudinal research is needed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Comorbidity](#)  
[\\*Drug Abuse](#)  
[\\*Schizophrenia](#)  
[\\*Treatment Effectiveness Evaluation](#)  
 Alcohol Abuse  
 Clozapine  
 Cognitive Behavior Therapy  
 Drug Therapy  
 Epidemiology  
 Motivational Interviewing  
 Psychosis  
 Risk Factors

**Source:** PsycINFO

## 22. Personality disorders.

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**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(311-321) (2012)

**Author(s):** van den Bosch, Louisa M. C.; Verheul, Roel

**Correspondence Address:** van den Bosch, Louisa M. C.: Psychiatric Hospital de Gelderse Roos, Wagnerlaan 2, Arnhem, Netherlands, 6815 AG, wiesvdbosch@planet.nl

**Institution:** van den Bosch, Louisa M. C.: Psychiatric Hospital de Gelderse Roos, Arnhem; Verheul, Roel: Department of Clinical Psychology, University of Amsterdam, Amsterdam

**Language:** English

**Abstract:** (from the chapter) The subject of this chapter is the often found combination of personality disorders and substance abuse disorders. The serious nature of this comorbidity is shown through the discussion of prevalence and epidemiological data. Literature shows that the comorbidity, hampering the diagnostic process, is seen as complicating for treatment planning. Therefore, etiological models that explain the co-occurrence of both disorders are helpful. Several models, among them the Behavioral Disinhibition Pathway, the Stress Reduction Pathway, and the Reward Sensitivity Pathway are described. Next, treatment programs, focusing on one or on both disorders are described, and research results are shown. Finally, clinical implications are described. The most important conclusion drawn is that treatment of dually diagnosed patients with severe problems needs to include both foci, and because of that conclusion, therapists need to be trained to address a range of symptomatic manifestations of personality pathology in the impulse control spectrum. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Comorbidity](#)  
[\\*Drug Abuse](#)  
[\\*Impulse Control Disorders](#)  
[\\*Models](#)  
[\\*Personality Disorders](#)  
 Epidemiology  
 Multimodal Treatment Approach  
 Rewards  
 Stress  
 Behavioral Disinhibition

**Source:** PsycINFO

## 23. Autism and alcoholism's genetic overlap.

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**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(297-310) (2012)

**Author(s):** Miles, Judith H; McCarthy, Denis M

**Correspondence Address:** Miles, Judith H.: Thompson Center for Autism and Neurodevelopmental Disorders, University of Missouri, 205 Portland Street, Columbia, MO, US, 65211, milesjh@missouri.edu

**Institution:** Miles, Judith H.: Thompson Center for Autism and Neurodevelopmental Disorders, University of Missouri, Columbia, MO; McCarthy, Denis M.: Department of Psychological Sciences, University of Missouri, Columbia, MO

**Language:** English

**Abstract:** (from the chapter) Autism and alcoholism are common behavioral disorders with no phenotypic similarities to suggest underlying biological or etiologic connections. However, a number of studies have reported family overlaps which suggest these two behavioral disorders may have underlying associations. Our analysis of 167 families ascertained through an autistic child found that 39% of families had a significant family history of alcoholism; the remainder reported scattered individuals with alcoholism in unrelated branches of the family. High alcoholism families differed from low alcoholism families in multiple measures including an 18-fold increase in alcoholism in females and more than twice the percentage of relatives with affective disorders. Children with autism from high and low alcoholism families differed in the clinical course of their disorder and head size. Children from high alcoholism families were 1.5 times more apt to present with a regressive onset and 2.8 times less likely to have macrocephaly, a common feature of autism. In contrast, families ascertained through a proband with alcoholism have not been noted to have an increased incidence of autism. This disparity can be understood by comparing the very different prevalence rates. We postulate that subsets of these two clearly heterogeneous behavioral disorders have a genetic overlap, such that families identified with genetic loading for both disorders may have a common cause(s). This subset of families is expected to be more homogeneous and therefore a valuable resource for investigation of candidate genes and pathways common to autism and alcoholism. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Autism](#)  
[\\*Genetics](#)  
[Etiology](#)  
[Family History](#)

**Source:** PsycINFO

#### 24. ADHD.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(285-296) (2012)

**Author(s):** Carpentier, Pieter-Jan

**Correspondence Address:** Carpentier, Pieter-Jan: Reinier van Arkel groep, PO Box 70058, Hertogenbosch, Netherlands, 5201 DZ's, P.carpentier@rvagroep.nl

**Institution:** Carpentier, Pieter-Jan: Reinier van Arkel groep, Hertogenbosch

**Language:** English

**Abstract:** (from the chapter) Attention deficit/hyperactivity disorder (ADHD) is a chronic illness that begins in childhood and is characterized by inattention, hyperactivity, and impulsivity. In adulthood, ADHD is an invalidating illness, often with psychiatric comorbidity, including substance abuse and addiction. In children and adults, ADHD is very treatable. Medication forms the basis of treatment, with psychostimulants as the first choice. Additional cognitive therapy and coaching are necessary to help patients improve their functioning and organizational skills. The high prevalence of ADHD in adults with

substance use disorders (SUDs) points to the causal role of the disorder in the development of addiction. Many patients with ADHD and SUDs have a history of childhood behavioral problems, with early initiation of drug use and a more severe addiction course. Attention deficit/hyperactivity disorder has a negative influence on the course of SUDs. Until now, the diagnosis and treatment of ADHD has received too little attention in this patient group. The limited number of controlled trials showed that ADHD in combination with SUDs is more difficult to treat with medication and that treatment for the ADHD hardly has any influence on the course of addiction. However, there is evidence that early treatment of ADHD has a preventive effect on the development of addiction. When treating this patient group with psychostimulants, it is important to bear in mind the risk of abuse of the medication. Further research is necessary to optimize the treatment of ADHD and comorbid SUDs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Attention Deficit Disorder with Hyperactivity](#)  
[\\*Chronicity \(Disorders\)](#)  
[\\*Comorbidity](#)  
[\\*Drug Abuse](#)  
[\\*Treatment](#)  
[Addiction](#)  
[Childhood Development](#)  
[Chronic Illness](#)  
[Drug Therapy](#)  
[Hyperkinesia](#)  
[Mental Disorders](#)  
[Risk Factors](#)

**Source:** PsycINFO

## 25. Depression and substance use.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(275-283) (2012)

**Author(s):** Mackie, Clare J; Conrod, Patricia; Brady, Kathleen

**Correspondence Address:** Mackie, Clare J.: National Addiction Centre, Institute of Psychiatry, King's College London, 4 Windsor Walk, Denmark Hill, London, United Kingdom, SE5 8AF, clare.maekie@kcl.ac.uk

**Institution:** Mackie, Clare J.: National Addiction Centre, Institute of Psychiatry, King's College London, London; Conrod, Patricia: National Addiction Centre, Institute of Psychiatry, King's College London, London; Brady, Kathleen: Department of Psychiatry and Behavioral Sciences, Clinical Neurosciences Division, Medical University of South Carolina, Charleston, SC

**Language:** English

**Abstract:** (from the chapter) Depression and substance use disorders (SUD) commonly co-occur in adult and adolescent samples. Epidemiological studies that have begun in childhood and adolescence and followed cohorts over time have provided valuable information on changes in prevalence, trajectories of comorbid associations, and in highlighting key issues about their underlying causal mechanisms. This chapter draws together recent findings in this area, using examples from a wide range of sources to highlight key themes emerging from both adult and adolescent research. We begin with an overview of the concurrent prevalence of depression and SUD in adult and adolescent samples. We then explore longitudinal patterns of depression and SUD comorbidity from adolescence to adulthood to illustrate the varying mechanisms now thought to contribute to this comorbidity. Finally, we consider the implications of these findings for clinical practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Comorbidity](#)

\*Drug Abuse  
 \*Major Depression  
 \*Mental Disorders  
 Clinical Practice  
 Epidemiology  
 Longitudinal Studies

**Source:** PsycINFO

## 26. Comorbid anxiety and substance use disorders.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(267-274) (2012)

**Author(s):** Brady, Kathleen

**Correspondence Address:** Brady, Kathleen: Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, 67 President St, Box 250861, Charleston, SC, US, 29425, bradyk@musc.edu

**Institution:** Brady, Kathleen: Department of Psychiatry and Behavioral Sciences, Clinical Neurosciences Division, Medical University of South Carolina, Charleston, SC

**Language:** English

**Abstract:** (from the chapter) The relationship between symptoms of anxiety, anxiety disorders and substance use, abuse and dependence is complex. Converging evidence from epidemiologic studies as well as studies of treatment-seeking individuals indicates that anxiety disorders, symptoms of anxiety, and substance use disorders (SUDs) commonly co-occur, and the interaction is not unidirectional, but multifaceted and variable. Anxiety symptoms often emerge during the course of chronic intoxication and withdrawal. Anxiety disorders may be a risk factor for the development of SUDs. Anxiety disorders modify the presentation and treatment outcome for SUDs. Substance use, abuse and SUDs modify the presentation and treatment outcome for anxiety disorders. In this chapter, recent findings on co-occurring SUDs and anxiety disorders will be reviewed including prevalence, diagnostic, and treatment issues. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** \*Anxiety Disorders  
 \*Comorbidity  
 \*Drug Abuse  
 Anxiety  
 Diagnosis  
 Risk Factors  
 Symptoms  
 Treatment

**Source:** PsycINFO

## 27. Anabolic-androgenic steroids.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(251-264) (2012)

**Author(s):** Pope, Harrison G Jr.; Kanayama, Gen

**Correspondence Address:** Pope, Harrison G., Jr.: Biological Psychiatry Laboratory, McLean Hospital, Belmont, MA, US, 02178, hpope@mclean.harvard.edu

**Institution:** Pope, Harrison G.: Biological Psychiatry Laboratory, McLean Hospital, Belmont, MA; Kanayama, Gen: Department of Psychiatry, Harvard Medical School, Boston, MA

**Language:** English

**Abstract:** (from the chapter) The anabolic-androgenic steroids (AAS) are a family of hormones that includes the natural male hormone, testosterone, together with a group of synthetic

derivatives of testosterone. These drugs are widely abused by men (and rarely, women) to gain muscle mass and lose body fat. Prior to about 1980, abuse of AAS was confined largely to elite competitive athletes, but in recent decades, AAS abuse has broken out of the athletic community and into the general population. Many modern AAS users have no specific athletic aspirations at all, but simply want to become bigger and more muscular. About 2-6% of men in many Western industrialized countries have used AAS, but AAS use is rare in Asian societies. Individuals with body image concerns, such as "muscle dysmorphia," appear more prone to abuse AAS. Male muscularity is more strongly emphasized and rewarded in industrialized Western cultures than in Asia, and this difference likely explains the geographic distribution of AAS abuse. Anabolic-androgenic steroids cause few serious short-term medical effects, but over the long term may cause suppression of hypothalamic-pituitary-gonadal function, adverse effects on serum lipids, and cardiomyopathy. The most common psychiatric effects of AAS are mood disorders (typically hypomanic or manic syndromes during AAS exposure and depressive symptoms during AAS withdrawal); these are idiosyncratic, affecting a minority of AAS users, but are occasionally severe. A growing literature describes syndromes of AAS dependence, where individuals use AAS almost continuously despite adverse medical or psychiatric effects. Individuals displaying AAS abuse or dependence may also exhibit other forms of substance dependence. Unfortunately, AAS users rarely seek treatment, but this situation may change as the first large wave of illicit AAS users—those who first began AAS as youths in the 1980s—now reaches middle age and enters the age of risk for long-term cardiac, neuroendocrine, and psychiatric complications from these drugs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Androgens](#)  
[\\*Drug Abuse](#)  
[\\*Drug Usage](#)  
[\\*Side Effects \(Drug\)](#)  
[\\*Steroids](#)  
[Hormones](#)  
[Male Attitudes](#)  
[Testosterone](#)  
[Performance Enhancing Drugs](#)  
[Body Fat](#)

**Source:** PsycINFO

## 28. Opioids and other analgesics.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(241-250) (2012)

**Author(s):** Ballantyne, Jane C

**Correspondence Address:** Ballantyne, Jane C.: Penn Pain Medicine Center, 2nd floor Tuttleman Building, 1840 South Street, Philadelphia, PA, US, 19146, jane.ballantyne@uphs.upenn.edu

**Institution:** Ballantyne, Jane C.: Penn Pain Medicine Center, Philadelphia, PA

**Language:** English

**Abstract:** (from the chapter) The opioids hold a unique place amongst addictive substances in that they have a critical and indispensable role in medical treatment. This is as true today as it was in ancient times, for despite medical advances, palliation is still needed, and there are no better drugs than the opioids for treating severe pain and suffering. Recreational use of opioids, once as opium, has an established place in human history and is more prevalent today than ever because of a number of geopolitical and societal factors. That these two often conflicting roles for opioids exist presents real difficulty in terms of how these drugs should be used and controlled so as to help patients and not harm them. This chapter will explore some of the issues surrounding opioid pain therapy, and how opioid addiction impacts this. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Analgesic Drugs](#)  
[\\*Drug Abuse](#)  
[\\*Opiates](#)  
[\\*Pain Management](#)  
[Prescription Drugs](#)

**Source:** PsycINFO

### 29. Prescription drug misuse across the lifespan: A developmental perspective.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(213-230) (2012)

**Author(s):** McLarnon, Megan E; Barrett, Sean P; Monaghan, Tracy L; Stewart, Sherry H

**Correspondence Address:** Stewart, Sherry H.: Department of Psychiatry, Dalhousie University, Halifax, NS, Canada, B3H 4R2, sherry.stewart@dal.ca

**Institution:** McLarnon, Megan E.: Department of Psychology, Dalhousie University, Halifax, NS; Barrett, Sean P.: Department of Psychology, Dalhousie University, Halifax, NS; Monaghan, Tracy L.: Department of Psychology, Dalhousie University, Halifax, NS; Stewart, Sherry H.: Department of Psychiatry, Dalhousie University, Halifax, NS

**Language:** English

**Abstract:** (from the chapter) The misuse of psychoactive prescription drugs, including opioids, sedatives, anxiolytics, and stimulants, is an issue of growing concern. Factors contributing to the increasing prevalence of prescription drug misuse are thought to include rising prescription rates, social acceptability of use, and lack of perceived harm from use. Prescription drug misuse is associated with a number of direct and indirect costs. Risks to the user include development of substance use disorders, overdose, and other adverse medical consequences. Medication misuse is also responsible for a sizable burden on the health care system. Despite the indications of a growing trend, the literature is far from conclusive regarding the correlates of prescription drug misuse. Existing research is characterized by inconsistency in how prescription drug misuse is operationalized. Depending on how misuse is defined, it may encompass a heterogeneous group of motivations for use with varying associated behavioral patterns. Another impediment to understanding prescription drug misuse is the tendency for this phenomenon to manifest in different ways across the lifespan. Studies have documented patterns of misuse in young people that differ strikingly from those in older adults. This chapter considers the misuse of psychoactive prescription medications using a developmental framework, focusing separately on adolescence and early, middle, and late adulthood. The implications for detection, prevention, and treatment of prescription drug misuse are discussed for each age group. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Human Development](#)  
[\\*Prescription Drugs](#)  
[CNS Stimulating Drugs](#)  
[Drug Overdoses](#)  
[Opiates](#)  
[Sedatives](#)  
[Tranquilizing Drugs](#)

**Source:** PsycINFO

### 30. Ketamine.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(201-211) (2012)

**Author(s):** Wolff, Kim

**Correspondence Address:** Wolff, Kim: Addiction Science, Institute of Psychiatry, King's College London, Addiction Sciences Building, 4 Windsor Walk, London, United Kingdom, SE5 8AF, kim.wolff@kcl.ac.uk

**Institution:** Wolff, Kim: Institute of Psychiatry, King's College London, London

**Language:** English

**Abstract:** (from the chapter) Ketamine (2-(2-chlorophenyl)-2-(methylamino)-cyclohexanone), an anaesthetic derivative of phencyclidine (PCP) with analgesic, neuroprotective and psychedelic properties, is an unusual anaesthetic in its ability to produce a "dissociative" state. It is the action (antagonism) at NMDA (N-methyl aspartate) receptors that is thought to underlie ketamine's qualities. Whilst ketamine use in medicinal and veterinary settings is well documented and has a good safety record, the increase in its unregulated use outside of such controlled environments is a cause for concern. In non-medicinal use, the stereo-selective kinetics and the complex mechanism of action may lead to unpredictable effects. It is reported that the perceptual and mood changes observed in those who have consumed ketamine are highly sensitive to age, dose, route, previous experience and setting. At low doses stimulant effects predominate and environmental conditions are significant, but with higher doses psychedelic effects become the primary experience. When used recreationally in sub-therapeutic doses by inhalation (or insufflation) the alteration in perception of auditory, visual and painful stimuli result in a general "lack of responsive awareness" which puts the recreational user at risk of personal damage which can go unrecognized. The recreational use of this drug, the effects and potential risks associated with its unregulated use will be discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Analgesic Drugs](#)  
[\\*Drug Abuse](#)  
[\\*Drug Usage](#)  
[\\*Ketamine](#)  
[Hallucinogenic Drugs](#)  
[Side Effects \(Drug\)](#)

**Source:** PsycINFO

### 31. MDMA and LSD.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(175-188) (2012)

**Author(s):** Parrott, A. C

**Correspondence Address:** Parrott, A. C.: Department of Psychology, Swansea University, Swansea, Wales, SA2 8PPUK, a.c.parrott@swansea.ac.uk

**Institution:** Parrott, A. C.: Department of Psychology, Swansea University, Swansea

**Language:** English

**Abstract:** (from the chapter) MDMA is a methamphetamine derivative and powerful CNS stimulant, which is taken at dance clubs and parties under the street name of "ecstasy". MDMA or 3,4-methylenedioxymethamphetamine is an indirect monoaminergic agonist, leading to increased levels of synaptic serotonin, dopamine, and other neurotransmitters. It also stimulates the hypothalamic-pituitary-adrenal (HPA) axis, increasing the release of many neurohormones. Recreational MDMA users at dance clubs demonstrate an 800% increase in the stress hormone Cortisol. In acute terms, most ecstasy users are in a state of hyper-stimulation, and display elements of the serotonin syndrome. This is generally relieved by resting or "chilling out", although it can develop into severe hyperthermia. Medical treatment should focus on immediate rest and cooling. Blood tests are also needed to monitor potential hyponatraemia, when excessive fluid-intake dilutes sodium levels. In the absence of rapid medical intervention, fatalities may occur. Acute MDMA disrupts attention, impairs cognitive processing, and makes car driving hazardous. The period following recreational ecstasy/ MDMA is typified by neurochemical recovery,

when feelings of lethargy, irritability, and depression predominate. Thermal stress and prolonged dancing when on-ecstasy can heighten the emergent neuropsychobiological problems. The dependence syndrome with MDMA has a two-factor structure, with compulsive usage and escalating doses/binge ing. Indeed chronic tolerance is almost universal amongst regular users. Regular ecstasy users can display a range of neuropsychobiological problems, including memory deficits, impaired problem solving, reduced social intelligence, disrupted sleep architecture, sleep apnea, oxidative stress, and reduced immunocompetence. Psychiatric symptom profiles are often raised. Interactive diathesis-stress models note that prior predisposition factors are exacerbated by repeated metabolic overstimulation. The psychedelic drug LSD is also associated with various psychiatric problems, including psychotic breakdown, paranoia, and perceptual flashbacks. These are most prevalent in regular LSD users. Medical problems with MDMA can include cardiac, renal, and hepatic damage. Neuroimaging indices often show a reduction in serotonin transporter density, consistent with the data on serotonergic neurotoxicity in laboratory animals. These multiple factors have been integrated into metabolic-distress model. To summarise, MDMA is a powerful acute metabolic stressor, with a range of adverse acute effects, recovery problems, and long-term neuropsychobiological problems. The main problems with LSD are the risk of psychiatric breakdown, especially in susceptible individuals. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*CNS Stimulating Drugs](#)  
[\\*Drug Usage](#)  
[\\*Lysergic Acid Diethylamide](#)  
[\\*Methylenedioxymethamphetamine](#)  
[\\*Symptoms](#)  
[Compulsions](#)  
[Methamphetamine](#)  
[Neurology](#)  
[Neurotoxicity](#)  
[Psychobiology](#)  
[Stress](#)

**Source:** PsycINFO

### 32. Cocaine.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(163-173) (2012)

**Author(s):** Daamen, Anne P; Penning, Renske; Brunt, Tibor; Verster, Joris C

**Correspondence Address:** Verster, Joris C.: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Universiteitsweg 99, Utrecht, Netherlands, 3584CG, j.e.verster@uu.nl

**Institution:** Daamen, Anne P.: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht; Penning, Renske: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht; Brunt, Tibor: Trimbos Institute, Utrecht; Verster, Joris C.: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht

**Language:** English

**Abstract:** (from the chapter) After cannabis, cocaine is the most commonly used illicit drug in Europe. An estimated 13 million Europeans have used it at least once in their lifetime. Also, in the USA cocaine is one of the most prevalent illicit drugs, with an annual prevalence of seven million people. Cocaine is a well-known addictive stimulant drug and scientific literature concerning its various pharmacological properties dates back to the nineteenth century. This chapter describes the mechanism of action of cocaine, how addiction and tolerance develop, and the physiological and psychological risks of cocaine use. Finally, pharmacotherapy and psychosocial interventions available to treat cocaine dependence are discussed. It is concluded that none of these interventions have been

proven sufficiently effective to reduce craving and maintain abstinence in all patients.  
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**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Addiction](#)  
[\\*CNS Stimulating Drugs](#)  
[\\*Cocaine](#)  
[\\*Drug Rehabilitation](#)  
[Drug Therapy](#)  
[Intervention](#)  
[Psychotherapy](#)

**Source:** PsycINFO

### 33. Cannabis.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(151-162) (2012)

**Author(s):** Jager, Gerry

**Correspondence Address:** Jager, Gerry: Division of Human Nutrition, Wageningen University, Room 302A, Bomenweg 2, Wageningen, Netherlands, 6703 HD, gerry.jager@wur.nl

**Institution:** Jager, Gerry: Division of Human Nutrition, Wageningen University, Wageningen

**Language:** English

**Abstract:** (from the chapter) Cannabis is the world's most widely used illicit drug with 5-15% of young people in many western countries being regular cannabis users. Until the 1990s, the prevailing medical opinion was that cannabis use was nonaddictive and caused no long-term harm to health, brain, and brain function. This attitude has changed since, and current consensus is that regular cannabis use can result in dependence, increases the risk of using other illicit drugs, and is associated with increased mental health problems. However, it is still uncertain if these relationships are causal. There is, however, a steady increase in the number of people seeking help for cannabis-related problems. The increase in treatment demands has been linked to the high potency of nowadays cannabis products which may increase the risk of abuse and dependence. Cannabis affects the brain by interacting with the endogenous cannabinoid system which exists of cannabinoid receptors and their endogenous ligands. Acute intoxication with cannabis causes marked changes in subjective mental status (feeling high) and impairs cognition. These effects are accompanied by a number of bodily effects such as increased heart rate. The acute effects of cannabis on behavior, mood, and cognition are dose-dependent and biphasic (e.g., U-shaped pattern). There is still controversy regarding the persistence of effects of cannabis use on behavior, cognition, brain, and brain function once drug use has stopped. There is some evidence for subtle persisting effects, but these effects have predominantly been observed in certain vulnerable populations, i.e., individuals with either very long and very heavy exposure and/or very early onset of cannabis use, and/or comorbid conditions such as psychopathology. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Cannabinoids](#)  
[\\*Cannabis](#)  
[\\*Drug Usage](#)  
[Comorbidity](#)

**Source:** PsycINFO

### 34. Alcohol.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(123-136) (2012)

**Author(s):** Goudriaan, A. E; Sher, K .J

**Correspondence Address:** Goudriaan, A. E.: Department of Psychiatry, Amsterdam Institute for Addiction Research, Academic Medical Centre, University of Amsterdam, Amsterdam, Netherlands, A.E.Goudriaan@amc.uva.nl

**Institution:** Goudriaan, A. E.: Department of Psychiatry, Amsterdam Institute for Addiction Research, Academic Medical Centre, University of Amsterdam, Amsterdam; Sher, K. J.: University of Missouri-Columbia, Columbia, MO

**Language:** English

**Abstract:** (from the chapter) This chapter first discusses the prevalence of alcohol use and the patterns of alcohol use in different countries worldwide. Criteria for alcohol use disorders (AUDs; alcohol abuse and dependence) are described. The acute and chronic effects of alcohol on the human peripheral and central nervous system are outlined. Unintentional and intentional injuries due to alcohol use are a considerable part of the disease burden of alcohol use, and comprise traffic accidents, alcohol poisoning, cancer, and liver disorders. Chronic heavy alcohol use is associated with negative health effects such as gastrointestinal abnormalities, and with structural and functional brain abnormalities. These negative health effects are higher when heavier alcohol use is present. Negative effects on cognitive functions have been reported for heavy alcohol use, but results are less evident for moderate alcohol use. The potential beneficial effects of light alcohol use (mostly defined as a maximum of 7 drinks per week, spread evenly) are suggested to have some health benefits. Risk factors associated with AUDs are discussed at the genetic, psychological, and environmental level. Effective psychosocial and pharmacological interventions for AUDs are outlined. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Abuse](#)  
[\\*Alcohol Drinking Patterns](#)  
[\\*Alcohol Rehabilitation](#)  
[\\*Alcoholism](#)  
[Cross Cultural Differences](#)  
[Intervention](#)  
[Pharmacology](#)  
[Psychosocial Rehabilitation](#)  
[Risk Factors](#)

**Source:** PsycINFO

### 35. Pharmacotherapy of addiction.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(107-119) (2012)

**Author(s):** Elkashef, Ahmed; Montoya, Ivan

**Correspondence Address:** Elkashef, Ahmed: Division of Pharmacotherapies and Medical Consequences of Drug Abuse, Department of Health and Human Services, National Institute on Drug Abuse, National Institutes of Health, 6001 Executive Boulevard, Room 4151, Bethesda, MD, US, 20892, ahmedelkashef@me.com

**Institution:** Elkashef, Ahmed: Division of Pharmacotherapies and Medical Consequences of Drug Abuse, Department of Health and Human Services, National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD; Montoya, Ivan: Division of Pharmacotherapies and Medical Consequences of Drug Abuse, Department of Health and Human Services, National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD

**Language:** English

**Abstract:** (from the chapter) Addiction is a very serious and very costly public health problem. FDA-approved medications are available for alcohol, nicotine, and opiate addiction but not for stimulants or cannabis addictions. The focus of this chapter is on the medications to treat illicit substances, mainly heroin, stimulants, and cannabis. Currently,

psychotherapy is still the primary mode of treatment for stimulants and cannabis addiction; however, relapse rates remain high. The search for effective pharmacological treatments has yielded some positive signals in proof of concept trials. Medications that are being tested in confirmatory trials for stimulants addiction include bupropion, topiramate, modafinil, disulfiram, ondansetron, and methylphenidate. For cannabis addiction there have been proof of concept trials that have shown efficacy, such as buspirone, nefazadone, and marinol. Early preclinical and clinical data suggest that some new molecular entities would be promising for multiple addictions, e.g., CBI antagonists, D3 partial agonists, and CRF antagonists. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Drug Rehabilitation](#)  
[\\*Drug Therapy](#)  
[\\*Public Health](#)  
[Cannabis](#)  
[CNS Stimulating Drugs](#)  
[Heroin Addiction](#)  
[Side Effects \(Drug\)](#)

**Source:** PsycINFO

### 36. Genetic contributions to individual differences in vulnerability to addiction and abilities to quit.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(95-105) (2012)

**Author(s):** Uhl, George R; Drgon, Tomas

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**Institution:** Uhl, George R.: Molecular Neurobiology Branch, NIH-IRP (NIDA), Baltimore, MD; Drgon, Tomas: Molecular Neurobiology Branch, NIH-IRP (NIDA), Baltimore, MD

**Language:** English

**Abstract:** (from the chapter) Individuals differ in their vulnerabilities to becoming dependent on one or more abused substances. Not all of the individuals who have opportunities to use addictive substances do in fact use them, not all users become regular users or abusers and not all regular users or abusers become dependent or addicted. Abundant evidence from family, adoption, and twin studies point to large genetic contributions to individual differences in vulnerability to develop dependence on addictive substances. Twin data suggests that much of this genetic vulnerability is shared by individuals who are dependent on a variety of addictive substances, though some is likely to be substance specific. Substance-dependent individuals also differ in their abilities to quit use of addictive substances and to maintain abstinence. Twin data for abilities to quit smoking provide some of the best evidence for genetic influences on abilities to achieve and maintain abstinence on an addictive substance. These estimates for overall genetic contributions still leave open a variety of possibilities concerning the "genetic architectures" that underlie these "addiction vulnerability" and "quit success" phenotypes. Current molecular genetic data relevant to each of these phenotypes fit with the idea that each displays largely polygenic influences. Major gene effects have been identified for alcohol dependence in Asians with the flushing syndrome and for low-level cigarette use ("chippers") with modest signs of physiological nicotine dependence at a chromosome 15 nicotinic receptor locus. Genes identified in molecular genetic studies of "addiction vulnerability" and "quit success" phenotypes partially overlap, as we would expect from classical genetic studies, and fall into several functional classes more than expected by chance. These data provide a substrate to improve understanding of substance dependence and the ability to quit smoking. With better understanding of genetic influences on these phenotypes, we may be better positioned to improve understanding of the large environmental influences on these phenotypes, to personalize treatments, and even to

personalize prevention strategies for individuals at especial risk. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Drug Abstinence](#)  
[\\*Drug Addiction](#)  
[\\*Genetics](#)  
[\\*Individual Differences](#)  
[\\*Susceptibility \(Disorders\)](#)  
[Drug Abuse](#)  
[Smoking Cessation](#)

**Source:** PsycINFO

### 37. Animal models in addiction research.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(73-93) (2012)

**Author(s):** Belin, David; Dalley, Jeffrey W

**Correspondence Address:** Belin, David: INSERM European Associated Laboratory Psychobiology of Compulsive Habits, Pole PBS, bailment B36 1 rue Georges Bonnet, Poitiers, France, 86022, david.belin@inserm.fr

**Institution:** Belin, David: INSERM European Associated Laboratory Psychobiology of Compulsive Habits, Pole PBS, Poitiers; Dalley, Jeffrey W.: Department of Experimental Psychology, Behavioural and Clinical Neuroscience Institute, University of Cambridge, Cambridge

