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Search History

1. Medline; exp SUBSTANCE-RELATED DISORDERS/; 227764 results.
2. Medline; addict*.ti,ab; 43919 results.
3. Medline; "substance abuse".ti,ab; 18133 results.
4. Medline; exp GREAT BRITAIN/; 304814 results.
5. Medline; "united kingdom".ti,ab; 26086 results.
6. Medline; "great britain".ti,ab; 9532 results.
7. Medline; England.ti,ab; 34265 results.
8. Medline; Scotland.ti,ab; 12228 results.
9. Medline; Ireland.ti,ab; 74448 results.
10. Medline; UK.ti,ab; 71147 results.
11. Medline; Wales.ti,ab; 17002 results.
12. Medline; GB.ti,ab; 7764 results.
13. Medline; exp IRELAND/; 13420 results.
14. Medline; "British Isles".ti,ab; 2006 results.
15. Medline; "Channel Islands".ti,ab; 114 results.
16. Medline; 1 OR 2 OR 3; 251476 results.
17. Medline; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14; 461662 results.
18. Medline; 16 AND 17; 9274 results.

1. Committed to work but vulnerable: self-perceptions and mental health in NEET 18-year olds from a contemporary British cohort.

- Citation:** Journal of child psychology and psychiatry, and allied disciplines, Feb 2016, vol. 57, no. 2, p. 196-203 (February 2016)
- Author(s):** Goldman-Mellor, Sidra; Caspi, Avshalom; Arseneault, Louise; Ajala, Nifemi; Ambler, Antony; Danese, Andrea; Fisher, Helen; Hucker, Abigail; Odgers, Candice; Williams, Teresa; Wong, Chloe; Moffitt, Terrie E
- Abstract:** Labour market disengagement among youths has lasting negative economic and social consequences, yet is poorly understood. We compared four types of work-related self-perceptions, as well as vulnerability to mental health and substance abuse problems, among youths not in education, employment or training (NEET) and among their peers. Participants were from the Environmental Risk (E-Risk) longitudinal study, a nationally representative UK cohort of 2,232 twins born in 1994-1995. We measured commitment to work, job-search effort, professional/technical skills, 'soft' skills (e.g. teamwork, decision-making, communication), optimism about getting ahead, and mental health and substance use disorders at age 18. We also examined childhood mental health. At age 18, 11.6% of participants were NEET. NEET participants reported themselves as committed to work and searching for jobs with greater diligence than their non-NEET peers. However, they reported fewer 'soft' skills ($B = -0.98, p < .001$) and felt less optimistic about their likelihood of getting ahead in life ($B = -2.41, p < .001$). NEET youths also had higher rates of concurrent mental health and substance abuse problems, but these did not explain the relationship with work-related self-perceptions. Nearly 60% of NEET (vs. 35% of non-NEET) youths had already experienced ≥ 1 mental health problem in childhood/adolescence. Associations of NEET status with concurrent mental health problems were independent of pre-existing mental health vulnerability. Our findings indicate that while NEET is clearly an economic and mental health issue, it does not appear to be a motivation issue. Alongside skills, work-related self-perceptions and mental health problems may be targets for intervention and service provision among this high-risk population. © 2015 Association for Child and Adolescent Mental Health.
- Subject Headings:** [Index Medicus](#)
- Source:** Medline

2. Telephone-based continuing care counseling in substance abuse treatment: Economic analysis of a randomized trial.

- Citation:** Drug and alcohol dependence, Feb 2016, vol. 159, p. 109-116 (February 1, 2016)
- Author(s):** Shepard, Donald S; Daley, Marilyn C; Neuman, Matthew J; Blaakman, Aaron P; McKay, James R
- Abstract:** To investigate whether telephone-based continuing care (TEL) is a promising alternative to traditional face-to-face counseling for clients in treatment for substance abuse. Patients with alcohol and/or cocaine dependence who had completed a 4-week intensive outpatient program were randomly assigned through urn randomization into one of three 12-week interventions: standard continuing care (STD), in-person relapse prevention (RP), or telephone-based continuing care (TEL). This study performed cost, cost-effectiveness, and cost-benefit analyses of TEL and RP compared to STD, using results from the randomized clinical trial with two years of follow up (359 participants). In addition, the study examined the potential moderating effect of baseline patient costs on economic outcomes. The study found that TEL was less expensive per client from the societal perspective (\$569) than STD (\$870) or RP (\$1684). TEL also was also significantly more effective, with an abstinence rate of 57.1% compared to 46.7% for STD ($p < 0.05$). Thus TEL dominated STD, with a highly favorable negative incremental cost-effectiveness ratio (-\$1400 per abstinent year). TEL also proved favorable under a benefit-cost perspective. TEL proved to be a cost-effective and cost-beneficial contributor to long-term recovery over two years. Because TEL dominated STD care interventions, wider adoption should be considered. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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Source: Medline
Full Text: Available from *Elsevier* in [Drug and Alcohol Dependence](#)

