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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. Lay epidemiology and the interpretation of low-risk drinking guidelines by adults in the United Kingdom.

- Citation:** Addiction (Abingdon, England), Dec 2015, vol. 110, no. 12, p. 1912-1919 (December 2015)
- Author(s):** Lovatt, Melanie; Eadie, Douglas; Meier, Petra S; Li, Jessica; Bauld, Linda; Hastings, Gerard; Holmes, John
- Abstract:** To explore how the concept of lay epidemiology can enhance understandings of how drinkers make sense of current UK drinking guidelines. Qualitative study using 12 focus groups in four sites in northern England and four sites in central Scotland. Participants were 66 male and female drinkers, aged between 19 and 65 years, of different socio-economic backgrounds. Data were analysed thematically using a conceptual framework of lay epidemiology. Current drinking guidelines were perceived as having little relevance to participants' drinking behaviours and were generally disregarded. Daily guidelines were seen as irrelevant by drinkers whose drinking patterns comprised heavy weekend drinking. The amounts given in the guidelines were seen as unrealistic for those motivated to drink for intoxication, and participants measured alcohol intake in numbers of drinks or containers rather than units. Participants reported moderating their drinking, but this was out of a desire to fulfil work and family responsibilities, rather than concerns for their own health. The current Australian and Canadian guidelines were preferred to UK guidelines, as they were seen to address many of the above problems. Drinking guidelines derived from, and framed within, solely epidemiological paradigms lack relevance for adult drinkers who monitor and moderate their alcohol intake according to their own knowledge and risk perceptions derived primarily from experience. Insights from lay epidemiology into how drinkers regulate and monitor their drinking should be used in the construction of drinking guidelines to enhance their credibility and efficacy. © 2015 The Authors. Addiction published by John Wiley & Sons Ltd on behalf of Society for the Study of Addiction.
- Subject Headings:** [Index Medicus](#)
- Source:** Medline

2. Sticks and stones: investigating rude, dismissive and aggressive communication between doctors.

- Citation:** Clinical medicine (London, England), Dec 2015, vol. 15, no. 6, p. 541-545 (December 2015)
- Author(s):** Bradley, Victoria; Liddle, Samuel; Shaw, Robert; Savage, Emily; Rabbitts, Roberta; Trim, Corinne; Lasoye, Tunji A; Whitelaw, Benjamin C
- Abstract:** Destructive communication is a problem within the NHS; however previous research has focused on bullying. Rude, dismissive and aggressive (RDA) communication between doctors is a more widespread problem and underinvestigated. We conducted a mixed method study combining a survey and focus groups to describe the extent of RDA communication between doctors, its context and subsequent impact. In total, 606 doctors were surveyed across three teaching hospitals in England. Two structured focus groups were held with doctors at one teaching hospital. 31% of doctors described being subject to RDA communication multiple times per week or more often, with junior and registrar doctors affected twice as often as consultants. Rudeness was more commonly experienced from specific specialties: radiology, general surgery, neurosurgery and cardiology. 40% of respondents described that RDA moderately or severely affected their working day. The context for RDA communication was described in five themes: workload, lack of support, patient safety, hierarchy and culture. Impact of RDA communication was described as personal, including emotional distress and substance abuse, and professional, including demotivation. RDA communication between doctors is a widespread and damaging behaviour, occurring in contexts common in healthcare. Recognition of the impact on doctors and potentially patients is key to change. © Royal College of Physicians 2015. All rights reserved.
- Subject Headings:** [Index Medicus](#)
- Source:** Medline

3. Sex and age differences in the early identification and treatment of alcohol use: a population-based study of patients with alcoholic cirrhosis.

