

# Search Results

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## Search History

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1. MEDLINE; exp SUBSTANCE-RELATED DISORDERS/; 190082 results.
2. MEDLINE; addict\*.ti,ab; 30846 results.
3. MEDLINE; 1 OR 2; 200293 results.
4. MEDLINE; exp GREAT BRITAIN/; 259597 results.
5. MEDLINE; "United Kingdom".ti,ab; 19970 results.
6. MEDLINE; "Great Britain".ti,ab; 5453 results.
7. MEDLINE; "England".ti,ab; 25898 results.
8. MEDLINE; "Scotland".ti,ab; 9718 results.
9. MEDLINE; "Wales".ti,ab; 13517 results.
10. MEDLINE; UK.ti,ab; 48994 results.
11. MEDLINE; GB.ti,ab; 5203 results.
12. MEDLINE; ireland.ti,ab; 18758 results.
13. MEDLINE; IRELAND/; 10223 results.
14. MEDLINE; "British Isles".ti,ab; 627 results.
15. MEDLINE; "Channel islands".ti,ab; 78 results.
16. MEDLINE; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15; 334744 results.
17. MEDLINE; 3 AND 16; 6079 results.

**1. Scotland's evidence based outcomes framework for problem drug use.**

---

**Citation:** BMJ, 2015, vol./is. 350/(h133), 0959-535X;1756-1833 (2015)  
**Author(s):** Dickie E  
**Institution:** Dickie,Elinor. NHS Health Scotland, Edinburgh, UK elinor.dickie@nhs.net.  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** Letter  
**Subject Headings:** [Evidence-Based Medicine](#)  
[Health Policy](#)  
[Humans](#)  
[Scotland](#)  
["\\*Substance-Related Disorders/pc \[Prevention and Control\]"](#)  
**Source:** MEDLINE  
**Full Text:** Available from *Highwire Press* in *The BMJ*  
Available from *BMJ* in *Newcomb Library & Information Service*

**2. The bigger picture.**

---

**Citation:** Mental Health Today, November 2014(18), 1474-5186;1474-5186 (2014 Nov-Dec)  
**Author(s):** Bogg D  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** Journal Article  
**Subject Headings:** [Great Britain](#)  
[\\*Health Policy](#)  
[Humans](#)  
[\\*Legislation Drug](#)  
[Politics](#)  
[\\*Substance-Related Disorders](#)  
**Source:** MEDLINE  
**Full Text:** Available from *EBSCOhost* in *Mental health today*

**3. Characteristics of hospital-treated intentional drug overdose in Ireland and Northern Ireland.**

---

**Citation:** BMJ Open, 2014, vol./is. 4/7(e005557), 2044-6055 (2014)  
**Author(s):** Griffin E; Corcoran P; Cassidy L; O'Carroll A; Perry IJ; Bonner B  
**Institution:** Griffin,Eve. National Suicide Research Foundation, University College Cork, Cork, Ireland.; Corcoran,Paul. National Suicide Research Foundation, University College Cork, Cork, Ireland Department of Epidemiology and Public Health, University College Cork, Cork, Ireland.; Cassidy,Linda. Public Health Agency, Derry, Northern Ireland.; O'Carroll,Amanda. Public Health Agency, Derry, Northern Ireland.; Perry,Ivan J. Department of Epidemiology and Public Health, University College Cork, Cork, Ireland.; Bonner,Brendan. Public Health Agency, Derry, Northern Ireland.  
**Language:** English  
**Abstract:** OBJECTIVES: This study compared the profile of intentional drug overdoses (IDOs) presenting to emergency departments in Ireland and in the Western Trust Area of Northern Ireland between 2007 and 2012. Specifically the study aimed to compare characteristics of the patients involved, to explore the factors associated with repeated IDO and to report the prescription rates of common drug types in the population.METHODS: We utilised data from two comparable registries which monitor

the incidence of hospital-treated self-harm, recording data from deliberate self-harm presentations involving an IDO to all hospital emergency departments for the period 1 January 2007 to 31 December 2012. RESULTS: Between 2007 and 2012 the registries recorded 56 494 self-harm presentations involving an IDO. The study showed that hospital-treated IDO was almost twice as common in Northern Ireland than in Ireland (278 vs 156/100 000, respectively). CONCLUSIONS: Despite the overall difference in the rates of IDO, the profile of such presentations was remarkably similar in both countries. Minor tranquillisers were the drugs most commonly involved in IDOs. National campaigns are required to address the availability and misuse of minor tranquillisers, both prescribed and non-prescribed. Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>.