3. Are financial incentives cost-effective to support smoking cessation during pregnancy?

Citation: Addiction (Abingdon, England), Feb 2016, vol. 111, no. 2, p. 360-370 (February 2016)
Author(s): Boyd, Kathleen A; Briggs, Andrew H; Bauld, Linda; Sinclair, Lesley; Tappin, David
Abstract: To investigate the cost-effectiveness of up to £400 worth of financial incentives for smoking cessation in pregnancy as an adjunct to routine health care. Cost-effectiveness analysis based on a Phase II randomized controlled trial (RCT) and a cost-utility analysis using a life-time Markov model. The RCT was undertaken in Glasgow, Scotland. The economic analysis was undertaken from the UK National Health Service (NHS) perspective. A total of 612 pregnant women randomized to receive usual cessation support plus or minus financial incentives of up to £400 vouchers (US \$609), contingent upon smoking cessation. Comparison of usual support and incentive interventions in terms of cotinine-validated quitters, quality-adjusted life years (QALYs) and direct costs to the NHS. The incremental cost per quitter at 34-38 weeks pregnant was £1127 (\$1716). This is similar to the standard look-up value derived from Stapleton & West's published ICER tables, £1390 per quitter, by looking up the Cessation in Pregnancy Incentives Trial (CIPT) incremental cost (£157) and incremental 6-month quit outcome (0.14). The life-time model resulted in an incremental cost of £17 [95% confidence interval (CI) = -£93, £107] and a gain of 0.04 QALYs (95% CI = -0.058, 0.145), giving an ICER of £482/QALY (\$734/QALY). Probabilistic sensitivity analysis indicates uncertainty in these results, particularly regarding relapse after birth. The expected value of perfect information was £30 million (at a willingness to pay of £30 000/QALY), so given current uncertainty, additional research is potentially worthwhile. Financial incentives for smoking cessation in pregnancy are highly cost-effective, with an incremental cost per quality-adjusted life years of £482, which is well below recommended decision thresholds. © 2015 Society for the Study of Addiction.

Subject Headings: [Index Medicus](#)
Source: Medline

4. Treatment for hepatitis C virus infection among people who inject drugs attending opioid substitution treatment and community health clinics: the ETHOS Study.

Citation: Addiction (Abingdon, England), Feb 2016, vol. 111, no. 2, p. 311-319 (February 2016)
Author(s): Grebely, Jason; Alavi, Maryam; Micallef, Michelle; Dunlop, Adrian J; Balcomb, Anne C; Phung, Nghi; Weltman, Martin D; Day, Carolyn A; Treloar, Carla; Bath, Nicky; Haber, Paul S; Dore, Gregory J; ETHOS Study Group
Abstract: To estimate adherence and response to therapy for chronic hepatitis C virus (HCV) infection among people with a history of injecting drug use. A secondary aim was to identify predictors of HCV treatment response. Prospective cohort recruited between 2009 and 2012. Participants were treated with peg-interferon alfa-2a/ribavirin for 24 (genotypes 2/3, G2/3) or 48 weeks (genotype 1, G1). Six opioid substitution treatment (OST) clinics, two community health centres and one Aboriginal community-controlled health organization providing drug treatment services in New South Wales, Australia. Among 415 people with a history of injecting drug use and chronic HCV assessed by a nurse, 101 were assessed for treatment outcomes (21% female). Study outcomes were treatment adherence and sustained virological response (SVR, undetectable HCV RNA >24 weeks post-treatment). Among 101 treated, 37% (n = 37) had recently injected drugs (past 6 months) and 62% (n = 63) were receiving OST. Adherence ≥ 80% was 86% (n = 87). SVR was 74% (75 of 101), with no difference observed by sex (males: 76%, females: 67%, P = 0.662). In adjusted analysis, age < 35 (versus ≥ 45 years) [adjusted odds ratio (aOR) = 5.06, 95% confidence interval (CI) = 1.47, 17.40] and on-treatment adherence ≥ 80% independently predicted SVR (aOR = 19.41, 95% CI = 3.61, 104.26]. Recent injecting drug use at baseline was not associated with SVR. People with a history of

injecting drug use and chronic hepatitis C virus attending opioid substitution treatment and community health clinics can achieve adherence and responses to interferon-based therapy similar to other populations, despite injecting drugs at baseline. Younger age and adherence are predictive of improved response to hepatitis C virus therapy. © 2015 Society for the Study of Addiction.