**Language:** English

**Abstract:** (from the chapter) Animal models have provided valuable insights into the brain mechanisms of drug addiction, including the elucidation of neural substrates that support the primary reinforcing effects of widely abused drugs such as cocaine and heroin and the long-term consequences of drug addiction for neurocognitive functioning. In recent years, considerable progress has been made in developing animal models that closely resemble the clinical features of drug addiction according to published diagnostic guidelines especially in the domain of compulsive drug use which represents the final stage of a progressive series of neural and psychological alterations induced by chronic drug exposure. In this chapter, we review a number of animal models used in addiction research and discuss their relevance and explanatory utility to the different stages of the addiction cycle. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Animal Models](#)  
[\\*Compulsions](#)  
[\\*Drug Addiction](#)  
[\\*Neural Pathways](#)  
[\\*Reinforcement](#)  
[Cocaine](#)  
[Heroin](#)

**Source:** PsycINFO

### 38. Compulsive drug use and brain reward systems.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(63-72) (2012)

**Author(s):** Hollander, Jonathan A; Kenny, Paul J

**Correspondence Address:** Hollander, Jonathan A.: Laboratory for Behavioral and Molecular Neuroscience, Department of Molecular Therapeutics, Scripps Research Institute-Florida, Jupiter, FL, US, 33458, jholland@scripps.edu

**Institution:** Hollander, Jonathan A.: Laboratory for Behavioral and Molecular Neuroscience, Department of Molecular Therapeutics, Scripps Research Institute-Florida, Jupiter, FL; Kenny, Paul J.: Laboratory for Behavioral and Molecular Neuroscience, Department of Molecular Therapeutics, Scripps Research Institute-Florida, Jupiter, FL

**Language:** English

**Abstract:** (from the chapter) Compulsive drug intake is a hallmark of addiction, yet the neurobiological mechanisms that contribute to the loss of control over drug consumption remain unclear. A better understanding of the mechanisms that drive compulsive drug taking may reveal targets for the development of novel therapeutics to alleviate this maladaptive behavioral state. Drug use is initiated primarily to obtain the stimulatory effects of addictive drugs on brain reward systems, an action that can be measured as drug-induced lowering of intracranial self-stimulation (ICSS) thresholds in rats and mice. Paradoxically, excessive drug intake can result in decreased activity of reward systems, reflected in elevated ICSS. Such drug-induced deficits in brain reward function likely reflect the engagement of compensatory mechanisms to counter drug effects. Recent evidence suggests that compulsive drug intake may develop in response to such adaptive decreases in brain reward systems. Further, environmental stimuli repeated paired with the actions of addictive drugs can attain "hedonic" salience to negatively regulate brain reward systems, and may thereby serve as a novel source of drug craving. The aim of this chapter is to review the impact of excessive drug consumption and drug-paired environmental stimuli on brain reward function, discuss the role for reward pathways in driving compulsive drug taking, and present potential neurobiological mechanisms that may underlie these processes. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Craving](#)  
[\\*Drug Addiction](#)  
[\\*Neurobiology](#)  
[Animal Models](#)  
[Brain](#)  
[Compulsions](#)  
[Environmental Effects](#)  
[Systems](#)  
[Drug Seeking](#)

**Source:** PsycINFO

### 39. Personality and substance misuse: Evidence for a four-factor model of vulnerability.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(47-62) (2012)

**Author(s):** Castellanos-Ryan, Natalie; Conrod, Patricia

**Correspondence Address:** Castellanos-Ryan, Natalie: Centre de recherche du CHU Ste-Justine, Universite de Montreal, 3175 Chemin de la Cote Sainte-Catherine, Montreal, Canada, H3T 1C5, natalie.castellanos.ryan@umontreal.ca

**Institution:** Castellanos-Ryan, Natalie: Centre de recherche du CHU Ste-Justine, Universite de Montreal, Montreal, PQ; Conrod, Patricia: National Addiction Centre, Institute of Psychiatry, King's College London, London

**Language:** English

**Abstract:** (from the chapter) The emphasis made on the significance of personality in the development of substance use problems has varied substantially through the years. Although early research has focused on identifying a single personality trait that conferred risk for substance use and misuse, recent research has highlighted the complex nature and heterogeneity of substance use behaviours and profiles, identifying a number of traits and risk pathways to substance use problems. This chapter reviews the evidence which provides support for the important aetiological role of a number of personality traits in the development and maintenance of substance use problems. Four

personality-based causal pathways to substance misuse are proposed that help to explain some of the underlying mechanisms linking substance misuse with other mental disorders. Finally, implications for prevention and clinical practise are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Abuse](#)  
[\\*Drug Abuse](#)  
[\\*Personality Traits](#)  
[\\*Susceptibility \(Disorders\)](#)  
[Drug Abuse Prevention Models](#)

**Source:** PsycINFO

#### 40. Automatic and controlled processes in the pathway from drug abuse to addiction.

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**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(35-45) (2012)

**Author(s):** Field, Matt; Wiers, Reinout

**Correspondence Address:** Field, Matt: School of Psychology, University of Liverpool, Eleanor Rathbone Building, Bedford Street South, Liverpool, United Kingdom, L69 7ZA, mfield@liverpool.ac.uk

**Institution:** Field, Matt: School of Psychology, University of Liverpool, Liverpool; Wiers, Reinout: University of Amsterdam, Amsterdam

**Language:** English

**Abstract:** (from the chapter) Heavy drinking is associated with a cluster of cognitive processes, which we have termed controlled processes (rational decision-making and alcohol outcome expectancies), automatic processes (implicit memory associations and attentional bias) and executive dysfunction (which includes working memory and "impulsivity"). In this chapter, we review evidence which suggests that these different types of cognitions have a causal influence on future alcohol consumption and the development of alcohol problems. We highlight gaps in the evidence base which we hope will be tackled in future research. We also discuss recent research which suggests that it is important to consider interactions between these different types of cognitive processes when attempting to predict future alcohol problems, and we speculate on the relative importance of different types of cognitive processes at different stages of the alcohol addiction cycle, from controlled "social" drinking through to alcohol abuse and alcohol dependence. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Alcoholism](#)  
[\\*Cognitive Processes](#)  
[Cognitive Impairment](#)  
[Decision Making](#)  
[Implicit Memory](#)  
[Impulsiveness](#)  
[Short Term Memory](#)

**Source:** PsycINFO

#### 41. Drug abuse and behavioral disinhibition.

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**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(25-34) (2012)

**Author(s):** Fillmore, Mark T

**Correspondence Address:** Fillmore, Mark T.: Department of Psychology, University of Kentucky, Lexington, KY, US, 40506-0044, fillmore@uky.edu

**Institution:** Fillmore, Mark T.: Department of Psychology, University of Kentucky, Lexington, KY

**Language:** English

**Abstract:** (from the chapter) Traditional models of drug abuse emphasize the drug's rewarding effects as reinforcing drug use to the point of physical dependence and addiction. However, the past several years have seen an increased focus on the role of cognitive disturbances both as temporary acute reactions to drugs and as enduring impairments owing to prolonged chronic drug abuse. This chapter focuses on impairments of impulse control and reviews several lines of research that point to the role of impaired control in the development and maintenance of drug abuse disorders. The sections describe how the concept of impaired control is embedded in diagnostic classifications of alcohol abuse disorders and how impaired control characterizes constructs, such as impulsivity and disinhibition, which are key aspects of personalities and psychopathologies commonly associated with drug abuse. Cognitive approaches to the concept of impaired self-control are also examined with the aim of identifying how specific impairments in the ability to inhibit an action can contribute to drug abuse, and possibly emerge as a consequence of prolonged drug abuse. The chapter concludes by highlighting areas for further research, such as gaining a better understanding of the role of deficient inhibitory control in drug abuse for more effective treatment development. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Cognitive Processes](#)  
[\\*Drug Abuse](#)  
[\\*Personality](#)  
[\\*Self Control](#)  
[\\*Behavioral Disinhibition](#)  
[Addiction](#)  
[Drugs](#)  
[Impulsiveness](#)

**Source:** PsycINFO

#### 42. Epidemiology of alcohol and drug use.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012(3-23) (2012)

**Author(s):** van Laar, Margriet

**Correspondence Address:** van Laar, Margriet: Trimbos Institute, Da Costakade 45, PO Box 725, Utrecht, Netherlands, 3500 AS, mlaar@trimbos.nl

**Institution:** van Laar, Margriet: Trimbos Institute, Utrecht

**Language:** English

**Abstract:** (from the chapter) This chapter gives an overview of trends in the prevalence and patterns of alcohol and illicit drug use, primarily in western countries. Data on alcohol use were mainly derived from the World Health Organisation (WHO). The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) served as a main source for data on the consumption of illicit drugs in the European Union. Well developed monitoring systems are available as well for other parts of the world, mainly the USA, Australia and Canada. Worldwide statistics of drug use are available from the United Nations Office of Drug Control (UNODC), but in spite of recent improvements data quality is still quite poor in many countries. This chapter focuses on the most prevalent (classes of) substances: alcohol, cannabis, cocaine, amphetamines and ecstasy, and opioids. Many other drugs come and disappear on the market, sometimes gaining popularity in specific subpopulations, such as people in the nightlife settings. Examples are GHB, ketamine, benzylpiperazine and poppers (alkyl nitrites). Collectively, these drugs may be referred to as "club drugs", of which only ecstasy has reached the stage of a relatively wide users group. However, consumption rates of most other drugs in the general population generally remain low. For practical purposes, this chapter is organised by main substance. However, it should be realised that people who consume one substance often have also

experience with using other substances. Occasionally substances are consumed together to enhance (or prolong) positive effects or to counteract negative side-effects. For example, the combined use of alcohol and cocaine is quite popular, among others because cocaine is said to have a sobering effect, permitting the user to drink more and for longer. Poly substance or poly drug use is common and may pose specific (health) risks to users. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Abuse](#)  
[\\*Drug Usage](#)  
[\\*Epidemiology](#)  
[\\*Trends](#)  
[Alcohol Drinking Patterns](#)  
[Alcoholism](#)  
[Amphetamine](#)  
[Cannabis](#)  
[Cocaine](#)  
[Drugs](#)  
[Methylenedioxymethamphetamine](#)  
[Opiates](#)  
[Polydrug Abuse](#)  
[Side Effects \(Drug\)](#)

**Source:** PsycINFO

#### 43. Drug abuse and addictions in medical illness: Causes, consequences and treatment.

**Citation:** Drug abuse and addictions in medical illness: Causes, consequences and treatment., 2012 (2012)

**Author(s):** Verster, Joris C [Ed]; Brady, Kathleen [Ed]; Galanter, Marc [Ed]; Conrod, Patricia [Ed]

**Institution:** Verster, Joris C.: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht; Brady, Kathleen: Department of Psychiatry, Medical University of South Carolina, Charleston, SC; Galanter, Marc: Division of Alcoholism and Drug Abuse, School of Medicine, New York University, New York, NY; Conrod, Patricia: National Addiction Centre, Institute of Psychiatry, King's College London, London

**Language:** English

**Abstract:** (from the cover) Drug abuse and addiction are common in clinical practice. Often they interfere with patient treatment or require an alternative approach. Drug Abuse and Addiction in Medical Illness: Causes, Consequences, and Treatment is a major contribution to the literature, a gold standard title offering a comprehensive range of topics for those who care for patients with addiction, conduct research in this area, or simply have an interest in the field. Offering state-of-the-art information for all those working with drug abusing or addicted patients, or for those interested in this topic from other research perspectives, the volume is a first of its kind book-rich, comprehensive, yet focused, addressing the needs of the very active theoretical, basic, and clinical research in the field. Comprised of 46 chapters organized in four sections and developed by the leading international experts. Drug Abuse and Addiction in Medical Illness: Causes, Consequences, and Treatment covers virtually every core, as well as contemporary, topic on addiction, from the established theories to the most modern research and development in the field. Enhancing the educational value of the volume, every chapter includes an abstract and two boxes summarizing learning objectives and directions for future research. Drug Abuse and Addiction in Medical Illness: Causes, Consequences, and Treatment discusses the topic in a authoritative, systematic manner and is an indispensable reference for all clinicians and researchers interested in this rapidly changing field. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

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

\*Drug Abuse  
 \*Drug Rehabilitation  
 \*Etiology  
 Drug Addiction

**Source:** PsycINFO

**44. Chronic tiagabine administration and aggressive responding in individuals with a history of substance abuse and antisocial behavior.**

**Citation:** Journal of Psychopharmacology, July 2012, vol./is. 26/7(982-993), 0269-8811;1461-7285 (Jul 2012)

**Author(s):** Gowin, Joshua L; Green, Charles E; Alcorn, Joseph L; Swann, Alan C; Moeller, F. Gerard; Lane, Scott D

**Correspondence Address:** Lane, Scott D.: Department of Psychiatry & Behavioral Sciences, UTHSC Houston, 1941 East Road, Houston, TX, US, 77054, scott.d.lane@uth.tmc.edu

**Institution:** Gowin, Joshua L.: Program in Neuroscience, Graduate School of Biomedical Sciences, University of Texas Health Science Center, Houston, TX; Green, Charles E.: Department of Psychiatry & Behavioral Sciences, School of Medicine, University of Texas Health Science Center, Houston, TX; Alcorn, Joseph L.: Program in Neuroscience, Graduate School of Biomedical Sciences, University of Texas Health Science Center, Houston, TX; Swann, Alan C.: Program in Neuroscience, Graduate School of Biomedical Sciences, University of Texas Health Science Center, Houston, TX; Moeller, F. Gerard: Program in Neuroscience, Graduate School of Biomedical Sciences, University of Texas Health Science Center, Houston, TX; Lane, Scott D.: Program in Neuroscience, Graduate School of Biomedical Sciences, University of Texas Health Science Center, Houston, TX

**Language:** English

**Abstract:** Anticonvulsants, notably those which modulate GABA activity, have shown efficacy in reducing aggressive behavior. Previously, we found dose-related decreases in human aggressive responding following acute tiagabine administration. Here, we examined the effects of chronic tiagabine over a 5-week period. Twelve individuals at increased risk for aggressive and violent behavior (currently on parole/probation with personality and/or substance use disorders) were randomly assigned to placebo (n = 6) or an escalating dose sequence of placebo, 4 mg, 8 mg, 12 mg, placebo (n = 6). Data were analyzed using both frequentist and Bayesian mixed models, evaluating aggressive behavior as a function of time, dose condition, and their interaction. For aggressive responding, there was a significant interaction of drug condition and time. Aggression in the tiagabine condition decreased for each additional week in the study, while participants in the placebo condition failed to demonstrate similar change over time. For monetary-reinforced responding, no drug or drug by time interactions were observed, suggesting specificity of drug effects on aggression. The small number of subjects limits the generality of the findings, and previous studies with tiagabine are limited to acute dosing and case report investigations. However, the present data provide an indication that tiagabine merits further examination as an agent for management of impulsive aggression. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Author(s); YEAR: 2012

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

**Subject Headings:** \*Aggressive Behavior  
 \*Anticonvulsive Drugs  
 \*Antisocial Behavior  
 \*Drug Abuse  
 \*Side Effects (Drug)  
 Drug Therapy  
 Gamma Aminobutyric Acid

**Source:** PsycINFO

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

**45. Sexual abuse in men with substance use problems: Assessment and treatment issues.**

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- Citation:** Advances in psychology research (Vol 76)., 2011(37-50), 1532-723X (2011)
- Author(s):** Courbasson, Christine M; Cullen, Jim; Konieczna, Karolina
- Institution:** Courbasson, Christine M.: University of Toronto, Toronto, ON; Cullen, Jim: Ethical Culture Fieldston School, New York, NY; Konieczna, Karolina: Ethical Culture Fieldston School, New York, NY
- Language:** English
- Abstract:** (from the chapter) Research suggests that a high prevalence of men with substance use problems have experienced sexual abuse at one point in their life. Men who have been sexually victimized frequently use substances to cope with unpleasant feelings resulting from the abuse, they experience many psychosocial problems and they tend to report sexual abuse much less than women. They also experience more extreme substance use than women with a history of sexual abuse. The present chapter reviews the prevalence and the significance of this problem, outlines significant gaps in the clinical and research literature, discusses the need for gender sensitive assessment approaches, and relevant treatment strategies specific to men that can enhance both substance use treatment and general functioning of these clients. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Book; Edited Book
- Subject Headings:** [\\*Drug Abuse](#)  
[\\*Psychological Assessment](#)  
[\\*Sexual Abuse](#)  
[\\*Treatment](#)  
[\\*Victimization](#)  
[Human Males](#)
- Source:** PsycINFO

**46. Women, substance use and post-traumatic stress disorder.**

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- Citation:** Advances in psychology research (Vol 76)., 2011(1-13), 1532-723X (2011)
- Author(s):** Courbasson, Christine M; Schelkanova, Irina
- Institution:** Courbasson, Christine M.: Concurrent Disorders Service, Centre for Addiction and Mental Health, Department of Psychiatry, University of Toronto, Toronto, ON; Schelkanova, Irina: University of Toronto, Toronto, ON
- Language:** English
- Abstract:** (from the chapter) The high rate of substance use, a significant problem among women who have experienced trauma and violence, underscores the need for a closer look at methodological gaps and treatment efficacies, which can influence the rate of successful recoveries. Post-traumatic stress disorder (PTSD) consists of a number of serious symptoms one can experience after being exposed to threat of death or serious injury. The consequential response involves intense fear, helplessness, re-experience of the traumatic event, avoidance of stimuli associated with the trauma, or persistent anxiety. Up to 80% of women seeking substance abuse treatment report lifetime histories of sexual and/or physical assault, and many of these women have symptoms of PTSD. Women with comorbid PTSD and substance use disorders (SUD) are poorly served in substance use treatment. They have reduced treatment retention rates and outcomes, and treatment is further complicated when other mental health difficulties related to PTSD are present. Yet, there is a lack of literature about effective ways to address PTSD in substance use treatment. The chapter undertakes a critical overview of the recent literature on women with comorbid PTSD and substance abuse, outlines methodological problems in the clinical research and presents ways to bridge gaps in research. This chapter also presents new strategies to maximize treatment effectiveness of PTSD, substance use and possible concurrent disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Comorbidity](#)  
[\\*Drug Abuse](#)  
[\\*Human Females](#)  
[\\*Posttraumatic Stress Disorder](#)  
[\\*Treatment](#)  
 Trauma

**Source:** PsycINFO

#### 47. Advances in psychology research (Vol 76).

**Citation:** Advances in psychology research (Vol 76)., 2011, 1532-723X (2011)

**Author(s):** Columbus, Alexandra M [Ed]

**Language:** English

**Abstract:** (from the preface) This continuing series presents original research results on the leading edge of psychology. Each article has been carefully selected in an attempt to present substantial results across a broad spectrum. This book reviews research on sexual abuse in men; the psychological disturbances of war-traumatized adolescents; recruitment and relationships; substance abuse and PTSD in women and the psychology of therapeutic relationships. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Experimentation](#)  
[\\*Psychology](#)  
[\\*Psychotherapeutic Processes](#)  
[\\*Trauma](#)  
[\\*Interpersonal Relationships](#)  
 Drug Abuse  
 Posttraumatic Stress Disorder  
 Sexual Abuse  
 War

**Source:** PsycINFO

#### 48. The impact of self-help groups following outpatient substance abuse treatment among adolescents: Substance use outcomes and mechanisms of change.

**Citation:** Dissertation Abstracts International Section A: Humanities and Social Sciences, 2012, vol./is. 72/12-A(4772), 0419-4209 (2012)

**Author(s):** Gangi, Jennifer

**Institution:** Gangi, Jennifer: The Florida State U.

**Language:** English

**Abstract:** Research on adolescent substance abuse treatment effectiveness has grown in quantity, as evidenced by several review articles (Deas & Thomas, 2001; Muck, Zempolich, Titus, Fishman, Godley, & Schwebel, 2001; Williams & Chang, 2000). The results have shown substance use dissipates during treatment, but relapse to substance use occurs at high rates following treatment discharge (Catalano, Hawkins, Wells, Miller, & Brewer, 1991; Godley, Godley, & Dennis, 2001). Despite the heterogeneity of post-treatment outcomes, the likelihood of post-treatment relapse is often dependent on a number of variables, including whether or not the adolescent participates in continuing care services, such as self-help groups. However, there remains a dearth of empirical studies examining the use and effectiveness of self-help groups among adolescent outpatients. Therefore, this research examined the effects of self-help group meeting attendance among adolescents during the three-month time period immediately following publicly funded outpatient substance abuse treatment. Factors postulated within social-cognitive theory, social learning theory, group theory and included in cognitive and behavioral relapse prevention models were assessed to determine how they are influenced by self-help group attendance

and whether these effects can be used to help explain all or some of these observed relations. The following research hypothesis was examined: at the end of the three-month time period following treatment, there will be no differences between male and female adolescents who attended self-help groups during that three-month time period and those who do not attend regarding substance use frequency, severity of substance-related problems, cognitive and behavioral factors (motivation, coping, self-efficacy), and social-environmental factors (social support, environmental risk). In addition, the following research question was incorporated: while controlling for gender and attending a self-help group, can severity of substance-related problems, motivation, coping, self-efficacy, social support, and environmental risk be integrated to predict substance use frequency? To examine the hypothesis and research question, a secondary analysis was performed using data from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) Adolescent Treatment (AT) 2008 Outcome Dataset. The final dataset focused on adolescent outpatients and key questions from the original assessment that addressed the hypotheses and research question. Variables of interest were constructed, using items from scales and indices that were part of the assessment. The secondary data were analyzed using PASW Statistics (formerly SPSS) and AMOS 18.0 software. Analysis of variance (ANOVA) revealed no differences in the mean scores between self-help group attendees and non-attendees at the end of the three-months following treatment on motivation, social support, substance use frequency, and environmental risk. However, differences existed for coping, self-efficacy, and severity of substance-related problems. In addition, gender differences were found when adolescents entered treatment, in that females presented for treatment with higher environmental risk and higher severity of substance-related problems. Path analysis was performed to test for the relationship of predictor variables in the model to the substance use frequency outcome variable. The findings revealed that higher severity of substance-related problems, higher coping, greater environmental risk, less self-efficacy, and no self-help group attendance during the first three-month period following treatment were the factors related to more substance use among adolescents in that period. In addition, environmental risk followed by severity of substance-related problems had the greatest total effects on substance use frequency (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract  
**Subject Headings:** [\\*Adolescent Development](#)  
[\\*Drug Abuse](#)  
[\\*Outpatients](#)  
[\\*Self Help Techniques](#)  
[\\*Treatment Outcomes](#)  
[Human Sex Differences](#)  
[Treatment](#)  
**Source:** PsycINFO

#### 49. Alcoholic women in recovery: A phenomenological inquiry of spirituality and recidivism prevention.

**Citation:** Dissertation Abstracts International Section A: Humanities and Social Sciences, 2012, vol./is. 72/12-A(4600), 0419-4209 (2012)  
**Author(s):** McLeod, Jennifer I  
**Institution:** McLeod, Jennifer I.: U Alabama at Birmingham  
**Language:** English  
**Abstract:** In the United States, 7-12% of women compared to 20% of men, abuse alcohol, yet the social and medical consequences impact women much harder and faster than men. Women aggrieved by alcoholism have unique health and social consequences which are not well understood because women have been marginalized in studies of alcoholism. Little is known about the nature of the lived experience of the recovery process in women who have achieved a stable recovery and prevented recidivism. The aim of this study was to describe the lived experiences of alcoholic women in a stable recovery, defined as sustained abstinence for 5 or more years, who used spirituality as a resource to prevent

recidivism. A purposeful sample of 3 women with stable recovery between 6.5-20 years, with a mean sobriety of 14.2 years was recruited from Central Alabama Alcoholics Anonymous groups. Data analysis followed Giorgi's descriptive phenomenological method. The findings were revealed in women's historical perspectives of their entry in to alcohol abuse and key events that triggered a move toward treatment and eventual recovery as the context for their sustained recovery. The following meaning structures were identified: (a) structure of historical significance, (b) structure of pivotal episodes, and (c) structure of recovery. The structures and associated constituents detail the experience of recovery in transitional phases across the lives of three participants. Conclusion from this study provides new insights into the recovery process and sustained sobriety through the narratives of the lived experience from women recovering from alcoholism. The dynamics of spirituality and recidivism prevention was found to be a multifaceted process rather than a simple cause and effect relationship. The participants described Alcoholics Anonymous (AA) as an important safe haven to help them sustain abstinence and as a resource to help them sustain sobriety long enough until the moment of a personal spiritual awakening dynamically transformed their perceptions and a new dimension of recovery began. Their spirituality became the foundation from which all other assets of recovery stemmed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Human Females](#)  
[\\*Phenomenology](#)  
[\\*Recidivism](#)  
[\\*Spirituality](#)  
[Prevention](#)

**Source:** PsycINFO

#### 50. Pubertal development and substance use among adolescent girls: The importance of social interactions and social contexts.

**Citation:** Dissertation Abstracts International Section A: Humanities and Social Sciences, 2012, vol./is. 72/12-A(4776), 0419-4209 (2012)

**Author(s):** Tanner-Smith, Emily E

**Institution:** Tanner-Smith, Emily E.: Vanderbilt U.

**Language:** English

**Abstract:** Abstract is not available. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Dissertation Abstract

**Subject Headings:** [\\*Adolescent Development](#)  
[\\*Drug Usage](#)  
[\\*Human Females](#)  
[\\*Puberty](#)  
[\\*Social Interaction](#)  
[Scientific Communication](#)

**Source:** PsycINFO

#### 51. A Tutorial on Count Regression and Zero-Altered Count Models for Longitudinal Substance Use Data.

**Citation:** Psychology of Addictive Behaviors, August 2012(No Pagination Specified), 0893-164X;1939-1501 (Aug 20, 2012)

**Author(s):** Atkins, David C; Baldwin, Scott A; Zheng, Cheng; Gallop, Robert J; Neighbors, Clayton

**Abstract:** Critical research questions in the study of addictive behaviors concern how these behaviors change over time: either as the result of intervention or in naturalistic settings. The combination of count outcomes that are often strongly skewed with many zeroes (e.g., days using, number of total drinks, number of drinking consequences) with repeated

assessments (e.g., longitudinal follow-up after intervention or daily diary data) present challenges for data analyses. The current article provides a tutorial on methods for analyzing longitudinal substance use data, focusing on Poisson, zero-inflated, and hurdle mixed models, which are types of hierarchical or multilevel models. Two example datasets are used throughout, focusing on drinking-related consequences following an intervention and daily drinking over the past 30 days, respectively. Both datasets as well as R, SAS, Mplus, Stata, and SPSS code showing how to fit the models are available on a supplemental website. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:**

**Source:** PsycINFO

### 52. Impaired inhibitory control in 'internet addiction disorder': A functional magnetic resonance imaging study.

**Citation:** Psychiatry Research: Neuroimaging, August 2012(No Pagination Specified), 0925-4927 (Aug 11, 2012)

**Author(s):** Dong, Guangheng; DeVito, Elise E; Du, Xiaoxia; Cui, Zhuoya

**Abstract:** 'Internet addiction disorder' (IAD) is rapidly becoming a prevalent mental health concern in many countries around the world. The neurobiological underpinnings of internet addiction should be studied to unravel the potential heterogeneity in the disorder. The present study examines the neural correlates of response inhibition in males with and without IAD using an event-related functional magnetic resonance imaging (fMRI) Stroop task. The IAD group demonstrated significantly greater 'Stroop effect'-related activity in the anterior and posterior cingulate cortices compared with their healthy peers. These results may suggest diminished efficiency of response-inhibition processes in the IAD group relative to healthy controls. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:**

**Source:** PsycINFO

### 53. Interaction between serotonin transporter and serotonin receptor 1 B genes polymorphisms may be associated with antisocial alcoholism.

**Citation:** Behavioral and Brain Functions, May 2012, vol./is. 8/, 1744-9081 (May 2, 2012)

**Author(s):** Wang, Tzu-Yun; Lee, Sheng-Yu; Chen, Shiou-Lan; Chang, Yun-Hsuan; Chen, Shih-Heng; Chu, Chun-Hsien; Huang, San-Yuan; Tzeng, Nian-Sheng; Wang, Chen-Lin; Lee, I Hui; Yeh, Tzung Lieh; Yang, Yen Kuang; Lu, Ru-Band

**Correspondence Address:** Lu, Ru-Band: Department of Psychiatry, College of Medicine, National Cheng Kung University, Tainan, Taiwan, rblu@mail.ncku.edu.tw

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National Cheng Kung University, Tainan; Lu, Ru-Band: Department of Psychiatry, College of Medicine, National Cheng Kung University, Tainan

- Language:** English
- Abstract:** Background: Several studies have hypothesized that genes regulating the components of the serotonin system, including serotonin transporter (5-HTTLPR) and serotonin 1 B receptor (5-HT1B), may be associated with alcoholism, but their results are contradictory because of alcoholism's heterogeneity. Therefore, we examined whether the 5-HTTLPR gene and 5-HT1B gene G861C polymorphism are susceptibility factors for a specific subtype of alcoholism, antisocial alcoholism in Han Chinese in Taiwan. Methods: We recruited 273 Han Chinese male inmates with antisocial personality disorder (ASPD) [antisocial alcoholism (AS-ALC) group (n = 120) and antisocial non-alcoholism (AS-N-ALC) group (n = 153)] and 191 healthy male controls from the community. Genotyping was done using PCR-RFLP. Results: There were no significant differences in the genotypic frequency of the 5-HT1B G861C polymorphism between the 3 groups. Although AS-ALC group members more frequently carried the 5-HTTLPR S/S, S/LG, and LG/LG genotypes than controls, the difference became non-significant after controlling for the covarying effects of age. However, the 5-HTTLPR S/S, S/LG, and LG/LG genotypes may have interacted with the 5-HT1B G861C C/C polymorphism and increased the risk of becoming antisocial alcoholism. Conclusion: Our study suggests that neither the 5-HTTLPR gene nor the 5-HT1B G861C polymorphism alone is a risk factor for antisocial alcoholism in Taiwan's Han Chinese population, but that the interaction between both genes may increase susceptibility to antisocial alcoholism. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
- Country of Publication:** STATEMENT: This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.; HOLDER: Wang et al; licensee BioMed Central Ltd.; YEAR: 2012
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Alcoholism](#)  
[\\*Antisocial Personality Disorder](#)  
[\\*Polymorphism](#)  
[\\*Risk Factors](#)  
[\\*Behavioral Genetics](#)  
[Genes](#)  
[Genotypes](#)  
[Serotonin](#)
- Source:** PsycINFO
- Full Text:** Available in *fulltext* at [BioMedCentral](#)  
Available in *fulltext* at [National Library of Medicine](#)

#### 54. Sexuality and addiction: Making connections, enhancing recovery.

- Citation:** Sexuality and addiction: Making connections, enhancing recovery., 2012 (2012)
- Author(s):** James, Raven L
- Institution:** James, Raven L.: Governors State University, University Park, IL
- Language:** English
- Abstract:** (from the book) Millions of Americans suffer from addictions. Unfortunately, treatment for addiction has a high failure rate, in part because practitioners often overlook helping people learn how to cope with negative sexual experiences. Common sexual issues such as abuse, body image, incest, infertility, sexual dysfunction, and sexual orientation can make people more vulnerable to substance abuse and relapse. This book presents a broad overview of sexual health issues that documents the links between sexuality and substance abuse and describes how counselors can help individuals who have been impacted by negative sexual experiences find a way out of the pain that leads them to addiction or back to substance abuse. Using the sexual health model as a framework for

discussion, Raven L. James, PhD, explains how sexual health and substance abuse are often connected, provides examples of real-life experiences, and identifies issues to consider in adopting healthier attitudes and sexual behaviors as well as effective methods for achieving them. Each chapter provides focused content followed by an explanation of the subject's connection to substance abuse. Tips for counselors, sample lesson plans and ideas, tangible tools to use in sexual health groups, and related resources are also included. Whether the reader is personally afflicted, a helper, or a loved one, the information in *Sexuality and Addiction: Making Connections, Enhancing Recovery* will provide a new perspective on how to help clients improve their self-esteem, find ways to improve sexual relationships with themselves and others, and most of all, restore hope for sexual health in recovery. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Authored Book

**Subject Headings:** [\\*Addiction](#)  
[\\*Recovery \(Disorders\)](#)  
[\\*Sexuality](#)  
[Health](#)  
[Psychosexual Behavior](#)  
[Self Esteem](#)  
[Sexual Partners](#)

**Source:** PsycINFO

#### 55. An exploratory investigation of marital functioning and order of spousal onset in couples concordant for psychopathology.

