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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.
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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. Pain as a predictor of heavy drinking and any drinking lapses in the COMBINE study and the UK Alcohol Treatment Trial.

Citation: Addiction (Abingdon, England), Aug 2015, vol. 110, no. 8, p. 1262-1271 (August 2015)

Author(s): Witkiewitz, Katie; Vowles, Kevin E; McCallion, Elizabeth; Frohe, Tessa; Kirouac, Megan; Maisto, Stephen A

Abstract: To test the association between pain and heavy drinking lapses during and following treatment for alcohol use disorders (AUD). Secondary data analysis of data from two clinical trials for AUD. Participants included 1383 individuals from the Combined Pharmacotherapies and Behavioral Interventions (COMBINE) Study in the United States [69.0% male, 76.8% non-Hispanic White average age = 44.4, standard deviation (SD) = 10.2] and 742 individuals from the UK Alcohol Treatment Trial (UKATT) in the United Kingdom [74.1% male, 95.6% White, average age = 41.6 (SD = 10.1)]. Form-90 (a structured assessment interview) was used to assess the primary outcome: time to first heavy drinking day. The Short Form Health Survey and Quality of Life measures were used to assess pain interference and pain intensity. Pain was a significant predictor of heavy drinking lapses during treatment in UKATT [odds ratio (OR) = 1.19, 95% confidence interval (CI) = 1.08, 1.32, P = 0.0003] and COMBINE (OR = 1.12, 95% CI = 1.03, 1.21, P = 0.009), and was a significant predictor of heavy drinking lapses following treatment in COMBINE (OR = 1.163, 95% CI = 1.15, 1.17, P < 0.00001). After controlling for other relapse risk factors (e.g. dependence severity, self-efficacy, temptation, psychiatric distress), pain remained a significant predictor of heavy drinking lapses during treatment in UKATT (OR = 1.19, 95% CI = 1.06, 1.34, P = 0.004) and following treatment in COMBINE (OR = 1.44, 95% CI = 1.07, 1.92, P = 0.01). Among people treated for alcohol use disorder, being in physical pain appears to predict heavy drinking lapses during or after treatment. © 2015 Society for the Study of Addiction.

Subject Headings: [Index Medicus](#)

Source: Medline

2. Positive and negative metacognitions about alcohol use among university students: Psychometric properties of the PAMS and NAMS French versions.

Citation: Drug and alcohol dependence, Aug 2015, vol. 153, p. 78-85 (August 1, 2015)

Author(s): Gierski, Fabien; Spada, Marcantonio M; Fois, Eveline; Picard, Aurélie; Naassila, Mickaël; Van der Linden, Martial

Abstract: Metacognitions about the positive and negative effects of alcohol use have been associated with various patterns of drinking. The aim of the present study was to validate French versions of the Positive Alcohol Metacognitions Scale (PAMS) and the Negative Alcohol Metacognitions Scale (NAMS) developed by Spada and Wells (2008, *Addict. Behav.* 33, 515) and to investigate the relationship between metacognitions and patterns of alcohol use among university students. Responses of 1600 university students who participated in an internet survey-based study on alcohol use were submitted to confirmatory (N=800, mean age 20.40 years, 45.50% male) and exploratory (N=800, mean age 20.34 years, 45.38% male) factor analyses in two separate samples. Alcohol use, binge drinking and mood were also assessed. In line with the original versions of the scales, results provided support for a two-factor structure of the French PAMS and NAMS. Both scales revealed adequate internal reliability. Good temporal stability was found for the two factors of the NAMS, whereas one factor of the PAMS showed weakness across time. Predictive validity revealed that negative alcohol metacognitions about the uncontrollability of alcohol use were found to be consistently associated with alcohol use and binge drinking, whereas positive metacognitions about alcohol use were found to be differentially associated with alcohol use and binge drinking. The French versions of the PAMS and NAMS exhibited suitable psychometric properties. This study also emphasized the role of metacognitions about alcohol use in drinking behaviour among university students. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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Full Text: Available from *Elsevier* in *Drug and Alcohol Dependence*

3. Fatal opioid poisoning: a counterfactual model to estimate the preventive effect of treatment for opioid use disorder in England.