- Citation:** Addiction (Abingdon, England), Dec 2015, vol. 110, no. 12, p. 1932-1940 (December 2015)
- Author(s):** Otete, Harmony E; Orton, Elizabeth; West, Joe; Fleming, Kate M
- Abstract:** To estimate sex differences in health-care utilization among harmful/hazardous drinkers in the period before alcoholic cirrhosis diagnosis, and estimate sex differences in the extent to which alcohol use and brief alcohol interventions were documented for these individuals compared with a control cohort. Retrospective study using linked general practice and hospital admissions data in England. Three hundred and fifty-seven general practitioner (GP) practices in England. A total of 2479 individuals with alcoholic cirrhosis (mean age at diagnosis = 56years), of whom 67% were men; and 24 790 controls without the disease. Rates of primary care visits and hospital admissions prior to the diagnosis of alcoholic cirrhosis for men and women, and the proportion of men and women with alcohol consumption and/or alcohol brief intervention documented in their medical record. Compared with the general population, patients with alcoholic cirrhosis used primary and secondary health-care services more frequently in the years leading up to their diagnosis. In the years prior to diagnosis, men used primary and secondary health-care services more than did women (P for sex interaction $P < 0.0001$). Men were more likely than women to have their alcohol use recorded [odds ratio (OR) men = 1.96, 95% confidence interval (CI) = 1.7-2.3; women = 1.63, 95% CI = 1.4-1.8, P for sex interaction $P < 0.0017$]. By contrast, alcohol interventions were recorded more commonly among women (OR men = 4.3, 95% CI = 3.7-4.9; women = 5.8, 95% CI = 4.7-6.9, P for sex interaction = 0.07), although less common with increasing age (P for age interaction = 0.009). In the United Kingdom, prior to alcoholic cirrhosis diagnosis, excess health-care utilization is higher in men than women and men are more likely than women to have their alcohol use recorded. However, women appear to be more likely than men to receive alcohol brief interventions. © 2015 Society for the Study of Addiction.
- Subject Headings:** [Index Medicus](#)
- Source:** Medline

4. Short term health-related quality of life improvement during opioid agonist treatment.

- Citation:** Drug and alcohol dependence, Dec 2015, vol. 157, p. 121-128 (December 1, 2015)
- Author(s):** Nosyk, B; Bray, J W; Wittenberg, E; Aden, B; Eggman, A A; Weiss, R D; Potter, J; Ang, A; Hser, Y-I; Ling, W; Schackman, B R
- Abstract:** Opioid dependence is associated with high levels of morbidity, yet sparse data exists regarding the health-related quality of life (HRQoL) of individuals with opioid dependence, particularly following treatment initiation. To inform cost-effectiveness analyses of treatment modalities, this study investigates short-term changes in HRQoL following enrollment into opioid agonist treatment (OAT), across treatment modalities and patient subgroups. Data was analyzed from the Starting Treatment with Agonist Replacement Therapies (START) and Prescription Opioid Addiction Treatment Studies (POATS) randomized controlled trials. Participants included individuals dependent on prescription opioids (POs) or heroin, receiving limited-term or time-unlimited treatment. PO- or heroin-users in START received buprenorphine/naloxone (BUP/NX) or methadone (MET) over 24 weeks. PO-users in POATS received psychosocial care and short-term (4-week) taper with BUP/NX, with non-responders offered subsequent extended (12-week) stabilization and taper. HRQoL was assessed using the short-form SF-6D while in and out of OAT, with distinction between MMT and BUP/NX in START. Linear mixed effects regression models were fitted to determine the independent effects of OAT on HRQoL and characterize HRQoL trajectories. Treatment had a similar immediate and modest positive association with HRQoL in each patient subgroup. The association of OAT on HRQoL was statistically significant in each model, with effect sizes between 0.039 (heroin-users receiving BUP/NX) and 0.071 (PO-users receiving MET). After initial improvement, HRQoL decreased slightly, or increased at a diminished

rate. OAT, whether delivered in time-limited or unlimited form, using BUP/NX or MET, is associated with modest immediate HRQoL improvements, with diminishing benefits thereafter. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

5. The Relationship Between Gambling and Homelessness: A Commentary on Sharman et al. (2014).

Citation: Journal of gambling studies / co-sponsored by the National Council on Problem Gambling and Institute for the Study of Gambling and Commercial Gaming, Dec 2015, vol. 31, no. 4, p. 1153-1159 (December 2015)

Author(s): Griffiths, Mark D

Abstract: The relationship between problem gambling and homelessness is a little studied area in the gambling studies field. A recent study by Sharman et al. (J Gambl Stud, doi: 10.1007/s10899-014-9444-7, 2014) is the first quantitative study in Great Britain on this interesting and important topic. In this context, the study is to be commended and provides an empirical benchmark on which other studies can build. The study reported a problem gambling prevalence rate of 11.6 % and is significantly higher than the problem gambling rate of the general population in Great Britain (which is <1 %). However, given the political sensitivity surrounding the expansion of bookmakers in the UK, the study needs further contextualization otherwise the findings of such studies may be used by anti-gambling lobby groups to serve their own political agendas. While it is good that such an area has been empirically investigated in Great Britain, this paper briefly (1) places the issue of problem gambling among the homeless into the wider context of problems among the homeless more generally (particularly in relation to mental health problems and other addictive behaviors), (2) highlights some of the methodological problems and weaknesses of the study, and (3) notes a number of factual errors made in the paper.