**Citation:** Journal of Marital and Family Therapy, June 2012, vol./is. 38/Suppl 1(308-319), 0194-472X (Jun 2012)

**Author(s):** Van Orden, Kimberly A; Braithwaite, Scott; Anestis, Mike; Timmons, Katherine A; Fincham, Frank; Joiner, Thomas E Jr.; Lewinsohn, Peter M

**Correspondence Address:** Van Orden, Kimberly A.: University of Rochester Medical Center, 300 Crittenden Blvd, Box PSYCH, Rochester, NY, US, 14642, [Kimberly\\_vanorden@urmc.rochester.edu](mailto:Kimberly_vanorden@urmc.rochester.edu)

**Institution:** Van Orden, Kimberly A.: Department of Psychiatry, University of Rochester Medical Center, Rochester, NY; Braithwaite, Scott: Department of Psychology, Florida State University, Tallahassee, FL; Anestis, Mike: Department of Psychology, Florida State University, Tallahassee, FL; Timmons, Katherine A.: Department of Psychology, Florida State University, Tallahassee, FL; Fincham, Frank: Department of Psychology, Florida State University, Tallahassee, FL; Joiner, Thomas E.: Department of Psychology, Florida State University, Tallahassee, FL; Lewinsohn, Peter M.: Oregon Research Institute, OR

**Language:** English

**Abstract:** Individuals with a psychiatric disorder are significantly more likely to have a spouse with a clinical diagnosis-marital concordance. We used a community sample of 304 couples concordant for either major depressive disorder (MDD) or substance use disorders (SUDs) to examine the relationship between marital functioning and gendered patterns of mental health diagnosis onset. For SUD concordance, couples in which wives onset before husbands-despite typical later onset for men-reported lower levels of marital satisfaction compared with couples in which the husband onset first. For MDD concordance, couples in which husbands onset with depression before wives-despite typical later onset for men-reported lower levels of marital satisfaction. These results suggest that for couples concordant for mental diagnoses, it is most problematic for marital functioning for one partner to have an atypically early onset. Implications for treatment targets in marital therapy are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Major Depression](#)  
[\\*Psychopathology](#)  
[Marital Satisfaction](#)

[Onset \(Disorders\)](#)  
[Spouses](#)

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

#### 56. The relation between problematic Internet use and healthy lifestyle behaviours in high school students.

**Citation:** Advances in School Mental Health Promotion, April 2012, vol./is. 5/2(93-104), 1754-730X;2049-8535 (Apr 2012)

**Author(s):** Yildiz, Ilknur; Yildirim, Ferda

**Correspondence Address:** Yildiz, Ilknur, [ilknuryildiz@yahoo.com.tr](mailto:ilknuryildiz@yahoo.com.tr)

**Institution:** Yildiz, Ilknur: Department of Nursing, Faculty of Health Science, Cumhuriyet University, Sivas; Yildirim, Ferda: Department of Nursing, Faculty of Health Science, Cumhuriyet University, Sivas

**Language:** English

**Abstract:** Internet provides significant benefits for learning about the world but excessive Internet use can lead to negative outcomes. Problematic Internet use becomes a significant health concern among adolescents. However, the relation between problematic Internet use and adolescents adopting health-promoting behaviour is understudied. This study examined the relation between problematic Internet use and healthy lifestyle behaviours among a sample of 1000 students from seven high schools in Sivas, Turkey. Data were collected using the problematic Internet usage scale and health promotion lifestyle profile. Among male students, levels of problematic Internet use were significantly high in individuals using the Internet every day, those connecting to the Internet at home and those who use the Internet at least 5 h a day. Even though a weak negative correlation between problematic Internet use and healthy lifestyle behaviours was observed, gender and daily Internet use time also appeared to affect healthy lifestyle behaviours. The results from this study support the importance of developing early protective and preventive actions against problematic Internet use to promote adolescent health. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Clifford Beers Foundation; YEAR: 2012

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

**Subject Headings:** [\\*Health Behavior](#)  
[\\*Internet Addiction](#)  
[\\*Lifestyle](#)  
[High School Students](#)

**Source:** PsycINFO

#### 57. Mental illness, brain disease and stigma.

**Citation:** Advances in Mental Health, February 2012, vol./is. 10/2(205-207), 1837-4905 (Feb 2012)

**Author(s):** Webster, Ian W

**Institution:** Webster, Ian W.: School of Public Health and Community Medicine, University of New South Wales, NSW

**Language:** English

**Abstract:** Durkheim's studies of society in 1895 and Goffman writings about asylums in 1961 introduced the concept of social stigma and spoiled identities. Stigma not only applies to people with mental and behavioral problems but to others different from 'us' - those who look different, come from different backgrounds, behave differently and have different life styles. It carries with it implications of blameworthiness and fault. The stigma of mental illness marginalizes affected people but it also marginalizes the services and professionals who care for those with mental health problems. The understanding of mental illness and improvements in treatment options have been helped by advances in neurobiology, but will taking the next step of shifting mental illness to a brain disease

help to reduce the social stigma? Where there is uncertainty about what society accepts or understands as mental illness and especially when there are different scholarly and scientific paradigms it is unwise to cast all mental illness within the medical framework of disease. Neurobiological research is increasing our understanding of mental problems, addiction and pain, but to elevate this above the societal and cultural aspects of suffering smacks of medical hubris. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: eContent Management Pty Ltd.

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

**Subject Headings:** [\\*Brain Disorders](#)  
[\\*Mental Disorders](#)  
[\\*Stigma](#)  
[Neurobiology](#)

**Source:** PsycINFO

#### 58. The marketing of dissolvable tobacco: Social science and public policy research needs.

**Citation:** American Journal of Health Promotion, July 2012, vol./is. 26/6(331-332), 0890-1171 (Jul-Aug 2012)

**Author(s):** Southwell, Brian G; Kim, Annice E; Tessman, Greta K; MacMonegle, Anna J; Choiniere, Conrad J; Evans, Sarah E; Johnson, Robin D

**Correspondence Address:** Southwell, Brian G.: RTI International, 3040 Cornwallis Road, PO Box 12194, Research Triangle Park, NC, US, 27709, bsouthwell@rti.org

**Institution:** Southwell, Brian G.: RTI International, Research Triangle Park, NC; Kim, Annice E.: RTI International, Research Triangle Park, NC; Tessman, Greta K.: Center for Tobacco Products, U.S. Food and Drug Administration, Rockville, MD; MacMonegle, Anna J.: RTI International, Research Triangle Park, NC; Choiniere, Conrad J.: Center for Tobacco Products, U.S. Food and Drug Administration, Rockville, MD; Evans, Sarah E.: Center for Tobacco Products, U.S. Food and Drug Administration, Rockville, MD; Johnson, Robin D.: Center for Tobacco Products, U.S. Food and Drug Administration, Rockville, MD

**Language:** English

**Abstract:** Leading tobacco companies and other organizations have invested heavily in a new generation of smokeless tobacco products that are promoted for use when smoking is prohibited, including dissolvable tobacco products (or "dissolvables"). Dissolvables are offered in some markets in the United States in the form of strips, orbs, sticks, and lozenges that deliver nicotine as the tobacco dissolves or disintegrates in the user's mouth. Although smokeless tobacco products have existed for centuries, limited public data are available regarding dissolvable tobacco. We reviewed the social and behavioral scientific literature to identify gaps in current understanding of dissolvables. This essay highlights these gaps and identifies research questions that, if addressed, would lead to a better understanding of these novel tobacco products. Initial research suggests current dissolvable tobacco products contain, primarily, a mix of tobacco, binders, fillers, and flavors and have levels of tobacco-specific nitrosamines, nicotine, and other harmful chemicals that are similar to, or lower than, those of traditional smokeless tobacco products. Limited clinical data are available on the health effects from use of dissolvables, though toxicity (such as oral diseases and the effects of accidental ingestions), carcinogenicity, and addictiveness are possible areas of concern. Future research should focus on how actual use of these products may impact health. Presently, there is a lack of substantial empirical evidence about who uses the dissolvables that are being offered and who will use them if they are widely marketed. Early research on Ariva, for example, found low appeal and uptake among smokers, though some research participants thought the products would appeal to specific groups such as new smokers, young adults, and women. Exactly how the availability of new dissolvables will affect general patterns of tobacco use is unclear. Dissolvables, for instance, offer unique features that differ from other tobacco products but that may complement existing products. Questions regarding consumer perceptions of the risks and benefits of these products warrant further investigation as well. Given that some of these products are available only in limited

markets and others have received little promotion to date, widespread awareness of these products in the United States is not likely at present. Given that novel smokeless tobacco products such as dissolvables have the potential to appear on retail outlet shelves all over the United States, researchers have substantial opportunities to address crucial research questions. Questions about the most appropriate interventions, policy solutions, and theoretical models to explain dissolvable use suggest a fruitful research agenda. Although much of what is already known about tobacco use may apply to dissolvables, a new generation of research would inform efforts to address the latest developments in the marketplace and assess the potential public health impact of these products. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: American Journal of Health Promotion, Inc.; YEAR: 2012

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

**Subject Headings:** [\\*Government Policy Making](#)  
[\\*Public Health](#)  
[\\*Smokeless Tobacco](#)  
[\\*Social Sciences](#)  
[\\*Tobacco Smoking](#)

**Source:** PsycINFO

#### 59. Mice lacking neuropeptide Y show increased sensitivity to cocaine.

**Citation:** Synapse, September 2012, vol./is. 66/9(840-843), 0887-4476;1098-2396 (Sep 2012)

**Author(s):** Sorensen, Gunnar; Woldbye, David P. D

**Correspondence Address:** Woldbye, David P. D.: Protein Laboratory, Department of Neuroscience and Pharmacology, University of Copenhagen, Panum Institute, Building 24.2, 3 Blegdamsvej, Copenhagen, Denmark, DK-2200, woldbye@sund.ku.dk

**Institution:** Sorensen, Gunnar: Laboratory of Neuropsychiatry, Department of Neuroscience and Pharmacology, Psychiatric Center Copenhagen, University of Copenhagen, Copenhagen; Woldbye, David P. D.: Laboratory of Neuropsychiatry, Department of Neuroscience and Pharmacology, Psychiatric Center Copenhagen, University of Copenhagen, Copenhagen

**Language:** English

**Abstract:** There is increasing data implicating neuropeptide Y (NPY) in the neurobiology of addiction. This study explored the possible role of NPY in cocaine-induced behavior using NPY knockout mice. The transgenic mice showed a hypersensitive response to cocaine in three animal models of cocaine addiction. Whether this is due to an observed compensatory increase in striatal dopamine transporter binding or an anxiogenic phenotype of the transgenic mice remains to be determined. (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:** [\\*Cocaine](#)  
[\\*Drug Sensitivity](#)  
[\\*Neurobiology](#)  
[\\*Neuropeptide Y](#)  
[Mice](#)  
[Neurotransmitter Transporters](#)

**Source:** PsycINFO

#### 60. Antidepressant-like effects of ecstasy in subjects with a predisposition to depression.

**Citation:** Addictive Behaviors, October 2012, vol./is. 37/10(1189-1192), 0306-4603 (Oct 2012)

**Author(s):** Majumder, Irina; White, Jason M; Irvine, Rodney J

**Correspondence Address:** Majumder, Irina: School of Pharmacy and Medical Sciences (CEA-19), University of South Australia, GPO Box 2471, Adelaide, SA, Australia, 5001, irina.majumder@unisa.edu.au

**Institution:** Majumder, Irina: University of South Australia, School of Pharmacy and Medical Sciences, Adelaide, SA; White, Jason M.: University of South Australia, School of Pharmacy and Medical Sciences, Adelaide, SA; Irvine, Rodney J.: University of Adelaide, School of Medical Sciences, Discipline of Pharmacology, Adelaide, SA

**Language:** English

**Abstract:** Introduction: Positive effects of ecstasy on mood and self-esteem due to increased synaptic serotonin levels may indicate a potential antidepressant-like action. This effect may be more prominent in subjects with a pre-existing mood disturbance who may use ecstasy more frequently as a 'self-medication'. This study compared depressive symptoms and the immediate effects of ecstasy on mood in subjects with (WP) and without (NP) a predisposition to depression. Methods: Current ecstasy users were assessed using the Profile of Mood States (POMS) and Beck Depression Inventory (BDI) when drug-free, and during social gathering, when 20 subjects voluntarily consumed ecstasy (ecstasy group) and 20 abstained from ecstasy (control group). Predisposition to depression was determined using the Brief Symptom Inventory. During social gathering, POMS and BDI were administered 60 min after ecstasy consumption, or at matched time for controls. 3,4-Methylenedioxymethamphetamine (MDMA) exposure was confirmed using saliva samples collected 60 min after pill ingestion. Results: There was no difference in ecstasy use patterns between the groups. When drug-free, the WP subjects had greater mood disturbance and depressive symptoms than the NP group (POMS: NP 5.85 +/- 1.63, WP 14.5 +/- 2.81,  $p < 0.05$ , BDI: NP 4.9 +/- 0.86, WP 11.2 +/- 1.65,  $p < 0.01$ ). During social gathering, WP subjects who consumed ecstasy reported a significant decrease in depressive symptoms ( $F(1,35) = 5.47$ ,  $p < 0.05$ ). Conclusions: A decrease in depressive symptoms was observed in subjects predisposed to depression. This antidepressant-like action of MDMA may contribute to its use, particularly among people with an existing or latent depressive disorder. (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:** [\\*Drug Usage](#)  
[\\*Emotional States](#)  
[\\*Major Depression](#)  
[\\*Methylenedioxymethamphetamine](#)  
[\\*Predisposition](#)  
[Symptoms](#)

**Source:** PsycINFO

#### 61. Use of licit and illicit substances among adolescents in Brazil - A national survey.

**Citation:** Addictive Behaviors, October 2012, vol./is. 37/10(1171-1175), 0306-4603 (Oct 2012)

**Author(s):** Madruga, Clarice S; Laranjeira, Ronaldo; Caetano, Raul; Pinsky, Ilana; Zaleski, Marcos; Ferri, Cleusa P

**Correspondence Address:** Madruga, Clarice S.: Institute of Psychiatry, Box P060, De Crespigny Park, London, United Kingdom, SE5 8AF, clarice.madruga@kcl.ac.uk

**Institution:** Madruga, Clarice S.: National Institute of Policies on Alcohol and Drugs (INPAD), Departamento de Psiquiatria, Universidade Federal de Sao Paulo, Sao Paulo; Laranjeira, Ronaldo: National Institute of Policies on Alcohol and Drugs (INPAD), Departamento de Psiquiatria, Universidade Federal de Sao Paulo, Sao Paulo; Caetano, Raul: University of Texas, School of Public Health, Dallas Regional Campus, Dallas, TX; Pinsky, Ilana: National Institute of Policies on Alcohol and Drugs (INPAD), Departamento de Psiquiatria, Universidade Federal de Sao Paulo, Sao Paulo; Zaleski, Marcos: Nucleo de Psiquiatria, Federal University of Santa Catarina, Florianopolis; Ferri, Cleusa P.: National

Institute of Policies on Alcohol and Drugs (INPAD), Departamento de Psiquiatria, Universidade Federal de Sao Paulo, Sao Paulo

**Language:** English

**Abstract:** Objective: We estimate the prevalence of alcohol, tobacco and illegal substance use in a national representative sample of adolescents. We also estimate how socio demographic characteristics, household environment and mental health are associated with substance misuse. Method: This is a cross-sectional study using data from the first Brazilian National Alcohol Survey, which gathered information on the use of psychoactive substances in 761 participants aged 14 to 19 years old. Weighted logistic regression was used to calculate adjusted odds ratios. Results: More than half of the adolescents interviewed were regular alcohol users and one out of ten were abusers and/or dependents. Older male adolescents living in urban areas were more likely to present alcohol related disorders and to smoke. Age had an inverse association with illegal substance use. Smokers and those using illegal substances were more likely to report domestic violence while those with alcohol abuse/dependence were more likely to have depression. Conclusions: The high prevalence of alcohol, tobacco and illicit substance consumption among Brazilian adolescents is staggering. Young males with mood disorders from urban areas are more at risk of developing alcohol disorders while illegal drug use is highly associated to household dysfunction in early life. Brazilian growing economy will possibly lead to increased levels of substance use among adolescents if new prevention measures are not implemented. The intensification of law enforcement strategies to reduce psychotropic substances access is required. (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:** [\\*Demographic Characteristics](#)  
[\\*Drug Usage](#)  
[\\*Epidemiology](#)  
[\\*Home Environment](#)  
[\\*Mental Health](#)  
[Alcohol Drinking Patterns](#)  
[Tobacco Smoking](#)

**Source:** PsycINFO

## 62. Improved methods to identify stable, highly heritable subtypes of opioid use and related behaviors.

**Citation:** Addictive Behaviors, October 2012, vol./is. 37/10(1138-1144), 0306-4603 (Oct 2012)

**Author(s):** Sun, Jiangwen; Bi, Jinbo; Chan, Grace; Oslin, David; Farrer, Lindsay; Gelernter, Joel; Kranzler, Henry R

**Correspondence Address:** Kranzler, Henry R.: Department of Psychiatry, University of Pennsylvania School of Medicine, Treatment Research Center, 3900 Chestnut St., Philadelphia, PA, US, 19104, kranzler\_h@mail.trc.upenn.edu

**Institution:** Sun, Jiangwen: Department of Computer Science and Engineering, University of Connecticut, Storrs, CT; Bi, Jinbo: Department of Computer Science and Engineering, University of Connecticut, Storrs, CT; Chan, Grace: Department of Psychiatry, University of Connecticut, School of Medicine, Farmington, CT; Oslin, David: Department of Psychiatry, University of Pennsylvania, School of Medicine, Philadelphia, PA; Farrer, Lindsay: Department of Medicine, Boston University, School of Medicine, Boston, MA; Gelernter, Joel: Department of Psychiatry, Yale University, School of Medicine, New Haven, CT; Kranzler, Henry R.: Department of Psychiatry, University of Pennsylvania, School of Medicine, Philadelphia, PA

**Language:** English

**Abstract:** Although there is evidence that opioid dependence (OD) is heritable, efforts to identify genes contributing to risk for the disorder have been hampered by its complex etiology and variable clinical manifestations. Decomposition of a complex set of opioid users into homogeneous subgroups could enhance genetic analysis. We applied a series of data

mining techniques, including multiple correspondence analysis, variable selection and cluster analysis, to 69 opioid-related measures from 5390 subjects aggregated from family-based and case-control genetic studies to identify homogeneous subtypes and estimate their heritability. Novel aspects of this work include our use of 1) heritability estimates of specific clinical features of OD to enhance the heritability of the subtypes and 2) a k-medoids clustering method in combination with hierarchical clustering to yield replicable clusters that are less sensitive to noise than previous methods. We identified five homogeneous groups, including two large groups comprised of 762 and 1353 heavy opioid users, with estimated heritability of 0.69 and 0.76, respectively. These methods represent a promising approach to the identification of highly heritable subtypes in complex, heterogeneous disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Drug Usage](#)  
[\\*Heritability](#)  
[\\*Opiates](#)  
[\\*Subtypes \(Disorders\)](#)  
[Drug Dependency](#)

**Source:** PsycINFO

### 63. Substance abuse treatment stage and personal networks of women in substance abuse treatment.

**Citation:** Journal of the Society for Social Work and Research, March 2012, vol./is. 3/2, 1948-822X (Mar 23, 2012)

**Author(s):** Tracy, Elizabeth M; Kim, HyunSoo; Brown, Suzanne; Min, Meeyoung O; Jun, Min Kyoung; McCarty, Christopher

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**Language:** English

**Abstract:** This study examines the relationship among 4 treatment stages (i.e., engagement, persuasion, active treatment, relapse prevention) and the composition, social support, and structural characteristics of personal networks. The study sample includes 242 women diagnosed with substance dependence who were interviewed within their first month of intensive outpatient treatment. Using EgoNet software, the women reported on their 25 alter personal networks and the characteristics of each alter. With one exception, few differences were found in the network compositions at different stages of substance abuse treatment. The exception was the network composition of women in the active treatment stage, which included more network members from treatment programs or 12-Step meetings. Although neither the type nor amount of social support differed across treatment stages, reciprocity differed between women in active treatment and those in the engagement stage. Networks of women in active treatment were less connected, as indicated by a higher number of components, whereas networks of women in the persuasion stage had a higher degree of centralization, as indicated by networks dominated by people with the most ties. Overall, we find social network structural variables to relate to the stage of treatment, whereas network composition, type of social support, and sociodemographic variables (with a few exceptions) do not relate to treatment stage. Results suggest that social context, particularly how social contacts are arranged around clients, should be incorporated into treatment programs, regardless of

demographic background. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Drug Rehabilitation](#)  
[\\*Human Females](#)  
[\\*Social Networks](#)  
[\\*Social Support](#)  
[Drug Abuse](#)  
[Drug Dependency](#)  
[Relapse Prevention](#)

**Source:** PsycINFO

#### 64. Cognitive and emotional deficits associated with minor and serious delinquency in high-risk adolescents.

**Citation:** Psychiatry, Psychology and Law, June 2012, vol./is. 19/3(427-438), 1321-8719;1934-1687 (Jun 2012)

**Author(s):** Pihet, Sandrine; Combremont, Melanie; Suter, Maya; Stephan, Philippe

**Correspondence Address:** Pihet, Sandrine: Unite de Recherche, Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Rue du Bugnon 25A, Lausanne, Switzerland, CH-1011, Sandrine.Pihet@chuv.ch

**Institution:** Pihet, Sandrine: Child and Adolescent Psychiatric Unit, Lausanne; Combremont, Melanie: Child and Adolescent Psychiatric Unit, Lausanne; Suter, Maya: Child and Adolescent Psychiatric Unit, Lausanne; Stephan, Philippe: Child and Adolescent Psychiatric Unit, Lausanne

**Language:** English

**Abstract:** This study aims at evaluating how minor and serious delinquency relates to cognitive and emotional functioning in high-risk adolescents, taking problematic substance use into account. In 80 high-risk adolescent males (13-19 years), the frequency of minor and serious offences committed over the last year was predicted, in multiple regression analyses, from problematic substance use, intellectual efficiency, trait impulsivity, alexithymia (inability to express feelings in words), and cognitive coping strategies. Both minor and serious delinquency were more frequent in adolescents with more problematic substance use and higher intellectual efficacy. Minor delinquency was further related to a tendency to act out when experiencing negative emotions, and difficulties in focusing energy on instrumental action when under stress; while serious delinquency was predominantly and strongly related to rigid and dichotomous thinking. The results underline the heterogeneous nature of delinquency, minor offences being primarily associated with emotional regulation deficits, while major offences are related with a lack of cognitive flexibility. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Australian and New Zealand Association of Psychiatry, Psychology and Law; YEAR: 2012

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

**Subject Headings:** [\\*At Risk Populations](#)  
[\\*Cognitive Impairment](#)  
[\\*Drug Abuse](#)  
[\\*Emotional Disturbances](#)  
[\\*Juvenile Delinquency](#)

**Source:** PsycINFO

#### 65. Assessing the psychometric properties of the Internet Addiction Test (IAT) in US college students.

**Citation:** Psychiatry Research, April 2012, vol./is. 196/2-3(296-301), 0165-1781 (Apr 30, 2012)

**Author(s):** Jelenchick, Lauren A; Becker, Tara; Moreno, Megan A

**Correspondence Address:** Jelenchick, Lauren A.: Department of Pediatrics, University of Wisconsin, School of Medicine and Public Health, 2870 University Ave, Suite 200, Madison, WI, US, 53705, lajelenchick@pediatrics.wisc.edu

**Institution:** Jelenchick, Lauren A.: Department of Pediatrics, University of Wisconsin, Madison, WI; Becker, Tara: Department of Biostatistics and Medical Informatics, University of Wisconsin, Madison, WI; Moreno, Megan A.: Department of Pediatrics, University of Wisconsin, Madison, WI

**Language:** English

**Abstract:** Internet addiction is a growing concern; however, both a clear understanding of the mechanisms driving problematic behaviors and a gold standard instrument for assessing symptoms are lacking. The purpose of this study was to perform a psychometric analysis of the most widely used screening instrument, the Young Internet Addiction Test (IAT), using a sample of US college students. 215 (70% response rate) undergraduate college students were recruited from two US universities to complete an online version of the IAT. Using exploratory factor analysis, two factors were extracted, "dependent use" and "excessive use" which together explained 91% of the total variance. Participants who scored into the problematic user category of the IAT scored items on the dependent use scale an average of 0.8 +/- 1.5 points higher and items on the excessive use scale an average of 1.4 +/- 1.5 points higher than participants who scored in the average user category. Results suggest that Internet addiction symptoms may cluster into two separate components, dependent and excessive use. Further, the IAT appears to be a valid instrument for assessing Internet addiction in US college students. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

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

**Subject Headings:** [\\*Internet Addiction](#)  
[\\*Test Construction](#)  
[\\*Test Reliability](#)  
[\\*Test Validity](#)  
[College Students](#)  
[Factor Structure](#)

**Source:** PsycINFO

#### 66. A DRD2 and ANKK1 haplotype is associated with nicotine dependence.

**Citation:** Psychiatry Research, April 2012, vol./is. 196/2-3(285-289), 0165-1781 (Apr 30, 2012)

**Author(s):** Voisey, Joanne; Swagell, Christopher Dean; Hughes, Ian Paul; van Daal, Angela; Noble, Ernest Pascal; Lawford, Bruce Robert; Young, Ross McDonald; Morris, Charles Phillip

**Correspondence Address:** Voisey, Joanne: Institute of Health and Biomedical Innovation, Queensland University of Technology, 2 George St., Brisbane, QLD, Australia, 4000, j.voisey@qut.edu.au

**Institution:** Voisey, Joanne: Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, QLD; Swagell, Christopher Dean: Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, QLD; Hughes, Ian Paul: Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, QLD; van Daal, Angela: Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, QLD; Noble, Ernest Pascal: Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles, CA; Lawford, Bruce Robert: Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, QLD; Young, Ross McDonald: Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, QLD; Morris, Charles Phillip: Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, QLD

**Language:** English

**Abstract:** To test the importance of the dopamine D2 receptor (DRD2) region in nicotine dependence, 150 smokers and 228 controls were genotyped for the DRD2 C957T,

-141delC and ANKK1 TaqIA polymorphisms (rs6277, rs1799732 and rs1800497, respectively). The -141delC SNP did not show any association but both the C957T and TaqIA SNPs showed association at the allele, genotype, haplotype and combined genotype levels. The 957C/TaqI A1 haplotype was more than 3.5 times as likely to be associated with nicotine dependence compared with the 957T/TaqI A1 haplotype ( $P = 0.003$ ). Analysis of the combined genotypes of both SNPs revealed that individuals who were homozygous for the 957C-allele (CC) and had either one or two copies of the TaqI A1-allele were 3.3 times as likely to have nicotine dependence compared to all other genotype combinations ( $P = 0.0003$ ) and that these genotypes accounted for approximately 13% of the susceptibility to nicotine addiction in our population. Our findings suggest that the DRD2 C957T polymorphism and the ANKK1 TaqIA polymorphism are key contributors to the genetic susceptibility to nicotine dependence. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

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

**Subject Headings:** [\\*Dopamine](#)  
[\\*Drug Dependency](#)  
[\\*Genotypes](#)  
[\\*Nicotine](#)  
[\\*Haplotype](#)  
[Tobacco Smoking](#)  
[Alleles](#)

**Source:** PsycINFO

#### 67. Violence in adolescent pathologies and violence in the interpretation of transference.

**Original Title:** Violenza delle patologie adolescenziali e violenza deirinterpretazione del transfert.

**Citation:** Richard e Piggie, April 2012, vol./is. 20/2(151-164), 1121-9602 (Apr-Jun 2012)

**Author(s):** Richard, Francois

**Correspondence Address:** Richard, Francois, 19, rue de Rochechouart, Paris, France, 75009

**Institution:** Richard, Francois: Universite Paris, Paris

**Language:** Italian

**Abstract:** Borderline forms of adolescent functioning such as violent acting out, addictions and the externalisation of every aspect of the inner psychic life may be considered the result of new defences against conflicting instincts. How should the clinical relationship with this type of adolescent be managed? The author presents the case of a sixteen-year-old adolescent as an introduction to some reflections on technique, particularly as far as interpretation is concerned. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Adolescent Psychopathology](#)  
[\\*Borderline States](#)  
[\\*Psychotherapeutic Transference](#)  
[\\*Violence](#)  
[Acting Out](#)  
[Addiction](#)  
[Externalization](#)