Citation: *Addiction* (Abingdon, England), Aug 2015, vol. 110, no. 8, p. 1321-1329 (August 2015)

Author(s): White, Martin; Burton, Robyn; Darke, Shane; Eastwood, Brian; Knight, Jon; Millar, Tim; Musto, Virginia; Marsden, John

Abstract: A counterfactual model was used to estimate the number of fatal opioid-related poisonings prevented by public treatment services for opioid use disorder (OUD) in England between April 2008 and March 2011. Patient OUD treatment episode data recorded by the English National Drug Treatment Monitoring System were linked to data on opioid deaths recorded by the Office for National Statistics. The source population was the official estimate of non-medical opioid users (aged 15-64 years; approximately 260 000 each year). The target population was all individuals (aged 15-64 years) treated for OUD in the study period (n = 220 665). The outcome measure was fatal opioid-related poisoning (opioid death). The opioid death rate [per 100 person-years (PY)] and mortality rate ratios (MRR) were computed for study year, age group (15-24, 25-34, 35-64 years) and for three treatment-related states: time spent 'prior to treatment', 'during treatment' and 'after treatment'. Between April 2008 and March 2011, there were 3731 opioid deaths in the study: 741 during treatment (0.20 per 100 PY; referent category); 2722 prior to treatment [0.77 per 100 PY; MRR = 3.76, 95% confidence interval (CI) = 3.18-4.44]; and 268 after treatment (0.41 per 100 PY; MRR = 1.99, 95% CI = 1.64-2.41). By counterfactual estimation, national OUD treatment services prevented an average of 880 opioid deaths each year (95% CI = 702-1084). Between April 2008 and March 2011, a counterfactual model shows that the English public treatment system for opioid use disorder prevented an average of 880 deaths each year from opioid-related poisoning. Counterfactual models of mortality prevention can be used for outcome and performance monitoring of substance use disorder treatment systems. © 2015 Society for the Study of Addiction.

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4. Estimating the number of people with hepatitis C virus who have ever injected drugs and have yet to be diagnosed: an evidence synthesis approach for Scotland.

Citation: *Addiction* (Abingdon, England), Aug 2015, vol. 110, no. 8, p. 1287-1300 (August 2015)

Author(s): Prevost, Teresa C; Presanis, Anne M; Taylor, Avril; Goldberg, David J; Hutchinson, Sharon J; De Angelis, Daniela

Abstract: To estimate the number of people who have ever injected drugs (defined here as PWID) living in Scotland in 2009 who have been infected with the hepatitis C virus (HCV) and to quantify and characterize the population remaining undiagnosed. Information from routine surveillance (n = 22 616) and survey data (n = 2511) was combined using a multiparameter evidence synthesis approach to estimate the size of the PWID population, HCV antibody prevalence and the proportion of HCV antibody prevalent cases who have been diagnosed, in subgroups defined by recency of injecting (in the last year or not), age (15-34 and 35-64 years), gender and region of residence (Greater Glasgow and Clyde and the rest of Scotland). HCV antibody-prevalence among PWID in Scotland during 2009 was estimated to be 57% [95% CI=52-61%], corresponding to 46 657 [95% credible interval (CI) = 33 812-66 803] prevalent cases. Of these, 27 434 (95% CI = 14 636-47 564) were undiagnosed, representing 59% [95% CI=43-71%] of prevalent cases. Among the undiagnosed, 83% (95% CI = 75-89%) were PWID who had not injected in the last year and 71% (95% CI = 58-85%) were aged 35-64 years. The number of undiagnosed hepatitis C virus-infected cases in Scotland appears to be particularly high among those who have injected drugs more than 1 year ago and are more than 35 years old. © 2015

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Source: Medline

5. The Public Health Responsibility deal: has a public-private partnership brought about action on alcohol reduction?

Citation: Addiction (Abingdon, England), Aug 2015, vol. 110, no. 8, p. 1217-1225 (August 2015)

