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Search History

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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.
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14. Medline; "British Isles".ti,ab; 2006 results.
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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. The National Treatment Outcomes Research Study (NTORS) and its influence on addiction treatment policy in the United Kingdom.

Citation: Addiction (Abingdon, England), Jul 2015, vol. 110 Suppl 2, p. 50-53 (July 2015)

Author(s): Gossop, Michael

Abstract: This paper describes the political origins of the National Treatment Outcomes Research Study (NTORS) and the outputs and impacts of the study. NTORS was designed to meet the request of the Health Secretary and of a Government Task Force for evidence about the effectiveness of the national addiction treatment services. NTORS was a prospective cohort study which investigated outcomes over a 5-year period of drug users admitted to four major treatment modalities: in-patient treatment, residential rehabilitation, methadone reduction and methadone maintenance programmes. The study investigated treatments delivered under day-to-day operating conditions. Outcomes showed substantial reductions in illicit drug use and reduced injecting risk behaviours. These changes were accompanied by improved psychological and physical health and by reductions in criminal behaviour. However, not all outcomes were so positive. There was a continuing mortality rate in the cohort of about 1% per year, and many clients continued to drink heavily throughout the 5-year follow-up. NTORS findings informed and influenced UK addiction treatment policy both at the time and subsequently. The findings were influential in supporting an immediate increase in funding for treatment, and Government Ministers have repeatedly cited NTORS as evidence of the effectiveness of addiction treatment. One finding that received political attention was that of the cost savings provided by treatment through reductions in crime. This important finding led to an unanticipated consequence of NTORS; namely, the greater focus on crime reduction that has increasingly been promoted as a political and social priority for drug misuse treatment. © 2015 Society for the Study of Addiction.

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2. Clinician-delivered contingency management increases engagement and attendance in drug and alcohol treatment.

Citation: Drug and alcohol dependence, Jul 2015, vol. 152, p. 62-67 (July 1, 2015)

Author(s): Fitzsimons, Heather; Tuten, Michelle; Borsuk, Courtney; Lookatch, Samantha; Hanks, Lisa

Abstract: This study examined the impact of a low-cost contingency management (CM) delivered by program clinicians on treatment attendance and utilization for patients enrolled in outpatient psychosocial substance abuse treatment. The study used a pre-posttest design to compare substance abuse patients who received Reinforcement-Based Treatment (RBT) plus low cost CM (n=130; RBT+CM) to patients who received RBT only (n=132, RBT). RBT+CM participants received a \$10 incentive for returning to treatment the day following intake assessment (day one), and a \$15 incentive for attending treatment on day five following admission. RBT clients received standard care intervention without the addition of the CM procedures. Groups were compared on proportion of participants who returned to treatment on day one, mean days of treatment attendance, individual sessions attended, and treatment utilization during the first week and the first month following treatment admission. Both the RBT+CM and RBT group participants returned to the clinic on day one at high rates (95% versus 89%, respectively). However, the RBT group participants were more likely to attend the intake assessment only (i.e., never return to treatment) compared to the RBT+CM participants. Additionally, the RBT+CM participants attended significantly more treatment days, attended more individual counseling sessions, and had higher rates of overall treatment utilization compared to the RBT participants during the one week and one month following treatment admission. Findings support the feasibility and effectiveness of a CM intervention delivered by clinicians for increasing treatment attendance and utilization in a community substance abuse program. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

3. Addiction and treatment experiences among active methamphetamine users recruited from a township community in Cape Town, South Africa: A mixed-methods study.