**Source:** PsycINFO

#### 68. Review of Illegal leisure revisited: Changing patterns of alcohol and drug use in adolescents and young adults.

**Citation:** Drugs: Education, Prevention & Policy, August 2012, vol./is. 19/4(353-354), 0968-7637;1465-3370 (Aug 2012)

**Author(s):** Cohen, Julian

**Correspondence Address:** Cohen, Julian, julian.cohen@virgin.net

**Language:** English

**Abstract:** Reviews the book, *Illegal Leisure Revisited: Changing Patterns of Alcohol and Drug Use in Adolescents and Young Adults* by Judith Aldridge et al. (see record 2011-08670-000). The first edition of *Illegal Leisure* was published in 1998 and reported on the emerging drug using patterns of a large group of teenagers from the age of 14 until they reached 18 years. *Illegal Leisure Revisited (ILR)* contains the text from the original book and also presents new findings from further surveys and interviews carried out with the same cohort when they were 22 years old and 27/28 years old. It provides a unique and fascinating picture of the development of mainly recreational drug careers and pathways from the early teens through to adulthood. ILR explores the various pathways that the young adults took in their emerging drug careers. By using the categories 'abstainer', 'current user', 'ex-user' and 'opportunistic user' the way that people may, or may not, switch and change their drug using attitudes and behaviors over time is highlighted. The authors conclude ILR by making a strong defense of their focus on normalization against their critics and are open enough to take on board refinements to their original thesis. They acknowledge the need to consider the role of sensuality and emotionality, rather than just rationality, when trying to understand how people make their drug taking decisions. The original book's take on normalization envisaged that the unprecedented levels of drug use found amongst teenagers might lead to a move away from enforcement and primary prevention and towards drug policies based on lower penalties (especially for cannabis, and possibly ecstasy, possession) and more harm reduction programs. Politicians and policy makers will probably either not read ILR or, if they do, cherry pick from its findings to justify their own narrow minded agendas, despite their claims to follow 'evidence-based' approaches. They will probably carry on failing to make much distinction between widespread recreational drug use and more problematic drug use and continue to stigmatize and blame drugs and the people who use them. Drug, social care, health and criminal justice workers, students and more independent thinkers should be grateful to the ILR team for the many years of hard and meticulous work they have put in to help us to understand the realities of recreational drug use and hopefully will use the findings to inform and develop more effective and humane approaches to drug policy and practice in the future. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Informa UK Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Adolescent Development](#)  
[\\*Alcohols](#)  
[\\*Drug Usage](#)  
[\\*Leisure Time](#)

**Source:** PsycINFO

#### 69. Review of Addiction recovery: A movement for social change and personal growth in the UK.

**Citation:** Drugs: Education, Prevention & Policy, August 2012, vol./is. 19/4(351-352), 0968-7637;1465-3370 (Aug 2012)

**Author(s):** MacGregor, Susanne

**Correspondence Address:** MacGregor, Susanne, Susanne.MacGregor@lshtm.ac.uk

**Institution:** MacGregor, Susanne: London School of Hygiene and Tropical Medicine, University of London, London

**Language:** English

**Abstract:** Reviews the book, *Addiction Recovery: A Movement for Social Change and Personal Growth in the UK* by David Best (2012). Through this new book, David Best aims to encourage no less than a transformation in the drug treatment system, moving it away from what he sees as its 'acute approach'. While recognizing the importance of a strong therapeutic bond between patient and doctor/ client and worker, within the proposed new system, mutual aid should play a central part and assertive linkage bridge the gap between

services and recovery groups. What is different about mutual aid groups is that they are owned and directed by their members. Professionals can play a useful supporting role but it should not go beyond that. The book's main purpose is to challenge entrenched interest groups and the 'dominance of medical and psychiatric hegemony' in 'a treatment system that had become . . . moribund and "stuck"', breaking down pessimism to inject hope and ambition into services, into the workforce and into service users themselves. Best accepts that having a history of mental health problems and significant involvement with the criminal justice system may have an adverse impact on recovery but overall he pays little attention to these complexities. He accepts that the changes he would like to see in services cannot come about when workers have huge caseloads. But he does not discuss how such a situation could be avoided where services are expected to expand to pay more attention to alcohol dependency, where services have to compete for resources with other public health issues such as tobacco and obesity, where general support services in housing and the voluntary sector are diminishing and where unemployment is rising and welfare being cut. What we need is calm and sage but also committed discussion of the challenges and less insult-laced inputs to what is today too often a polarized debate. Best mainly manages to avoid side swipes at opponents and in this book provides some guidelines on how to move towards a better drug treatment system. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Informa UK Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Addiction](#)  
[\\*Drug Rehabilitation](#)  
[\\*Drug Therapy](#)  
[Social Change](#)

**Source:** PsycINFO

#### 70. Comparison of participants from respondent-driven sampling and service-based sampling studies of people who inject drugs.

**Citation:** Drugs: Education, Prevention & Policy, August 2012, vol./is. 19/4(329-338), 0968-7637;1465-3370 (Aug 2012)

**Author(s):** Paquette, Dana M; Bryant, Joanne; De Wit, John

**Correspondence Address:** Paquette, Dana M.: National Centre in HIV Social Research, University of New South Wales, Webster Building, UNSW, Sydney, NSW, Australia, 2052, Dana.Paquette@unsw.edu.au

**Institution:** Paquette, Dana M.: National Centre in HIV Social Research, University of New South Wales, Sydney, NSW; Bryant, Joanne: National Centre in HIV Social Research, University of New South Wales, Sydney, NSW; De Wit, John: National Centre in HIV Social Research, University of New South Wales, Sydney, NSW

**Language:** English

**Abstract:** Aims: Respondent-driven sampling (RDS) is increasingly being used to sample hidden populations, such as people who inject drugs (PWIDs). This study compared samples of PWID recruited from RDS and service-based sampling methods to explore whether RDS captured a less visible group of PWID that differed in their risk profile than those captured using service-based sampling. Methods: An RDS study of PWID was conducted in Sydney, Australia in 2009. RDS participants' frequency of use of NSP and pharmacies was calculated. Population estimates were calculated for RDS participant characteristics and were compared with sample proportions from two separate studies, which recruited participants from needle and syringe programmes (NSP) and pharmacies. Findings: Only 12% of the RDS sample may not have been accessible through either an NSP or a pharmacy. RDS participants were just as risky in their injecting practices and were more likely to access HCV prevention services than participants recruited from service-based sampling methods. Conclusions: This comparison was useful in evaluating who might be missed in service-based sampling methods. Given that RDS was not able to capture a less visible group of PWID, the choice of sampling method should take into account the

availability of services through which to conduct a study. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Informa UK Ltd.; YEAR: 2012

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

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

**Source:** PsycINFO

#### 71. Focusing on abuse, not use: A proposed new direction for US drug policy.

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**Citation:** Drugs: Education, Prevention & Policy, August 2012, vol./is. 19/4(303-308), 0968-7637;1465-3370 (Aug 2012)

**Author(s):** Nicholson, Thomas; Duncan, David F; White, John; Watkins, Cecilia

**Correspondence Address:** Nicholson, Thomas: Department of Public Health, Western Kentucky University, Bowling Green, KY, US, 42101, Nicholson@WKU.edu

**Institution:** Nicholson, Thomas: Department of Public Health, Western Kentucky University, Bowling Green, KY; Duncan, David F.: Duncan & Associates, Bowling Green, KY; White, John: Department of Public Health, Western Kentucky University, Bowling Green, KY; Watkins, Cecilia: Department of Public Health, Western Kentucky University, Bowling Green, KY

**Language:** English

**Abstract:** How professionals and societies deal with drugs and drug consumption is premised on how abuse is defined. The "War on Drugs" approach promotes the belief that "any use is abuse" where the currently illicit drugs are concerned. Regrettably, any distinction between use and abuse has been notably absent from most public policy decisions on drug issues. Even a cursory review of both supply and demand reduction policies of the past century reveals a startling lack of awareness of this distinction. The failure of differentiation undermines prevention, treatment, and the criminal justice system. Treatment, thus, tends to show a bias toward ineffective models such as "boot camps" and "tough love". It has contributed to controversy over maintenance treatments, such as methadone, buprenorphine, and heroin, which have proven to be highly effective for some addicted persons. It leads to treatment options for the addictions being far more limited and constrained than is typical in other areas of health care. Admittedly, studying non-problematic drug use has been a challenge, but clearly the use of illegal drugs is often not harmful, any more than is moderate alcohol use. Addiction is a fatal disease for some and that disease should be the focus of our policies. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Informa UK Ltd.; YEAR: 2012

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

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

**Source:** PsycINFO

#### 72. We all want the same things in the end, don't we?

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**Citation:** Drugs: Education, Prevention & Policy, August 2012, vol./is. 19/4(301-302), 0968-7637;1465-3370 (Aug 2012)

**Author(s):** Ashton, Mike

**Correspondence Address:** Ashton, Mike: Drug and Alcohol Findings, United Kingdom, mike.ashton@blueyonder.co.uk

**Institution:** Ashton, Mike: Drug and Alcohol Findings

**Language:** English

**Abstract:** Chairing the debate last September in Glasgow between Stanton Peele and Neil McKeganey was refreshing in many ways, but most of all in two interlinked aspects; first, the explicit acknowledgement of the role of values in drug policy; and second, that this means the distinction between harm reduction and abstinence-oriented approaches can neither be eliminated by good intentions nor resolved by evidence; it is a matter of values-what matters most to the person making those judgments. Rather than being complementary, these philosophies stem from profoundly different moral positions and ways of thinking. Instead of (as some formulations have it) being morally neutral, reducing harm has an obvious values base in the preservation of life and health as ultimate priorities. But even within a harm reduction context, there remains the issue of which/whose harms matter most and should be targeted. Evidence cannot resolve such dilemmas-it comes down to what to you is most important-but it can cast light on the degree to which they are real or imaginary. In fact, the paper cannot show whether either outcome was caused by the treatment and the wider evidence base, while supportive of methadone's lifesaving potential, either does not address the issue of whether it extends addiction careers, or finds that it does not do so; it might, but we simply do not have enough of the right kind of data to conclude securely one way or the other. Only in challenge and debate can we get the facts straight about whether A or B causes more of C or D, but no matter how straight we get them, if for one person 100 Cs is worth 1 D, or vice versa, the facts are unlikely to settle the argument about whether A or B is the preferable policy. In making this clear and dispelling the comforting illusion that 'We all want the same things in the end, don't we?' Neil and Stanton did us all a service in Glasgow and Edinburgh. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Informa UK Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Addiction](#)  
[\\*Debates](#)  
[\\*Harm Reduction](#)  
[\\*Methadone Maintenance](#)

**Source:** PsycINFO

### 73. 'Consensus by debate on the conundrum of best treatment for addiction'?

**Citation:** Drugs: Education, Prevention & Policy, August 2012, vol./is. 19/4(299-300), 0968-7637;1465-3370 (Aug 2012)

**Author(s):** Robertson, Roy

**Correspondence Address:** Robertson, Roy, Roy.Robertson@ed.ac.uk

**Language:** English

**Abstract:** For the purpose of any debate areas of contention or controversy are identified and proposals devised which might expose the heart of the division of opinion, or fact, and allow exploration of the basis of the disagreement in order to lead to a better understanding of the reasons for the division. Inevitably, in any properly conceived debate, there are no absolute truths and the question being explored is not a simple, one dimensional, problem. The present debate is clearly therefore welcome and the question identified germane to much of the controversy. Before entering the room, the audience can understand the question, know that it is important and controversial and most present are aware of the contributions made by the protagonists and there enormous standing in the field of addiction research, treatment and policy. The creation of a binary philosophy to drug treatment is in many ways unfair and unreal. Even if Harm Reduction (harm minimization, risk reduction) could be easily defined then it would still be more of a philosophical approach rather than a scientific set of values and measurements. The word that has been enduringly associated with this approach to treatment is 'pragmatic' and protagonists have persistently claimed that it is an incomplete therapy depending for success on relative risks, progressive successes and able to cope with minimal improvements, occasional reversals, as well as complete benefits. Clearly much research

has been carried out around the world which supports all approaches to treatment. Equally persuasive are personal testimonies and anecdotal evidence from patients, families and observers. Both speakers were able to draw upon a body of research and to derive conclusions about success and failure based on an expert appraisal of the available evidence. Both arguments are convincing and many have a ring of truth and authenticity about them. No one can deny the reality of recovery and the joy of abstinence for an individual or family and it is easy to see the disasters associated with relapse, poisoning by illegal or prescribed drugs or long-term progressive addiction with all its problems and collateral damage. In the end, no one won the debate. Strong feelings from the floor enhanced divisions rather than reaching agreements on most issues and consensus was not in the air. Interestingly, the speakers seemed to show sympathy with each other's views and to recognize the strengths of their arguments and the complexity of the issues to be debated. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Informa UK Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Addiction](#)  
[\\*Debates](#)  
[\\*Drug Rehabilitation](#)  
[\\*Harm Reduction](#)

**Source:** PsycINFO

#### 74. Five years of recovery: December 2005 to December 2010 - from challenge to orthodoxy.

**Citation:** Drugs: Education, Prevention & Policy, August 2012, vol./is. 19/4(294-298), 0968-7637;1465-3370 (Aug 2012)

**Author(s):** Wardle, Ian

**Correspondence Address:** Wardle, Ian, ian.wardle@gmail.com

**Language:** English

**Abstract:** All those of us who have spoken about and, to varying degrees, spoken up for recovery must, and do, regularly measure the distance traveled and the progress made on The Road To Recovery. And all of us, in our very different ways, may express some disappointment about the direction things have taken and the limited progress made. In this brief account, however, my wish is to chronicle the rapid rise of recovery in the British policy and treatment context, to very briefly examine the reasons for its extraordinarily rapid impact and to describe its transformation in this period from a marginal critique to the governing orthodoxy. Within the drug treatment policy field and, more broadly speaking, across the broad substance abuse treatment industry, there is no unanimity of view about recovery, what it is and how to achieve it. For some, it consists in a range of intensive, institutional therapies administered on behalf of a 'diseased' population of 'addicts' seeking 'real recovery' and 'total abstinence'. For others, recovery eludes definition and has no end point but is a difficult-to-pin-down process of self-defined improvements, some of which may be very difficult to measure. Broadly speaking, one can identify two traditions within the harm-reduction movement that had, in successive paradigmatic shifts, held sway since the onset of mass heroin use during the early 1980s. The numbers in treatment, particularly methadone treatment, grew and grew. By 2005, the National Treatment Agency (NTA) could announce at its summer conference that the successful achievement of the UK National Strategy's 10-year treatment target was a foregone conclusion. These are just some of the most prominent leaders of the emerging recovery movement that made such a powerful impact in the 30-month period from December 2005 until May 2008. Their agitational forms of networked activism provoked little in the way of organized response until 2008. The second period can be dated from June 2008 until December 2010. In this period, recovery became, in effect, the new orthodoxy. From being owned by a small number of disconnected activists, analysts and executives, it became the collective property of government and the broad drug policy and treatment field. The 5-year period, leading up to the publication of the Coalition's Drug Strategy, has been a period of tumult, discord and far-reaching change. The direction of British drug treatment policy has shifted decisively from harm reduction to recovery, recovery

being the form that conditionality and the new social contract has adopted in respect of drug treatment. At times, it felt as if the field was tearing itself apart. Nevertheless, after the first period of challenge and full-frontal criticism, there was a gradually accelerating response from many of the key figures and agencies in the drugs treatment and policy field. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Informa UK Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Government Policy Making](#)  
[\\*Harm Reduction](#)

**Source:** PsycINFO

#### 75. Recovery in Scotland-Playing to strengths.

**Citation:** Drugs: Education, Prevention & Policy, August 2012, vol./is. 19/4(291-293), 0968-7637;1465-3370 (Aug 2012)

**Author(s):** Cunningham, Roseanna

**Correspondence Address:** Cunningham, Roseanna, AlcoholandDrugDelivery@scotland.gsi.gov.uk

**Institution:** Cunningham, Roseanna: Minister for Community Safety and Legal Affairs, Scottish Government, Edinburgh

**Language:** English

**Abstract:** I am delighted to be invited to comment 4 years after the launch of Scotland's national drugs strategy 'The Road to Recovery'. This strategy answered the question of how we support someone into sustained recovery. It sets out a vision of recovery for Scotland. It is a message of hope to the thousands of people, families and communities in Scotland whose lives continue to be blighted by addiction. I am highly optimistic for Scotland's progress in Recovery and I see my role very much as keeping up the momentum and delivering on the promise of the Road to Recovery. As the length of time grows from when the strategy began, it is important to continually refresh and re-state the goals of that strategy, making them real for those who are directly involved in delivering or requiring services and support. We must continue to nurture recovery. While we can promote recovery, we should not try to prescribe this in narrow terms. We must keep recovery as the focus of policy while supporting communities to flourish locally and naturally. I can categorically say that methadone (or indeed any other substitute prescription) in isolation cannot support the recovery of an individual. Neither will residential rehabilitation alone support the sustained recovery in the absence of a clear transition plan for returning to life, a very different life, in the community. Harm reduction services are the biggest interface with those most marginalized and hard-to-reach in society and their potential in drawing people towards Recovery is huge. One of the next big priorities for this will be to look at existing standards and guidance for all aspects of treatment and support. In a demanding, busy environment, this is sometimes the minimum that can be achieved; so, this needs to be looked at again to make sure that Recovery is clearly set front-and-center as the goal of all that we do to help people with drug problems develop individual strengths to recover. We need to challenge our own perceptions and values and ensure that we are ensuring fairness and equality for often the most vulnerable of people in Scotland. Scotland will be a better country not just by tackling drug problems, but by virtue of the cultural growth and development we will require to undertake in order to do this well. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Informa UK Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Harm Reduction](#)

**Source:** PsycINFO

#### 76. AA and abstinence as prevention techniques.

**Citation:** Drugs: Education, Prevention & Policy, August 2012, vol./is. 19/4(284-290), 0968-7637;1465-3370 (Aug 2012)

**Author(s):** Peele, Stanton

**Correspondence Address:** Peele, Stanton: Park Slope, Brooklyn, NY, US, 11215, stanton@peelee.net

**Institution:** Peele, Stanton: Park Slope, Brooklyn, NY

**Language:** English

**Abstract:** The idea of abstinence as a prevention technique against addiction is a non sequitur. The approach AA takes with confirmed alcoholics makes no sense for children, whose worlds - like adults' - are strewn with too many potentially addictive involvements to make lifelong abstinence feasible as an answer to all situations for all times. Furthermore, purveying the need for abstinence communicates that various involvements are so fearsome that they can easily topple young people - taking control of their own decision-making out of their hands. Alternative approaches based on affirming young people's self-efficacy are presented. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Informa UK Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Addiction](#)  
[\\*Alcoholics Anonymous](#)  
[\\*Drug Abstinence](#)

**Source:** PsycINFO

#### 77. Persuading addiction treatment providers to practice the concept of recovery will not be easy.

**Citation:** Drugs: Education, Prevention & Policy, August 2012, vol./is. 19/4(273-275), 0968-7637;1465-3370 (Aug 2012)

**Author(s):** Russell, Christopher

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**Institution:** Russell, Christopher: Centre for Drug Misuse Research, Glasgow

**Language:** English

**Abstract:** Since the late 1980s, the primary goal of UK drug policy and practice has shifted from the prevention of drug misuse and reducing the prevalence of drug misuse to the prevention of drug-related harm, in particular, the infection and spread of HIV and other communicable diseases. This shift was driven by the concern that the infection and spread of HIV among injecting drug users presented a greater threat to public health than did drug use itself. It was feared that the dominant treatment model, which was based on persuading and motivating drug users to completely abstain from all drug use, was alienating drug users from treatment services and so reducing treatment providers' opportunities to reduce drug users' risks of contracting and spreading HIV. In September 2011, I arranged for Professors McKeganey and Peele to meet over two evenings in Glasgow and Edinburgh to debate some of the most pressing questions facing UK drug treatment providers and policy makers in the twenty-first century. McKeganey and Peele have written extensively about the merits and shortfalls of abstinence-based and harm reduction approaches to drug and alcohol treatment, and consequently, their divergent opinions about what addiction treatment should look like have amassed vocal support and criticism. People often enter addiction treatment because they seek definitive answers as to why they find self-control of drug use so elusive, to know what is 'wrong' with them. Ambivalence and certainty about the aetiology of addiction and recovery may, therefore, facilitate and obstruct clients' momentum towards recovery in different ways. On one

side, treatment providers with strong beliefs that the way out of addiction is through one route and not through another route are more likely to send a clear and unambiguous message to clients about what is required of them at each well-defined stage of recovery. I hope that readers take this commentary in the spirit with which it was intended; to highlight some of the challenges which the UK and Scottish governments will face in their efforts to mould a treatment workforce which buys into its re-definition of recovery and which is competent and confident to treat people in line with this re-definition. Attitudes prevalent among addiction treatment providers regarding the ontological truth and falsity of competing philosophies of the goal of addiction treatment observed during these debates, in my opinion, stand as the most significant impediment to transitioning services towards use of eclectic, pragmatic treatments which incorporate methods from both philosophies to maximize clients' opportunities for recovery. Whether this transition toward the practice of recovery will prove possible for services and beneficial to clients will undoubtedly dominate drug policy and treatment research for the foreseeable future. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Informa UK Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Addiction](#)  
[\\*Clinical Practice](#)  
[\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Harm Reduction](#)

**Source:** PsycINFO

#### 78. Author's reply: 'Suppressing addiction using high-dose baclofen, rather than using substitution therapy'.

**Citation:** Journal of Psychopharmacology, July 2012, vol./is. 26/7(1044), 0269-8811;1461-7285 (Jul 2012)

**Author(s):** Chick, Jonathan; Nutt, David

**Correspondence Address:** Chick, Jonathan: Health Sciences, Queen Margaret University, Edinburgh, United Kingdom, jonathan.chick@gmail.com

**Institution:** Chick, Jonathan: Queen Margaret University, Edinburgh; Nutt, David: Neuropsychopharmacology Unit, Division of Experimental Medicine, Imperial College London, London

**Language:** English

**Abstract:** Reply by the current authors to the comments made by Olivier Ameisen (see record 2012-17202-012) on the original article (see record 2012-02735-002). As Professor Ameisen implied, a disorder of the receptor system at which baclofen is active might be the root of the illness of alcohol addiction. If we had sufficient evidence that such a disorder preceded and predicted alcohol exposure, it might semantically be correct to suggest baclofen was a 'treatment' for the condition, rather than a 'substitute' treatment. Although many alcohol-dependent people report anxiety before they began regular consumption of alcohol, we do not yet know whether that was due to a pre-existing GABA-B abnormality, or whether a receptor imbalance resulted from self-medicating with alcohol. To resolve this issue we need to explore GABA-B receptor function in people at high risk of becoming alcohol dependent. We do not disagree with Professor Ameisen that some patients become completely abstinent while taking baclofen and report that their longing for alcohol has ceased and that they feel released from their previous sense of struggle. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: The Author(s); YEAR: 2012

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Drug Therapy](#)  
[\\*Gamma Aminobutyric Acid](#)

Baclofen  
Benzodiazepines  
Gamma Aminobutyric Acid Agonists

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

#### 79. Suppressing addiction using high-dose baclofen, rather than perpetuating it using substitution therapy.

**Citation:** Journal of Psychopharmacology, July 2012, vol./is. 26/7(1042-1043), 0269-8811;1461-7285 (Jul 2012)

**Author(s):** Ameisen, Olivier

**Correspondence Address:** Ameisen, Olivier: Department of Medicine, SUNY Downstate Medical Center, 450 Clarkson Avenue, Brooklyn, NY, US, 11203, oameisen@hotmail.com

**Institution:** Ameisen, Olivier: State University of New York Downstate Medical Center, Brooklyn, NY

**Language:** English

**Abstract:** Comments on an article by Jonathan Chick & David J. Nutt (see record 2012-02735-002). The perspective by Chick and Nutt offers a courageous criticism of the barriers to treatment of alcohol and substance dependence, particularly the notions of 'failure of will' and 'moral rather than medical problem'. Yet, the very idea of 'substitution therapy', that is 'a drug as substitution for a less poisonous drug', which as the authors note has been seen for centuries as the only possible treatment for substance dependence is of serious concern. None of the drugs of abuse, alcohol, heroin, cocaine or nicotine, are necessary for survival. To the contrary, they are highly toxic and proven to contribute to shortening life expectancy. Their replacement should therefore not been seen as a goal if other avenues exist. The advent of 'substitution therapy' has revolutionized medicine in the past century and continues to do so mainly in endocrinology. The fact that medication-induced suppression of alcohol dependence (AD) had never been reported in the medical literature until 2004 and that suppression of alcoholism has since taken place in hundreds of patients in the hands of experienced academic physicians, but solely with the use of one medication, high-dose baclofen, can no longer be brushed aside as some kind of a non-event. It is for the first time that suppression of symptoms and consequences of AD is being consistently reported. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: The Author(s); YEAR: 2012

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

**Subject Headings:** \*Alcoholism  
\*Drug Therapy  
\*Gamma Aminobutyric Acid  
Baclofen  
Benzodiazepines  
Gamma Aminobutyric Acid Agonists

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

#### 80. 4-Bromo-2,5-dimethoxyphenethylamine (2C-B): Presence in the recreational drug market in Spain, pattern of use and subjective effects.

**Citation:** Journal of Psychopharmacology, July 2012, vol./is. 26/7(1026-1035), 0269-8811;1461-7285 (Jul 2012)

**Author(s):** Caudevilla-Galligo, Fernando; Riba, Jordi; Ventura, Mireia; Gonzalez, Debora; Farre, Magi; Barbanoj, Manel J; Bouso, Jose Carlos

**Correspondence Address:** Caudevilla-Galligo, Fernando, C/ Mira el Sol 5, 3 F, Madrid, Spain, 28005

**Institution:** Caudevilla-Galligo, Fernando: Centro de Salud Puerta Bonita I, Madrid; Riba, Jordi: Human Experimental Neuropsychopharmacology, Barcelona; Ventura, Mireia: Energy Control, Asociacion Bienestar y Desarrollo, Barcelona; Gonzalez, Debora: Human Pharmacology and Neurosciences, Institut de Recerca Hospital del Mar-IMIM, Barcelona; Farre, Magi: Human Pharmacology and Neurosciences, Institut de Recerca Hospital del Mar-IMIM, Barcelona; Barbanoj, Manel J.: Centre d'Investigacio de Medicaments, Servei de Farmacologia Clinica, Hospital de la Santa Creu i Sant Pau, Barcelona; Bouso, Jose Carlos: Human Experimental Neuropsychopharmacology, Barcelona

**Language:** English

**Abstract:** 4-Bromo-2,5-dimethoxyphenethylamine (2C-B) is a psychoactive analogue of mescaline that is becoming increasingly popular as a rave and club drug. We investigated its presence in the illicit drug market in Spain, its pattern of use and profile of subjective effects. Drug material was analysed for 2C-B and information on pattern of use and subjective effects was obtained from recreational users. Scores were statistically compared with previously collected data on psychostimulants (d-amphetamine), entactogens (MDMA) and psychedelics (ayahuasca and Salvia divinorum). The percentage of samples containing 2C-B doubled between 2006 and 2009, evolved from powder to tablet form and showed low falsification rates. Respondents reported taking 2C-B orally in doses of about 20 mg. Subjective effects involved perceptual modifications analogous to those observed after ayahuasca and salvia but absent after amphetamine and MDMA. Pleasure and sociability effects did not differ from those after MDMA and incapacitation was lower than for the psychedelics used as comparators. In conclusion, we found 2C-B is consistently present in the illicit drug market in Spain. While it elicits perceptual modifications that are analogous to other psychedelics, the lower impairment and higher pleasurable effects make it comparable with entactogens. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Author(s); YEAR: 2012

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

**Subject Headings:** [\\*CNS Stimulating Drugs](#)  
[\\*Drug Abuse](#)  
[\\*Mescaline](#)  
[\\*Methylenedioxymethamphetamine Recreation](#)

**Source:** PsycINFO

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

### 81. Efficacy of a dose range of surinabant, a cannabinoid receptor blocker, for smoking cessation: A randomized controlled clinical trial.

**Citation:** Journal of Psychopharmacology, July 2012, vol./is. 26/7(1003-1009), 0269-8811;1461-7285 (Jul 2012)

**Author(s):** Tonstad, Serena; Aubin, Henri-Jean

**Correspondence Address:** Tonstad, Serena: School of Public Health, Loma Linda University, 24951 North Circle Drive, Loma Linda, CA, US, 92354, stonstad@llu.edu

**Institution:** Tonstad, Serena: Oslo University Hospital, Department of Preventive Cardiology Ulleval, Oslo; Aubin, Henri-Jean: Hopital Paul Brousse, Univ Paris-Sud, Villejuif

**Language:** English

**Abstract:** A hyperactive endocannabinoid signalling system may contribute to addictions. We tested the efficacy and safety of surinabant, a novel selective CB1 cannabinoid receptor antagonist, for smoking cessation. In a randomized, double-blind, placebo-controlled, parallel-group clinical trial, participants were assigned to brief counselling and one of three doses of surinabant, 2.5 mg/day (n = 199), 5 mg/day (n = 204), or 10 mg/day (n = 205) or placebo (n = 202) orally for 8 weeks with 6 weeks of non-drug follow-up. For weeks 5 through 8, the 4-week continuous abstinence rates were 25.2% for placebo vs.