Author(s): Knai, Cécile; Petticrew, Mark; Durand, Mary Alison; Scott, Courtney; James, Lesley; Mehrotra, Anushka; Eastmure, Elizabeth; Mays, Nicholas

Abstract: The Public Health Responsibility Deal (RD) in England is a public-private partnership involving voluntary pledges between industry, government and other organizations, with the aim of improving public health. This paper aims to evaluate what action resulted from the RD alcohol pledges. We analysed publically available data on organizations' plans and progress towards achieving key alcohol pledges of the RD. We assessed the extent to which activities pledged by signatories could have been brought about by the RD, as opposed to having happened anyway (the counterfactual), using a validated coding scheme designed for the purpose. Progress reports were submitted by 92% of signatories in 2013 and 75% of signatories in 2014, and provided mainly descriptive feedback rather than quantifiable performance metrics. Approximately 14% of 2014 progress reports were identical to those presented in 2013. Most organizations (65%) signed pledges that involved actions to which they appear to have been committed already, regardless of the RD. A small but influential group of alcohol producers and retailers reported taking measures to reduce alcohol units available for consumption in the market. However, where reported, these measures appear to involve launching and promoting new lower-alcohol products rather than removing units from existing products. The RD is unlikely to have contributed significantly to reducing alcohol consumption, as most alcohol pledge signatories appear to have committed to actions that they would have undertaken anyway, regardless of the RD. Irrespective of this, there is considerable scope to improve the clarity of progress reports and reduce the variability of metrics provided by RD pledge signatories. © 2015 Society for the Study of Addiction.

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Source: Medline

6. Region-specific up-regulation of oxytocin receptor binding in the brain of mice following chronic nicotine administration.

Citation: Neuroscience letters, Jul 2015, vol. 600, p. 33-37 (July 23, 2015)

Author(s): Zanos, Panos; Georgiou, Polymnia; Metaxas, Athanasios; Kitchen, Ian; Winsky-Sommerer, Raphaelle; Bailey, Alexis

Abstract: Nicotine addiction is considered to be the main preventable cause of death worldwide. While growing evidence indicates that the neurohypophysial peptide oxytocin can modulate the addictive properties of several abused drugs, the regulation of the oxytocinergic system following nicotine administration has so far received little attention. Here, we examined the effects of long-term nicotine or saline administration on the central oxytocinergic system using [(125)I]OVTA autoradiographic binding in mouse brain. Male, 7-week old C57BL6J mice were treated with either nicotine (7.8mg/kg daily; rate of 0.5µl per hour) or saline for a period of 14-days via osmotic minipumps. Chronic nicotine administration induced a marked region-specific upregulation of the oxytocin receptor binding in the amygdala, a brain region involved in stress and emotional regulation. These results provide direct evidence for nicotine-induced neuroadaptations in the oxytocinergic system, which may be involved in the modulation of nicotine-seeking as well as emotional consequence of chronic drug use. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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Source: Medline