Citation: Drug and alcohol dependence, Jul 2015, vol. 152, p. 79-86 (July 1, 2015)
Author(s): Meade, Christina S; Towe, Sheri L; Watt, Melissa H; Lion, Ryan R; Myers, Bronwyn; Skinner, Donald; Kimani, Stephen; Pieterse, Desiree
Abstract: Since 2000, there has been a dramatic increase in methamphetamine use in South Africa, but little is known about the experiences of out-of-treatment users. This mixed-methods study describes the substance use histories, addiction symptoms, and treatment experiences of a community-recruited sample of methamphetamine users in Cape Town. Using respondent driven sampling, 360 methamphetamine users (44% female) completed structured clinical interviews to assess substance abuse and treatment history and computerized surveys to assess drug-related risks. A sub-sample of 30 participants completed in-depth interviews to qualitatively explore experiences with methamphetamine use and drug treatment. Participants had used methamphetamine for an average of 7.06 years (SD=3.64). They reported using methamphetamine on an average of 23.49 of the past 30 days (SD=8.90); 60% used daily. The majority (90%) met ICD-10 criteria for dependence, and many reported severe social, financial, and legal consequences. While only 10% had ever received drug treatment, 90% reported that they wanted treatment. In the qualitative interviews, participants reported multiple barriers to treatment, including beliefs that treatment is ineffective and relapse is inevitable in their social context. They also identified important motivators, including desires to be drug free and improve family functioning. This study yields valuable information to more effectively respond to emerging methamphetamine epidemics in South Africa and other low- and middle-income countries. Interventions to increase uptake of evidence-based services must actively seek out drug users and build motivation for treatment, and offer continuing care services to prevent relapse. Community education campaigns are also needed. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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4. Is the use of electronic cigarettes while smoking associated with smoking cessation attempts, cessation and reduced cigarette consumption? A survey with a 1-year follow-up.

Citation: Addiction (Abingdon, England), Jul 2015, vol. 110, no. 7, p. 1160-1168 (July 2015)
Author(s): Brose, Leonie S; Hitchman, Sara C; Brown, Jamie; West, Robert; McNeill, Ann
Abstract: To use a unique longitudinal data set to assess the association between e-cigarette use while smoking with smoking cessation attempts, cessation and substantial reduction, taking into account frequency of use and key potential confounders. Web-based survey, baseline November/December 2012, 1-year follow-up in December 2013. Great Britain. National general population sample of 4064 adult smokers, with 1759 (43%) followed-up. Main outcome measures were cessation attempt, cessation and substantial reduction ($\geq 50\%$ from baseline to follow-up) of cigarettes per day (CPD). In logistic regression models, cessation attempt in the last year (analysis $n = 1473$) and smoking status ($n = 1656$) at follow-up were regressed on to baseline e-cigarette use (none, non-daily, daily) while adjusting for baseline socio-demographics, dependence and nicotine replacement (NRT) use. Substantial reduction ($n = 1042$) was regressed on to follow-up e-cigarette use while adjusting for baseline socio-demographics and dependence and follow-up NRT use. Compared with non-use, daily e-cigarette use at baseline was associated with increased cessation attempts [odds ratio (OR) = 2.11, 95% confidence interval (CI) = 1.24-3.58, $P = 0.006$], but not with cessation at follow-up (OR = 0.62, 95% CI = 0.28-1.37, $P = 0.24$). Non-daily use was not associated with cessation attempts or cessation. Daily e-cigarette use at follow-up was associated with increased odds of substantial reduction (OR = 2.49,

95% CI = 1.14-5.45, P = 0.02), non-daily use was not. Daily use of e-cigarettes while smoking appears to be associated with subsequent increases in rates of attempting to stop smoking and reducing smoking, but not with smoking cessation. Non-daily use of e-cigarettes while smoking does not appear to be associated with cessation attempts, cessation or reduced smoking. © 2015 The Authors. Addiction published by John Wiley & Sons Ltd on behalf of Society for the Study of Addiction.

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5. A multidimensional approach of impulsivity in adult attention deficit hyperactivity disorder.