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

6. A cost-effectiveness analysis of opioid substitution therapy upon prison release in reducing mortality among people with a history of opioid dependence.

Citation: Addiction (Abingdon, England), Dec 2015, vol. 110, no. 12, p. 1975-1984 (December 2015)

Author(s): Gisev, Natasa; Shanahan, Marian; Weatherburn, Don J; Mattick, Richard P; Larney, Sarah; Burns, Lucy; Degenhardt, Louisa

Abstract: Although opioid substitution therapy (OST) immediately after prison release reduces mortality, the cost-effectiveness of treatment has not been examined. Therefore, we undertook a cost-effectiveness analysis of OST treatment upon prison release and the prevention of death in the first 6 months post-release. Population-based, retrospective data linkage study using records of OST entrants (1985-2010), charges and court appearances (1993-2011), prison episodes (2000-11) and death notifications (1985-2011). New South Wales, Australia. A cohort of 16 073 people with a history of opioid dependence released from prison for the first time between 1 January 2000 and 30 June 2011. OST treatment compared to no OST treatment at prison release. Mortality and costs (treatment, criminal justice system-court, penalties, prison-and the social costs of crime) were evaluated at 6 months post-release. Analyses included propensity score matching, bootstrapping and regression. A total of 13 468 individuals were matched (6734 in each group). Twenty (0.3%) people released onto OST died, compared with 46 people (0.7%) not released onto OST. The final average costs were lower for the group that received OST post-release (\$7206 versus \$14 356). The incremental cost-effectiveness ratio showed that OST post-release was dominant, incurring lower costs and saving more lives. The probability that OST post-release is cost-effective per life-year saved is 96.7% at a willingness to pay of \$500. Opioid substitution treatment (compared with no such treatment), given on

release from prison to people with a history of opioid dependence, is cost-effective in reducing mortality in the first 6 months of release. © 2015 Society for the Study of Addiction.

Subject Headings: [Index Medicus](#)

Source: Medline

7. Self-help educational booklets for the prevention of smoking relapse following smoking cessation treatment: a randomized controlled trial.

Citation: Addiction (Abingdon, England), Dec 2015, vol. 110, no. 12, p. 2006-2014 (December 2015)

Author(s): Maskrey, Vivienne; Blyth, Annie; Brown, Tracey J; Barton, Garry R; Notley, Caitlin; Aveyard, Paul; Holland, Richard; Bachmann, Max O; Sutton, Stephen; Leonardi-Bee, Jo; Brandon, Thomas H; Song, Fujian

Abstract: Most people who quit smoking for a short term will return to smoking again in 12 months. We tested whether self-help booklets can reduce relapse in short-term quitters after receiving behavioural and pharmacological cessation treatment. A parallel-arm, pragmatic individually randomized controlled trial. Smoking cessation clinics in England. Participants People who stopped smoking for 4 weeks after receiving cessation treatment in stop smoking clinics. Participants in the experimental group (n = 703) were mailed eight booklets, each of which taught readers how to resist urges to smoke. Participants in the control group (n = 704) received a leaflet currently used in practice. The primary outcome was prolonged, carbon monoxide-verified abstinence from months 4 to 12. The secondary outcomes included 7-day self-reported abstinence at 3 and 12 months. Mixed-effects logistic regression was used to estimate treatment effects and to investigate possible effect modifying variables. There were no statistically significant differences between the groups in prolonged abstinence from months 4 to 12 (36.9% versus 38.6%; odds ratio 0.93, 95% confidence interval 0.75-1.16; P = 0.524). In addition, there were no significant differences between the groups in any secondary outcomes. However, people who reported knowing risky situations for relapse and using strategies to handle urges to smoke were less likely to relapse. In people who stop smoking successfully with behavioural support, a comprehensive self-help educational programme to teach people skills to identify and respond to high-risk situations for return to smoking did not reduce relapse. © 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

8. Meaning in life and non-suicidal self-injury: A follow-up study with participants with Borderline Personality Disorder.