7. Effects of nicotine and minor tobacco alkaloids on intracranial-self-stimulation in rats.

- Citation:** Drug and alcohol dependence, Aug 2015, vol. 153, p. 330-334 (August 1, 2015)
- Author(s):** Harris, Andrew C; Tally, Laura; Muelken, Peter; Banal, Andrew; Schmidt, Clare E; Cao, Qing; LeSage, Mark G
- Abstract:** While nicotine is the primary addictive compound in tobacco, other tobacco constituents including minor alkaloids (e.g., nornicotine, anabasine) may also contribute to tobacco addiction by mimicking or enhancing the effects of nicotine. Further evaluating the behavioral effects of minor alkaloids is essential for understanding their impact on tobacco addiction and informing development of tobacco product standards by the FDA. This study compared the addiction-related effects of nicotine and the minor alkaloids nornicotine, anabasine, myosmine, anatabine, and cotinine on intracranial self-stimulation (ICSS) thresholds in rats. Acute injection of nicotine produced reinforcement-enhancing (ICSS threshold-decreasing) effects at low to moderate doses, and reinforcement-attenuating/aversive (ICSS threshold-increasing) effects at high doses. Nornicotine and anabasine produced similar biphasic effects on ICSS thresholds, although with lower potency compared to nicotine. Myosmine only elevated ICSS thresholds at relatively high doses, while anatabine and cotinine did not influence ICSS thresholds at any dose. None of the alkaloids significantly influenced ICSS response latencies, indicating a lack of nonspecific motoric effects. These findings indicate that some minor tobacco alkaloids can either fully (nornicotine, anabasine) or partially (myosmine) mimic nicotine's addiction-related effects on ICSS, albeit at reduced potency. These findings emphasize the need for further study of the abuse potential of minor alkaloids, including evaluation of their effects when combined with nicotine and other tobacco constituents to better simulate tobacco exposure in humans. Such work is essential for informing FDA regulation of tobacco products and could also lead to the development of novel pharmacotherapies for tobacco addiction. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.
- Subject Headings:** [Index Medicus](#)
- Source:** Medline
- Full Text:** Available from *Elsevier* in [Drug and Alcohol Dependence](#)

8. Molecular mechanisms of synaptic remodeling in alcoholism.

- Citation:** Neuroscience letters, Aug 2015, vol. 601, p. 11-19 (August 5, 2015)
- Author(s):** Kyzar, Evan J; Pandey, Subhash C
- Abstract:** Alcohol use and alcohol addiction represent dysfunctional brain circuits resulting from neuroadaptive changes during protracted alcohol exposure and its withdrawal. Alcohol exerts a potent effect on synaptic plasticity and dendritic spine formation in specific brain regions, providing a neuroanatomical substrate for the pathophysiology of alcoholism. Epigenetics has recently emerged as a critical regulator of gene expression and synaptic plasticity-related events in the brain. Alcohol exposure and withdrawal induce changes in crucial epigenetic processes in the emotional brain circuitry (amygdala) that may be relevant to the negative affective state defined as the "dark side" of addiction. Here, we review the literature concerning synaptic plasticity and epigenetics, with a particular focus on molecular events related to dendritic remodeling during alcohol abuse and alcoholism. Targeting epigenetic processes that modulate synaptic plasticity may yield novel treatments for alcoholism. Published by Elsevier Ireland Ltd.
- Subject Headings:** [Index Medicus](#)
- Source:** Medline

9. Effects of active anti-methamphetamine vaccination on intravenous self-administration in rats.

- Citation:** Drug and alcohol dependence, Aug 2015, vol. 153, p. 29-36 (August 1, 2015)
- Author(s):** Miller, M L; Aarde, S M; Moreno, A Y; Creehan, K M; Janda, K D; Taffe, M A

Abstract: d-Methamphetamine (METH) addiction is a serious public health concern for which successful treatment remains elusive. Immunopharmacotherapy has been shown to attenuate locomotor and thermoregulatory effects of METH. The current study investigated whether active vaccination against METH could alter intravenous METH self-administration in rats. Male Sprague-Dawley rats (Experiment 1: N=24; Experiment 2: N=18) were vaccinated with either a control keyhole-limpet hemocyanin conjugate vaccine (KLH) or a candidate anti-METH vaccine (MH6-KLH) or. Effects of vaccination on the acquisition of METH self-administration under two dose conditions (0.05, 0.1mg/kg/inf) and post-acquisition dose-substitution (0, 0.01, 0.05, 0.20mg/kg/inf, Experiment 1; 0.01, 0.05, 0.10, 0.15mg/kg/inf, Experiment 2) during steady-state responding were investigated. Plasma METH concentrations were determined 30min after an acute challenge dose of 3.2mg/kg METH. Active vaccination inhibited the acquisition of METH self-administration under the 0.1mg/kg/inf dose condition, with 66% of the MH6-KLH-vaccinated rats compared to 100% of the controls reaching criteria, and produced transient and dose-dependent effects on self-administration during the maintenance phase. Under the 0.05mg/kg/inf dose condition, MH6-KLH-vaccinated rats initially self-administered more METH than controls, but then self-administration decreased across the acquisition phase relative to controls; a subsequent dose-response assessment confirmed that MH6-KLH-vaccinated rats failed to acquire METH self-administration. Finally, plasma METH concentrations were higher in MH6-KLH-vaccinated rats compared to controls after an acute METH challenge, and these were positively correlated with antibody titers. These data demonstrate that active immunopharmacotherapy for METH attenuates the acquisition of METH self-administration. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