Subject Headings: [Index Medicus](#)

Source: Medline

5. Coolmine Therapeutic Community, Dublin: a 40-year history of Ireland's first voluntary drug treatment service.

Citation: Addiction (Abingdon, England), Feb 2016, vol. 111, no. 2, p. 197-203 (February 2016)

Author(s): Butler, Shane

Abstract: To document the evolution over 40 years (from 1973 to 2013) of Coolmine Therapeutic Community (Ireland's first voluntary drug treatment service) against a background of broader drug policy developments in the Republic of Ireland and elsewhere during this period. Data were gathered by means of archival research within Coolmine, complemented by semi-structured interviews with former clients, current and former Coolmine management and staff, and representatives of outsider stakeholder interests. Coolmine's history has three phases: (1) an early and uncontentious phase, in which external authorities provided financial support for Coolmine without questioning its work practices or outcomes; (2) a middle, controversial phase, in which Coolmine struggled for survival in an external policy environment now dominated by harm reduction strategies; and (3) a final phase in which, through the use of conventional corporate governance, Coolmine management sought to repair its damaged reputation by introducing evidence-based clinical practices. Coolmine Therapeutic Community was established when drug treatment services in Ireland were in their infancy, and its changing fortunes over subsequent decades reflected changing perceptions of what constitutes appropriate addiction treatment-and in particular the role to be played by former addicts within addiction treatment systems-as well as changing perceptions of funding relationships between statutory authorities and voluntary providers of health and social services. © 2015 Society for the Study of Addiction.

Subject Headings: [Index Medicus](#)

Source: Medline

6. Impact of treatment for opioid dependence on fatal drug-related poisoning: a national cohort study in England.

Citation: Addiction (Abingdon, England), Feb 2016, vol. 111, no. 2, p. 298-308 (February 2016)

Author(s): Pierce, Matthias; Bird, Sheila M; Hickman, Matthew; Marsden, John; Dunn, Graham; Jones, Andrew; Millar, Tim

Abstract: To compare the change in illicit opioid users' risk of fatal drug-related poisoning (DRP) associated with opioid agonist pharmacotherapy (OAP) and psychological support, and investigate the modifying effect of patient characteristics, criminal justice system (CJS) referral and treatment completion. National data linkage cohort study of the English National Drug Treatment Monitoring System and the Office for National Statistics national mortality database. Data were analysed using survival methods. All services in England that provide publicly funded, structured treatment for illicit opioid users. Adults treated for opioid dependence during April 2005 to March 2009: 151 983 individuals; 69% male; median age 32.6 with 442 950 person-years of observation. The outcome was fatal DRP occurring during periods in or out of treatment, with adjustment for age, gender, substances used, injecting status and CJS referral. There were 1499 DRP deaths [3.4 per 1000 person-years, 95% confidence interval (CI) = 3.2-3.6]. DRP risk increased while patients were not enrolled in any treatment [adjusted hazard ratio (aHR) = 1.73, 95% CI = 1.55-1.92]. Risk when enrolled only in a psychological intervention was double that during OAP (aHR = 2.07, 95% CI = 1.75-2.46). The increased risk when out of treatment was greater for men (aHR = 1.88, 95% CI = 1.67-2.12), illicit drug injectors (aHR = 2.27, 95% CI = 1.97-2.62) and those reporting problematic alcohol use (aHR = 2.37, 95% CI = 1.90-2.98). Patients who received only psychological support for opioid

dependence in England appear to be at greater risk of fatal opioid poisoning than those who received opioid agonist pharmacotherapy. © 2015 The Authors. Addiction published by John Wiley & Sons Ltd on behalf of Society for the Study of Addiction.