22.6%, 22.1% and 21.5% for 2.5 mg/day, 5 mg/day and 10 mg/day doses of surinabant (p for trend, 0.4). The gain in body weight from baseline was reduced with surinabant 2.5 mg/day, 5 mg/day and 10 mg/day (0.75 kg [SE, 0.13], 0.53 kg [SE, 0.13], and 0.24 kg [SE, 0.13], respectively, versus 1.19 kg [SE, 0.13] for placebo; p for trend, < 0.001). The most common adverse events for participants receiving active drug with a greater incidence than placebo were headache, nausea, insomnia, anxiety, nasopharyngitis, diarrhoea and hyperhidrosis. Surinabant did not improve smoking cessation rates compared with placebo, but had a small effect on reducing post-cessation weight gain. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Author(s); YEAR: 2012

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

**Subject Headings:** [\\*Cannabinoids](#)  
[\\*Channel Blockers](#)  
[\\*Drug Dosages](#)  
[\\*Narcotic Antagonists](#)  
[\\*Smoking Cessation](#)  
[Clinical Trials](#)  
[Safety](#)  
[Cell Signaling](#)

**Source:** PsycINFO

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

## 82. Lysergic acid diethylamide (LSD) for alcoholism: Meta-analysis of randomized controlled trials.

**Citation:** Journal of Psychopharmacology, July 2012, vol./is. 26/7(994-1002), 0269-8811;1461-7285 (Jul 2012)

**Author(s):** Krebs, Teri S; Johansen, Pal-Orjan

**Correspondence Address:** Johansen, Pal-Orjan: Department of Neuroscience, Faculty of Medicine, NTNU,, Trondheim, Norway, N-7489, pal.johansen@ntnu.no

**Institution:** Krebs, Teri S.: Department of Neuroscience, Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Trondheim; Johansen, Pal-Orjan: Department of Neuroscience, Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Trondheim

**Language:** English

**Abstract:** Assessments of lysergic acid diethylamide (LSD) in the treatment of alcoholism have not been based on quantitative meta-analysis. Hence, we performed a meta-analysis of randomized controlled trials in order to evaluate the clinical efficacy of LSD in the treatment of alcoholism. Two reviewers independently extracted the data, pooling the effects using odds ratios (ORs) by a generic inverse variance, random effects model. We identified six eligible trials, including 536 participants. There was evidence for a beneficial effect of LSD on alcohol misuse (OR, 1.96; 95% CI, 1.36-2.84; p = 0.0003). Between-trial heterogeneity for the treatment effects was negligible ( $I^2 = 0\%$ ). Secondary outcomes, risk of bias and limitations are discussed. A single dose of LSD, in the context of various alcoholism treatment programs, is associated with a decrease in alcohol misuse. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Author(s); YEAR: 2012

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

**Subject Headings:** [\\*Alcohol Rehabilitation](#)  
[\\*Alcoholism](#)  
[\\*Drug Therapy](#)  
[\\*Lysergic Acid Diethylamide](#)

**Source:** PsycINFO

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

**83. Is it time to consider comorbid substance abuse as a new indication for antipsychotic drug development?**

- Citation:** Journal of Psychopharmacology, July 2012, vol./is. 26/7(953-957), 0269-8811;1461-7285 (Jul 2012)
- Author(s):** Awad, A. George
- Correspondence Address:** Awad, A. George: Humber River Regional Hospital, 2175 Keele Street, Room 243A, Toronto, ON, Canada, M6M 3Z4, gawad@hrrh.on.ca
- Institution:** Awad, A. George: Department of Psychiatry, University of Toronto, Toronto, ON
- Language:** English
- Abstract:** Comorbid drug abuse in schizophrenia has been consistently reported as high, with estimates ranging between 10-70%. Comorbid addictive states in schizophrenia are possibly multifactorial, yet recent research assigns a significant neurobiological role in its genesis. Abnormalities in hippocampal/cortical function in schizophrenia which mediate reward and reinforcement behavior are identified as central to the development and maintenance of comorbid addictive states. Preliminary data suggest that the vulnerability of patients with schizophrenia to substance use disorders may be a primary disease symptom. The management of comorbid substance abuse in schizophrenia relies on the use of antipsychotic medications. Recent data raise the concern about whether first-generation antipsychotics in long-term use can conversely lead to enhancement of the abused substance's reinforcing properties. Some recent reports have assigned a favorable outcome to clozapine and second-generation antipsychotics, pointing to a possible differential role for various antipsychotics. In view of the high prevalence of comorbid drug abuse in schizophrenia, its impact on outcome of treatment and the recent emerging neurobiological information, it is my contention that comorbid drug abuse constitutes a dimension by itself and deserves to receive an indication in the development of new antipsychotics similar to negative symptoms or cognitive deficits. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
- Country of Publication:** HOLDER: The Author(s); YEAR: 2012
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Comorbidity](#)  
[\\*Drug Abuse](#)  
[\\*Hippocampus](#)  
[\\*Neuroleptic Drugs](#)  
[\\*Schizophrenia](#)  
[Clozapine](#)  
[Drug Therapy](#)  
[Olanzapine](#)  
[Risperidone](#)
- Source:** PsycINFO
- Full Text:** Available in *fulltext* at [Highwire Press](#)

**84. BAP updated guidelines: Evidence-based guidelines for the pharmacological management of substance abuse, harmful use, addiction and comorbidity: Recommendations from BAP.**

- Citation:** Journal of Psychopharmacology, July 2012, vol./is. 26/7(899-952), 0269-8811;1461-7285 (Jul 2012)
- Author(s):** Lingford-Hughes, A. R; Welch, S; Peters, L; Nutt, D. J
- Correspondence Address:** Lingford-Hughes, A. R.: Imperial College London, Burlington Danes Building, Hammersmith Hospital site, Du Cane Rd, London, United Kingdom, W12 0NN, anne.lingford-hughes@imperial.ac.uk
- Institution:** Lingford-Hughes, A. R.: Imperial College London, CNWL NHS Foundation Trust, London; Welch, S.: Gether NHS Foundation Trust, Gloucester; Peters, L.: Pennine Care NHS Foundation Trust, Ashton-under-Lyne; Nutt, D. J: Imperial College London, CNWL NHS Foundation Trust, London

**Language:** English

**Abstract:** The British Association for Psychopharmacology guidelines for the treatment of substance abuse, harmful use, addiction and comorbidity with psychiatric disorders primarily focus on their pharmacological management. They are based explicitly on the available evidence and presented as recommendations to aid clinical decision making for practitioners alongside a detailed review of the evidence. A consensus meeting, involving experts in the treatment of these disorders, reviewed key areas and considered the strength of the evidence and clinical implications. The guidelines were drawn up after feedback from participants. The guidelines primarily cover the pharmacological management of withdrawal, short- and long-term substitution, maintenance of abstinence and prevention of complications, where appropriate, for substance abuse or harmful use or addiction as well management in pregnancy, comorbidity with psychiatric disorders and in younger and older people. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Author(s); YEAR: 2012

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

**Subject Headings:** [\\*Addiction](#)  
[\\*Comorbidity](#)  
[\\*Drug Abuse](#)  
[\\*Evidence Based Practice](#)  
[\\*Psychopharmacology](#)  
[Drug Therapy](#)  
[Treatment Guidelines](#)

**Source:** PsycINFO

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

#### 85. Medical marijuana use among adolescents in substance abuse treatment.

**Citation:** Journal of the American Academy of Child & Adolescent Psychiatry, July 2012, vol./is. 51/7(694-702), 0890-8567;1527-5418 (Jul 2012)

**Author(s):** Salomonsen-Sautel, Stacy; Sakai, Joseph T; Thurstone, Christian; Corley, Robin; Hopfer, Christian

**Correspondence Address:** Salomonsen-Sautel, Stacy: University of Colorado, Anschutz Medical Campus, 12469 East 17th Place, Building 400, Aurora, CO, US, 80045, stacy.salomonsen-sautel@ucdenver.edu

**Institution:** Salomonsen-Sautel, Stacy: University of Colorado, Anschutz Medical Campus, Aurora, CO; Sakai, Joseph T.: University of Colorado, Anschutz Medical Campus, Aurora, CO; Thurstone, Christian: University of Colorado, Anschutz Medical Campus, Aurora, CO; Corley, Robin: Institute for Behavioral Genetics, University of Colorado Boulder, Boulder, CO; Hopfer, Christian: University of Colorado, Anschutz Medical Campus, Aurora, CO

**Language:** English

**Abstract:** Objective: To assess the prevalence and frequency of medical marijuana diversion and use among adolescents in substance abuse treatment and to identify factors related to their medical marijuana use. Method: This study calculated the prevalence and frequency of diverted medical marijuana use among adolescents (n = 164), ages 14-18 years (mean age = 16.09, SD = 1.12), in substance abuse treatment in the Denver metropolitan area. Bivariate and multivariate analyses were completed to determine factors related to adolescents' use of medical marijuana. Results: Approximately 74% of the adolescents had used someone else's medical marijuana, and they reported using diverted medical marijuana a median of 50 times. After adjusting for gender and race/ethnicity, adolescents who used medical marijuana had an earlier age of regular marijuana use, more marijuana abuse and dependence symptoms, and more conduct disorder symptoms compared with those who did not use medical marijuana. Conclusions: Medical marijuana use among adolescent patients in substance abuse treatment is very common, implying substantial

diversion from registered users. These results support the need for policy changes that protect against diversion of medical marijuana and reduce adolescent access to diverted medical marijuana. Future studies should examine patterns of medical marijuana diversion and use in general population adolescents. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** STATEMENT: All rights reserved.; HOLDER: American Academy of Child and Adolescent Psychiatry; YEAR: 2012

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Epidemiology](#)  
[\\*Marijuana Usage](#)

**Source:** PsycINFO

#### 86. Medical marijuana and teens: Does an adjective make a difference?

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**Citation:** Journal of the American Academy of Child & Adolescent Psychiatry, July 2012, vol./is. 51/7(667-669), 0890-8567;1527-5418 (Jul 2012)

**Author(s):** Kazura, Alessandra N

**Correspondence Address:** Kazura, Alessandra N., 110 Free Street, Portland, ME, US, 04101, kazura@mmc.org

**Institution:** Kazura, Alessandra N.: Maine Medical Center, ME

**Language:** English

**Abstract:** Comments on an article by S. Salomonsen-Sautel et al. (see record 2012-17055-010). Salomonsen-Sautel et al. assessed the prevalence and frequency of diverted medical marijuana use in a sample of adolescents recruited for a genetics study at two substance-abuse treatment programs in metropolitan Denver, Colorado. The study idea was stimulated by clinical reports that adolescents were using diverted medical marijuana. Using a simple but scientifically sound design for their study, the investigators hoped to shed light on a potential new threat to adolescent health in a state that was in the first wave to legalize dispensation of marijuana to individuals who registered for medical use after recommendation from a physician. Although their exploratory study has acknowledged limitations, it rises above anecdotal evidence by using a well-defined sample, systematic questioning about medical marijuana experience and risk perception, and assessment of mental health symptoms and disorders with standardized measurements. The study by Salomonsen-Sautel et al. adds another perspective involving a particularly vulnerable group of adolescents-those already in treatment for substance abuse. The findings are noteworthy: a clear majority of 74% reported they had used another person's medical marijuana and the median frequency of use was 50 times. Salomonsen-Sautel et al. are ringing an important bell. We must pay attention to adolescents when determining benefits and costs of legislation supporting the sale of marijuana for purported health benefits. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** STATEMENT: All rights reserved.; HOLDER: American Academy of Child and Adolescent Psychiatry; YEAR: 2012

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Rehabilitation](#)  
[\\*Epidemiology](#)  
[\\*Marijuana Usage](#)

**Source:** PsycINFO

#### 87. Trajectories of drug use and mortality outcomes among adults followed over 18 years.

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**Citation:** Journal of General Internal Medicine, July 2012, vol./is. 27/7(808-816), 0884-8734;1525-1497 (Jul 2012)

**Author(s):** Kertesz, Stefan G; Khodneva, Yulia; Richman, Joshua; Tucker, Jalie A; Safford, Monika M; Jones, Bobby; Schumacher, Joseph; Pletcher, Mark J

**Correspondence Address:** Kertesz, Stefan G.: Division of Preventive Medicine, University of Alabama , Birmingham School of Medicine, 1530 3rd Ave South, MT608, Birmingham, AL, US, 35294, skertesz@uab.edu

**Institution:** Kertesz, Stefan G.: Center for Surgical Medical and Acute Care Research, Birmingham VA Medical Center, Birmingham, AL; Khodneva, Yulia: Department of Health Behavior, University of Alabama, Birmingham School of Public Health, Birmingham, AL; Richman, Joshua: Department of Surgery, University of Alabama, Birmingham School of Public Health, Birmingham, AL; Tucker, Jalie A.: Department of Health Behavior, University of Alabama, Birmingham School of Public Health, Birmingham, AL; Safford, Monika M.: Division of Preventive Medicine, University of Alabama, Birmingham School of Medicine, Birmingham, AL; Jones, Bobby: Department of Statistics, Carnegie Mellon University, Pittsburgh, PA; Schumacher, Joseph: Division of Preventive Medicine, University of Alabama, Birmingham School of Medicine, Birmingham, AL; Pletcher, Mark J.: Department of Epidemiology and Biostatistics, University of California at San Francisco, San Francisco, CA

**Language:** English

**Abstract:** Background: For adults in general population community settings, data regarding long-term course and outcomes of illicit drug use are sparse, limiting the formulation of evidence-based recommendations for drug use screening of adults in primary care. Objective: To describe trajectories of three illicit drugs (cocaine, opioids, amphetamines) among adults in community settings, and to assess their relation to all-cause mortality. Design: Longitudinal cohort, 1987/88 - 2005/06. Setting: Community-based recruitment from four cities (Birmingham, Chicago, Oakland, Minneapolis). Participants: Healthy adults, balanced for race (black and white) and gender were assessed for drug use from 1987/88-2005/06, and for mortality through 12/31/2008 (n = 4301) Measurements: Use of cocaine, amphetamines, and opioids (last 30 days) was queried in the following years: 1987/88, 1990/91, 1992/93, 1995/96, 2000/01, 2005/06. Survey-based assessment of demographics and psychosocial characteristics. Mortality over 18 years. Results: Trajectory analysis identified four groups: Nonusers (n = 3691, 85.8%), Early Occasional Users (n = 340, 7.9%), Persistent Occasional Users (n = 160, 3.7%), and Early Frequent/Later Occasional Users (n = 110, 2.6%). Trajectories conformed to expected patterns regarding demographics, other substance use, family background and education. Adjusting for demographics, baseline health status, health behaviors (alcohol, tobacco), and psychosocial characteristics, Early Frequent/Later Occasional Users had greater all-cause mortality (Hazard Ratio, HR = 4.94, 95% CI = 1.58-15.51, p = 0.006). Limitations: Study is restricted to three common drugs, and trajectory analyses represent statistical approximations rather than identifiable "types". Causal inferences are tentative. Conclusions: Four trajectories describe illicit drug use from young adulthood to middle age. Two trajectories, representing over one third of adult users, continued use into middle age. These persons were more likely to continue harmful risk behaviors such as smoking, and more likely to die. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Society of General Internal Medicine; YEAR: 2012

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

**Subject Headings:** [\\*Death and Dying](#)  
[\\*Drug Abuse](#)  
[\\*Drug Usage](#)  
[Drugs](#)

**Source:** PsycINFO

## 88. Psychiatric nursing's role in preventing doctor shopping.

**Citation:** Journal of Psychosocial Nursing and Mental Health Services, June 2012, vol./is. 50/6(5), 0279-3695 (Jun 2012)

**Author(s):** Worley, Julie

**Institution:** Worley, Julie: Private Practice, Cookeville, TN

**Language:** English

**Abstract:** The purpose of this issue is to discuss the role of psychiatric nursing in preventing doctor shopping. Doctor shopping is significant to nursing because advanced practice nurses (APNs), including nurse practitioners, make up a significant portion of health care providers who prescribe medications in the United States. Doctor shopping and prescription drug abuse affects psychiatric nurses directly, as several psychiatric medications are often the target. Both issues are huge societal problems, and psychiatric nurses and nurse researchers are in a unique position to research, document, detect, and deter. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: SLACK Incorporated

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

**Subject Headings:** [\\*Nursing](#)  
[\\*Prescription Drugs](#)  
[\\*Prevention](#)  
[\\*Psychiatric Nurses](#)  
[\\*Roles](#)  
[Drug Abuse](#)  
[Drug Therapy](#)

**Source:** PsycINFO

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

#### 89. Relationship between Facebook use and problematic Internet use among college students.

**Citation:** Cyberpsychology, Behavior, and Social Networking, June 2012, vol./is. 15/6(324-327), 2152-2715;2152-2723 (Jun 2012)

**Author(s):** Kittinger, Robert; Correia, Christopher J; Irons, Jessica G

**Correspondence Address:** Correia, Christopher J.: Department of Psychology, Auburn University, Auburn, AL, US, 36489, correcj@auburn.edu

**Institution:** Kittinger, Robert: Department of the Navy, Pensacola, FL; Correia, Christopher J.: Department of Psychology, Auburn University, Auburn, AL; Irons, Jessica G.: Department of Psychology, James Madison University, Harrisonburg, VA

**Language:** English

**Abstract:** The popularity of Facebook and other online social-networking sites has led to research on the potential risks of use, including Internet addiction. Previous studies have reported that between 8 percent and 50 percent of college students report problems consistent with Internet addiction. The current study assessed a range of variables related to Facebook use, and sought to determine how the use of Facebook relates to problematic Internet use. Undergraduate participants (N = 281, 72 percent women) completed a battery of self-report measures, including the Internet Addiction Test, via an online interface. The results of the current study suggest that a sizable minority of students experience problems related to Internet use and that the use of Facebook may contribute to the severity of symptoms associated with Internet addiction. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Mary Ann Liebert, Inc.

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

**Subject Headings:** [\\*Behavior Problems](#)  
[\\*Internet Addiction](#)  
[\\*Internet Usage](#)  
[College Students](#)  
[Online Social Networks](#)

**Source:** PsycINFO

**90. Adolescent Internet addiction: Testing the association between self-esteem, the perception of Internet attributes, and preference for online social interactions.**

**Citation:** Cyberpsychology, Behavior, and Social Networking, June 2012, vol./is. 15/6(318-323), 2152-2715;2152-2723 (Jun 2012)

**Author(s):** Fioravanti, Giulia; Dettore, Davide; Casale, Silvia

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**Institution:** Fioravanti, Giulia: Department of Psychology, University of Florence, Florence; Dettore, Davide: Department of Psychology, University of Florence, Florence; Casale, Silvia: Department of Psychology, University of Florence, Florence

**Language:** English

**Abstract:** There is a general consensus that Internet addiction (IA) is mainly related to social aspects of the Web, especially among adolescents. The empirical link between poor social skills and IA is well documented; however, theoretical explanations for this relationship are less developed. One possibility is that people with poor social skills are especially prone to develop a preference for online social interaction (POSI), which, in turn, predicts problematic usage. This hypothesis has been tested for loneliness and social anxiety, but not for self-esteem (SE; one of the main antecedents of IA). Furthermore, the mediating role of the perceived relevance of some Internet features (e.g., anonymity) in the relationship between SE and POSI has never been investigated. A cross-sectional study was conducted with 257 adolescents. Using mediation analyses, we found evidence among females for the mediating role of (a) POSI in the relationship between SE and IA, and (b) the subjective relevance of some Internet features in the association between SE and POSI. No significant effects were found for males. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Mary Ann Liebert, Inc.

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

**Subject Headings:** [\\*Adolescent Attitudes](#)  
[\\*Internet Addiction](#)  
[\\*Social Interaction](#)  
[\\*Online Social Networks](#)  
[Attribution](#)  
[Self Esteem](#)

**Source:** PsycINFO

**91. The impact of personality disorders, substance use and other mental illness on re-offending.**

**Citation:** Journal of Forensic Psychiatry & Psychology, June 2012, vol./is. 23/3(382-391), 1478-9949;1478-9957 (Jun 2012)

**Author(s):** O'Driscoll, Colman; Larney, Sarah; Indig, Devon; Basson, John

**Correspondence Address:** O'Driscoll, Colman, [odriscc@mac.com](mailto:odriscc@mac.com)

**Institution:** O'Driscoll, Colman: Statewide Forensic Mental Health, Justice Health, NSW; Larney, Sarah: Centre for Health Research in Criminal Justice, Justice Health, NSW; Indig, Devon: Centre for Health Research in Criminal Justice, Justice Health, NSW; Basson, John: Statewide Forensic Mental Health, Justice Health, NSW

**Language:** English

**Abstract:** It is frequently observed in the literature that mental illness is associated with criminal offending; however, co-morbidity between personality disorders, substance use disorders and other mental illnesses complicates our understanding of this relationship. The aim of this study is to determine the impact of co-morbid substance use disorder, personality disorder and mental illness on the rate of re-offending. Data on 12-month psychiatric

morbidity for N = 1264 prisoners who took part in the 2001 Mental Health Survey in NSW, Australia was linked to five years of re-offending data. Risk of re-offending related to psychiatric disorders was assessed using Cox regression. Controlling for sex, indigenous status, age, prior court appearances, sampling frame and psychiatric disorders, participants with a personality disorder had a 26% increase in hazard of re-offending, and those with a substance use disorder a 33% increase in hazard of re-offending. Anxiety disorders, mood disorders and psychotic symptoms did not contribute to re-offending rates, but were highly comorbid with the conditions that were associated with increased re-offending. The findings suggest that the treatment of mentally ill offenders must not simply focus on the treatment of symptoms of mental illness, but should encompass treatments and interventions to target underlying personality and substance use disorders if any reduction in re-offending is to occur. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Taylor & Francis; YEAR: 2012

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Personality Disorders](#)  
[\\*Prisoners](#)  
[\\*Morbidity](#)  
[Recidivism](#)

**Source:** PsycINFO

**92. Cognitive/behavioral treatment of a specific Internet addiction: A theoretical contribution illustrated by a case study of a patient suffering from an addiction to a massive multiplayer online role playing game (MMORPG).**

**Original Title:** Traitement par therapie cognitivo-comportementale d'une addiction internet specifique : Un apport theorique illustre par une etude de cas d'un patient souffrant d'une addiction a un jeu de role en ligne massivement multijoueurs (MMORPG).

**Citation:** Journal de Therapie Comportementale et Cognitive, June 2012, vol./is. 22/2(60-67), 1155-1704 (Jun 2012)

**Author(s):** Thorens, Gabriel; Khazaal, Yasser; Zullino, Daniele

**Correspondence Address:** Thorens, Gabriel: Service d'Addictologie, Departement de Psychiatrie, Hopitaux Universitaires de Geneve, 70 C, rue Grand-Pre, Geneve, Switzerland, 1202, gabriel.thorens@hcuge.ch

**Institution:** Thorens, Gabriel: Service d'Addictologie, Departement de Psychiatrie, Hopitaux Universitaires de Geneve, Geneve; Khazaal, Yasser: Service d'Addictologie, Departement de Psychiatrie, Hopitaux Universitaires de Geneve, Geneve; Zullino, Daniele: Service d'Addictologie, Departement de Psychiatrie, Hopitaux Universitaires de Geneve, Geneve

**Language:** French

**Abstract:** In this article the Davis cognitive behavioral model for Internet addiction is presented and new model is suggested. The main difference with the Davis model is that, in our opinion, an individual can become addicted to the Internet without having a related disorder. There are addictive factors in some applications such as online gambling, which may cause an individual to become an addict. A case of Internet addiction is then presented (specifically addiction to massively multi player online role play [MMORPG]) and CBT treatment for it. Internet addiction is not a mental disorder listed in international classifications (DSM or CID). The proposed new model takes into account individual risk factors and the ability of specific Internet components, and in particular MMORPGs, to cause addiction. This new model provides theoretical support for a unique case study. It concerns a patient who has always been a video game player but, on discovering MMORPGs, starts to present symptoms of Internet addiction leading to negative social and mental consequences. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Elsevier Masson SAS; YEAR: 2012

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

**Subject Headings:** [\\*Cognitive Behavior Therapy](#)

\*Computer Games  
 \*Internet Addiction  
 \*Risk Factors  
 \*Role Playing  
 Social Phobia

**Source:** PsycINFO

### 93. Study of emotional interpretation bias in the assessment of future situations by alcohol dependent subjects.

**Original Title:** Etude des biais d'interpretation emotionnelle dans l'evaluation de situations futures chez le sujet alcoolodependant.

**Citation:** Journal de Therapie Comportementale et Cognitive, June 2012, vol./is. 22/2(40-45), 1155-1704 (Jun 2012)

**Author(s):** Bayart, Peggy; Rusinek, Stephane

**Correspondence Address:** Bayart, Peggy: Universite Lille Nord-de-France, UDL3, PSITEC, BP 06149, Villeneuve-d'Ascq, France, 59653, cedex, peggybayart@hotmail.com

**Institution:** Bayart, Peggy: Universite Lille Nord-de-France, UDL3, PSITEC, Villeneuve-d'Ascq; Rusinek, Stephane: Universite Lille Nord-de-France, UDL3, PSITEC, Villeneuve-d'Ascq

**Language:** French

**Abstract:** The purpose of this study is to understand how alcohol dependent subjects assess their future emotionally at the start of their treatment, in order to gain better understanding of cognitive functioning of the alcohol dependent person and improve their psychotherapeutic care. Participants: two groups of 20 subjects were recruited in a psychiatric clinic. The subjects were all hospitalized for anxiety-depressive disorders and/or alcohol dependence. Each group consisted of 11 women and nine men. All statistical processing was performed by computer using the Statview. For Student's t distribution, we performed a Bonferroni correction and decided to adopt a significance threshold= 0.0167. The results show that alcohol dependent patients imagined fewer positive situations than the non-dependent subject ( $t_{38} = 3.933$ ;  $P = 0.0003$ ) and as many negative memories ( $t_{38} = 0.637$ ;  $P = 0.5281$ ). This bias results in a specific emotional evaluation of future life events. Alcohol dependent subjects find it less easy to imagine themselves in a positive situation, while intensifying any emotion felt and the clarity of this event. In addition, alcohol dependent subjects have a kind of disaffection faced with imagined negative future situations. This functioning could be a specific mechanism that could favor "the relapse". (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: Elsevier Masson SAS; YEAR: 2012

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

**Subject Headings:** \*Alcoholism  
 \*Anxiety  
 \*Emotional Adjustment  
 \*Major Depression

**Source:** PsycINFO

### 94. Quality of resident violence risk assessments in psychiatric emergency settings.

**Citation:** The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie, June 2012, vol./is. 57/6(375-380), 0706-7437;1497-0015 (Jun 2012)

**Author(s):** Wong, Leslie; Morgan, Andrew; Wilkie, Treena; Barbaree, Howard

**Correspondence Address:** Wilkie, Treena: CAMH, Unit 3, 1001 Queen Street West, Toronto, ON, Canada, M6J 1H4, treena\_wilkie@camh.net

**Institution:** Wong, Leslie: Department of Psychiatry, University of Toronto, Toronto, ON; Morgan, Andrew: Department of Psychiatry, University of Toronto, Toronto, ON; Wilkie, Treena: Law and Mental Health Program, Centre for Addiction and Mental Health, Toronto, ON;

Barbaree, Howard: Research and Academics, Waypoint Centre for Mental Health Care, Toronto, ON

**Language:**

English

**Abstract:**

**Objective:** To identify how psychiatric residents perceive their ability to conduct violence risk assessments and the risk factors they considered relevant in an emergency department setting **Method:** We surveyed 55 of 159 psychiatric residents at the University of Toronto as to their experience and education in assessing suicide and violence risk The residents, and a comparison group of 11 of 16 staff psychiatrists in the Law and Mental Health program at the Centre for Addiction and Mental Health, then participated in a mock interview with one of the authors The subjects were directed to ask for all risk factors that would be relevant in determining the violence risk of a hypothetical patient with homicidal ideation. The risk factors they requested were compared with the risk factors found in the Historical, Clinical and Risk Management-20 (HCR-20) structured clinical judgment tool. **Results:** Psychiatric residents, on average, inquired about 6 fewer HCR-20 risk factors than staff psychiatrists (8.5, compared with 14.7). The number of HCR-20 items identified by residents correlated with several items, more risk factors were elicited by residents in a higher year of training, those who had received more formal and informal education, the number of patients for whom they had discharged a duty to warn, and the number of suicidal and violent patients they had previously assessed. Confidence at assessing violence risk was not correlated with performance. **Conclusions:** Psychiatric residents identify significantly fewer risk factors for violence than staff psychiatrists. Resident performance was correlated with increasing experience and education. It was not related to self-confidence in performing this task. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:**

Journal; Peer Reviewed Journal

**Subject Headings:**

\*Emergency Services  
\*Mental Health Services  
\*Risk Factors  
\*Risk Assessment  
Self Confidence  
Suicide  
Violence

**Source:**

PsycINFO

**Full Text:**

Available in *fulltext* at [ProQuest](#)

**95. Review of Crack cocaine users: High society and low life in South London.****Citation:**

Sociology of Health & Illness, June 2012, vol./is. 34/5(807-808), 0141-9889;1467-9566 (Jun 2012)

**Author(s):**

Parkin, Stephen

**Institution:**

Parkin, Stephen: University of Huddersfield, Huddersfield

**Language:**

English

**Abstract:**

Reviews the book, Crack Cocaine Users: High Society and Low Life in South London by D. Briggs ( 2011). Briggs exposes the reader to the little understood milieu of drug-related violence and intimidation, structural poverty and destitution, crack-related paranoia and suspicion, as well as accounts of the unstable and volatile environments that characterize the crack scene in Rivertown. As such, this account provides a much needed qualitative snapshot of the experiences of over 80 individuals directly involved in the use of crack cocaine in the UK. The organization of the book follows established publishing formats pertaining to ethnographic texts: namely, a series of field notes serve to set the scene and present the reader with the key 'players and places' that will subsequently feature throughout the text. This is followed by a 'review' chapter that contextualizes the use, spread and prevalence of crack cocaine (as well as summarizing the various myths and harms associated with the drug) on a global scale. Chapter 3 provides an overview of the research field (Rivertown) and summarizes the methodological framework that shaped and structured the field work and analysis. In the following five chapters Briggs covers a

wide range of issues and topics that are central to contemporary debates about drug use in urban settings. This book will have undoubted appeal to any individual employed within frontline services that have drug / alcohol remits. It will be of particular value to those who are not personally familiar with 'crack scenes' but may encounter crack users within their line of work. It will also be a useful text for any harm reduction agency throughout the UK due to the first-hand accounts of drug using practices described by Briggs. Although the book relies greatly on lengthy field notes (reproduced verbatim) as an exemplar of reflexive, ethnographic text, this book cannot be faulted. Briggs' observations and accounts of the drug using environments in which he became immersed is a masterful presentation of contemporary ethnography. In its current theoretical format Briggs appears to have understated his privileged research position (within the crack scene) and opted to use his work to largely substantiate and consolidate a range of other theories long associated with contemporary substance use. In doing this, Briggs has overlooked the opportunity to develop a theoretically informed unique sociology of UK crack cocaine users. Nevertheless, Briggs' passion and desire to address the harm associated with poverty, social exclusion and crack dependency is evident throughout this book. Accordingly, the applied value of this text makes this one of the most significant UK contributions to the 'drug literature' in recent times. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: The Authors. Sociology of Health & Illness-Foundation for the Sociology of Health & Illness/Blackwell Publishing Ltd.; YEAR: 2011

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

**Subject Headings:** [\\*Crack Cocaine](#)  
[\\*Drug Abuse](#)  
[\\*Society](#)

**Source:** PsycINFO

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

#### 96. Complex interaction of religiousness with other factors in relation to substance use and misuse among female athletes.