10. Factors associated with smoking frequency among current waterpipe smokers in the United States: Findings from the National College Health Assessment II.

Citation: Drug and alcohol dependence, Aug 2015, vol. 153, p. 359-363 (August 1, 2015)

Author(s): Haider, M Rifat; Salloum, Ramzi G; Islam, Farahnaz; Ortiz, Kasim S; Kates, Frederick R; Maziak, Wasim

Abstract: Some waterpipe smokers exhibit nicotine dependent behaviors such as increased use over time and inability to quit, placing them at high risk of adverse health outcomes. This study examines the determinants of dependence by measuring frequency of use among current waterpipe smokers using a large national U.S. Data were drawn from four waves (Spring/Fall 2009 and Spring/Fall 2010) of the American College Health Association-National College Health Assessment datasets. The sample was restricted to students who smoked a waterpipe at least once in the past 30 days (N=19,323). Ordered logistic regression modeled the factors associated with higher frequency of waterpipe smoking. Among current waterpipe smokers, 6% used a waterpipe daily or almost daily (20-29 days). Daily cigarette smokers were at higher odds of smoking a waterpipe at higher frequencies compared with non-smokers of cigarettes (OR=1.81; 95% CI=1.61-2.04). There was a strong association between daily cigar smoking and higher frequency of waterpipe smoking (OR=7.77; 95% CI=5.49-11.02). Similarly, students who used marijuana had higher odds of smoking a waterpipe at higher frequencies (OR=1.57; 95% CI=1.37-1.81). Daily consumers of other addictive substances are at a higher risk of intensive waterpipe smoking and thus higher risk of waterpipe dependence. Intervention programs must incorporate methods to reduce waterpipe dependence and subsequently prevent its deleterious health effects. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

11. E-cigarettes: Considerations for the otolaryngologist.

Citation: International journal of pediatric otorhinolaryngology, Aug 2015, vol. 79, no. 8, p. 1180-1183 (August 2015)

Author(s): Biyani, Sneha; Derkay, Craig S

Abstract: To review the literature regarding electronic cigarettes and discuss potential implications and need for advocacy for the pediatric otolaryngologist. Electronic cigarettes (e-cigarettes) are battery-operated devices that deliver nicotine-containing vapors via inhalation. Research on the health related consequences of e-cigarettes is ongoing and safety has yet to be established. E-cigarettes are not presently under the regulation of any national governing body with wide accessibility to minors. Use of these products has substantially increased since arrival to the market, particularly within the adolescent population. These products are marketed via various platforms including television, Internet and social media. Hundreds of flavors are offered and e-cigarettes are packaged in various colors. Not only are the ill health effects and addictive quality of nicotine concerning, these products have the potential to serve as a gateway for minors to tobacco use. The relationship between tobacco use, secondhand smoke exposure and otolaryngology specific diseases has well been defined. As use of electronic cigarettes increases, pediatric otolaryngologists should be aware of the ongoing literature regarding these products and to be prepared to counsel families accordingly. The use of e-cigarettes among teenagers, potential implications of secondhand vapor exposure from parents and friends, and concerns this may encourage adolescents to utilize conventional tobacco products needs to be considered. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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Full Text: Available from *Elsevier* in [International Journal of Pediatric Otorhinolaryngology](#)

12. Health insurance coverage and healthcare utilization among infants of mothers in the national methadone maintenance treatment program in Taiwan.