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Source: Medline

7. The Impact of Sex Upon Needs and Quality of Life Within a Population on Methadone Treatment.

Citation: Journal of addiction medicine, Feb 2016, vol. 10, no. 1, p. 60-67 (February 2016)

Author(s): Byrne, Patricia; Ducray, Kevin; Smyth, Bobby P

Abstract: Best practice models are calling for a holistic, needs-led, and sex-informed treatment approach to substance misuse treatment. To date, research into the impact of sex on needs and quality of life within methadone-treatment populations using validated research tools is limited. The aim of the study was to evaluate the impact of sex upon self-rated unmet need and quality of life among people on methadone treatment. Cross-sectional survey of adults attending a specialist methadone treatment clinic, in Dublin, Ireland. Participants completed the Camberwell Assessment of Need Short Appraisal Schedule, Patient Version and the WHO Quality of Life-Brief Version. Ongoing drug use was determined using the Maudsley Addiction Profile and weekly supervised urine toxicology screens. A linear regression analysis was conducted. One hundred eight of 190 eligible service-users (57%) participated. No significant differences existed between the participants and the nonparticipants on demographic variables or measures of drug use. Among them, 33% were women. Women demonstrated lower levels of ongoing opiate use. Linear regression analysis indicated that women had a greater number of unmet needs ($P = 0.02$) and lower quality of life in the domains of physical health ($P = 0.003$), psychological well being ($P < 0.001$), environmental well being ($P = 0.03$), and social relationships ($P = 0.007$). When the Bonferroni adjustment was applied to account for multiple testing, the relationship between psychological well being and female sex remained statistically significant. Our study suggests that female sex may be associated with greater self-rated needs and poorer quality of life within a methadone-treated population, in particular, in the domain of psychological well being. Further research in this area is warranted to discover if these findings can be replicated and confirmed in larger samples.

Subject Headings: [Index Medicus](#)

Source: Medline

8. Adolescents with substance use disorder and assent/consent: Empirical data on understanding biobank risks in genomic research.

Citation: Drug and alcohol dependence, Feb 2016, vol. 159, p. 267-271 (February 1, 2016)

Author(s): Coors, Marilyn E; Raymond, Kristen M; Hopfer, Christian J; Sakai, Joseph; McWilliams, Shannon K; Young, Susan; Mikulich-Gilbertson, Susan K

Abstract: This study assessed whether a customized disclosure form increases understanding for adolescents with substance use disorder (SUD) when compared to a standard disclosure for genomic addiction research. We gathered empirical data from adolescents with SUD, family members, former patients followed since adolescence, and community counterparts. The study was conducted in four stages. Stage 1: national experts ($n=32$) identified current, future, speculative risks of broadly shared biobanks. Stage 2 assessed participants' ($n=181$) understanding of current risks as a prerequisite for rating saliency of risks via a Visual Analog Scale. Salient risks were incorporated into a customized disclosure form. Stage 3 compared the understanding of customized disclosure by participants ($n=165$) at baseline; all groups scored comparably. Stage 4 conducted a direct comparison of the standard disclosure to standard disclosure plus customized disclosure ($n=195$). Independent t-tests compared understanding in those receiving the standard disclosure to standard disclosure plus customized disclosure within 6 groups. The customized disclosure significantly improved understanding in adolescent patients ($p=0.002$) and parents of patients ($p=0.006$) to the level of their counterparts. The customized disclosure also significantly improved understanding in siblings of former

patients ($p=0.034$). Understanding of standard disclosure in patients versus controls was significantly different ($p=0.005$). The groups receiving the customized disclosure scored significantly higher. Understanding of the standard disclosure plus customized disclosure in patients versus controls was not significantly different. Adolescents with addictions understand the risks of participating in genomic addiction research as well as their community counterparts when information provided is salient to them. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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9. Delayed emergence of methamphetamine's enhanced cardiovascular effects in nonhuman primates during protracted methamphetamine abstinence.

