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1. Health information on alcoholic beverage containers: has the alcohol industry's pledge in England to improve labelling been met?

Citation: Addiction (Abingdon, England), Jan 2016, vol. 111, no. 1, p. 51-55 (January 2016)

Author(s): Petticrew, Mark; Douglas, Nick; Knai, Cécile; Durand, Mary Alison; Eastmure, Elizabeth; Mays, Nicholas

Abstract: In the United Kingdom, alcohol warning labels are the subject of a voluntary agreement between industry and government. In 2011, as part of the Public Health Responsibility Deal in England, the industry pledged to ensure that 80% of products would have clear, legible health warning labelling, although an analysis commissioned by Portman found that only 57.1% met best practice. We assessed what proportion of alcohol products now contain the required health warning information, and its clarity and placement. Survey of alcohol labelling data. United Kingdom. Analysis of the United Kingdom's 100 top-selling alcohol brands (n = 156 individual products). We assessed the product labels in relation to the presence of five labelling elements: information on alcohol units, government consumption guidelines, pregnancy warnings, reference to the Drinkaware website and a responsibility statement. We also assessed the size, colour and placement of text, and the size and colouring of the pregnancy warning logo. The first three (required) elements were present on 77.6% of products examined. The mean font size of the Chief Medical Officer's (CMO) unit guidelines (usually on the back of the product) was 8.17-point. The mean size of pregnancy logos was 5.95 mm. The pregnancy logo was on average smaller on wine containers. The UK Public Health Responsibility Deal alcohol labelling pledge has not been fully met. Labelling information frequently falls short of best practice, with font and logos smaller than would be accepted on other products with health effects. © 2015 Society for the Study of Addiction.

Subject Headings: Index Medicus

Source: Medline

2. The drug situation in Europe: an overview of data available on illicit drugs and new psychoactive substances from European monitoring in 2015.

Citation: Addiction (Abingdon, England), Jan 2016, vol. 111, no. 1, p. 34-48 (January 2016)

Author(s): Mounteney, Jane; Griffiths, Paul; Sedefov, Roumen; Noor, Andre; Vicente, Julián; Simon, Roland

Abstract: A central task for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is to produce an annual report of the latest data available on drug demand and drug supply in Europe. This paper is intended to facilitate a better understanding of, and easier access to, the main quantitative European level data sets available in 2015. The European reporting system formally covers all 28 European Union (EU) Member States, Norway and Turkey and incorporates multiple indicators alongside an early warning system (EWS) on uncontrolled new psychoactive substances (NPS). While epidemiological information is based largely on registries, surveys and other routine data reported annually, the EWS collects case-based data on an ongoing basis. The 2015 reporting exercise is centred primarily on a set of standardized reporting tools. The most recent data provided by European countries are presented, including data on drug use, drug-related morbidity and mortality, treatment demand, drug markets and new psychoactive substances, with data tables provided and methodological information. A number of key results are highlighted for illustrative purposes. Drug prevalence estimates from national surveys since 2012 (last year prevalence of use among the 15-34 age band) range from 0.4% in Turkey to 22.1% in France for cannabis, from 0.2% in Greece and Romania to 4.2% in the United Kingdom for cocaine, from 0.1% in Italy and Turkey to 3% in the Czech Republic and the United Kingdom for ecstasy, and from 0.1% or less in Romania, Italy and Portugal to 2.5% in Estonia for amphetamine. Declining trends in new HIV detections among people who inject drugs are illustrated, in addition to presentation of a breakdown of NPS reported to the EU early warning system, which have risen exponentially from fewer than 20 a year between 2005 and 2008, to 101 reported in 2014. Structured information is now available on patterns and trends in drug consumption in

Europe, which permits triangulation of data from different sources and consideration of methodological limitations. Opioid drugs continue to place a burden on the drug treatment system, although both new heroin entrants and injecting show declines. More than 450 new psychoactive substances are now monitored by the European early warning system with 31 new synthetic cathinones and 30 new synthetic cannabinoid receptor agonists notified in 2014. © 2015 Society for the Study of Addiction.