Citation: Drug and alcohol dependence, Aug 2015, vol. 153, p. 86-93 (August 1, 2015)

Author(s): Fang, Shao-You; Huang, Nicole; Lin, Ting; Ho, Ing-Kang; Chen, Chuan-Yu

Abstract: Children of heroin-using women have a higher risk of unfavorable health and developmental outcomes. Although methadone maintenance treatment (MMT) has been widely used to treat heroin-using pregnant women, potential effects on accessibility and utilization of healthcare service for their offspring are less explored. We used four national registry and health insurance datasets in Taiwan from 2004 to 2009 to form a population-based matched retrospective cohort study. A total of 1056 neonates born to women in the MMT program (857 born before mother's enrollment in the MMT program [BM], 199 born after mother's enrollment in the MMT program [AM]) was established; 10547 matched non-drug [ND] exposed neonates were identified for comparison. Outcome variables included offspring's health insurance coverage and utilization of preventive, outpatient, and emergency room cares in the first year after birth. Infants born to mothers on MMT were more likely to have no or incomplete insurance coverage (BM: adjusted odds ratio [aOR]=1.29, 95% CI: 1.10-1.53; AM: aOR=1.56, 95% CI: 1.14-2.13) as compared with the socioeconomic status-matched ND group. The BM infants appeared to have fewer preventive care visits (adjusted relative risk [aRR]=0.85, 95% CI: 0.80-0.90), whereas the AM infants utilized outpatient and emergency room services more frequently (outpatient: aRR=1.11, 95% CI: 1.01-1.23; emergency: aRR=1.46, 95% CI: 1.11-1.90). Addiction treatment and harm reduction programs for women of childbearing ages should be delivered in the coordinated framework that ensures comprehensiveness and continuity in healthcare and social services. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

13. An economic evaluation of a contingency-management intervention for stimulant use among community mental health patients with serious mental illness.

Citation: Drug and alcohol dependence, Aug 2015, vol. 153, p. 293-299 (August 1, 2015)

Author(s): Murphy, Sean M; McDonnell, Michael G; McPherson, Sterling; Srebnik, Debra; Angelo, Frank; Roll, John M; Ries, Richard K

Abstract: This study examines the cost-effectiveness of contingency-management (CM) for stimulant dependence among community mental health patients with serious mental illness (SMI) METHODS: Economic evaluation of a 12-week randomized controlled trial investigating the efficacy of CM added to treatment-as-usual (CM+TAU), relative to TAU without CM, for treating stimulant dependence among patients with a SMI. The trial included 176 participants diagnosed with SMI and stimulant dependency who were receiving community mental health and addiction treatment at one community mental health center in Seattle, Washington. Participants were also assessed during a 12-week follow-up period. Positive and negative syndrome scale (PANSS) scores were used to calculate quality-adjusted life-years (QALYs) for the primary economic outcome. The primary clinical outcome, the stimulant-free year (SFY) is a weighted measure of time free from stimulants. Two perspectives were adopted, those of the provider and the payer. At 12-weeks neither the provider (\$2652, p=0.74) nor the payer (\$2611, p=0.99) cost differentials were statistically significant. This was also true for the payer at 24-weeks (-\$125, p=1.00). QALYs gained were similar across groups, resulting in small, insignificant differences (0.04, p=0.23 at 12-weeks; 0.01, p=0.70 at 24 weeks). CM+TAU experienced significantly more SFYs, 0.24 (p<0.001) at 12 weeks and 0.20 (p=0.002) at 24 weeks, resulting in at least an 85% chance of being considered cost-effective at a threshold of \$200,000/SFY. Contingency management appears to be a wise investment for both the provider and the payer with regard to the clinical outcome of time free from stimulants. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

14. Multiple actions of a D3 dopamine receptor agonist, PD128907, on GABAergic inhibitory transmission between medium spiny neurons in mouse nucleus accumbens shell.