Citation: Psychiatry research, Dec 2015, vol. 230, no. 2, p. 561-566 (December 15, 2015)

Author(s): Marco, José H; Garcia-Alandete, Joaquín; Pérez, Sandra; Guillen, Verónica; Jorquera, Mercedes; Espallargas, Pilar; Botella, Cristina

Abstract: Non-suicidal self-injury (NSSI) is considered one of the defining features of people diagnosed with Borderline Personality Disorder (BPD). Longitudinal studies are needed to identify factors predicting future NSSI in BPD participants. Several studies have shown that low meaning in life is associated with mental health problems, addiction problems, depression, hopelessness, and suicide. The purpose of this paper is to examine whether meaning in life predicts the frequency of NSSI behaviors during the one-year follow-up. The sample was composed up of 80 participants with a BPD diagnosis. We assessed the frequency of NSSI behaviors over a 12-month follow-up period. The results suggest that the participants who had low meaning in life had more frequency of NSSI, depression, and hopelessness at baseline, and more frequency of NSSI during the follow-up, than participants with high meaning in life. The predictor variables: Frequency of NSSI at base line, depression, hopelessness, and meaning in life, significantly predicted the frequency of NSSI during the one-year follow-up. Therefore, meaning in life was the only predictor

of NSSI during the follow-up period. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

9. Using natural language processing to identify problem usage of prescription opioids.

Citation: International journal of medical informatics, Dec 2015, vol. 84, no. 12, p. 1057-1064 (December 2015)

Author(s): Carrell, David S; Cronkite, David; Palmer, Roy E; Saunders, Kathleen; Gross, David E; Masters, Elizabeth T; Hylan, Timothy R; Von Korff, Michael

Abstract: Accurate and scalable surveillance methods are critical to understand widespread problems associated with misuse and abuse of prescription opioids and for implementing effective prevention and control measures. Traditional diagnostic coding incompletely documents problem use. Relevant information for each patient is often obscured in vast amounts of clinical text. We developed and evaluated a method that combines natural language processing (NLP) and computer-assisted manual review of clinical notes to identify evidence of problem opioid use in electronic health records (EHRs). We used the EHR data and text of 22,142 patients receiving chronic opioid therapy (≥ 70 days' supply of opioids per calendar quarter) during 2006-2012 to develop and evaluate an NLP-based surveillance method and compare it to traditional methods based on International Classification of Disease, Ninth Edition (ICD-9) codes. We developed a 1288-term dictionary for clinician mentions of opioid addiction, abuse, misuse or overuse, and an NLP system to identify these mentions in unstructured text. The system distinguished affirmative mentions from those that were negated or otherwise qualified. We applied this system to 7336,445 electronic chart notes of the 22,142 patients. Trained abstractors using a custom computer-assisted software interface manually reviewed 7751 chart notes (from 3156 patients) selected by the NLP system and classified each note as to whether or not it contained textual evidence of problem opioid use. Traditional diagnostic codes for problem opioid use were found for 2240 (10.1%) patients. NLP-assisted manual review identified an additional 728 (3.1%) patients with evidence of clinically diagnosed problem opioid use in clinical notes. Inter-rater reliability among pairs of abstractors reviewing notes was high, with kappa=0.86 and 97% agreement for one pair, and kappa=0.71 and 88% agreement for another pair. Scalable, semi-automated NLP methods can efficiently and accurately identify evidence of problem opioid use in vast amounts of EHR text. Incorporating such methods into surveillance efforts may increase prevalence estimates by as much as one-third relative to traditional methods. Copyright © 2015. Published by Elsevier Ireland Ltd.

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Source: Medline
Full Text: Available from *Elsevier* in [International Journal of Medical Informatics](#)

10. Electronic gaming machines and gambling disorder: A cross-cultural comparison between treatment-seeking subjects from Brazil and the United States.

Citation: Psychiatry research, Dec 2015, vol. 230, no. 2, p. 430-435 (December 15, 2015)

Author(s): Medeiros, Gustavo C; Leppink, Eric W; Yaemi, Ana; Mariani, Mirella; Tavares, Hermano; Grant, Jon E

Abstract: The objective of this paper is to perform a cross-cultural comparison of gambling disorder (GD) due to electronic gaming machines (EGM), a form of gambling that may have a high addictive potential. Our goal is to investigate two treatment-seeking samples of adults collected in Brazil and the United States, countries with different socio-cultural backgrounds. This comparison may lead to a better understanding of cultural influences on GD. The total studied sample involved 733 treatment-seeking subjects: 353 men and 380 women (average age=45.80, standard deviation ± 10.9). The Brazilian sample had 517

individuals and the American sample 216. Subjects were recruited by analogous strategies. We found that the Brazilian sample was younger, predominantly male, less likely to be Caucasian, more likely to be partnered, tended to have a faster progression from recreational gambling to GD, and were more likely to endorse chasing losses. This study demonstrated that there are significant differences between treatment-seeking samples of adults presenting GD due to EGM in Brazil and in the United States. These findings suggest that cultural aspects may have a relevant role in GD due to EGM. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