Subject Headings: Index Medicus

Source: Medline

3. Neurophysiological, psychological and behavioural correlates of rTMS treatment in alcohol dependence.

Citation: Drug and alcohol dependence, Jan 2016, vol. 158, p. 147-153 (January 1, 2016)

Author(s): Del Felice, Alessandra; Bellamoli, Elisa; Formaggio, Emanuela; Manganotti, Paolo; Masiero, Stefano; Cuoghi, Giuseppe; Rimondo, Claudia; Genetti, Bruno; Sperotto, Milena; Corso, Flavia; Brunetto, Giampaolo; Bricolo, Francesco; Gomma, Maurizio; Serpelloni, Giovanni

Abstract: Addiction is associated with dorso-lateral prefrontal cortex (DLPFC) dysfunction and altered brain-oscillations. High frequency repetitive transcranial magnetic stimulation (HFrTMS) over DLPFC reportedly reduces drug craving. Its effects on neuropsychological, behavioural and neurophysiological are unclear. We assessed psychological, behavioural and neurophysiological effects of 4 sessions of 10-min adjunctive HFrTMS over the left DLPFC during two weeks during a residential programme for alcohol detoxification. Participants were randomized to active HFrTMS (10Hz, 100% motor threshold) or sham. Immediately before the first and after the last session, 32-channels EEG was recorded and alcohol craving Visual Analogue Scale, Symptom Check List-90-R, Numeric Stroop task and Go/No-go task administered. Tests were repeated at 1-month follow-up. 17 subjects (mean age 44.7 years, 4 F) were assessed. Active rTMS subjects performed better at Stroop test at end of treatment (p=0.036) and follow up (p=0.004) and at Go-NoGo at end of treatment (p=0.05) and follow up (p=0.015). Depressive symptoms decreased at end of active treatment (p=0.036). Active-TMS showed an overall decrease of fast EEG frequencies after treatment compared to sham (p=0.026). No significant modifications over time or group emerged for craving and number of drinks at follow up. 4 HFrTMS sessions over two weeks on the left DLPFC can improve inhibitory control task and selective attention and reduce depressive symptoms. An overall reduction of faster EEG frequencies was observed. Nonetheless, this schedule is ineffective in reducing craving and alcohol intake.

Subject Headings: Index Medicus

Source: Medline

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

4. Alterations of prefrontal cortical microRNAs in methamphetamine self-administering rats: From controlled drug intake to escalated drug intake.

Citation: Neuroscience letters, Jan 2016, vol. 611, p. 21-27 (January 12, 2016)

Author(s): Du, Hao-Yue; Cao, Dan-Ni; Chen, Ying; Wang, Lv; Wu, Ning; Li, Jin

Abstract: Drug addiction is a process that transits from recreative and regular drug use into compulsive drug use. The two patterns of drug use, controlled drug intake and escalated drug intake, represent different stages in the development of drug addiction; and escalation of drug use is a hallmark of addiction. Accumulating studies indicate that microRNAs (miRNAs) play key regulatory roles in drug addiction. However, the molecular adaptations in escalation of drug use, as well as the difference in the adaptations between escalated and controlled drug use, remain unclear. In the present study, 28 altered miRNAs in the prefrontal cortex (PFC) were found in the groups of controlled methamphetamine self-administration (1h/session) and escalated self-administration (6h/session), and some of them were validated. Compared with saline control group, miR-186 was verified to be up-regulated while miR-195 and miR-329 were

down-regulated in the rats with controlled methamphetamine use. In the rats with escalated drug use, miR-127, miR-186, miR-222 and miR-24 were verified to be up-regulated while miR-329 was down-regulated compared with controls. Furthermore, bioinformatic analysis indicated that the predicted targets of these verified miRNAs involved in the processes of neuronal apoptosis and synaptic plasticity. However, the putative regulated molecules may be different between controlled and escalated drug use groups. Taken together, we detected the altered miRNAs in rat PFC under the conditions of controlled methamphetamine use and escalated use respectively, which may extend our understanding of the molecular adaptations underlying the transition from controlled drug use to addiction.

Subject Headings: Index Medicus

Source: Medline

5. Measures of outcome for stimulant trials: ACTTION recommendations and research agenda.

Citation: Drug and alcohol dependence, Jan 2016, vol. 158, p. 1-7 (January 1, 2016)

Author(s): Kiluk, Brian D; Carroll, Kathleen M; Duhig, Amy; Falk, Daniel E; Kampman, Kyle; Lai, Shengan; Litten, Raye Z; McCann, David J; Montoya, Ivan D; Preston, Kenzie L; Skolnick, Phil; Weisner, Constance; Woody, George; Chandler, Redonna; Detke, Michael J; Dunn, Kelly; Dworkin, Robert H; Fertig, Joanne; Gewandter, Jennifer; Moeller, F Gerard; Ramey, Tatiana; Ryan, Megan; Silverman, Kenneth; Strain, Eric C