Citation: Psychiatry research, Jun 2015, vol. 227, no. 2-3, p. 290-295 (June 30, 2015)

Author(s): Lopez, Régis; Dauvilliers, Yves; Jausset, Isabelle; Billieux, Joël; Bayard, Sophie

Abstract: We aimed to compare adult patients with attention deficit hyperactivity disorder (ADHD) and matched controls on four dimensions of impulsivity (urgency, lack of premeditation, lack of perseverance, and sensation seeking) and to examine the association between impulsivity and ADHD symptoms. The study was conducted on 219 participants: 72 adult ADHD patients and 147 aged and gender matched controls. All participants completed questionnaires measuring the various facets of impulsivity (UPPS Impulsive Behavior Scale), ADHD and depressive symptoms severity. Patients were also assessed for ADHD subtypes, mood disorders, and addictive behaviors. ADHD patients exhibited higher urgency, lower premeditation and lower perseverance in comparison to controls. Lack of perseverance showed the strongest association with ADHD (area under curve=0.95). Patients with combined inattentive and hyperactive/impulsive subtypes reported more frequently substance abuse problems and had higher scores on urgency and sensation seeking dimensions of impulsivity than those with predominantly inattentive subtype. We report for the first time a multidimensional evaluation of impulsivity in adult ADHD patients. The UPPS Impulsive Behavior Scale may constitute a useful screening tool for ADHD in adults and may help to further understanding the psychological mechanisms underlying the differences between the ADHD subgroups. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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Full Text: Available from *Elsevier* in [Psychiatry Research](#)

6. Getting to grips with the cannabis problem: the evolving contributions and impact of Griffith Edwards.

Citation: Addiction (Abingdon, England), Jul 2015, vol. 110 Suppl 2, p. 36-39 (July 2015)

Author(s): Hall, Wayne

Abstract: Griffith Edwards played an important role in cannabis policy debates within government advisory committees in the United Kingdom from the early 1970s until the early 1980s. This has largely been hidden from public knowledge by the confidentiality of these committee discussions. The purpose of this paper is to use Griffith's writings and the results of recent historical scholarship to outline the views he expressed, the reasons he gave for them, and to provide a brief assessment of his contribution to the development of British cannabis policy. © 2015 Society for the Study of Addiction.

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7. Service provision to physicians with mental health and addiction problems.

Citation: Current opinion in psychiatry, Jul 2015, vol. 28, no. 4, p. 324-329 (July 2015)

Author(s): Braquehais, María Dolores; Tresidder, Andrew; DuPont, Robert L

Abstract: Physicians are reluctant to ask for help when they suffer from substance use disorders and/or other mental illnesses (i.e. when they become 'sick doctors'). This can result in

greater morbidity/mortality and may lead to significant problems in medical practice. This review aims to describe the nature and development of programs that specifically treat sick doctors [Physician Health Programs (PHPs)]. PHPs were first developed in the United States in the late 1970s. The purpose was to identify and treat physicians with problems resulting from mental health issues, mainly substance use disorders. Since then, other PHPs have been developed in Canada, Australia, and the United Kingdom, trying to reach sick doctors, offering counseling or other preventive interventions when needed. New models to help sick doctors, such as the Spanish PHP, were also developed. Counseling and support services for sick doctors have been implemented elsewhere in Europe (e.g. Norway and Switzerland). PHPs provide interventions specifically designed for physicians and other medical professionals with substance use and other mental health problems. The balance between guaranteeing safe practice and yet encouraging all physicians to ask for help when in trouble raises questions regarding how these programs should be designed.

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8. Death matters: understanding heroin/opiate overdose risk and testing potential to prevent deaths.

Citation: Addiction (Abingdon, England), Jul 2015, vol. 110 Suppl 2, p. 27-35 (July 2015)

Author(s): Strang, John

Abstract: To describe work undertaken over a 20-year period, investigating overdose characteristics among survivors, effects of acute heroin administration, clustering of risk of overdose fatality and potential interventions to reduce this fatal outcome. Privileged-access interviewers obtained data from non-treatment as well as treatment samples; experimental study of drop in oxygen saturation following heroin/opiate injection; investigation of clusterings of death following prison release and treatment termination; and study of target populations as intervention work-force, including family as well as peers, and action research built into pilot implementation. Overdose has been experienced by about half of heroin/opiate misusers, with even higher proportions having witnessed an overdose, and with high levels of willingness to intervene. Heroin/opiates are associated with the majority of drug-related deaths, despite relative scarcity of use. Heroin injection causes a rapid drop in oxygen saturation, recovering only slowly over the next half hour. Deaths from drug overdose are greatly more likely on prison release and post-discharge from detoxification and other in-patient or residential settings. High levels of declared willingness to intervene are matched by active interventions. Both drug-using peers and family members show ability to improve knowledge and gain confidence from training. Audit study of take-home schemes finds approximately 10% of dispensed naloxone is used in real-life emergency situations. Overdose is experienced by most users, with heroin/opiates contributing disproportionately to drug overdose deaths. High-risk times (e.g. after prison release) are now clearly identified. Peers and family are a willing potential intervention work-force, but are rarely trained or given pre-supply of naloxone. Large-scale naloxone provision (e.g. national across Scotland and Wales) is now being delivered, while large-scale randomized trials (e.g. N-ALIVE prison-release trial) are finally under way. Better naloxone products and better-organized provision are needed. The area does not need more debate; it now needs proper implementation alongside good scientific study. © 2015 Society for the Study of Addiction.