**Citation:** Journal of Religion and Health, June 2012, vol./is. 51/2(381-389), 0022-4197;1573-6571 (Jun 2012)

**Author(s):** Cavar, Mile; Sekulic, Damir; Culjak, Zoran

**Correspondence Address:** Sekulic, Damir: Faculty of Kinesiology, University of Split, Tesla's Street 12, Split, Croatia, 21000, [dado@kifst.hr](mailto:dado@kifst.hr)

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**Language:** English

**Abstract:** Strength of religious faith (SRF) is rarely studied as a protective factor against substance use and misuse in sports. Herein, we studied the potential buffering effect of the complex socio-educational, sports, and religiousness factors in the protection against substance use and misuse, including cigarettes, analgesics, appetite suppressants, potential doping behavior, and binge drinking. The sample of subjects included 40 high-class female athletes (22-26 years of age). Using a strictly anonymous questionnaire, we investigated different social, educational, and sports factors (including SRF measured by the Santa Clara Strength of Religious Faith Questionnaire) in relation to substance use and misuse. Following the calculation of simple correlations, multiple regression analysis revealed that in combination with low sports experience, SRF has a significant buffering effect against binge alcohol drinking and consumption of appetite suppressants. The data are discussed in comparison with previous findings and theoretical background. Future studies should study the topic while observing samples of recreational and competitive athletes of both genders. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: Springer Science+Business Media, LLC; YEAR: 2010

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

**Subject Headings:** [\\*Athletes](#)  
[\\*Binge Drinking](#)  
[\\*Drug Abuse](#)  
[\\*Drug Usage](#)  
[\\*Sports](#)  
[Human Females](#)  
[Religious Beliefs](#)  
[Performance Enhancing Drugs](#)

**Source:** PsycINFO

**97. Caregivers, young people with complex needs, and multiple service providers: A study of triangulated relationships.**

**Citation:** Family Process, June 2012, vol./is. 51/2(193-206), 0014-7370 (Jun 2012)

**Author(s):** Ungar, Michael; Liebenberg, Linda; Landry, Nicole; Ikeda, Janice

**Correspondence Address:** Ungar, Michael: Dalhousie University, 6414 Coburg Rd., Halifax, NS, Canada, B3H 2A7, michael.ungar@dal.ca

**Institution:** Ungar, Michael: Dalhousie University, Halifax, NS; Liebenberg, Linda: Resilience Research Centre, Dalhousie University, Halifax, NS; Landry, Nicole: Resilience Research Centre, Dalhousie University, Halifax, NS; Ikeda, Janice: Resilience Research Centre, Dalhousie University, Halifax, NS

**Language:** English

**Abstract:** Five patterns of service provider-caregiver-adolescent interaction are discussed using qualitative interviews and file review data from 44 youth with complex needs who were clients of more than one psychosocial service (child welfare, mental health, addictions, juvenile justice, and special education). Findings show that young people and their families become triangulated with service providers, either engaging with, or resisting, interventions. For young people with complex needs involved with multiple service providers, both positive and negative patterns of interaction contribute to the complexity of caregiver-child interactions. According to young people themselves, the most functional of these patterns, empowerment, was experienced as protective when it helped them to meet their personal needs and enhance communication. In contrast, four problematic patterns produced triangulations described as conflictual or unsupportive. The implications of these patterns for family therapy are discussed with an emphasis on the therapist as both clinician and advocate for better services from multiple providers. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: FPI, Inc.

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

**Subject Headings:** [\\*Caregivers](#)  
[\\*Child Welfare](#)  
[\\*Health Service Needs](#)  
[\\*Mental Health](#)  
[\\*Mental Health Services](#)  
[Communication](#)  
[Special Education](#)  
[Therapist Attitudes](#)

**Source:** PsycINFO

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

**98. A new document for the new year.**

**Citation:** Journal of Psychosocial Nursing and Mental Health Services, January 2006, vol./is. 44/1(6-7), 0279-3695 (Jan 2006)

**Author(s):** Smoyak, Shirley A

**Language:** English

**Abstract:** The Institute of Medicine (IOM) (2006) has just published *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*. Health care for mental and substance use conditions differs considerably from general health care. In addition, stigma continues to exist, despite efforts to change the way mental illnesses are viewed. The new IOM report addresses these differences and finds that the Quality Chasm framework is, in fact, applicable for mental and substance use conditions. The new report also reminds readers that treatment can be effective. Specific deficiencies in care delivery are addressed, and the serious consequences of ineffective, unsafe, or no treatment at all are fully described. The new IOM report references strategies listed in the 2001 document, including the "Six Aims of High Quality Health Care" and the "10 Rules to Guide the Redesign of Health Care." The report's specific recommendations are listed in the executive summary. As psychiatric nurses, our agenda for change should include increased visibility and participation in important political work. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Health Care Services](#)  
[\\*Mental Disorders](#)  
[\\*Quality of Care](#)  
[\\*Stigma Treatment](#)

**Source:** PsycINFO

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

#### 99. Meta-analysis of self-reported substance use compared with laboratory substance assay in general adult mental health settings.

**Citation:** International Journal of Methods in Psychiatric Research, June 2012, vol./is. 21/2(134-148), 1049-8931;1557-0657 (Jun 2012)

**Author(s):** Large, Matthew M; Smith, Glen; Sara, Grant; Paton, Michael B; Kedzior, Karina Karolina; Nielssen, Olav B

**Correspondence Address:** Large, Matthew M.: Prince of Wales Hospital, Barker St, Randwick, NSW, Australia, 2031, [mmbl@bigpond.com](mailto:mmbl@bigpond.com)

**Institution:** Large, Matthew M.: School of Psychiatry, University of New South Wales, Randwick, NSW; Smith, Glen: Northside Clinic, Greenwich, NSW; Sara, Grant: InforMH, Mental Health and Drug and Alcohol Office, NSW Health, North Ryde, NSW; Paton, Michael B.: Area Mental Health Drug and Alcohol Service, Northern Sydney Central Coast Area Health Service, Macquarie Hospital, North Ryde, Sydney, NSW; Kedzior, Karina Karolina: School of Humanities and Social Sciences, Jacobs University Bremen, Bremen; Nielssen, Olav B.: Clinical Research Unit for Anxiety and Depression, School of Psychiatry, University of New South Wales, St Vincent's Hospital, Darlinghurst, NSW

**Language:** English

**Abstract:** An accurate assessment of substance use is necessary to make a correct psychiatric diagnosis and to provide appropriate treatment. This study uses meta-analysis to establish the strength of the association between self-reported substance use and the results of laboratory substance assay including the testing for specific substances and screening for any substance use in psychiatric hospitals and in community mental health settings. A systematic search for published studies was supplemented by additional data required for meta-analysis provided by several researchers in this field. Using random-effects meta-analysis, we calculated the pooled estimate of the odds ratio of a positive substance assay in patients reporting use or non-use of substances and estimated the sensitivity, specificity, positive predictive value and negative predictive value. Twenty-six studies

met the inclusion criteria. Very strong associations were found between self-reported use and positive tests for cannabis [N = 11 studies, odds ratio (OR) = 22.3; 95% confidence interval (CI) = 10.1-49.1], amphetamines (N = 8, OR = 26.6; 95% CI = 7.9-88.9), cocaine (N = 8, OR = 39.7; 95% CI = 16.2-97.2) and opiates (N = 7, OR = 83.5; 95% CI = 26.7-260.7). Strong associations were found between self-reported use of any substance and positive substance screening (N = 15, OR = 7.2, 95% CI = 3.6-14.1) and tests for alcohol use (N = 5, OR = 8.5; 95% CI = 2.5-28.4). Screening for any substance use had a sensitivity of 61% and a specificity of 66%. Testing for individual substances was specific but lacked sensitivity. Screening has the potential to detect clinically relevant substances that would not be reported by the patient, whereas testing for a specific substance has little advantage over self-report. The sensitivity of the substance assay might be improved by obtaining a sample at the earliest opportunity. Consideration should be given to the increased use of substance screening in general adult mental health settings because it could improve the accuracy of psychiatric diagnosis and increase the likelihood of patients receiving treatment for substance use disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: John Wiley & Sons, Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Drug Usage](#)  
[\\*Mental Health](#)  
[\\*Psychiatry](#)  
[\\*Self Report](#)  
[Diagnosis](#)  
[Experimental Laboratories](#)

**Source:** PsycINFO

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

#### 100. A dimensional approach to understanding severity estimates and risk correlates of marijuana abuse and dependence in adults.

**Citation:** International Journal of Methods in Psychiatric Research, June 2012, vol./is. 21/2(117-133), 1049-8931;1557-0657 (Jun 2012)

**Author(s):** Wu, Li-Tzy; Woody, George E; Yang, Chongming; Pan, Jeng-Jong; Reeve, Bryce B; Blazer, Dan G

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**Language:** English

**Abstract:** While item response theory (IRT) research shows a latent severity trait underlying response patterns of substance abuse and dependence symptoms, little is known about IRT-based severity estimates in relation to clinically relevant measures. In response to increased prevalences of marijuana-related treatment admissions, an elevated level of marijuana potency, and the debate on medical marijuana use, we applied dimensional approaches to understand IRT-based severity estimates for marijuana use disorders (MUDs) and their correlates while simultaneously considering gender- and race/ethnicity-related differential item functioning (DIF). Using adult data from the 2008 National Survey on Drug Use and Health (N = 37,897), Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria for MUDs among past-year marijuana users were examined by IRT, logistic regression, and multiple

indicators-multiple causes (MIMIC) approaches. Among 6917 marijuana users, 15% met criteria for a MUD; another 24% exhibited subthreshold dependence. Abuse criteria were highly correlated with dependence criteria (correlation = 0.90), indicating unidimensionality; item information curves revealed redundancy in multiple criteria. MIMIC analyses showed that MUD criteria were positively associated with weekly marijuana use, early marijuana use, other substance use disorders, substance abuse treatment, and serious psychological distress. African Americans and Hispanics showed higher levels of MUDs than Whites, even after adjusting for race/ethnicity-related DIF. The redundancy in multiple criteria suggests an opportunity to improve efficiency in measuring symptom-level manifestations by removing low-informative criteria. Elevated rates of MUDs among African Americans and Hispanics require research to elucidate risk factors and improve assessments of MUDs for different racial/ethnic groups. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: John Wiley & Sons, Ltd.; YEAR: 2012

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Drug Dependency](#)  
[\\*Marijuana](#)  
[\\*Risk Factors](#)  
[\\*Severity \(Disorders\)](#)

**Source:** PsycINFO

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

#### 101. Cognitive neuroenhancement: False assumptions in the ethical debate.

**Citation:** Journal of Medical Ethics: Journal of the Institute of Medical Ethics, June 2012, vol./is. 38/6(372-375), 0306-6800 (Jun 2012)

**Author(s):** Heinz, Andreas; Kipke, Roland; Heimann, Hannah; Wiesing, Urban

**Correspondence Address:** Kipke, Roland: University of Tübingen, International Centre for Ethics in the Sciences and Humanities (IZEW), Wilhelmstrasse 19, Tübingen, Germany, 72074, [kipke@izew.uni-tuebingen.de](mailto:kipke@izew.uni-tuebingen.de)

**Institution:** Heinz, Andreas: Klinik für Psychiatrie und Psychotherapie, Charité-Universitätsmedizin Berlin, Berlin; Kipke, Roland: University of Tübingen, International Centre for Ethics in the Sciences and Humanities (IZEW), Tübingen; Heimann, Hannah: Klinik für Psychiatrie und Psychotherapie, Charité-Universitätsmedizin Berlin, Berlin; Wiesing, Urban: University of Tübingen, Institut für Ethik und Geschichte der Medizin, Tübingen

**Language:** English

**Abstract:** The present work critically examines two assumptions frequently stated by supporters of cognitive neuroenhancement. The first, explicitly methodological, assumption is the supposition of effective and side effect-free neuroenhancers. However, there is an evidence-based concern that the most promising drugs currently used for cognitive enhancement can be addictive. Furthermore, this work describes why the neuronal correlates of key cognitive concepts, such as learning and memory, are so deeply connected with mechanisms implicated in the development and maintenance of addictive behaviour so that modification of these systems may inevitably run the risk of addiction to the enhancing drugs. Such a potential risk of addiction could only be falsified by in-depth empirical research. The second, implicit, assumption is that research on neuroenhancement does not pose a serious moral problem. However, the potential for addiction, along with arguments related to research ethics and the potential social impact of neuroenhancement, could invalidate this assumption. It is suggested that ethical evaluation needs to consider the empirical data as well as the question of whether and how such empirical knowledge can be obtained. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

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

[\\*Risk Factors](#)  
[\\*Social Influences](#)

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

### 102. Individual-level predictors of nonparticipation and dropout in a life-skills HIV prevention program for adolescents in foster care.

**Citation:** AIDS Education and Prevention, June 2012, vol./is. 24/3(257-269), 0899-9546 (Jun 2012)

**Author(s):** Thompson, Ronald G Jr.; Auslander, Wendy F; Alonzo, Dana

**Correspondence Address:** Thompson, Ronald G., Jr.: Department of Psychiatry, College of Physicians and Surgeons, Columbia University, 722 West 168th St., Suite 229-C, New York, NY, US, 10032, [rgt2101@columbia.edu](mailto:rgt2101@columbia.edu)

**Institution:** Thompson, Ronald G.: Department of Psychiatry, Columbia University, New York, NY; Auslander, Wendy F.: Brown School of Social Work, Washington University, St. Louis, MO; Alonzo, Dana: Columbia University School of Social Work, New York, NY

**Language:** English

**Abstract:** The purpose of this study is to identify individual-level characteristics of foster care adolescents who are more likely to not participate in, and drop out of, a life-skills HIV prevention program delivered over 8 months. Structured interviews were conducted with 320 foster care adolescents (15-18 years). Logistic regression and survival analyses (Cox Proportional Hazards Regression) determined the influence of demographics, HIV sexual risk behaviors, substance use, mental health problems, and other individual-level risk factors on nonparticipation and dropout. Older age and having vaginal intercourse without a condom were significant predictors of nonparticipation. Older age and marijuana use significantly increased the hazard of dropping out of the program. Foster care adolescents at increased risk for HIV infection were more likely to never participate in and drop out of the program. To improve initial and ongoing participation, HIV prevention efforts for adolescents in foster care should be tailored to individual-level HIV risk behaviors and incorporate early and ongoing engagement and retention strategies. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Guilford Press; YEAR: 2012

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

**Subject Headings:** [\\*AIDS Prevention](#)  
[\\*Dropouts](#)  
[\\*Foster Care](#)  
[\\*Participation](#)  
[\\*Sexual Risk Taking](#)  
[Behavior Problems](#)  
[Demographic Characteristics](#)  
[Drug Usage](#)  
[Emotional Disturbances](#)  
[HIV](#)  
[Mental Disorders](#)

**Source:** PsycINFO

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

### 103. HIV risk among men who have sex with men who have experienced childhood sexual abuse: Systematic review and meta-analysis.

**Citation:** AIDS Education and Prevention, June 2012, vol./is. 24/3(228-241), 0899-9546 (Jun 2012)

**Author(s):** Lloyd, Shane; Operario, Don

**Correspondence Address:** Lloyd, Shane: Brown University, Program in Public Health, 121 South Main Street, 5th Floor, Providence, RI, US, [lloyd.sh@gmail.com](mailto:lloyd.sh@gmail.com)

**Institution:** Lloyd, Shane: Brown University, Program in Public Health, Providence, RI; Operario, Don: Brown University, Program in Public Health, Providence, RI

**Language:** English

**Abstract:** Previous research has indicated a high prevalence of childhood sexual abuse (CSA) among men who have sex with men (MSM) in the United States, and has suggested that CSA history is a risk factor for HIV infection in MSM. We conducted a systematic review to identify, synthesize, meta-analyze, and critique the current state of relevant literature. Systematic review methodology was utilized to identify 12 studies that compared MSM with a history of CSA to MSM without a history of CSA on HIV risk indicators including HIV serostatus, sexually transmitted infections (STIs), sexual behaviors, and illicit drug use. Overall, 27.3% (n = 4,263) of the MSM in all included studies (n = 15,622) reported a CSA history. Across the studies that used probabilistic sampling (n = 8,240), the estimated prevalence of CSA was 21.8% (= 1,800). Meta-analysis indicated that MSM with CSA history were more likely to be HIV positive [odds ratio (OR) = 1.54; 95% confidence interval (CI) = 1.22-1.95] and to engage in recent unprotected anal intercourse (OR = 1.85, 95% CI = 1.36-2.51). Studies also indicated that MSM with a history of CSA were more likely to report frequent casual male partners, substance use, and sex while under the influence of alcohol or other drugs. Trends across studies indicated a need for interventions to assess CSA history and address effects of CSA on sexual risk behavior of MSM. Inconsistencies across studies indicated a need to reach consensus among researchers and providers in defining CSA. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Guilford Press; YEAR: 2012

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

**Subject Headings:** [\\*HIV](#)  
[\\*Risk Factors](#)  
[\\*Sexual Abuse](#)  
[\\*Sexually Transmitted Diseases](#)  
[\\*Same Sex Intercourse](#)  
[Child Abuse](#)  
[Drug Abuse](#)  
[Male Homosexuality](#)  
[Psychosexual Behavior](#)  
[Victimization](#)

**Source:** PsycINFO

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

#### 104. Resilience, syndemic factors, and serosorting behaviors among HIV-positive and HIV-negative substance-using MSM.

**Citation:** AIDS Education and Prevention, June 2012, vol./is. 24/3(193-205), 0899-9546 (Jun 2012)

**Author(s):** Kurtz, Steven P; Buttram, Mance E; Surratt, Hilary L; Stall, Ronald D

**Correspondence Address:** Kurtz, Steven P.: Nova Southeastern University Research Center, 2121 Ponce de Leon Boulevard, Suite 430, Coral Gables, FL, US, 33134, [steven.kurtz@nova.edu](mailto:steven.kurtz@nova.edu)

**Institution:** Kurtz, Steven P.: Center for Applied Research on Substance Use and Health Disparities, Nova Southeastern University, Ft. Lauderdale, FL; Buttram, Mance E.: Center for Applied Research on Substance Use and Health Disparities, Nova Southeastern University, Ft. Lauderdale, FL; Surratt, Hilary L.: Center for Applied Research on Substance Use and Health Disparities, Nova Southeastern University, Ft. Lauderdale, FL; Stall, Ronald D.: Department of Behavioral and Community Health Sciences, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA

**Language:** English

**Abstract:** Serosorting is commonly employed by MSM to reduce HIV risk. We hypothesize that MSM perceive serosorting to be effective, and that serosorting is predicted by resilience

and inversely related to syndemic characteristics. Surveys included 504 substance-using MSM. Logistic regression models examined syndemic and resilience predictors of serosorting, separately by serostatus. For HIV-positive men, positive coping behaviors ( $P = .015$ ) and coping self-efficacy ( $P = .014$ ) predicted higher odds, and cognitive escape behaviors ( $P = .003$ ) lower odds, of serosorting. For HIV negative men, social engagement ( $P = .03$ ) and coping self-efficacy ( $P = .01$ ) predicted higher odds, and severe mental distress ( $P = .001$ ), victimization history ( $P = .007$ ) and cognitive escape behaviors ( $P = .006$ ) lower odds, of serosorting. HIV-negative serosorters reported lower perceptions of risk for infection than non-serosorters ( $P < .000$ ). Although high risk HIV-negative men may perceive serosorting to be effective, their high rates of UAI and partner change render this an ineffective risk reduction approach. Relevant public health messages are urgently needed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The Guilford Press; YEAR: 2012

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

**Subject Headings:** \*HIV  
\*Resilience (Psychological)  
\*Victimization  
\*Same Sex Intercourse  
Drug Usage  
Male Homosexuality  
Self Efficacy  
Social Interaction

**Source:** PsycINFO

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

#### 105. Falls in skilled nursing facilities associated with opioid use.

**Citation:** Journal of the American Geriatrics Society, May 2012, vol./is. 60/5(987), 0002-8614;1532-5415 (May 2012)

**Author(s):** Wolff, Michael L; Hassett, Maryclaire; Kewley, Robert; Collins, John; Brodeur, Michael R; Nokes, Scott

**Institution:** Wolff, Michael L.: Eddy, Troy, NY; Hassett, Maryclaire: Eddy, Troy, NY; Kewley, Robert: QCS Consulting, Troy, NY; Collins, John: St. Peter's Health Partners, Troy, NY; Brodeur, Michael R.: Albany College of Pharmacy and Health Sciences, Albany, NY; Nokes, Scott: Omnicare Pharmacy, Malta, NY

**Language:** English

**Abstract:** Comments on an article by D. Buckeridge et al. (see record 2010-18514-006). This commentary is Intrigued by the study by Buckeridge and colleagues and examined fall and opioid use data in 352 long-term care skilled nursing beds in three Eddy Foundation facilities in the Capital Region of New York State. We excluded a subacute care unit where patients commonly receive pain medication for postoperative pain. The finding in the Buckeridge study, that fall risk was more associated with the introduction of a new or increased hydrocodone dose than with more-potent opioids, seems counterintuitive. Nevertheless, our limited data are consistent with this finding, suggesting an explanation; as an "entry" drug, hydrocodone is commonly given to patients who are opioid-naive. This may result in greater susceptibility to the opioid's effects on level of consciousness or stability of gait, particularly with rapid onset of effects. We are now designing an interventional study to monitor fall rates as we further encourage reduced use of shortacting opioids and reduced use of as-needed orders. The available evidence appears to support such interventions. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Country of Publication:** HOLDER: The Authors. Journal compilation-The American Geriatrics Society; YEAR: 2012

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

**Subject Headings:** [\\*Drug Dosages](#)  
[\\*Drug Usage](#)  
[\\*Injuries](#)  
[\\*Opiates](#)  
[\\*Risk Factors](#)

**Source:** PsycINFO

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

#### 106. Addiction, agency, and the politics of self-control: Doing harm reduction in a heroin users' group.

**Citation:** Social Science & Medicine, April 2012, vol./is. 74/8(1251-1260), 0277-9536;1873-5347 (Apr 2012)

**Author(s):** Gowan, Teresa; Whetstone, Sarah; Andic, Tanja

**Correspondence Address:** Gowan, Teresa: University of Minnesota, 909 Social Sciences, 267 19th Ave S, Minneapolis, MN, US, 55455, [tgowan@umn.edu](mailto:tgowan@umn.edu)

**Institution:** Gowan, Teresa: University of Minnesota, Minneapolis, MN; Whetstone, Sarah: University of Minnesota, Minneapolis, MN; Andic, Tanja: University of Minnesota, Minneapolis, MN

**Language:** English

**Abstract:** Our 2007-2009 ethnography describes and analyses the practice of harm reduction in a heroin users' group in the midwestern United States. While dominant addiction interventions conceptualize the addict as powerless-either through moral or physical weakness-this group contested such "commonsense," treating illicit drug use as one of many ways that modern individuals attempt to "fill the void." Insisting on the destigmatization of addiction and the normalization of illicit drug use, the group helped its members work on incremental steps toward self-management. Although "Connection Points" had very limited resources to improve the lives of its members, our work suggests that the users' group did much to restore self-respect, rational subjectivity, and autonomy to a group historically represented as incapable of reason and self-control. As the users cohered as a community, they developed a critique of the oppressions suffered by "junkies," discussed their rights and entitlements, and even planned the occasional political action. Engaging with literature on the cultural construction of agency and responsibility, we consider, but ultimately complicate, the conceptualization of needle exchange as a "neoliberal" form of population management. Within the context of the United States' War on Drugs, the group's work on destigmatization, health education, and the practice of incremental control showed the potential for reassertions of social citizenship within highly marginal spaces. (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:** [\\*Addiction](#)  
[\\*Drug Usage](#)  
[\\*Harm Reduction](#)  
[\\*Heroin](#)  
[\\*Needle Exchange Programs](#)  
[Self Control](#)

**Source:** PsycINFO

#### 107. Campus recovery programs.

**Citation:** College drinking and drug use., 2012(253-271) (2012)

**Author(s):** Laitman, Lisa; Stewart, Lea R

**Institution:** Laitman, Lisa: Rutgers Health Services, Rutgers, The State University of New Jersey, New Brunswick, NJ; Stewart, Lea R.: Livingston College and Department of Communication, Rutgers, The State University of New Jersey, New Brunswick, NJ

**Language:** English

**Abstract:** (create) Alcohol and other drug (AOD) use and abuse are serious issues facing college campuses throughout the United States. Many institutions of higher education have developed comprehensive programs to address alcohol use and drive down the rates of high-risk drinking on their campuses. Less attention has been paid to developing programs that assist students facing issues of AOD abuse and dependence. This chapter will briefly highlight the problems of AOD use and abuse on college campuses, describe why providing support to students in recovery from AOD abuse and dependence is important, and summarize the common and unique elements of current recovery support programs. In addition, we will present lessons learned from the recovery program at Rutgers University that others may find helpful in beginning their own campus-based recovery support program. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Abuse](#)  
[\\*Campuses](#)  
[\\*College Students](#)  
[\\*Drug Abuse](#)  
[\\*School Based Intervention](#)  
[Colleges](#)

**Source:** PsycINFO

#### 108. The impact of college student substance use: Working with students on campus.

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**Citation:** College drinking and drug use., 2012(235-252) (2012)

**Author(s):** Kilmer, Jason R; Bailie, Shannon K

**Institution:** Kilmer, Jason R.: Center for the Study of Health and Risk Behaviors, Department of Psychiatry and Behavioral Sciences, and Health and Wellness, Division of Student Life, University of Washington, Seattle, WA; Bailie, Shannon K.: Health and Wellness, Division of Student Life, University of Washington, Seattle, WA

**Language:** English

**Abstract:** (from the chapter) College is a time when students are selecting majors, embarking on careers, making friends, starting relationships, and learning about themselves. For some, this is also a time when they are making the choice to drink alcohol or use other drugs. Unfortunately, substance use can be associated with a range of unwanted consequences, and can exacerbate (or even cause) some of the stressors (e.g., anxiety, sleep difficulties, social consequences) students identify as most threatening to their academic success. In this chapter, we review issues related to college student substance use and physical and mental health, the challenges related to connecting students to assistance or services when help seems indicated, and emerging issues related to these domains (particularly for those working directly with students). We also provide an example of a service designed to reach out to students who may be struggling, which emphasizes prevention and early intervention for these overlapping issues. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*College Students](#)  
[\\*Drug Usage](#)  
[\\*Health](#)  
[\\*School Based Intervention](#)  
[Mental Health](#)

**Source:** PsycINFO

**109. Community and environmental prevention interventions.**

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- Citation:** College drinking and drug use., 2012(221-234) (2012)
- Author(s):** Saltz, Robert R
- Institution:** Saltz, Robert R.: Prevention Research Center, Berkeley, CA
- Language:** English
- Abstract:** (from the chapter) Other chapters in this volume attest to the advances researchers and practitioners have made with respect to both prevention and treatment of alcohol and other drug problems among college students. On the prevention side, college administrators and staff have developed a number of strategies that have demonstrated efficacy in reducing alcohol consumption, especially among heavier-drinking students or those whose drinking behavior has resulted in one or more problems. For colleges and universities with ambition to significantly impact alcohol-related problems on and near their campus, however, prevention interventions designed to change individual drinking behavior should be part of a broader, comprehensive, and synergistic system of strategies that also aims to reduce drinking through changes at the community level, in addition to focusing more exclusively on students with problematic drinking. The public health approach sees the prevalence of a problem as a result of the combination of influences tied to an agent, a host, and the environment-in our case, alcoholic beverage (agent), the individual student's characteristics (host), and the characteristics of the local campus and community environment that may reduce or exacerbate risky drinking. This chapter focuses on issues related to adopting a public health perspective on college students' alcohol use, as well as interventions that derive from this perspective. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Book; Edited Book
- Subject Headings:** [\\*Alcohol Abuse](#)  
[\\*College Students](#)  
[\\*Drug Abuse](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Intervention](#)
- Source:** PsycINFO

**110. Drinking in college students and their age peers: The role of anticipatory processes.**

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- Citation:** College drinking and drug use., 2012(105-120) (2012)
- Author(s):** Reich, Richard R; Goldman, Mark S
- Institution:** Reich, Richard R.: College of Arts and Sciences, University of South Florida, Sarasota-Manatee, FL; Goldman, Mark S.: Department of Psychology and Alcohol and Substance Use Research Institute, University of South Florida, Tampa, FL
- Language:** English
- Abstract:** (from the chapter) Because time always moves forward, behavioral processes are anticipatory in nature; that is, they produce behaviors geared toward accommodating events that have yet to occur. Anticipation clearly plays an influential role in human behavior, and work in a multitude of psychological areas has converged on this perspective. Two recent reviews broadly illustrate this point: First, as a result of a vast amount of neuroscientific research, Holland and Gallagher (2004) described a shift in the conventional viewpoint on the function of human cognition: "The utility of learning and memory lies not in reminiscence about the past, but in allowing us to act in anticipation of future events" (p. 148). Second, and even more applicable to the material in this book, in summarizing the many theories on decision making with regard to addiction, Redish, Jensen, and Johnson (2008) identified a single common thread: "These literatures have converged on the concept that decisions are based on the prediction of value or expected utility of the decision" (p. 147). The purpose of this chapter is to show that developmental processes that occur in both college students and their same-age peers lead these young people to anticipate social and sexual benefits from using alcohol. These expectations

may then consciously and unconsciously influence the decision to drink in this age group. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Adolescent Development](#)  
[\\*Alcohol Drinking Patterns](#)  
[\\*College Students](#)  
[\\*Expectations](#)  
[\\*Peers](#)

**Source:** PsycINFO

#### 111. Emotional dysregulation in the moment: Why some college students may not mature out of hazardous alcohol and drug use.