**Country of Publication:** England

**CAS Registry Number:** 0 (Nonprescription Drugs); 0 (Psychotropic Drugs)

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Aged](#)  
[Aged 80 and over](#)  
[Child](#)  
["\\*Drug Overdose/ep \[Epidemiology\]"](#)  
["Drug Overdose/et \[Etiology\]"](#)  
["Drug Overdose/th \[Therapy\]"](#)  
["Drug Prescriptions/sn \[Statistics and Numerical Data\]"](#)  
["Emergency Service Hospital/sn \[Statistics and Numerical Data\]"](#)  
[Female](#)  
[Humans](#)  
[Incidence](#)  
["Ireland/ep \[Epidemiology\]"](#)  
[Male](#)  
[Middle Aged](#)  
["Nonprescription Drugs/po \[Poisoning\]"](#)  
["Northern Ireland/ep \[Epidemiology\]"](#)  
["Psychotropic Drugs/po \[Poisoning\]"](#)  
["\\*Self-Injurious Behavior/ep \[Epidemiology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *BMJ Open*

**4. Patterns of presentation and clinical features of toxicity after reported use of [(2-aminopropyl)-2,3-dihydrobenzofurans), the 'benzofuran' compounds. A report from the United Kingdom National Poisons Information Service.**

**Citation:** Clinical Toxicology: The Official Journal of the American Academy of Clinical Toxicology & European Association of Poisons Centres & Clinical Toxicologists, December 2014, vol./is. 52/10(1025-31), 1556-3650;1556-9519 (2014 Dec)

**Author(s):** Kamour A; James D; Lupton DJ; Cooper G; Eddleston M; Vale A; Thompson JP; Thanacoody R; Hill SL; Thomas SH

**Institution:** Kamour, Ashraf. National Poisons Information Service, Newcastle Unit, Newcastle upon Tyne Hospitals NHS Foundation Trust, Wolfson Unit, Newcastle upon Tyne, UK.

**Language:** English

**Abstract:** OBJECTIVE: To characterise the patterns of presentation and clinical features of toxicity following reported recreational use of benzofuran compounds ((2-aminopropyl)-2,3-dihydrobenzofurans) in the UK, as reported to the National Poisons Information Service (NPIS), and to compare clinical features of toxicity with those after reported mephedrone use. METHODS: NPIS patient-specific telephone enquiries and user

sessions for TOXBASE(), the NPIS online information database, related to (2-aminopropyl)-2,3-dihydrobenzofurans and associated synonyms were reviewed from March 2009 to August 2013. These data were compared with those of mephedrone, the recreational substance most frequently reported to NPIS, collected over the same period. RESULTS: There were 63 telephone enquiries concerning 66 patients and 806 TOXBASE() user sessions regarding benzofuran compounds during the period of study. The first telephone enquiry was made in July 2010 and the highest numbers of enquiries were received in August 2010 (33 calls, 112 TOXBASE() sessions). Patients were predominantly male (82%) with a median age of 29 years; 9 reported co-ingestion of other substances. Comparing the 57 patients who reported ingesting benzofuran compounds alone with 315 patients ingesting mephedrone alone, benzofurans were more often associated with stimulant features, including tachycardia, hypertension, mydriasis, palpitation, fever, increased sweating, and tremor, (72% vs. 38%, odds ratio [OR] 4.2, 95% confidence interval [CI] 2.27-7.85,  $P < 0.0001$ ) and mental health disturbances (58% vs. 38%, OR 2.3, 95% CI 1.29-4.07,  $P = 0.006$ ). Other features reported after benzofuran compound ingestion included gastrointestinal symptoms (16%), reduced level of consciousness (9%), chest pain (7%), and creatinine kinase elevation (5%). CONCLUSIONS: Reported ingestion of benzofuran compounds is associated with similar toxic effects to those of amphetamines and cathinones. Mental health disturbances and stimulant features were reported more frequently following reported ingestion of benzofuran compounds than after ingestion of mephedrone.