Citation: Drug and alcohol dependence, Feb 2016, vol. 159, p. 181-189 (February 1, 2016)
Author(s): Vaupel, D B; Schindler, C W; Chefer, S; Belcher, A M; Ahmet, I; Scheidweiler, K B; Huestis, M A; Stein, E A
Abstract: Methamphetamine abuse is linked with brain abnormalities, but its peripheral effects constitute an integral aspect of long-term methamphetamine use. Eight male rhesus monkeys with long histories of intravenous methamphetamine self-administration were evaluated 1 day, and 1, 4, 12, 26, and 52 weeks after their last methamphetamine self-administration session. On test days, isoflurane-anesthetized animals received a 0.35mg/kg IV methamphetamine challenge. A control group consisted of 10 age and gender matched drug naïve monkeys. Cardiovascular responses to methamphetamine were followed for 2.5h. Echocardiograms were acquired at 3 and 12 months of abstinence and in the control animals. No pre-methamphetamine baseline differences existed among 7 physiological measures across all conditions and controls. As expected, methamphetamine increased heart rate and blood pressure in controls. However, immediately following the self-administration period, the blood pressure response to methamphetamine challenge was reduced when compared to control monkeys. The peak and 150-min average heart rate increases, as well as peak blood pressure increases following methamphetamine were significantly elevated between weeks 12 to 26 of abstinence. These data indicate the development of tolerance followed by sensitization to methamphetamine cardiovascular effects. Echocardiography demonstrated decreased left ventricular ejection fraction and cardiac output at 3 months of abstinence. Importantly, both cardiovascular sensitization and cardiotoxicity appeared to be reversible as they returned toward control group levels after 1 year of abstinence. Enhanced cardiovascular effects may occur after prolonged abstinence in addicts relapsing to methamphetamine and may underlie clinically reported acute cardiotoxic events. Published by Elsevier Ireland Ltd.

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10. Attentional bias and executive control in treatment-seeking substance-dependent adolescents: A cross-sectional and follow-up study.

Citation: Drug and alcohol dependence, Feb 2016, vol. 159, p. 133-141 (February 1, 2016)
Author(s): van Hemel-Ruiter, Madelon E; Wiers, Reinout W; Brook, Frank G; de Jong, Peter J
Abstract: Research in adults shows that substance dependent individuals demonstrate attentional bias (AB) for substance-related stimuli. This study investigated the role of AB in adolescents diagnosed with alcohol, cannabis, amphetamine or GHB dependency on entering therapy and six months later, and the role of executive control (EC) as a moderator of the relationship between problem severity and AB. Seventy-eight young substance-dependent (SD) patients (mean age=19.5), and 64 healthy controls (HC; mean age=19.0) were tested. Thirty-eight SD patients took part at 6-month follow-up (FU). AB

was indexed by a visual probe task, EC by the attention network task, problem severity by the short alcohol (or drug) use disorder identification test and the severity of dependence questionnaire. SD patients demonstrated an AB for substance stimuli presented for 500ms and 1250ms, with the latter related to severity of dependence. There was a nonsignificant tendency indicating that EC was higher in HC than SD participants, but EC did not moderate the relationship between AB and dependency. Substance use, dependency, EC and AB remained unchanged in the 6 month FU period. Young SD patients showed a stronger relatively early as well as maintained AB toward substance cues. A stronger maintained attention was related to higher severity of dependence. Further, there were some indications that EC might play a role in adolescent substance use. The finding that at FU AB and problem severity were not decreased, and EC was not increased underlines the persistent character of addiction. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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11. The overexpression of Thioredoxin-1 suppressing inflammation induced by methamphetamine in spleen.

Citation: Drug and alcohol dependence, Feb 2016, vol. 159, p. 66-71 (February 1, 2016)
Author(s): Wu, Xiao-Li; Li, Xiang; Li, Ye; Kong, Ling-Pin; Fang, Jiao-Long; Zhou, Xiao-Shuang; Li, Mei; Jia, Jin-Jing; Bai, Jie
Abstract: Methamphetamine (METH) is an addictive psychostimulant and has been shown to induce oxidative stress and inflammation in various tissues. Thioredoxin-1 (Trx-1) plays the roles in regulating redox and inhibiting inflammation. Whether Trx-1 is involved in METH-induced inflammation is still unknown. The present study was designed to investigate inflammatory factors in spleen of wild type and Trx-1 overexpression transgenic mice after METH treatment. We found the mRNA level of Trx-1 was decreased and mRNA level of Trx-1 binding protein-2 (TBP-2) was increased. The mRNA levels of tumor necrosis factor- α (TNF- α), interferon- γ (IFN- γ), interleukin-2 (IL-2), T-bet and signal transducer and activators of transcription 4 (STAT 4) were increased and the mRNA levels of IL-10, GA-TA-binding protein-3 (GATA-3) and STAT 6 were decreased. Overexpression of Trx-1 reversed the above effects induced by METH. The present study showed for the first time that Trx-1 overexpression suppressed the inflammation induced by METH. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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12. The effects of alcohol-containing e-cigarettes on young adult smokers.