**Citation:** College drinking and drug use., 2012(83-101) (2012)

**Author(s):** Bates, Marsha E; Buckman, Jennifer R

**Institution:** Bates, Marsha E.: Center of Alcohol Studies, Rutgers, The State University of New Jersey, Piscataway, NJ; Buckman, Jennifer R.: Center of Alcohol Studies, Rutgers, The State University of New Jersey, Piscataway, NJ

**Language:** English

**Abstract:** (create) Late adolescence is a developmental stage of peak alcohol use. College populations, in particular, show a high prevalence of binge drinking. Curtailing high-risk substance use behaviors, and thus preventing the immediate negative consequences of harmful alcohol and drug use, has been the emphasis of college prevention and intervention programs. Such work is of substantial importance as hazardous college-age drinking and drug use often lead to poor scholastic performance, high-risk sexual behaviors, driving while intoxicated, legal problems, alcohol poisoning, and other negative health consequences, all of which can have immediate as well as future implications. In this chapter, we discuss the importance of examining sources of heterogeneity, beyond levels of substance use, to better identify students on hazardous alcohol use trajectories. We posit that individual differences in students' biological propensity to use alcohol and drugs to regulate emotion may be an important dimension of this heterogeneity. From this perspective, those who have relatively greater difficulty regulating emotional arousal may be at heightened risk for persistent substance use aimed at modifying their emotional experiences. We suggest that this increased risk likely existed before, and may well persist beyond the college years (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Binge Drinking](#)  
[\\*College Students](#)  
[\\*Drug Usage](#)  
[\\*Emotional Adjustment](#)

**Source:** PsycINFO

#### 112. Use, misuse, and diversion of scheduled prescription medications by college students.

**Citation:** College drinking and drug use., 2012(36-59) (2012)

**Author(s):** McCabe, Sean Esteban; Cranford, James A; Teter, Christian J; Rabiner, David L; Boyd, Carol J

**Institution:** McCabe, Sean Esteban: Substance Abuse Research Center and Institute for Research on Women and Gender, University of Michigan, Ann Arbor, MI; Cranford, James A.: Substance Abuse Research Center and Addiction Research Center, University of Michigan, Ann Arbor, MI; Teter, Christian J.: Substance Abuse Research Center, University of Michigan, Ann Arbor, MI; Rabiner, David L.: Center for Child and Family Policy and Department of Psychology and Neuroscience, Duke University, Durham, NC;

Boyd, Carol J.: Substance Abuse Research Center and Institute for Research on Women and Gender, University of Michigan, Ann Arbor, MI

- Language:** English
- Abstract:** (create) Over the past 15 years there has been an increase in the medical use and nonmedical use of scheduled prescription medications, including stimulants, opioids, sedatives/anxiolytics, and sleeping medications, among children, adolescents, and young adults in the United States. Indeed, the prescribing rates for scheduled medications among adolescents and young adults have nearly doubled since 1994. Scheduled prescription medications are considered medically sound and efficacious for treating a wide range of childhood and adolescent disorders but one consequence of increases in medical use may be a concomitant increase in nonmedical use—possibly due to greater availability. Young adults 18 to 25 years old have the highest rates of nonmedical use, abuse, and dependence on scheduled medications compared to other age groups, and nonmedical use of prescription medications among U.S. college students is now at its highest level in the past two decades. Given these high rates, the objective of this chapter is to describe the use, misuse, and diversion of four scheduled prescription medication classes (stimulants, pain/opioids, sedatives/anxiolytics, and sleeping medications) among college students in the United States. The chapter is not intended to be a systematic review of the literature; instead, the chapter summarizes several important prescription medication use behaviors, primarily from our own studies. In the following sections, we first describe the prevalence of prescription medication use, prescription medication misuse, prescription medication diversion, and nonmedical use of scheduled medications. Subsequent sections focus on four particularly important aspects of nonmedical use of prescription medications, including (1) routes of administration of prescription medications; (2) co-ingestion of prescription medications and other drugs; (3) motivations associated with nonmedical use of prescription medications; and (4) symptoms of attention-deficit/ hyperactivity disorder (ADHD) and nonmedical use of prescription stimulants. We then examine some of the consequences associated with nonmedical use of prescription medications. We conclude by considering subtypes of nonmedical prescription medication misuse. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Book; Edited Book
- Subject Headings:** [\\*College Students](#)  
[\\*Drug Abuse](#)  
[\\*Drug Usage](#)  
[\\*Epidemiology](#)  
[\\*Prescription Drugs](#)  
[CNS Stimulating Drugs](#)  
[Opiates](#)  
[Sedatives](#)
- Source:** PsycINFO

### **113. Historical and developmental patterns of alcohol and drug use among college students: Framing the problem.**

- Citation:** College drinking and drug use., 2012(13-35) (2012)
- Author(s):** Schulenberg, John E; Patrick, Megan E
- Institution:** Schulenberg, John E.: Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, MI; Patrick, Megan E.: Institute for Social Research, University of Michigan, Ann Arbor, MI
- Language:** English
- Abstract:** (from the chapter) How do we best frame the problem of college student alcohol and drug use? Is it a problem that has been getting worse or better in recent years? Have the historical changes been specific to college students or more generally true of all in the 18- to 22-year-old age group? Indeed, is it more productive to view age 18-22 substance use as a college-specific issue or more of a time-of-life issue? What are the developmental trajectories of alcohol and drug use across the college years? How do these trajectories vary for those who drop out of, or never enroll in, college? And do the trajectories matter in terms of psychosocial adjustment? In this chapter, we consider these "big picture"

questions, providing empirical evidence based on national multicohort panel data from the Monitoring the Future (MTF) study to frame college student substance use both historically and developmentally. We begin by providing an overview of historical variations, considering trends in several indices of substance use across three decades (1980-2009) as a function of college student status among national samples of young people 1 to 4 years post-high school. Then, after considering the developmental context that surrounds college transitions, we examine developmental trends in the two most common substances of abuse—alcohol and marijuana—from the senior year of high school through age 25 as a function of college status and of dropping out of college. Next, we examine different developmental trajectories of frequent heavy drinking (i.e., binge drinking), with particular attention given to college students who were not binge drinkers in high school. In the final section, we discuss theoretical and practical implications. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*College Students](#)  
[\\*Drug Usage](#)  
[\\*Epidemiology](#)  
[\\*Trends](#)  
[Binge Drinking](#)  
[Marijuana](#)

**Source:** PsycINFO

#### 114. College drinking and drug use.

**Citation:** College drinking and drug use., 2012 (2012)

**Author(s):** White, Helene Raskin [Ed]; Rabiner, David L [Ed]

**Institution:** White, Helene Raskin: Center of Alcohol Studies and Department of Sociology, Rutgers, The State University of New Jersey, Piscataway, NJ; Rabiner, David L.: Center for Child and Family Policy and Department of Psychology and Neuroscience, Duke University, Durham, NC

**Language:** English

**Abstract:** (from the cover) Substance use among college students can result in serious academic and safety problems and have long-term negative repercussions. In order for these consequences to be reduced, both individuals' high-risk behaviors and the culture surrounding college drinking and drug use need to be changed. Written by leading scholars from multiple disciplines, this state-of-the-art volume synthesizes the latest theory and research on this critical issue and explores ways to translate the knowledge base into practice on contemporary campuses. Part I focuses on the nature and extent of substance use on campus. Chapters examine the prevalence and history of alcohol and drug use among college students, and how their usage differs from that of non-college peers. The growing problem of prescription medication abuse is also discussed. Parts II and III explore the factors that contribute to substance use, its short- and long-term effects, and the psychological and environmental conditions that place certain students at higher risk than others for experiencing problems. Part IV looks at treatment and prevention strategies for both individuals and groups. Exemplary programs are presented, including brief interventions, comprehensive prevention programs, and recovery support programs. Part V discusses potential policy initiatives for addressing student drinking, offering thought-provoking arguments both for and against lowering the legal drinking age. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Book; Edited Book

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*College Students](#)  
[\\*Colleges](#)  
[\\*Drug Usage](#)

**Source:** PsycINFO

**115. Drug dependency in England.**

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- Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(27-32), 0952-0481 (Dec 1963)
- Author(s):** Glatt, M. M
- Institution:** Glatt, M. M.: St. Bernard's Hospital, Southall
- Language:** English
- Abstract:** This article focuses on the drug dependency in England. In general, the risk of habituation should be kept in mind in emotionally unstable and immature people, in psychopaths. in people who were once addicted or habituated to drugs in the past, and in certain types of alcoholics. There is also a danger of habit formation in some psychoneurotics but in other neurotic patients there is in contrast a neurotic abnormal fear of drugs so that such people refuse to take drugs even when medically indicated. Most drug addicts state that they were first introduced to the drug by doctors. A small proportion, however, especially those who were already habituated in the past to other drugs, seem almost to make it a rule to buy any new type of sedative or stimulating drug that comes on the market before it has been put under any restriction. In view of the risks of habituation and addiction to barbiturates in the case of habituation prone personalities it might be preferable in their case to employ non-barbiturate hypnotics. The use of stimulating drugs is quite common in England. The most common form of habituation in England is to barbiturates. Just as in alcoholics, detoxication and weaning the patient of his drug must be regarded as no more than the beginning of a long term programme aiming at rehabilitation. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Barbiturates](#)  
[\\*Drug Dependency](#)  
[\\*Habituation](#)  
[\\*Hypnotic Drugs](#)  
[\\*Risk Assessment](#)  
[Drug Rehabilitation](#)
- Source:** PsycINFO

**116. "Ill advised medication with drugs leading to habituation and addiction": Discussion remarks.**

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- Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(26-27), 0952-0481 (Dec 1963)
- Author(s):** Stungo, Ellis
- Language:** English
- Abstract:** This article throws some light on the topic of ill advised medication with drugs leading to habituation and addiction. It is necessary to preserve proper perspective in the matter of prescribing drugs with addictive potential. From time to time accounts appear in medical journals of toxic conditions which have been precipitated by drugs taken in excessive quantities by unstable or psychotic characters and perfectly useful therapeutic agents may thereby become suspect and fall into disrepute. It is often wrong to assume that the drug is the offender. Those who seek medical help on their own volition do not tend to underestimate their complaints or symptoms and by the same token are unlikely to ask for a small quantity of a drug which they have found to be effective. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Drug Addiction](#)  
[\\*Habituation](#)  
[\\*Prescribing \(Drugs\)](#)
- Source:** PsycINFO

**117. Ill advised medication with drugs leading to habituation and addiction.**

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**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(14-26), 0952-0481 (Dec 1963)

**Author(s):** Wilson, C. W. M

**Institution:** Wilson, C. W. M.: Department of Pharmacology and General Therapeutics, University of Liverpool, Liverpool

**Language:** English

**Abstract:** This article focuses on the topic of ill advised medication with drugs which at times lead to habituation and addiction. Ill advised medication means the treatment of patients by drugs without sufficient justifiable indication for their use. When considering ill advised medication in relation to .. drugs which may give rise to dependence, it is obvious that the medication can only be ill advised in the initial stages of treatment, because in the later stages it may be inadvisable with drugs of addiction, or difficult with drugs of habituation, to withdraw the drug successfully from the patient. The advisability of prescribing these drugs in the first place may only be determined by the doctor with reference to the severity of the symptoms and signs of disease in individual patients. However, use of drugs which may produce dependence should also be considered in a wider field. It is clear that if a doctor considers that the prescription of a potent analgesic drug is justified for the relief of a patient's symptom there is considerable risk that physical dependence on the drug may be produced. The diseases for which the habituating drug should be used are difficult to diagnose and the indications for treatment with this drug are indefinite. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Drug Therapy](#)  
[\\*Habituation](#)  
[\\*Prescribing \(Drugs\)](#)  
[Physicians](#)

**Source:** PsycINFO

#### 118. Ill advised medication with drugs leading to habituation and addiction.

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(11-14), 0952-0481 (Dec 1963)

**Author(s):** Myerson, C

**Language:** English

**Abstract:** In this article, the author deal with problems arising in general practice from the use of stimulants and pressures put on the general practitioner to prescribe them including pressures from the pharmaceutical industry. General Practitioners (GP) generally follow their consultant colleagues' lead in prescribing. There are five kinds of conditions in which G.P.'s use stimulants. The first is obesity. The second use for these stimulant drugs is in the treatment of psychiatric conditions of a mild character. Third is epilepsy. The fourth use for stimulants is for tonics. The fifth group of patients who receive stimulants from their General Practitioners is much the largest group. It consists of patients, mostly middle aged women, who have at one time or another, sometimes years ago, taken dexamphetamine for obesity and used it continuously since. In conclusion it seems only fair, as the role of the drug companies has been questioned, to point out that they are not responsible for the large number of patients who take stimulants. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Drug Therapy](#)  
[\\*General Practitioners](#)  
[\\*Habituation](#)  
[\\*Prescribing \(Drugs\)](#)  
[Pharmaceutical Industry](#)

**Source:** PsycINFO

### 119. Ill advised medication with drugs leading to habituation and addiction.

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(3-11), 0952-0481 (Dec 1963)

**Author(s):** Blair, Donald

**Language:** English

**Abstract:** This article focuses on the topic of Ill advised medication with drugs which at times lead to habituation and addiction. In considering this topic it is advisable to be clear which drugs lead to these unfortunate propensities and which do not. Nowadays there are many drugs available for the treatment of psychiatric illnesses and varying methods of classifying them. The anti-convulsants, the anti-Parkinson drugs, the anabolisers and the analeptics are not considered to be drugs of addiction, although again patients may occasionally become habituated to them. There seems little doubt that the physical effects of the drugs themselves on the nervous system are fundamental in cases of addiction. but it is obvious that the psychological attitudes and complexes may also be of great significance. This becomes plain when one is treating alcohol addicts and is also apparent in the treatment of drug addiction. In the case of habituation both physical and mental factors are again present. The process of conditioning in the Pavlovian sense of the word is probably of paramount consequence in the majority of habituees. Incidentally the indiscriminate use of hypnotic drugs in general hospitals may give rise to habituation. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

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

**Source:** PsycINFO

### 120. Obituary: Professor E. M. Jellinek.

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(178), 0952-0481 (Dec 1963)

**Author(s):** No authorship indicated

**Language:** English

**Abstract:** Presents an obituary of Professor E. M. Jellinek. More than any other single person Jellinek has been responsible for putting the study of alcoholism on a legitimate scientific footing. For approximately twenty five years, since he first entered the field, he has been the foremost protagonist of research in this field, and by his researches, his publications, his lectures has stimulated interest in the subject of alcoholism the world over. It is difficult to see how the gap left by Jellinek's passing can ever be adequately filled. His encyclopedic knowledge, his deep understanding of alcoholic problems, his world wide experience, his stimulating influence, as well as his friendship will be very socially missed by people interested in the problems of alcoholism the world over. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*College Teachers](#)

**Source:** PsycINFO

### 121. Review of A decade of alcoholism research.

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(175-177), 0952-0481 (Dec 1963)

**Author(s):** No authorship indicated

**Language:** English

**Abstract:** Reviews the book, *A Decade of Alcoholism Research* by Robert E. Popham and Wolfgang Schmidt (1962). The research carried out covers the whole field of alcoholism and the book makes fascinating reading. In regard to research on relations between alcohol use and organic disorders, the book points out that although the importance of prolonged drinking in the production of liver damage in animals on a low protein diet was confirmed, the possibility of a direct hepatotoxic effect still could not be dismissed. One interesting finding remarked upon in the book is the low percentage of cases referred by social agencies to the Foundation Clinic, in spite of the fact that alcoholism contributed greatly to the number of cases seeking help from welfare agencies. The book presents only a very brief review of the projects described in the research. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Research and Development](#)  
[Diets](#)  
[Proteins](#)

**Source:** PsycINFO

### 122. Review of Demographic aspects at midcentury in New York state.

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**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(169), 0952-0481 (Dec 1963)

**Author(s):** No authorship indicated

**Language:** English

**Abstract:** Reviews the book, *Demographic Aspects at Midcentury in New York State* by Benjamin Malzberg (see record 1961-03800-000). The book analyses first admissions with alcoholic psychoses to all mental hospitals in New York State, about 1950. In a very few pages and sixteen small chapters the book combines much interesting information, well summarized at the end. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcoholic Psychosis](#)  
[\\*Hospital Admission](#)

**Source:** PsycINFO

### 123. Review of Alcoholic addiction: A psychosocial approach to abnormal drinking.

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**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(164-168), 0952-0481 (Dec 1963)

**Author(s):** No authorship indicated

**Language:** English

**Abstract:** Reviews the book, *Alcoholic Addiction: A Psychosocial Approach to Abnormal Drinking* by Howard Jones. The book giving in the main a very stimulating account of research carried out in a Canadian residential treatment unit and prison is concerned with Anglo-Saxon alcoholism. The book claims that the size of the alcohol problem and extent of its consequences for society and individual more than justify research into its causes and treatment. The author uses a social criterion to define alcoholism. Discussing the aetiology of alcoholism the author remarks that physical explanation of disease are usually preferred to psychological ones and quotes in this connection the concept of physical allergy which is popular with alcoholics anonymous. The author has succeeded in his aim to study closely the role which their addiction played in the lives of a limited number of alcoholics, and, by the presentation of data in what he calls a qualitative rather than a quantitative form and the adoption and description of the life history approach, he gives the reader many fascinating glimpses into the lives, individual problems and worries of the alcoholics. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcohol Drinking Patterns](#)  
[\\*Alcoholics Anonymous](#)  
[\\*Alcoholism](#)  
[Society](#)

**Source:** PsycINFO

#### 124. Review of Alcoholism and society.

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**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(163-164), 0952-0481 (Dec 1963)

**Author(s):** Glatt, M. M

**Language:** English

**Abstract:** Reviews the book, Alcoholism and Society by Morris E. Chafetz and Harold W. Demons Jr. (1962). The book offers a comprehensive, critical, review of the subject of alcoholism and society and also makes some concrete suggestions for action. The authors aims to help in bringing about a revolution in social attitudes towards alcoholism. From a critical examination of the literature and their own experiences the authors reject any hypothesis which attempts to name a single causative factor in alcoholism. From their review of former and contemporary alcoholism programs the authors conclude that the most effective approach includes a total community involvement led by the government. the use of many therapeutic techniques and of environmental manipulation, and the need for prevention and early detection. The book presents a well written discussion of many aspects of this complex problem with a number of suggestions for taking action to improve matters. Aetiology , prevention and therapy are discussed in detail, and there is an interesting appendix of case histories illustrating psychotherapy with alcoholics. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Society](#)  
[Community Involvement](#)  
[Government](#)  
[Psychotherapy](#)

**Source:** PsycINFO

#### 125. Review of Origins of alcoholism.

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**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(161-162), 0952-0481 (Dec 1963)

**Author(s):** No authorship indicated

**Language:** English

**Abstract:** Reviews the book, Origins of alcoholism by William Mc Cord and Joan Mc Cord (see record 1962-01506-000). The book is based on certain findings emerging over the course of many years out of the Cambridge-Somerville Youth Study, which had been originally started as a way of preventing delinquency. The book makes very interesting reading and is almost unique in the literature of alcoholism because it has been able to eliminate the almost insuperable difficulty of trying to work out from the end product. the alcoholic, what this person had been like many years beforehand before falling victim to alcoholism. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcoholism](#)  
[Antisocial Behavior](#)  
[Prevention](#)

**Source:** PsycINFO

**126. Meeting of European experts on alcoholism in Lausanne.**

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(157), 0952-0481 (Dec 1963)

**Author(s):** No authorship indicated

**Language:** English

**Abstract:** This article focuses on the meeting of European Institute on the Prevention and Treatment of Alcoholism which took place from 10th June to 19th in Lausanne where the International Bureau has got its office. Like its predecessors this year's meeting again gave doctors, psychiatrists, biochemists, health administrators, sociologists, social workers, educators, lawyers a welcome opportunity to benefit from an exchange of recent clinical and research findings across the barriers set by consideration of geographical and of narrow professional disciplines. One noteworthy innovation this year were special symposia held by psychiatrists and to a lesser extent by social workers, discussing themes such as alcoholism in women. the active participation of the patient in treatment and the importance of the socio cultural milieu. These symposia were stimulating and successful but it was generally considered that at future meetings interdisciplinary symposia were perhaps even more important. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Treatment](#)  
[Innovation](#)  
[Medical Personnel](#)  
[Prevention](#)  
[Sociocultural Factors](#)

**Source:** PsycINFO

**127. Addiction to poppy heads.**

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(149-155), 0952-0481 (Dec 1963)

**Author(s):** Glatt, M. M; Hossain, M. M

**Institution:** Glatt, M. M.: St. Bernard's Hospital

**Language:** English

**Abstract:** This article presents a case report of a 30-year old factory worker and provides picture of addiction to Poppy Heads. Poppy capsules aroused attention long before opium and were used for medicinal purposes in the early classic Greek and Roman period. They were also used very early to produce euphoria. The poppy capsules contain very little morphine and large quantities of narcotine, papaverine, codeine and other alkaloids with a decidedly weaker depressive action on the central nervous system than morphine. With these capsules the effect is milder and not so lasting as with opium. Within a few minutes the addict is at ease, with a feeling of comfort and well being, from being lethargic, fretful and morose, one becomes gay, talkative, communicative and generally sociable. Gradually. after lasting one and a half to two hours, this feeling of elation gives way to a state of depression, drowsiness and sometimes sleep. The stage of depression is not nearly so marked as with opium. Effects pass off completely in five to eight hours. The excitement stage is more pronounced than with opium. Abstinence symptoms closely resemble those of opium. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Morphine](#)  
[\\*Papaverine](#)  
[Central Nervous System](#)  
[Opiates](#)

**Source:** PsycINFO

### 128. A visiting Canadian health educator looks at the alcohol problem in England.

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(147-148), 0952-0481 (Dec 1963)

**Author(s):** Eriksson, W. E

**Institution:** Eriksson, W. E.: School of Physical Education, University of Alberta, Edmonton, AB

**Language:** English

**Abstract:** This article focuses on the attitudes of health educators towards alcohol problem in England. When some health educators, doctors, and the man on the street were asked regarding the alcoholism problem the answer was invariably no. The very good booklet on health education put out by the Ministry of Education for use of teachers in England contains about three lines on alcohol. At the presentation of a report on alcoholism by a committee Of doctors working for a diploma in health education in the School of Hygiene and Tropical Medicine of the University of London, a representative of the Ministry of Health intimated that no more beds would be supplied for alcoholics until the problem is known. When one mentions alcohol one is often told that a hundred years ago it was very common to see people drunk in public. The high price of alcoholic beverages is considered to keep the low salaried man from drinking. Instruction about alcohol and alcoholism is given in the course leading to the Diploma in Public Health in the School of Hygiene and Tropical Medicine at the University of London but not in the Diploma in Health Education given in the Institute of Education in the same institution. It is probable that the inadequate course in health education often given by teacher training colleges and universities to teachers in training lacks adequate emphasis on alcohol and alcoholism. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Educational Personnel](#)  
[\\*Health Education](#)  
[\\*Health Personnel Attitudes](#)  
[Alcoholic Beverages](#)

**Source:** PsycINFO

### 129. The physical complications of alcoholism.

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(137-146), 0952-0481 (Dec 1963)

**Author(s):** Smith-Moorhouse, Peter Milner

**Language:** English

**Abstract:** This article presents a study which aims to investigate the physical complications of alcoholism. There did not appear to be any significant changes in blood pressure in the patients, except that a change in pulse pressure was observed in a number of cases. The changes observed were those affecting reflexes. and sensory or motor activity. Three patients in phase-2 of the study refused to undergo any physical examination and one other patient was so drunk that it was impossible to take an accurate history. Of the patients in phase-3, three were too drunk to warrant a lengthy examination as the institution of treatment was urgent. In spite of these difficulties, the presence of physical changes the form of peripheral neuritis, cardiomyopathy and probably, degeneration of the liver and kidneys was demonstrated in a high proportion of this series of alcoholics. The findings of the study were sufficient to warrant further research into the physical complications of alcoholism. The patient in phase I showed no obvious physical changes. In phase II a certain number of abnormalities were observed. In phase-3, there was definite evidence of physical damage. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** [\\*Alcoholism](#)  
[\\*Complications \(Disorders\)](#)  
[Motor Processes](#)  
[Reflexes](#)  
**Source:** PsycINFO

### 130. An experimental approach to the problem of mental deterioration in alcoholics.

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(125-136), 0952-0481 (Dec 1963)  
**Author(s):** Eldegard, Sigurd; Nystuen, Kjell  
**Institution:** Eldegard, Sigurd: Bjernebekk Kursted; Nystuen, Kjell: Sosialbygget, Oslo  
**Language:** English  
**Abstract:** This article presents a study which presents an experimental approach to the problem of mental deterioration in alcoholics. Most directly the focus of the study were on questions like would it seem promising to rely on measuring performance levels only or would it be more prosperous to regard gain in performance during a fixed time interval as more sensitive to the processes the authors wanted to measure, are differences in either to be expected according to period of total abstinence or according to duration of alcohol abuse. The subjects were chosen to be as far as possible representative of what is usually termed uncomplicated alcoholism. The findings of the study shows that the group with short abstinence period to gain somewhat more than the group with long abstinence. Even if not particularly large, the differences are rather consistent throughout. This may perhaps be an indication that improvement is retardatory, at least during first three months of total abstinence. So, the primary purpose of the study was to get some clues as to whether and with what refinements the experimental techniques will render valuable data for an analysis of phenomena in the field of mental deterioration. The consistency of the trends displayed by the data ought to be promising in that respect, and especially the gain aspect will be pursued further. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** [\\*Alcoholism](#)  
[\\*Mental Disorders](#)  
[\\*Sobriety](#)  
**Source:** PsycINFO

### 131. The treatment of alcoholism in Norway.

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(117-124), 0952-0481 (Dec 1963)  
**Author(s):** Banks, Geoffrey D  
**Institution:** Banks, Geoffrey D.: Norwegian State Service for the Treatment of Alcoholics  
**Language:** English  
**Abstract:** This article focuses on the treatment of alcoholism in Norway. The problem of alcoholism in Norway is attacked actively on many fronts. There is a considerable interest for the treatment of alcoholics among general medical practitioners and psychiatrists in private practice. and this interest seems to be on the increase. After admission to a treatment institution, no difference is made between voluntary and compulsory patients. All the institutions are open institutions permitting a great deal of freedom, though generally some limitation of movement has to be imposed on the patient for obvious reasons. In the case of compulsory admissions it is usual for the patient to be admitted to one of the state's institutions. This is the only difference in the treatment of the two groups of patients. For longer term treatment, sanatoria are available. Three of these are owned and administered directly by the state. Two have a little over 60 beds each, the third has 35

beds. Apart from these three clinics there are 12 others in various parts of Norway, two of them for women patients. These are run by voluntary organizations. notably the Blue Cross, which has a very long history of active interest in the problems of alcoholism in the country. Nine of the voluntary organizations sanatoria are in use both for sanatorium treatment proper, and as half way houses. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** [\\*Alcoholism](#)  
[\\*Health Maintenance Organizations](#)  
[\\*Treatment](#)  
**Source:** PsycINFO

### 132. Group therapy in alcoholism in Norway.

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(107-116), 0952-0481 (Dec 1963)  
**Author(s):** Kjolstad, Thorbjorn  
**Institution:** Kjolstad, Thorbjorn: Norwegian State Service for the Treatment of Alcoholics  
**Language:** English  
**Abstract:** This article focuses on group therapy in alcoholism in Norway. Communication in groups and reaction to it has taken place since man could make himself understood, but organized use of groups for therapeutic ends is of fairly recent date. The average neurotic who seeks help for his anxieties or compulsions will be positively motivated to therapy in the first instance. The neurotic comes to therapy with his symptoms, and is usually grateful when he is taught what his symptoms mean, and what are their origins. Group therapy with neurotics is usually very gratifying to the group leader, and with neurotic groups there is a certain danger of plunging too deep, in that the group activity raises emotions that are too strong to handle both for the patient and the group leader. The first step in treatment, explaining to the patient what his illness is, and what can be done about it, will therefore be a disappointment to the alcoholic. Individual treatment of alcoholics takes a lot of time, and asks for more patience than most people can afford. One has to be very liberal at the outset, and have courage to carry on in spite of many failures. The alcoholic is seldom a grateful patient during therapy. but may turn into one after a successful treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  
**Publication Type:** Journal; Peer Reviewed Journal  
**Subject Headings:** [\\*Alcoholism](#)  
[\\*Group Psychotherapy](#)  
[Symptoms](#)  
**Source:** PsycINFO

### 133. Alcoholism: Community and after-care aspects.

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(81-91), 0952-0481 (Dec 1963)  
**Author(s):** Flintoff, W. P  
**Institution:** Flintoff, W. P.: St. Bernard's Hospital, Southall  
**Language:** English  
**Abstract:** This article focuses on the community and after-care aspects of alcoholism. The implications for the community during alcoholism are obvious, in terms of services that had to be rendered and support that had to be given from many different sources to the whole family, until one knows that one must seek help to stop drinking. if life were to go on at all. The author find it an unforgettable experience to see the relief which sweeps over some of the relatives when they meet other people, who know in their own experiences and in their own bones, what it is like to live with an alcoholic while he is drinking. Not unnaturally. in most alcoholics' marriages a point is reached where the

whole question of alcohol becomes one that cannot be discussed without acrimony and with each partner taking an entrenched position, reinforced by past experiences. One of the most important things one can do in our community work is to encourage relatives to meet others in organizations like Alanon which is the family branch of alcoholics anonymous where these kind of things can happen. In all alcoholics' marriages the problem of sexual adjustment looms large. There is much that remains to be done to help different sections of the community to understand more about the problems of alcoholism. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Conference Information:** Quarterly Meeting of the R.M.P.A.. Feb, 1963. London. United Kingdom. Portions of this research were presented at the aforementioned conference.