Citation: Neuroscience letters, Jul 2015, vol. 600, p. 17-21 (July 23, 2015)

Author(s): Kohnomi, Shuntaro; Konishi, Shiro

Abstract: The nucleus accumbens (NAc) plays a crucial role in pathophysiological responses, such as reward-related behaviors, addiction, depression and schizophrenia, through activation of dopaminergic system in the midbrain area. Principal cells in the NAc are medium spiny neurons (MSNs), which constitute the majority (90-95%) of NAc neuron populations in rodents. MSNs are mutually connected to form networks of lateral inhibition. Our previous study showed that activation of D2-like receptors presynaptically inhibited GABAergic transmission between MSN-MSN connections in the NAc. D2-like receptors in MSNs have been reported to consist of D2 and D3 receptors, but their functional roles remain to be elucidated. This study, therefore, aimed at examining the effects of D3 receptor activation on MSN-MSN connections using PD128907, a preferential D3 dopamine receptor agonist, and whole cell recordings from MSNs in acute slices including the NAc. In more than half of cells tested, PD128907 reduced the frequency of spontaneous inhibitory postsynaptic currents (sIPSCs) in a concentration-dependent manner. However, the agonist caused multiple actions, namely, decrease, increase and no significant changes, in the amplitude as well as the frequency of sIPSCs in individual cells. Our data, together with the results from previous studies, show that dopamine could suppress GABAergic transmission, i.e., lateral inhibition between some of MSNs, via activation of both D2 and D3 receptors. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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Source: Medline

15. The effects of continuing care on emerging adult outcomes following residential addiction treatment.

Citation: Drug and alcohol dependence, Aug 2015, vol. 153, p. 207-214 (August 1, 2015)

Author(s): Bergman, Brandon G; Hoepfner, Bettina B; Nelson, Lindsay M; Slaymaker, Valerie; Kelly, John F

Abstract: Professional continuing care services enhance recovery rates among adults and adolescents, though less is known about emerging adults (18-25 years old). Despite benefit shown from emerging adults' participation in 12-step mutual-help organizations (MHOs), it is unclear whether participation offers benefit independent of professional continuing care services. Greater knowledge in this area would inform clinical referral and linkage efforts. Emerging adults (N=284; 74% male; 95% Caucasian) were assessed during the year after residential treatment on outpatient sessions per week, percent days in residential treatment and residing in a sober living environment, substance use disorder (SUD) medication use, active 12-step MHO involvement (e.g., having a sponsor, completing step work, contact with members outside meetings), and continuous abstinence (dichotomized yes/no). One generalized estimating equation (GEE) model tested the unique effect of each professional service on abstinence, and, in a separate GEE model, the unique effect of 12-step MHO involvement on abstinence over and above professional services, independent of individual covariates. Apart from SUD medication, all professional continuing care services were significantly associated with abstinence over and above individual factors. In the more comprehensive model, relative to zero 12-step MHO activities, odds of abstinence were 1.3 times greater if patients were involved in one activity, and 3.2 times greater if involved in five activities (lowest mean number of activities in the sample across all follow-ups). Both active involvement in 12-step MHOs and recovery-supportive, professional services that link patients with these community-based resources may enhance outcomes for emerging adults after residential treatment. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

16. "Hepatitis C treatment turned me around:" Psychological and behavioral transformation related to hepatitis C treatment.

Citation: Drug and alcohol dependence, Aug 2015, vol. 153, p. 66-71 (August 1, 2015)

Author(s): Batchelder, A W; Peyser, D; Nahvi, S; Arnsten, J H; Litwin, A H

Abstract: Hepatitis C (HCV) is a significant public health problem that primarily affects current and former substance users. However, individuals with a history of substance use are less likely to have access to or engage in HCV care. Psychological and behavioral barriers prevent many HCV-infected individuals from initiating or engaging in HCV treatment. This study aimed to investigate the psychological and behavioral experiences of current and former substance users receiving HCV treatment within a combined methadone and primary care clinic in the United States. We conducted 31 semi-structured qualitative interviews with opioid-dependent adults enrolled in an integrated HCV treatment program within a methadone maintenance clinic in the Bronx, NY. We used thematic analysis, informed by grounded theory, and inquired about perceptions of HCV before and after initiating HCV treatment, reasons for initiating HCV treatment, and the decision to participate in individual versus group HCV treatment. Participants described psychological and behavioral transformation over the course of HCV treatment. These included reductions in internalized stigma and shame related to HCV and addiction, increases in HCV disclosure and self-care, reductions in substance use, and new desire to help others who are living with HCV. Integrating HCV treatment with methadone maintenance has the potential to create psychological and behavioral transformations among substance using adults, including reductions in HCV- and addiction-related shame

and improvements in overall self-care. Copyright © 2015. Published by Elsevier Ireland Ltd.