Citation: Drug and alcohol dependence, Feb 2016, vol. 159, p. 272-276 (February 1, 2016)
Author(s): Valentine, Gerald W; Jatlow, Peter I; Coffman, Mercedes; Nadim, Haleh; Gueorguieva, Ralitza; Sofuoglu, Mehmet
Abstract: The liquids (e-liquids) used in an electronic cigarette (e-cigarette) contain myriad chemicals without adequate human inhalation safety data. Furthermore, the absence of e-liquid labeling requirements poses a formidable challenge to understanding how e-liquid constituents may promote nicotine addiction and/or have independent or synergistic biological effects when combined with nicotine. Ethyl alcohol is such a constituent, but has received little scientific interest in this context. Using a randomized, double blind, crossover design, acute changes in subjective drug effects, motor performance and biochemical measures of alcohol and nicotine intake were evaluated after directed and ad lib puffing from two commercially available e-liquids containing nicotine (8mg/ml), vanilla flavor and either 23.5% (high) or 0.4% (trace) alcohol. While no differences in subjective drug effects were observed between alcohol conditions,

performance on the Purdue Pegboard Dexterity Test (PPDT) improved under the trace, but not under the 23.5% alcohol condition. Although plasma alcohol levels remained undetectable during testing, urine ethyl glucuronide (EtG), an alcohol metabolite, became measurable in three participants after puffing from the 23.5% alcohol e-cigarette. Brief use of a widely available type of e-cigarette containing an e-liquid purchased from an internet vendor can negatively impact psychomotor performance and in some instances, produce detectable levels of a urine alcohol metabolite. Given the widespread and unregulated use of e-cigarettes, especially by youth and other vulnerable populations, further studies are needed to evaluate both the acute safety and long-term health risks of using alcohol-containing e-cigarettes. Published by Elsevier Ireland Ltd.

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Source: Medline
Full Text: Available from *Elsevier* in [Drug and Alcohol Dependence](#)

13. "TAARgeting Addiction"-The Alamo Bears Witness to Another Revolution: An Overview of the Plenary Symposium of the 2015 Behavior, Biology and Chemistry Conference.

Citation: Drug and alcohol dependence, Feb 2016, vol. 159, p. 9-16 (February 1, 2016)
Author(s): Grandy, David K; Miller, Gregory M; Li, Jun-Xu
Abstract: In keeping with the free-thinking tradition San Antonians are known for, the Scientific Program Committee of the Behavior, Biology and Chemistry: Translational Research in Addiction Conference chose trace amine-associated receptor 1 (TAAR1) as the focus of the plenary symposium for its 7th annual meeting held at the University of Texas Health Science Center at San Antonio on March 14 and 15, 2015. The timing of the meeting's plenary session on TAAR1 coincided with the Ides of March, an apt concurrence given the long association of this date with the overthrow of the status quo. And whether aware of the coincidence or not, those in attendance witnessed the plunging of the metaphorical dagger into the heart of the dopamine (DA) transporter (DAT)-centric view of psychostimulant action. The symposium's four plenary presentations focused on the molecular and cellular biology, genetics, medicinal chemistry and behavioral pharmacology of the TAAR1 system and the experimental use of newly developed selective TAAR1 ligands. The consensus was that TAAR1 is a DA and methamphetamine receptor, interacts with DAT and DA D2 receptors, and is essential in modulating addiction-related effects of psychostimulants. Collectively the findings presented during the symposium constitute a significant challenge to the current view that psychostimulants such as methamphetamine and amphetamine solely target DAT to interfere with normal DA signaling and provide a novel conceptual framework from which a more complete understanding of the molecular mechanisms underlying the actions of DA and METH is likely to emerge. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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14. The dopamine D3 receptor antagonist, SR 21502, facilitates extinction of cocaine conditioned place preference.