**Country of Publication:** England

**CAS Registry Number:** 0 (Benzofurans); 0 (Central Nervous System Stimulants); 0 (Street Drugs); 44RAL3456C (Methamphetamine); 8BA8T27317 (mephedrone)

**Publication Type:** Comparative Study; Journal Article

**Subject Headings:** Adolescent  
Adult  
Aged  
"\*Benzofurans/po [Poisoning]"  
"\*Central Nervous System Stimulants/po [Poisoning]"  
Databases Factual  
\*Drug Information Services  
"Drug Overdose/di [Diagnosis]"  
"\*Drug Overdose/ep [Epidemiology]"  
Female  
"Great Britain/ep [Epidemiology]"  
Humans  
Internet  
Male  
"Methamphetamine/aa [Analogues and Derivatives]"  
"Methamphetamine/po [Poisoning]"  
Middle Aged  
Odds Ratio  
\*Poison Control Centers  
Prognosis  
Severity of Illness Index  
"\*Street Drugs/po [Poisoning]"  
"Substance-Related Disorders/co [Complications]"  
"Substance-Related Disorders/di [Diagnosis]"  
"\*Substance-Related Disorders/ep [Epidemiology]"  
Telephone  
Time Factors  
Young Adult

**Source:** MEDLINE

**Full Text:** Available from *Informa Healthcare* in *Clinical Toxicology*

##### 5. Heroin substitute treatment should not be time limited, says report commissioned by government.

**Citation:** BMJ, 2014, vol./is. 349/(g6715), 0959-535X;1756-1833 (2014)  
**Author(s):** Torjesen I  
**Institution:** Torjesen,Ingrid. London.  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** News  
**Subject Headings:** [Behavior Therapy](#)  
[Combined Modality Therapy](#)  
["Crime/pc \[Prevention and Control\]"](#)  
[Drug Administration Schedule](#)  
[Great Britain](#)  
["\\*Heroin Dependence/th \[Therapy\]"](#)  
[Humans](#)  
[\\*Opiate Substitution Treatment](#)

**Source:** MEDLINE  
**Full Text:** Available from *Highwire Press* in *The BMJ*  
Available from *BMJ* in *Newcomb Library & Information Service*

#### 6. Court to decide whether mother committed crime against child with fetal alcohol disorder.

---

**Citation:** BMJ, 2014, vol./is. 349/(g6705), 0959-535X;1756-1833 (2014)  
**Author(s):** Dyer C  
**Institution:** Dyer,Clare. The BMJ.  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** Legal Cases; News  
**Subject Headings:** [Adolescent](#)  
[\\*Alcoholism](#)  
[Child](#)  
["\\*Crime/lj \[Legislation and Jurisprudence\]"](#)  
[England](#)  
[Female](#)  
[\\*Fetal Alcohol Spectrum Disorders](#)  
[Humans](#)  
[Pregnancy](#)  
[\\*Pregnancy Complications](#)

**Source:** MEDLINE  
**Full Text:** Available from *Highwire Press* in *The BMJ*  
Available from *BMJ* in *Newcomb Library & Information Service*

#### 7. Take-home emergency naloxone to prevent deaths from heroin overdose.

---

**Citation:** BMJ, 2014, vol./is. 349/(g6580), 0959-535X;1756-1833 (2014)  
**Author(s):** Strang J; Bird SM; Dietze P; Gerra G; McLellan AT  
**Institution:** Strang,John. National Addiction Centre (Institute of Psychiatry and The Maudsley), King's College London, London SE5 8AF, UK john.strang@kcl.ac.uk.; Bird,Sheila M. MRC Biostatistics Unit, Cambridge CB2 0SR, UK.; Dietze,Paul. Burnet Institute, Melbourne, Australia.; Gerra,Gilberto. Drug Prevention and Health Branch, United Nations Office on Drugs and Crime, Vienna, Austria.; McLellan,A Thomas. Treatment Research Institute, Philadelphia, PA 19106, USA.  
**Language:** English