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9. The impact of blood-borne viruses on cause-specific mortality among opioid dependent people: An Australian population-based cohort study.

Citation: Drug and alcohol dependence, Jul 2015, vol. 152, p. 264-271 (July 1, 2015)

Author(s): Vajdic, Claire M; Pour, Sadaf Marashi; Olivier, Jake; Swart, Alexander; O'Connell, Dianne L; Falster, Michael O; Meagher, Nicola S; Mao, Limin; Grulich, Andrew E; Randall, Deborah A; Amin, Janaki; Burns, Lucinda; Degenhardt, Louisa

Abstract: Blood-borne viruses (BBV) are prevalent among people with opioid dependence but their association with cause-specific mortality has not been examined at the population-level. We formed a population-based cohort of 29,571 opioid substitution therapy (OST) registrants in New South Wales, Australia, 1993-2007. We ascertained notifications of infection and death by record linkage between the Pharmaceutical Drugs of Addiction System (OST data), registers of hepatitis C (HCV), hepatitis B (HBV) and human immunodeficiency virus (HIV) diagnoses, and the National Death Index. We used competing risks regression to quantify associations between notification for BBV infection and causes of death. BBV status, age, year, OST status, and OST episodes were modelled as time-dependent covariates; sex was a fixed covariate. OST registrants notified with HCV infection were more likely to die from accidental overdose (subdistribution hazard ratio, 95% Confidence Interval: 1.7, 1.5-2.0), cancer (2.0, 1.3-3.2) and unintentional injury (1.4, 1.0-2.0). HBV notification was associated with a higher hazard of mortality due to unintentional injury (2.1, 1.1-3.9), cancer (2.8, 1.5-5.5), and liver disease (2.1, 1.0-4.3). Liver-related mortality was higher among those notified with HIV only (11, 2.5-50), HCV only (5.9, 3.2-11) and both HIV and HCV (15, 3.2-66). Registrants with an HIV notification had a higher hazard of cardiovascular-related mortality (4.0, 1.6-9.9). Among OST registrants, BBVs are a direct cause of death and also a marker of behaviours that can result in unintended death. Ongoing and enhanced BBV prevention strategies and treatment, together with targeted education strategies to reduce risk, are justified. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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10. The impact of paying treatment providers for outcomes: difference-in-differences analysis of the 'payment by results for drugs recovery' pilot.

Citation: *Addiction* (Abingdon, England), Jul 2015, vol. 110, no. 7, p. 1120-1128 (July 2015)

Author(s): Mason, Thomas; Sutton, Matthew; Whittaker, William; McSweeney, Tim; Millar, Tim; Donmall, Michael; Jones, Andrew; Pierce, Matthias