11. Pain acceptance and opiate use disorders in addiction treatment patients with comorbid pain.

Citation: Drug and alcohol dependence, Dec 2015, vol. 157, p. 136-142 (December 1, 2015)
Author(s): Lin, Lewei Allison; Bohnert, Amy S B; Price, Amanda M; Jannausch, Mary; Bonar, Erin E; Ilgen, Mark A
Abstract: Studies from pain treatment settings indicate that poor acceptance of pain may be an important and modifiable risk factor for higher severity of opioid use. However, the degree to which pain acceptance relates to opioid use severity in the addiction treatment population is unknown. In this study of addiction treatment patients with co-morbid pain, we examined correlates of severity of opiate (heroin and prescription opioid) use, with a particular focus on the role of pain acceptance. Patients in residential addiction treatment with comorbid pain (N=501) were stratified into low, moderate and high severity of opiate use. Demographic and clinical characteristics were compared across opiate severity categories. 72% (N=360) of the participants had symptoms that were consistent with an opiate use disorder. Younger age, Caucasian race, female gender, cocaine use and lower pain acceptance were associated with higher severity of opiate use, whereas pain intensity was not. Controlling for demographic and other risk factors, such as substance use and pain intensity, higher pain acceptance was associated with lower odds of severe prescription opioid (AOR 0.50, 95% CI 0.38-0.68 for a one SD increase in pain acceptance) and heroin use (AOR 0.57, 95% CI 0.44-0.75 for a one SD increase in pain acceptance). Problematic opiate use is common in addictions treatment patients with chronic pain. Lower pain acceptance is related to greater opiate use severity, and may be an important modifiable target for interventions to successfully treat both pain and opiate use disorders. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

12. Non-traumatic subdural hematoma secondary to septic brain embolism: A rare cause of unexpected death in a drug addict suffering from undiagnosed bacterial endocarditis.

Citation: Forensic science international, Dec 2015, vol. 257, p. e1. (December 2015)
Author(s): Geisenberger, D; Huppertz, L M; Büchsel, M; Kramer, L; Pollak, S; Große Perdekamp, M
Abstract: Acute subdural hematomas are mostly due to blunt traumatization of the head. In rare instances, subdural bleeding occurs without evidence of a previous trauma following spontaneous hemorrhage, e.g. from a ruptured aneurysm or an intracerebral hematoma perforating the brain surface and the arachnoid. The paper presents the morphological, microbiological and toxicological findings in a 38-year-old drug addict who was found by his partner in a dazed state. When brought to a hospital, he underwent trepanation to empty a right-sided subdural hematoma, but he died already 4h after admission. Autopsy revealed previously undiagnosed infective endocarditis of the aortic valve as well as multiple infarctions of brain, spleen and kidneys obviously caused by septic emboli. The subdural hematoma originated from a subcortical brain hemorrhage which had perforated into the subdural space. Microbiological investigation of the polypous vegetations

adhering to the aortic valve revealed colonization by *Streptococcus mitis* and *Klebsiella oxytoca*. According to the toxicological analysis, no psychotropic substances had contributed to the lethal outcome. The case reported underlines that all deaths of drug addicts should be subjected to complete forensic autopsy, as apart from intoxications also natural and traumatic causes of death have to be taken into consideration. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: [Index Medicus](#)
Source: Medline
Full Text: Available from *Elsevier* in [Forensic Science International](#)

13. Laws prohibiting peer distribution of injecting equipment in Australia: A critical analysis of their effects.

Citation: The International journal on drug policy, Dec 2015, vol. 26, no. 12, p. 1198-1206 (December 2015)