**Country of Publication:** England  
**CAS Registry Number:** 0 (Narcotic Antagonists); 36B82AMQ7N (Naloxone)  
**Publication Type:** Editorial; Research Support, Non-U.S. Gov't  
**Subject Headings:** ["\\*Drug Overdose/dt \[Drug Therapy\]"](#)  
["Drug Overdose/mo \[Mortality\]"](#)  
[Emergencies](#)  
["Great Britain/ep \[Epidemiology\]"](#)  
["\\*Heroin Dependence/dt \[Drug Therapy\]"](#)  
["Heroin Dependence/mo \[Mortality\]"](#)  
[Humans](#)  
["\\*Naloxone/tu \[Therapeutic Use\]"](#)  
["\\*Narcotic Antagonists/tu \[Therapeutic Use\]"](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *The BMJ*  
Available from *BMJ* in *Newcomb Library & Information Service*

#### 8. Scotland to bring in tougher drink driving law.

---

**Citation:** BMJ, 2014, vol./is. 349/(g6474), 0959-535X;1756-1833 (2014)  
**Author(s):** Christie B  
**Institution:** Christie,Bryan. Edinburgh.  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** News  
**Subject Headings:** ["\\*Accidents Traffic/pc \[Prevention and Control\]"](#)  
[\\*Alcoholic Intoxication](#)  
["\\*Automobile Driving/lj \[Legislation and Jurisprudence\]"](#)  
[Humans](#)  
[Scotland](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *The BMJ*  
Available from *BMJ* in *Newcomb Library & Information Service*

#### 9. Hospital admissions for alcoholic liver disease vary threefold across England.

---

**Citation:** BMJ, 2014, vol./is. 349/(g5767), 0959-535X;1756-1833 (2014)  
**Author(s):** Kmietowicz Z  
**Institution:** Kmietowicz,Zosia. The BMJ.  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** News  
**Subject Headings:** ["Emergencies/ep \[Epidemiology\]"](#)  
[England](#)  
[Humans](#)  
["Liver Diseases Alcoholic/ep \[Epidemiology\]"](#)  
[\\*Liver Diseases Alcoholic](#)  
["\\*Patient Admission/sn \[Statistics and Numerical Data\]"](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *The BMJ*  
Available from *BMJ* in *Newcomb Library & Information Service*

**10. Severe systemic Bacillus anthracis infection in an intravenous drug user.**

**Citation:** BMJ Case Reports, 2014, vol./is. 2014/, 1757-790X (2014)

**Author(s):** Veitch J; Kansara A; Bailey D; Kustos I

**Institution:** Veitch, Jessica. Countess of Chester NHS Foundation Trust, Chester, UK.

**Language:** English

**Abstract:** There has recently been an outbreak of injectional anthrax infection secondary to contaminated heroin use in the UK and Europe. We present a case of a 37-year-old man presenting with pain and swelling in the groin following injection of heroin into the area. He was initially treated for severe cellulitis, however, he failed to respond to appropriate antimicrobial therapy. He went on to develop a widespread rash; it was then that a diagnosis of injectional anthrax infection was considered. Appropriate investigations were initiated including serum sample and tissue biopsy, and the diagnosis was confirmed. Management included extensive surgical debridement and a prolonged course of combination antibiotic therapy. The authors summarise the important steps in diagnosis and the management options in patients presenting with this life-threatening infection.