Abstract: The development and approval of an efficacious pharmacotherapy for stimulant use disorders has been limited by the lack of a meaningful indicator of treatment success, other than sustained abstinence. In March, 2015, a meeting sponsored by Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks (ACTTION) was convened to discuss the current state of the evidence regarding meaningful outcome measures in clinical trials for stimulant use disorders. Attendees included members of academia, funding and regulatory agencies, pharmaceutical companies, and healthcare organizations. The goal was to establish a research agenda for the development of a meaningful outcome measure that may be used as an endpoint in clinical trials for stimulant use disorders. Based on guidelines for the selection of clinical trial endpoints, the lessons learned from prior addiction clinical trials, and the process that led to identification of a meaningful indicator of treatment success for alcohol use disorders, several recommendations for future research were generated. These include a focus on the validation of patient reported outcome measures of functioning, the exploration of patterns of stimulant abstinence that may be associated with physical and/or psychosocial benefits, the role of urine testing for validating self-reported measures of stimulant abstinence, and the operational definitions for reduction-based measures in terms of frequency rather than quantity of stimulant use. These recommendations may be useful for secondary analyses of clinical trial data, and in the design of future clinical trials that may help establish a meaningful indicator of treatment success.

Subject Headings: Index Medicus

Source: Medline

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

6. The fMRI BOLD response to unisensory and multisensory smoking cues in nicotine-dependent adults.

Citation: Psychiatry research, Dec 2015, vol. 234, no. 3, p. 321-327 (December 30, 2015)

Author(s): Cortese, Bernadette M; Uhde, Thomas W; Brady, Kathleen T; McClernon, F Joseph; Yang, Qing X; Collins, Heather R; LeMatty, Todd; Hartwell, Karen J

Abstract: Given that the vast majority of functional magnetic resonance imaging (fMRI) studies of drug cue reactivity use unisensory visual cues, but that multisensory cues may elicit greater craving-related brain responses, the current study sought to compare the fMRI BOLD response to unisensory visual and multisensory, visual plus odor, smoking cues in 17 nicotine-dependent adult cigarette smokers. Brain activation to smoking-related, compared to neutral, pictures was assessed under cigarette smoke and odorless odor

conditions. While smoking pictures elicited a pattern of activation consistent with the addiction literature, the multisensory (odor+picture) smoking cues elicited significantly greater and more widespread activation in mainly frontal and temporal regions. BOLD signal elicited by the multisensory, but not unisensory cues, was significantly related to participants' level of control over craving as well. Results demonstrated that the co-presentation of cigarette smoke odor with smoking-related visual cues, compared to the visual cues alone, elicited greater levels of craving-related brain activation in key regions implicated in reward. These preliminary findings support future research aimed at a better understanding of multisensory integration of drug cues and craving.

Subject Headings: Index Medicus

Source: Medline

Full Text: Available from *Elsevier* in *Psychiatry Research*

7. Dominant mechanisms of primary resistance differ from dominant mechanisms of secondary resistance to targeted therapies.

Citation: Critical reviews in oncology/hematology, Jan 2016, vol. 97, p. 178-196 (January 2016)

Author(s): Asić, Ksenija

Abstract: The effectiveness of targeted therapies is currently limited, as almost all patients eventually acquire resistance within year/year and a half from therapy initiation and a small subset of a patients fail to respond at all, demonstrating intrinsic resistance. The aim of this review was to determine the potential common features and differences between the mechanisms of intrinsic and acquired resistance to targeted therapies by analyzing established resistance-generating alterations for ten FDA-approved targeted drugs. The frequency of alterations underlying intrinsic and acquired resistance shows distinctive pattern, where dominant mechanisms of intrinsic resistance include aberrations of signals downstream or upstream of the targeted protein and dominant mechanisms of acquired resistance refer to lesions in the target itself or alterations of signals at target-level that can mimic or compensate for target function. It appears that during the evolution of acquired resistance, the tumor cell is inclined to preserve the same oncogene addiction on a targeted protein it had prior to drug administration. On the other hand, intrinsic resistance develops early in tumorogenesis and is based on randomly selected mutated signals between targeted and non-targeted signaling pathways, leading to the acquisition of cancer hallmarks. In general, there is an overlap between the mechanisms of intrinsic and acquired resistance, but the occurrence frequency and distribution of alterations underlying intrinsic and acquired resistance to targeted therapies are significantly different. Focus should be placed on different group of genes in pursuing predictive markers for intrinsic and acquired resistance to targeted therapies.

Subject Headings: Index Medicus

Source: Medline