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

**Subject Headings:** [\\*Aftercare](#)  
[\\*Alcoholism](#)  
[\\*Community Services](#)  
[Family](#)  
[Marriage](#)

**Source:** PsycINFO

#### 134. Why does the alcoholic drink?

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**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(75-79), 0952-0481 (Dec 1963)

**Author(s):** Madden, J. S

**Institution:** Madden, J. S.: Deva Hospital, Chester

**Language:** English

**Abstract:** This article focuses on the reasons behind drinking by the alcoholics. The incidence of alcoholism differs widely between communities and between eras within the same community. The broader variations are linked to the price of alcoholic beverages, the economic importance of the alcohol trade, and attitudes to drinking or to heavy drinking. These socioeconomic features are the main factors affecting the incidence of the disease. Some alcoholics would be markedly abnormal without alcohol. and it is easy to see why they came to find relief in excessive drinking, but many, when removed from alcohol, show only minor unhealthy personality traits or appear virtually healthy from a psychiatric viewpoint. An appreciation of why the alcoholic drinks can be fostered by examining why he stops drinking. Three routes to sobriety are considered in the article. The first is a rarity through an ecstatic experience. A second way of gaining sobriety is through what is called the honeymoon phase, in which the alcoholic having stopped drinking, becomes euphorically pleased with life and with himself and wishes to share his sense of well being with as many of his fellow alcoholics. A third route to abstinence is by quieter and more mature service to fellow alcoholics. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcohol Drinking Attitudes](#)  
[\\*Alcoholic Beverages](#)  
[\\*Alcoholism](#)  
[Communities](#)

**Source:** PsycINFO

#### 135. The prevention of alcoholism.

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**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(47-54), 0952-0481 (Dec 1963)

**Author(s):** Berger, Herbert

**Correspondence Address:** Berger, Herbert, 7440 Amboy Road, Tottenville, Staten Island 7, NY, US

**Institution:** Berger, Herbert: F.A.C.P., New York, NY

**Language:** English

**Abstract:** This article focuses on the prevention of alcoholism through medical treatment. Naturally, one must treat existing alcoholics by every means available. Success in the management of the addictive diseases can best be achieved when the " why " is understood. This is fundamental, a prime prerequisite, if one is to shed ones dependence on chemicals whether they be alcohol, barbiturates, tranquilizers, stimulants, or narcotics. One can make a good case to prove that the emphasis on treatment has done much to lead us to the false conclusion that we understand all other facets of the complexity that is alcoholism. Therefore, one can more profitably explore this symptom complex so that one may elaborate a philosophy of alcoholism. Everything seems to mitigate against the acquisition of fundamental information about the causative factors of alcoholism, since every patient, every family, and the leaders of every political subdivision clamor for ever more treatment from the sparse and inadequate facilities available. Our humanitarian acquiescence to these pleas, to some extent, explains our failure to cope more successfully with alcoholism because the expenditure of all our time for treatment allows little opportunity for research into the basic problems of alcoholism. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Disease Management](#)  
[\\*Drug Therapy](#)  
[Philosophies](#)  
[Prevention](#)

**Source:** PsycINFO

### 136. Drug addiction in Israel.

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**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(37-45), 0952-0481 (Dec 1963)

**Author(s):** Wislicki, Leo

**Institution:** Wislicki, Leo: Department of Pharmacology, University of Manchester, Manchester

**Language:** English

**Abstract:** This article focuses on drug addiction in Israel. As within the past fifteen years people from more than sixty countries have come to live in Israel, this small country with a population of about two and a half million presents a large variety of problems in the field of addiction. Predominant amongst the drugs is morphine which is taken by about 50% of addicts, another 20% use opium, and pethidine. The increase in numbers during recent years is connected with the influx of people from countries in which drinking of alcohol is frowned upon. Muslims are forbidden to take alcohol, and the same reasons for which Western people take to drink make people in Eastern countries liable to succumb to the use of other drugs of addiction. These factors include lack of feeling of security, anxiety, refusal or inability to face the difficulties of daily life, and the desire to forget unpleasant events. It is estimated that in Tel Aviv, a city of some 400,000 people, there are more than 1.000 opium smokers, a figure which corresponds to the highest given for states and cities in the United States. Israel is trying to find a middle way between the British method of allowing the addict to receive treatment by his own doctor and the penalizing tendencies prevalent in the United States. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Morphine](#)  
[\\*Opiates](#)  
[Alcoholism](#)  
[Treatment](#)

**Source:** PsycINFO

### 137. An attempt to change public opinion about alcoholism.

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**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(33-36), 0952-0481 (Dec 1963)

**Author(s):** Percival, R

**Language:** English

**Abstract:** In this article the author makes an attempt to change public opinion about alcoholism. The points emphasized by the author are that alcoholism is a disease and the alcoholic a sick person, alcoholics can be helped, and are worth helping and finally alcoholism is a community health problem and, therefore, a community responsibility. The first step taken by the author as the Executive Director was the establishment of an Information Centre on Alcoholism in the hope that by attracting people to seek information and by using suitable means of disseminating it, public opinion would gradually be educated on this subject. It is hoped that this Information Centre will be the first of a number of similar ones to disseminate, by every suitable means, accurate information about alcoholism and the seriousness of the problem it creates and act as a connecting link in assisting the various agencies and individuals already working on the problems caused by alcoholism. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Health](#)  
[\\*Public Opinion](#)  
[Communities](#)  
[Information Dissemination](#)

**Source:** PsycINFO

**138. Editorial.**

**Citation:** British Journal of Addiction, December 1963, vol./is. 59/2(1-2), 0952-0481 (Dec 1963)

**Author(s):** No authorship indicated

**Language:** English

**Abstract:** This issue of British Journal of Addiction deals with all aspects of drug addiction and alcoholism. The issue consists of a brief table dealing with smoking, a subject which has not been discussed for some time in these columns. Finally, the issue deals with the the rising interest on the problems of alcoholism the world over. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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

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

**Source:** PsycINFO

**139. Disulfiram reaction in an artist exposed to solvents.**

**Citation:** Occupational Medicine, January 2012, vol./is. 62/1(64-66), 0962-7480;1471-8405 (Jan 2012)

**Author(s):** Ehrlich, R. I; Woolf, D. C. S; Kibel, D. A

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**Institution:** Ehrlich, R. I.: Centre for Occupational and Environmental Health Research, School of Public Health and Family Medicine, University of Cape Town, Observatory; Woolf, D. C. S.: Department of Medicine, University of Cape Town, Groote Schuur Hospital, Observatory; Kibel, D. A.: Department of Psychiatry and Mental Health, University of Cape Town, Groote Schuur Hospital, Observatory

**Language:** English

**Abstract:** This case report describes an artist on treatment for alcoholism with disulfiram(Antabuse) who suffered chronic symptoms similar to those of a disulfiram alcohol reaction, which

we attribute to his occupational exposure to products containing alcohol and other solvents. Symptoms abated with strict precautions to prevent exposure, although gradually returned over the course of months, causing him eventually to stop the medication. Medical practitioners should be aware of possible adverse interactions between occupational solvent exposures and disulfiram. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** STATEMENT: Published by Oxford University Press on behalf of the Society of Occupational Medicine. All rights reserved.; HOLDER: The Author; YEAR: 2011

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

**Subject Headings:** [\\*Alcoholism](#)  
[\\*Artists](#)  
[\\*Disulfiram](#)  
[\\*Occupational Exposure](#)  
[\\*Solvents](#)

**Source:** PsycINFO

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

#### 140. Access to treatment for people with alcohol and other substance abuse problems.

**Original Title:** Accesibilidad a tratamiento en personas con problemas de Alcohol y otras Sustancias de abuso.

**Citation:** Adicciones, 2011, vol./is. 23/4(343-348), 0214-4840 (2011)

**Author(s):** Gilchrist, Gail; Fonseca, Francina; Torrens, Marta

**Correspondence Address:** Gilchrist, Gail: Grup de Recerca en Trastorns per Us de Substancies, Programa de Neuropsicofarmacologia, Institut de Recerca Hospital del Mar (IMIM), Dr Aiguader 88, Barcelona, Spain, 08003, [ggilchrist@imim.es](mailto:ggilchrist@imim.es)

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**Language:** Spanish

**Abstract:** Objectives: IATPAD (Improvement in Access to Treatment for People with Alcohol and Drug Related Problems) is a European study. The study's main objective was to detect barriers and facilitators associated with access to treatment among patients with problems related to alcohol and drug use. This article presents the quantitative findings from Catalonia (Spain). Methods: Multicentric, cross-sectional study Three main treatment entry points were assessed: General Psychiatry (CSMA), Out-patient Addiction Centers (CAS) and Primary Care (CAP). Centres were randomly selected. The Medical Condition Regard Scale was used to measure regard for working with different patient groups (diabetes, depression, patients with problems related to alcohol and patients with problems related to drugs). Results: Differences were detected in regard towards working with patients with alcohol, drugs and depression by treatment entry point. Professionals from the CASs reported higher regard towards working with substance users than professionals from CSMA (p < 0,001) or professionals from CAPs (p < 0,001). Conclusions: The attitudes of professionals towards patients with substance use disorders are important for treatment engagement. Treatment policy needs to consider how to improve staff attitudes. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Alcohol Rehabilitation](#)  
[\\*Drug Abuse](#)  
[\\*Primary Health Care](#)

\*Health Care Policy

\*Treatment Barriers

Source: PsycINFO

**141. Alcoholic patients hospitalized in a psychiatry unit: Mortality at 14 years.****Original Title:** Alcoholicos ingresados en una sala de psiquiatria: Mortalidad a los 14 anos.**Citation:** Adicciones, 2011, vol./is. 23/4(317-325), 0214-4840 (2011)**Author(s):** Monras, Miquel; Ortega, Lluïsa**Correspondence Address:** Monras, Miquel: Unidad de Alcoholologia, Hospital Clinic de Barcelona, Villarroel, 170, Barcelona, Spain, 08036, mmonras@clinic.ub.es**Institution:** Monras, Miquel: Unitat d'Alcoholologia (UA), Hospital Clinic de Barcelona, Barcelona; Ortega, Lluïsa: Unitat d'Alcoholologia (UA), Hospital Clinic de Barcelona, Barcelona**Language:** Spanish**Abstract:** Introduction: Alcoholic patients show a high mortality rate. We know about the increased mortality of outpatients following specialized treatment for alcohol abuse and inpatients with organic diseases related to alcohol, but it is not clear whether alcoholics with a comorbid psychiatric profile also die prematurely. Objective: To investigate clinical characteristics, therapeutic evolution, survival, and factors that can better predict mortality. Materials: 14-year longitudinal monitoring of 91 patients hospitalized in 1993 for detoxification in a psychiatric unit and who subsequently received outpatient treatment. Results: Patients show a high prevalence of psychiatric disorders (40.6%) and multiple periods of previous treatment (78%). After 14 years the mortality rate was 34.1%. Deceased patients more often presented cognitive decline and were more often on pensions. They were also taking more antidepressants, had less family support and were more likely to have relapsed into alcohol use. Discussion: Many of the factors that predict higher mortality are age-related. In younger patients, the presence of neuropsychological deterioration symptoms may indicate a premature organic disorder and probably greater risk of treatment failure, poor physical care and traumatic physical and mental situations, all of which would also increase the likelihood of premature mortality. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)**Publication Type:** Journal; Peer Reviewed Journal**Subject Headings:** \*Alcoholism  
\*Death and Dying  
\*Detoxification  
\*Hospitalized Patients  
\*Psychiatric Units

Source: PsycINFO

**142. A change of paradigm in the treatment of low-severity alcohol-dependent patients.****Original Title:** Cambio de paradigma en el tratamiento del alcoholismo de baja gravedad.**Citation:** Adicciones, 2011, vol./is. 23/4(299-316), 0214-4840 (2011)**Author(s):** Guardia-Serecigni, Josep**Correspondence Address:** Guardia-Serecigni, Josep: Unidad de Conductas Adictivas, Servicio de Psiquiatria, Hospital de la Santa Creu i Sant Pau, C/ Sant Antoni Maria Claret n 167, Barcelona, Spain, 08025, jguardia@santpau.cat**Institution:** Guardia-Serecigni, Josep: Unidad de Conductas Adictivas, Servicio de Psiquiatria, Hospital de la Santa Creu i Sant Pau, Barcelona**Language:** Spanish**Abstract:** Introduction: Recent pharmacotherapy findings from new alcohol reduction programmes could change the paradigm of alcohol-dependence treatment. Material and Method: This study reviews the neurobiological background and pharmacotherapy of alcohol-dependence disorder, focusing on opioid receptor antagonists, abstinence-oriented

treatment and moderation-oriented treatment. Results: 1. Alcohol-dependence treatment programs show only low to moderate efficacy. 2. Patients usually show low motivation to sustain abstinence but high motivation to reduce alcohol use. 3. A treatment program based on continued reduction of drinking and associated with intermittent treatment with naltrexone can be useful for low-severity alcohol-dependent patients. Discussion: Although high severity alcohol-dependent patients should stop drinking alcohol, low severity patients may have the option of reducing their alcohol consumption if they take an opioid antagonist medication every day that they decide to drink alcohol. In the short term, the continuing drinking-reduction programmes may reduce the number of drinks per drinking day and in the long term, they may progressively decrease the obsession for drinking, alcohol seeking behavior, and related medical, behavioral and social disorders. To change the paradigm in the treatment of alcohol-dependence disorder there is a need for further randomized controlled trials in order to assess their efficacy and tolerability. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Alcohol Rehabilitation](#)  
[\\*Alcoholism](#)  
[\\*Drug Dependency](#)  
[\\*Drug Therapy](#)  
[\\*Severity \(Disorders\)](#)

**Source:** PsycINFO

#### 143. Follow-up of alcohol and/or cocaine dependents after their discharge from a Therapeutic Community: A pilot study.

**Original Title:** Seguimiento de dependientes del alcohol y/o de la cocaina despues de su salida de una Comunidad Terapeutica: Estudio piloto.

**Citation:** Adicciones, 2011, vol./is. 23/4(289-298), 0214-4840 (2011)

**Author(s):** Lopez Fernandez, Olatz; Perez, Xavier Ferrer; Lafarga-Lebey, Sandra; Honrubia-Serrano, Maria Luisa; Tudela-Mari, Maite

**Correspondence Address:** Lopez Fernandez, Olatz: Departamento de Metodologia de las Ciencias del Comportamiento, Facultad de Psicologia, Universidad de Barcelona, Passeig de la Vall d'Hebron, n 171, Barcelona, Spain, 08035, olatzlopez@ub.edu

**Institution:** Lopez Fernandez, Olatz: Facultad de Psicologia, Universidad de Barcelona, Barcelona; Perez, Xavier Ferrer: Fundacion Salud y Comunidad; Lafarga-Lebey, Sandra: Fundacion Salud y Comunidad; Honrubia-Serrano, Maria Luisa: Facultad de Psicologia, Universidad de Barcelona, Barcelona; Tudela-Mari, Maite: Fundacion Salud y Comunidad

**Language:** Spanish

**Abstract:** In Spain, the Therapeutic Community (TC) constitutes a common model of treatment in the field of addictions, although there hardly exists any investigation about its efficiency and the persistence of its attainments. Aims: To evaluate the short, half and long term effects of treatment of addiction to alcohol or cocaine in the TC run by "Fundacion Salud y Comunidad" (Foundation Health and Community). Design: descriptive pilot study with a sequential design of cohort. 91 users completed a survey specifically designed to know their evolution at different follow-up periods (1, 3, 5 or 10 years after their exit from the TC): socio-demographic, psychoactive substance use, other variables related to the stay at the TC. Changes between before the TC and the present time regarding variables such as academic, labour, drug consumption, health, family and social adaptation and their criminal behaviour are described. Results: the cohorts showed a relatively common previous socio-demographic pattern having received a similar treatment. The users reported to have diminished the frequent consumption of the main drug, having 48.9% never relapsed even through an occasional consumption of the drug/s. Also they perceived to have improved their health and family relations, as well as their aggressive behaviour and legal problems linked with their consumption of drug/s. Conclusions: after their rehabilitation in a TC, the users report a global decrease of the consumption of drugs and perceive an improvement of their health, family relations, violence and other

problems linked to their former drug use. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Aggressive Behavior](#)  
[\\*Alcoholism](#)  
[\\*Drug Rehabilitation](#)  
[\\*Family Relations](#)  
[\\*Therapeutic Community](#)  
[Cocaine](#)

**Source:** PsycINFO

#### 144. Decision-making in drug-dependent patients.

**Original Title:** Toma de decisiones en pacientes drogodependientes.

**Citation:** Adicciones, 2011, vol./is. 23/4(277-287), 0214-4840 (2011)

**Author(s):** Mogedas Valladares, Ana Isabel; Alameda Bailen, Jose Ramon

**Correspondence Address:** Alameda Bailen, Jose Ramon: Area de Psicologia Basica, Universidad de Huelva Facultad de Ciencias de la Educacion, Avda. de las Fuerzas Armadas, S/N. Campus de El Carmen, Huelva, Spain, 21071, alameda@uhu.es

**Institution:** Mogedas Valladares, Ana Isabel: Area de Psicologia Basica, Universidad de Huelva, Huelva; Alameda Bailen, Jose Ramon: Area de Psicologia Basica, Universidad de Huelva, Huelva

**Language:** Spanish

**Abstract:** Introduction: The somatic marker hypothesis proposes that certain body signals guide decision-making processes in an adaptive direction. To see the influence of these markers on decision-making we used the Iowa Gambling Task, through which several studies have shown impaired decision-making in drug-dependent patients. Objective: To assess the performance of a sample of drug-dependent patients in a task that is sensitive to the measurement of decision-making process, so as to see whether there are significant alterations, and to compare the performance of these patients with that of non-users (in the normal and inverted versions). Method: The sample consisted of 66 people (33 addicts and 33 control participants). We used a semi-structured interview on socio-demographic variables and two versions of the "Cartas" task, a computerised version of the Iowa Gambling Task. Result: Significant differences were found between the control and experimental groups in execution of the normal task, but not of the inverted version. In total, 75.76% of the drug-dependent patients showed impaired task performance, as against 24.24% who performed it correctly. Discussion: The results indicate the presence of alterations in the decision-making processes of drug-dependent patients, who did not perform as well as the control group. This may be due to difficulty in generating somatic states according to possible future consequences (myopia about the future) in patients addicted to drugs. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Decision Making](#)  
[\\*Drug Addiction](#)  
[\\*Drug Dependency](#)  
[\\*Performance](#)  
[\\*Task Analysis](#)

**Source:** PsycINFO

#### 145. New neurostimulation techniques in addictions.

**Original Title:** Nuevas tecnicas de neuroestimulacion en las adicciones.

**Citation:** Adicciones, 2011, vol./is. 23/4(273-276), 0214-4840 (2011)

**Author(s):** Garcia-Toro, Mauro; Gili, Margalida; Roca, Miguel

**Correspondence Address:** Garcia-Toro, Mauro: Servicio de Psiquiatria, Hospital Son Llatzer, Ctra. de Manacor, Km 4, Palma de Mallorca, Spain, 07198, mgarcia@hsl.es

**Institution:** Garcia-Toro, Mauro: Hospital Son Llatzer, Servicio de Psiquiatria, Palma de Mallorca.; Gili, Margalida: Institut Universitari d'Investigacio en Ciencies de la Salut (IUNICS), Red de Investigacion en Actividades Preventives y Promocion de la Salud (redIAPP); Roca, Miguel: Institut Universitari d'Investigacio en Ciencies de la Salut (IUNICS), Red de Investigacion en Actividades Preventives y Promocion de la Salud (redIAPP)

**Language:** Spanish

**Abstract:** Addiction is associated with changes in brain activation patterns. In recent years new techniques of neurostimulation that can alter the activity of brain circuits have been developed, and are being explored in the treatment of addictions. The most important of these techniques are Transcranial Magnetic Stimulation (TMS), Transcranial Direct Electrical Stimulation (tDCS), Vagus Nerve Stimulation (VNS) and Deep Brain Stimulation (DBS). The findings reported are clearly still insufficient for them to be considered as therapeutic alternatives in substance use disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Drug Addiction](#)  
[\\*Transcranial Magnetic Stimulation](#)  
[\\*Vagus Nerve](#)

**Source:** PsycINFO

#### 146. What women who use drugs have to say about ethical research: Findings of an exploratory qualitative study.

**Citation:** Journal of Empirical Research on Human Research Ethics, December 2011, vol./is. 6/4(84-98), 1556-2646;1556-2654 (Dec 2011)

**Author(s):** Bell, Kirsten; Salmon, Amy

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**Institution:** Bell, Kirsten: Department of Anthropology, University of British Columbia, Vancouver, BC; Salmon, Amy: School of Population and Public Health, University of British Columbia, Vancouver, BC

**Language:** English

**Abstract:** Drug users are generally seen as a vulnerable population requiring special protection in research; however, to date there has been little empirical research into the ethics of research with illicit drug users. Moreover, the available research has tended to treat "drug users" as a homogeneous category, and has failed to consider potential gender differences in users' experiences. Drawing on focus groups with twenty-seven female drug users in Vancouver, Canada, this study examines women's experiences of research and what they see as ethical and respectful engagement. Many study participants talked about feeling dehumanized as a result of prior research participation. Women were critical of the assumption that drug users lack the capacity to take part in research, and affirmed the appropriateness of financial incentives. A variety of motivations for research participation were identified, including a desire for financial gain and altruistic concerns such as a desire to help others. These findings suggest that women drug users' views on ethical research differ from prevailing assumptions among institutional review boards about how research with such populations should proceed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** STATEMENT: All Rights Reserved.; HOLDER: Joan Sieber; YEAR: 2011

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

**Subject Headings:** [\\*Drug Usage](#)  
[\\*Experimental Ethics](#)

\*Experimentation  
 \*Human Females  
 Participation

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

#### 147. Myocardial infarction associated with use of the synthetic cannabinoid K2.

**Citation:** Pediatrics, December 2011, vol./is. 128/6(e1622-e1627), 0031-4005;1098-4275 (Dec 2011)  
**Author(s):** Mir, Arshid; Obafemi, Adebisi; Young, Amy; Kane, Colin  
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**Institution:** Mir, Arshid: Division of Cardiology, Department of Pediatrics, UT Southwestern Medical Center, Dallas, TX; Obafemi, Adebisi: Division of Toxicology, UT Southwestern Medical Center, Dallas, TX; Young, Amy: Division of Toxicology, UT Southwestern Medical Center, Dallas, TX; Kane, Colin: Division of Cardiology, Department of Pediatrics, UT Southwestern Medical Center, Dallas, TX  
**Language:** English  
**Abstract:** Designer drugs have been problematic over the years. Products such as K2 and Spice, which contain synthetic cannabinoids, are marketed as incense and are widely available on the Internet and at various specialty shops. The effects are reported as cannabis-like after smoking them. In addition, use of these synthetic cannabinoids will not appear on a routine urine toxicology screen. Recently, K2 became a popular alternative to marijuana among youths. Health implications of these designer drugs are not completely understood. Little has been reported about the harmful effects of K2. We report here the first (to our knowledge) cases of myocardial infarction (MI) after smoking K2. Three patients presented separately to the emergency department complaining of chest pain within days after the use of K2. Acute MI was diagnosed in each case on the basis of electrocardiogram changes and elevated troponin levels. Coronary angiography was performed, and the results were normal for the first 2 patients. The incidence of ST-elevation MI is low among teenagers, and association with drug use should be suspected. Public education and awareness need to be heightened about the possible health implications of K2. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Country of Publication:** HOLDER: The American Academy of Pediatrics; YEAR: 2011

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

**Subject Headings:** \*Cannabinoids  
 \*Cannabis  
 \*Drug Abuse  
 \*Myocardial Infarctions

**Source:** PsycINFO  
**Full Text:** Available in *fulltext* at [American Academy of Pediatrics](#)  
 Available in *print* at [Newcomb Library & Information Service](#)

#### 148. Family-centered program deters substance use, conduct problems, and depressive symptoms in black adolescents.

**Citation:** Pediatrics, January 2012, vol./is. 129/1(108-115), 0031-4005;1098-4275 (Jan 2012)  
**Author(s):** Brody, Gene H; Chen, Yi-fu; Kogan, Steven M; Yu, Tianyi; Molgaard, Virginia K; DiClemente, Ralph J; Wingood, Gina M  
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- Institution:** Brody, Gene H.: Center for Family Research, University of Georgia, Athens, GA; Chen, Yi-fu: Center for Family Research, University of Georgia, Athens, GA; Kogan, Steven M.: Center for Family Research, University of Georgia, Athens, GA; Yu, Tianyi: Center for Family Research, University of Georgia, Athens, GA; Molgaard, Virginia K.: Institute for Social and Behavioral Research, Iowa State University, Ames, IA; DiClemente, Ralph J.: Department of Behavioral Science and Health Education, Rollins School of Public Health, Emory University, Atlanta, GA; Wingood, Gina M.: Department of Behavioral Science and Health Education, Rollins School of Public Health, Emory University, Atlanta, GA
- Language:** English
- Abstract:** Objectives: The present research addressed the following important question in pediatric medicine: Can participation in a new family-centered preventive intervention, the Strong African American Families-Teen (SAAF-T) program, deter conduct problems, substance use, substance use problems, and depressive symptoms among rural black adolescents across 22 months. Methods: Data were collected from 502 black families in rural Georgia, assigned randomly to SAAF-T or an attention control condition. The prevention condition consisted of 5 consecutive meetings at community facilities with separate, concurrent sessions for caregivers and adolescents followed by a caregiver-adolescent session in which families practiced skills they learned in the separate sessions. Adolescents self-reported conduct problem behaviors, substance use, substance use problems, and depressive symptoms at ages 16 years (pretest) and 17 years 10 months (long-term assessment). Results: Adolescents who participated in SAAF-T evinced lower increases in conduct problem behavior, substance use, substance use problems, and depressive symptom frequencies than did adolescents in the attention control condition across the 22 months between pretest and long-term assessment. Conclusions: This is the first study to demonstrate efficacy in a prevention program designed to deter conduct problems, substance use, substance use problems, and depressive symptoms among rural black adolescents. Because SAAF-T is a manualized, structured program, it can be easily disseminated to public health agencies, schools, churches, boys' and girls' clubs, and other community organizations. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
- Country of Publication:** HOLDER: American Academy of Pediatrics; YEAR: 2012
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [\\*Behavior Problems](#)  
[\\*Drug Abuse Prevention](#)  
[\\*Family Therapy](#)  
[\\*Major Depression](#)  
[\\*Pediatrics](#)  
[Adolescent Development](#)  
[Blacks](#)  
[Drug Abuse](#)  
[Self Report](#)
- Source:** PsycINFO
- Full Text:** Available in *fulltext* at [American Academy of Pediatrics](#)  
Available in *print* at [Newcomb Library & Information Service](#)

**149. Prevalence of hepatitis B and C and HIV infections among problem drug users in Luxembourg: Self-report versus serological evidence.**

- Citation:** Journal of Epidemiology and Community Health, January 2012, vol./is. 66/1(64-68), 0143-005X (Jan 2012)
- Author(s):** Origer, Alain; Schmit, Jean-Claude
- Correspondence Address:** Origer, Alain: EMCCDDA Focal Point, CRP-Sante (Public Health Research Centre), Villa Louvigny, Allee Marconi, Luxembourg, L-2021, alain.origer@ms.etat.lu
- Institution:** Origer, Alain: European Monitoring Centre on Drugs and Drug Addiction Focal Point; Schmit, Jean-Claude: CRP-Sante

**Language:** English

**Abstract:** Background: To determine the seroprevalence of hepatitis B (HBV), hepatitis C (HCV) and HIV infections in problem drug users (PDU) in Luxembourg. To measure the validity of self-reported test results provided by study participants as well as obtained through the national drug-monitoring system (RELIS). Methods: In a cross-sectional multisite study, data were collected by voluntary, anonymous and assisted questionnaires and serological detection of antibodies and antigens. Out of 1169 contacts, 397 participants were recruited within in and out-of-treatment settings (84.2% injecting drug users; IDU). Results: The prevalence of antibodies to HIV was 8/272 (2.9%; 95% CI 0.9% to 4.9%), to HCV 245/343 (71.4%; 66.6% to 76.2%), and 67/310 (21.6%; 17.1% to 26.2%) to total HBV antibodies and surface antigen (for IDU 5/202, 218/268 and 59/239, respectively). Specificity of study self-reports was very high for HBV and perfect for HCV and HIV. Sensitivity was 0.224, 0.798 and 0.800, respectively. Kappa scores provided degrees of agreement between serological tests and study self-reports of 0.89 for HIV, 0.65 for HCV and 0.25 for HBV. In contrast to simultaneous cross-sectional self-reports, secondary self-reported data (RELIS) showed high agreement for HIV and HBV infections and provided a good proxy for estimation of HCV seroprevalence. Conclusion: HIV testing routines in PDU should be completed at least by HBV and HCV detection given the poor validity of cross-sectional self-reports on hepatitis infections. HIV and hepatitis prevalence estimations in PDU gain by relying on multisite/setting data collection. Research should further investigate the validity of HIV and hepatitis self-reports from routine drug-monitoring systems versus cross-sectional surveys. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Drug Abuse](#)  
[\\*Hepatitis](#)  
[\\*HIV](#)  
[\\*Self Report](#)

**Source:** PsycINFO

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

### 150. Motivational interviewing: Recent developments.

**Original Title:** L'entretien motivationnel: Developpements recents.

**Citation:** Psychotherapies, September 2011, vol./is. 31/3(159-165), 0251-737X (Sep 2011)

**Author(s):** Fortini, Cristiana; Daepfen, Jean-Bernard

**Correspondence Address:** Fortini, Cristiana: Service d'Alcoologie-CHUV, 16, Mont-Paisible, Lausanne, Switzerland, 1011, Cristiana.fortini@chuv.ch

**Institution:** Fortini, Cristiana: CHUV, Lausanne; Daepfen, Jean-Bernard: CHUV, Lausanne

**Language:** French

**Abstract:** Described for the first time in 1983, motivational interviewing emerged from the integration of science and practice. A step back in time will allow a better understanding of how this approach was born and how it has evolved. Initially developed as a treatment for alcohol disorders, motivational interviewing rapidly diffused to other clinical situations: drug addictions, eating disorders, physical exercise, chronic illness, smoking, etc. Because of this rapid diffusion, motivational interviewing has become confused with various other ideas and approaches. This article discusses what motivational interviewing is not, while at the same time describing what characterizes it. Finally, let us note that a large amount of literature has been published in English over the last years, and very little in French. An aim of this article is also to present a translation of the latest developments in the field of motivational interviewing. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

**Subject Headings:** [\\*Clinical Practice](#)

\*Motivational Interviewing

\*Treatment

**Source:**

PsycINFO

**Full Text:**

Available in *fulltext* at [ProQuest](#)