Citation: Drug and alcohol dependence, Feb 2016, vol. 159, p. 263-266 (February 1, 2016)
Author(s): Galaj, E; Haynes, J; Nisanov, R; Ananthan, S; Ranaldi, R
Abstract: Pharmacotherapeutic agents that could facilitate extinction of cocaine cues would be useful in the treatment of cocaine addiction. We tested whether SR 21502, a selective dopamine (DA) D3 receptor antagonist, can facilitate extinction of cocaine conditioned place preference (CPP) in rats. In experiment 1, cocaine (10mg/kg) CPP was first established and then extinguished. During the extinction phase the rats were injected with SR 21502 and placed in the previously cocaine-paired compartment for four sessions and vehicle in the other compartment on four alternating sessions. The rats were then tested again for cocaine CPP. In experiment 2, different groups of rats were trained to associate

SR 21502 with one compartment and saline with the other. In experiment 1, the animals spent significantly more time in the cocaine-paired compartment after cocaine conditioning than they did before conditioning. Subsequently, the animals treated with SR 21502 during the extinction phase spent significantly less time in the cocaine-paired compartment than the vehicle group. In experiment 2, animals conditioned with SR 21502 preferred neither side of the CPP apparatus, indicating that SR 21502 produced no effects of its own. These findings suggest that treatment with SR 21502, a DA D3 receptor antagonist, in the presence of cocaine cues can facilitate extinction of cocaine CPP and further suggest that this compound might be an effective cocaine addiction treatment. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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15. Atypical valuation of monetary and cigarette rewards in substance dependent smokers.

Citation: Clinical neurophysiology : official journal of the International Federation of Clinical Neurophysiology, Feb 2016, vol. 127, no. 2, p. 1358-1365 (February 2016)
Author(s): Baker, Travis E; Wood, Jonathan M A; Holroyd, Clay B
Abstract: Substance dependent (SD) relative to non-dependent (ND) individuals exhibit an attenuated reward positivity, an electrophysiological signal believed to index sensitivity of anterior cingulate cortex (ACC) to rewards. Here we asked whether this altered neural response reflects a specific devaluation of monetary rewards relative to drug-related rewards by ACC. We recorded the reward positivity from SD and ND individuals who currently smoke, following an overnight period of abstinence, while they engaged in two feedback tasks. In a money condition the feedback indicated either a monetary reward or no reward, and in a cigarette condition the feedback indicated either a drug-related reward or no reward. Overall, cigarette relative to monetary rewards elicited a larger reward positivity. Further, for the subjects who engaged in the money condition first, the reward positivity was smaller for the SD compared to the ND participants, but for the subjects who engaged in the cigarette condition first, the reward positivity was larger for the SD compared to the ND participants. Our results suggest that the initial category of feedback "primed" the response of the ACC to the alternative feedback type on subsequent trials, and that SD and ND individuals responded differently to this priming effect. We propose that for people who misuse addictive substances, the prospect of obtaining drug-related rewards engages the ACC to exert control over extended behaviors. Copyright © 2015 International Federation of Clinical Neurophysiology. Published by Elsevier Ireland Ltd. All rights reserved.

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Source: Medline

16. Interaction effects of enniatin B, deoxinivalenol and alternariol in Caco-2 cells.

Citation: Toxicology letters, Jan 2016, vol. 241, p. 38-48 (January 22, 2016)
Author(s): Fernández-Blanco, Celia; Font, Guillermina; Ruiz, Maria-Jose
Abstract: Enniatin B (ENN B), deoxinivalenol (DON) and alternariol (AOH) are secondary metabolites of filamentous fungi. These mycotoxins are contaminants of vegetables and cereals. They are cytotoxic and their effects are enhanced by their mixtures. The objectives of this study were to compare the cytotoxicity of ENN B, DON and AOH alone or in combination in human adenocarcinoma (Caco-2) cells and to evaluate the type of interactions of mycotoxin mixtures by the isobologram analysis. Cells were treated with concentrations ranging from 1.85 to 90µM (AOH) and from 0.312 to 10µM (for ENN B and DON), individually and in combination of two and three mycotoxins (from 1.85 to 30µM for AOH and from 0.312 to 5µM for ENN B and DON). The relation ratios between the mixtures DON+ENN B was 1:1; AOH+DON and ENN B+AOH was 1:6, and for the tertiary combination DON, ENN B and AOH 1:1:6. The IC50 value of ENN B and DON were 3.87 and 5.54µM, respectively. No IC50 values were obtained for the

AOH at any time tested in Caco-2 cells. With the isobologram the type of interaction between mycotoxin was evaluated. Synergistic, antagonistic and additive effect was observed for the combination studied depending on the concentration affected. Mycotoxins combinations reduce cellular viability in the following increasing order: (DON+ENN B)>(ENN B+AOH)>(DON+AOH)>(DON+AOH+ENN B). Copyright © 2015. Published by Elsevier Ireland Ltd.

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