Abstract: To estimate the effect on drug misuse treatment completion of a pilot scheme to pay service providers according to rates of recovery. A controlled, quasi-experimental (difference-in-differences) observational study using multi-level random effects logistic regression. Drug misuse treatment providers in all 149 commissioning areas in England in the financial years 2011-12 and 2012-13. Service users treated in England in 2011-12 and 2012-13. Linkage of provider payments to performance indicators in eight pilot commissioning areas in England compared with all 141 non-pilot commissioning areas in England. Recovery was measured by successful completion of treatment (free from drugs of dependence) and engagement with services was measured by rates of declining to continue with treatment. Following the introduction of the pilot scheme, service users treated in pilot areas were 1.3 percentage points [odds ratio (OR) = 0.859; 95% confidence interval (CI) = 0.788, 0.937] less likely to complete treatment compared with those treated in comparison areas. Service users treated in pilot areas were 0.9 percentage points (OR = 2.934; 95% CI = 2.094, 4.113) more likely to decline to continue with treatment compared with those treated in comparison areas. In the first year of the pilot 'Payment by Results for Drugs Recovery' scheme in England, linking payments to outcomes reduced the probability of completing drug misuse treatment and increased the proportion service users declining to continue with treatment. © 2015 Society for the Study of Addiction.

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Source: Medline

11. Building the connections between science, practice and policy: Griffith Edwards and the UK National Addiction Centre.

Citation: *Addiction* (Abingdon, England), Jul 2015, vol. 110 Suppl 2, p. 1-3 (July 2015)

Author(s): Babor, Thomas; Strang, John; West, Robert
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Source: Medline

12. Environmental enrichment blocks reinstatement of ethanol-induced conditioned place preference in mice.

Citation: Neuroscience letters, Jul 2015, vol. 599, p. 92-96 (July 10, 2015)
Author(s): Li, Xinjuan; Meng, Li; Huang, Keyu; Wang, Hua; Li, Dongliang
Abstract: This study aimed to explore the effect of environmental enrichment (EE) on the reinstatement of ethanol-induced conditioned place preference (CPP) in C57Bl/6J mice. To investigate the effect of training dose on the extinction and relapse of ethanol-induced CPP, doses of ethanol were applied and we found 0.8g/kg and 1.6g/kg training doses lead to significant CPP. In the reinstatement procedure, previously extinguished 1.6g/kg ethanol CPP could be markedly reinstated by a priming injection of 0.8g/kg. In contrast, priming with 0.4g/kg of ethanol failed to reinstate the CPP induced by 0.8g/kg. To investigate whether concomitant EE exposure could prevent the reinstatement of ethanol-induced CPP, one half of the mice were housed in standard environment (SE) and the other half in EE during the extinction and reinstatement session in the second experiment. Our study showed that reinstatement of ethanol-induced CPP was blocked by EE and the extinction rate was the same between SE and EE mice. These findings suggest that EE can block reinstatement of ethanol-induced CPP in mice, and aiding in the identification of new therapeutic strategies for alcohol addiction. Copyright © 2015. Published by Elsevier Ireland Ltd.
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13. A hyper-connected but less efficient small-world network in the substance-dependent brain.

Citation: Drug and alcohol dependence, Jul 2015, vol. 152, p. 102-108 (July 1, 2015)
Author(s): Wang, Ze; Suh, Jesse; Li, Zhengjun; Li, Yin; Franklin, Teresa; O'Brien, Charles; Childress, Anna Rose
Abstract: The functional interconnections of the addicted brain may differ from the non-addicted population in important ways, but prioranalytic approaches were usually limited to the study of connections between a few number of selected brain regions. Recent approaches enable examination of the vast functional interactions within the entire brain, the functional connectome (FCM). The purpose of this study was to characterize FCM alterations in addiction using resting state functional Magnetic Resonance Imaging (rsfMRI) and to assess their relations to addiction-related symptoms. rsfMRI data were acquired from 20 chronic polydrug users whose primary diagnosis was cocaine dependence (DRUG) and 19 age-matched non-drug using healthy controls (CTL). FCM was assessed using graph theoretical analysis. Among the assessed 90 brain subdivisions, DRUG showed stronger functional connectivity. After controlling functional connectivity difference and the resultant network density, DRUG showed reduced communication efficiency and reduced small-worldness. The increased connection strength in drug users' brain suggests an elevated dynamic resting state that may enable a rapid, semi-automatic, execution of behaviors directed toward drug-related goals. The reduced FCM communication efficiency and reduced small-worldness suggest a loss of normal inter-regional communications and topology features that makes it difficult to inhibit the drug seeking behavior. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.
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