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17. Drug use patterns predict risk of non-fatal overdose among street-involved youth in a Canadian setting.

Citation: Drug and alcohol dependence, Aug 2015, vol. 153, p. 135-139 (August 1, 2015)
Author(s): Mitra, Goldis; Wood, Evan; Nguyen, Paul; Kerr, Thomas; DeBeck, Kora
Abstract: Non-fatal drug overdose is a major cause of morbidity among people who use drugs, although few studies have examined this risk among street-involved youth. We sought to determine the risk factors associated with non-fatal overdose among Canadian street-involved youth who reported illicit drug use. Using data from a prospective cohort of street-involved youth in Vancouver, Canada, we identified youth without a history of overdose and employed Cox regression analyses to determine factors associated with time to non-fatal overdose between September 2005 and May 2012. Among 615 participants, 98 (15.9%) reported a non-fatal overdose event during follow-up, resulting in an incidence density of 7.67 cases per 100 person-years. In multivariate Cox regression analyses, binge drug use (adjusted hazard ratio [AHR]=1.85; 95% confidence interval [CI]=1.20-2.84), non-injection crystal methamphetamine use (AHR=1.70; 95% CI=1.12-2.58), non-injection prescription opiate use (AHR=2.56; 95% CI=1.36-4.82), injection prescription opiate use (AHR=2.49; 95% CI=1.40-4.45) and injection heroin use (AHR=1.85; 95% CI=1.14-3.00) were positively associated with time to non-fatal overdose. Social, behavioural and demographic factors were not significantly associated with time to non-fatal overdose event. Rates of non-fatal overdose were high among street-involved youth. Drug use patterns, in particular prescription opiate use, were associated with overdose. These findings underscore the importance of addiction treatment and prevention efforts aimed at reducing the risk of overdose among youth. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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18. The impact of sensation seeking on the relationship between attention deficit/hyperactivity symptoms and severity of Internet addiction risk.

Citation: Psychiatry research, Jul 2015, vol. 228, no. 1, p. 156-161 (July 30, 2015)
Author(s): Dalbudak, Ercan; Evren, Cuneyt; Aldemir, Secil; Taymur, Ibrahim; Evren, Bilge; Topcu, Merve
Abstract: The aim of this study was to investigate the relationship of attention deficit/hyperactivity symptoms (ADHS) with severity of Internet addiction risk (SIAR), while controlling the effects of variables such as depression, anxiety, anger, sensation seeking and lack of assertiveness among university students. Cross-sectional online self-report survey was conducted in two universities among a representative sample of 582 Turkish university students. The students were assessed through the Addiction Profile Index Internet Addiction Form Screening Version (BAPINT-SV), the Psychological Screening Test for Adolescents (PSTA) and the Adult Attention deficit/hyperactivity disorder Self-Report Scale (ASRS). The participants were classified into the two groups as those with high risk of Internet addiction (HRIA) (11%) and those with low risk of Internet addiction (IA) (89%). The mean age was lower in the group with HRIA, whereas depression, anxiety, sensation seeking, anger, lack of assertiveness and ADHS scores were higher in this group. Lastly, a hierarchical regression analysis suggested that severity of sensation seeking and ADHS, particularly attention deficiency, predicted SIAR. The severity of sensation seeking and ADHS, particularly attention deficit symptoms, are important for SIAR. Awareness of sensation seeking among those with high ADHS may be important in

prevention and management of IA among university students. Copyright © 2015.
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