Author(s): Lancaster, Kari; Seear, Kate; Treloar, Carla

Abstract: The law is a key site for the production of meanings around the 'problem' of drugs in public discourse. In this article, we critically consider the material-discursive 'effects' of laws prohibiting peer distribution of needles and syringes in Australia. Taking the laws and regulations governing possession and distribution of injecting equipment in one jurisdiction (New South Wales, Australia) as a case study, we use Carol Bacchi's poststructuralist approach to policy analysis to critically consider the assumptions and presuppositions underpinning this legislative and regulatory framework, with a particular focus on examining the discursive, subjectification and lived effects of these laws. We argue that legislative prohibitions on the distribution of injecting equipment except by 'authorised persons' within 'approved programs' constitute people who inject drugs as irresponsible, irrational, and untrustworthy and re-inscribe a familiar stereotype of the drug 'addict'. These constructions of people who inject drugs fundamentally constrain how the provision of injecting equipment may be thought about in policy and practice. We suggest that prohibitions on the distribution of injecting equipment among peers may also have other, material, effects and may be counterproductive to various public health aims and objectives. However, the actions undertaken by some people who inject drugs to distribute equipment to their peers may disrupt and challenge these constructions, through a counter-discourse in which people who inject drugs are constituted as active agents with a vital role to play in blood-borne virus prevention in the community. Such activity continues to bring with it the risk of criminal prosecution, and so it remains a vexed issue. These insights have implications of relevance beyond Australia, particularly for other countries around the world that prohibit peer distribution, but also for other legislative practices with material-discursive effects in association with injecting drug use. Copyright © 2015 Elsevier B.V. All rights reserved.

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Source: Medline

14. A comprehensive study of sensorimotor cortex excitability in chronic cocaine users: Integrating TMS and functional MRI data.

Citation: Drug and alcohol dependence, Dec 2015, vol. 157, p. 28-35 (December 1, 2015)

Author(s): Hanlon, Colleen A; DeVries, William; Dowdle, Logan T; West, Julia A; Siekman, Bradley; Li, Xingbao; George, Mark S

Abstract: Disruptions in motor control are often overlooked features of chronic cocaine users. During a simple sensorimotor integration task, for example, cocaine users activate a larger area of cortex than controls but have lower functional connectivity between the cortex and dorsal striatum, which is further correlated with poor performance. The purpose of this study was to determine whether abnormal cortical excitability in cocaine users was related to disrupted inhibitory or excitatory mechanisms, as measured by transcranial magnetic stimulation (TMS). A battery of TMS measures were acquired from 87 individuals (50 cocaine dependent, 37 controls). Functional MRI data were acquired from a subset of 28 individuals who performed a block-design finger tapping task. TMS

measures revealed that cocaine users had significantly higher resting motor thresholds and higher intracortical cortical facilitation (ICF) than controls. There was no between-group difference in either measure of cortical inhibition. Task-evoked BOLD signal in the motor cortex was significantly correlated with ICF in the cocaine users. There was no significant difference in brain-skull distance between groups. These data demonstrated that cocaine users have disrupted cortical facilitation (as measured with TMS), which is related to elevated BOLD signal. Cortical inhibition, however, is largely intact. Given the relationship between ICF and glutamatergic agents, this may be a potentially fruitful and treatable target in addiction. Finally, among controls the distance from the scalp to the cortex was correlated with the motor threshold which may be a useful parameter to integrate into therapeutic TMS protocols in the future. Copyright © 2015. Published by Elsevier Ireland Ltd.

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

15. Disrupted inter-hemispheric functional and structural coupling in Internet addiction adolescents.

Citation: Psychiatry research, Nov 2015, vol. 234, no. 2, p. 157-163 (November 30, 2015)
Author(s): Bi, Yanzhi; Yuan, Kai; Feng, Dan; Xing, Lihong; Li, Yangding; Wang, Hongmei; Yu, Dahua; Xue, Ting; Jin, Chenwang; Qin, Wei; Tian, Jie
Abstract: Rapid progress had been made towards the effect of Internet addiction (IA) on the adolescents brain, relatively little is known about the alterations in inter-hemispheric resting state functional connectivity (RSFC) changes. In the current study, voxel-mirrored homotopic connectivity (VMHC) was used to examine inter-hemispheric RSFC in IA adolescents (n=21) and controls (n=21). The integrity of the fibers connecting the regions, which showed aberrant inter-hemispheric functional connectivity, was assessed by fiber tractography analysis. In addition, the coupling of inter-hemispheric functional and structural connectivity was investigated. Relative to controls, IA adolescents showed decreased VMHC of dorsolateral prefrontal cortex (DLPFC) and reduced fractional anisotropy (FA) values in the genu of corpus callosum (CC). The decreased VMHC of DLPFC was significantly negative correlated with the duration of IA. Moreover, the VMHC of DLPFC showed significant correlations with the FA of CC in healthy controls, which was disrupted in IA. Our findings provided more scientific evidence for the involvement of DLPFC in IA. It is hoped that multimodal imaging methods can provide deeper insights into the IA effects on the brain. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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