**Country of Publication:** England

**CAS Registry Number:** 0 (Street Drugs); 70D95007SX (Heroin)

**Publication Type:** Case Reports; Journal Article

**Subject Headings:** [Adult](#)  
["Anthrax/mi \[Microbiology\]"](#)  
["\\*Anthrax/th \[Therapy\]"](#)  
[\\*Bacillus anthracis](#)  
[\\*Drug Contamination](#)  
[Heroin](#)  
[Humans](#)  
[Male](#)  
["\\*Soft Tissue Infections/mi \[Microbiology\]"](#)  
["Soft Tissue Infections/th \[Therapy\]"](#)  
[Street Drugs](#)  
["\\*Substance Abuse Intravenous/co \[Complications\]"](#)  
["Substance Abuse Intravenous/mi \[Microbiology\]"](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *BMJ Case Reports*

**11. Vulnerability and the 'toxic trio': the role of health visiting.**

**Citation:** Community Practitioner, December 2014, vol./is. 87/12(38-9), 1462-2815;1462-2815 (2014 Dec)

**Author(s):** Middleton C; Hardy J

**Language:** English

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** [Adult](#)  
["\\*Alcoholism/nu \[Nursing\]"](#)  
["\\*Community Health Nursing/og \[Organization and Administration\]"](#)  
["\\*Domestic Violence/pc \[Prevention and Control\]"](#)  
[Female](#)  
[Great Britain](#)  
[Humans](#)  
[Male](#)  
["\\*Maternal Health Services/og \[Organization and Administration\]"](#)  
["\\*Mental Disorders/nu \[Nursing\]"](#)



Middle Aged  
 \*Nurse's Role  
 \*Nurses Community Health

**Source:** MEDLINE

**Full Text:** Available from *ProQuest* in *Community Practitioner*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

## 12. Scottish health inequalities highest for heart disease and alcohol misuse.

---

**Citation:** Community Practitioner, December 2014, vol./is. 87/12(6), 1462-2815;1462-2815 (2014 Dec)

**Author(s):** anonymous

**Language:** English

**Country of Publication:** England

**Publication Type:** News

**Subject Headings:** ["\\*Alcoholism/th \[Therapy\]"](#)  
["\\*Delivery of Health Care/og \[Organization and Administration\]"](#)  
[European Continental Ancestry Group](#)  
[\\*Healthcare Disparities](#)  
["\\*Heart Diseases/th \[Therapy\]"](#)  
[Humans](#)  
["\\*Quality of Health Care/og \[Organization and Administration\]"](#)  
[Scotland](#)  
[Socioeconomic Factors](#)

**Source:** MEDLINE

**Full Text:** Available from *ProQuest* in *Community Practitioner*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

## 13. Personal breathalysers may give false reassurance to drivers, research shows.

---

**Citation:** BMJ, 2014, vol./is. 349/(g7745), 0959-535X;1756-1833 (2014)

**Author(s):** Gornall J

**Institution:** Gornall,Jonathan. Suffolk.

**Language:** English

**Country of Publication:** England

**Publication Type:** News

**Subject Headings:** ["\\*Alcoholic Intoxication/di \[Diagnosis\]"](#)  
[\\*Automobile Driving](#)  
["\\*Breath Tests/is \[Instrumentation\]"](#)  
[England](#)  
[Humans](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *The BMJ*  
 Available from *BMJ* in *Newcomb Library & Information Service*

## 14. Long-term consequences of alcohol misuse in Scottish military veterans.

---

**Citation:** Occupational & Environmental Medicine, January 2015, vol./is. 72/1(28-32), 1351-0711;1470-7926 (2015 Jan)

**Author(s):** Bergman BP; Mackay DF; Pell JP

**Institution:** Bergman,Beverly P. Institute of Health and Wellbeing, Public Health & Health Policy, University of Glasgow, Glasgow, UK.; Mackay,Daniel F. Institute of Health and Wellbeing, Public Health & Health Policy, University of Glasgow, Glasgow, UK.; Pell,Jill P. Institute of Health and Wellbeing, Public Health & Health Policy, University of Glasgow, Glasgow, UK.

**Language:** English

**Abstract:** OBJECTIVE: Serving military personnel are more likely to drink heavily than civilians. The aim of our study was to examine whether veterans have an increased risk of alcoholic liver disease and alcohol-related death compared with non-veterans.DESIGN: Retrospective cohort study of 57 000 veterans resident in Scotland and 173 000 age, sex and area of residence-matched civilians, using Cox proportional hazard models to compare the risk of alcoholic liver disease and alcohol-related death overall, by sex, birth cohort, length of service and year of recruitment, adjusting for socioeconomic status.RESULTS: Over mean 29 years follow-up, 677 (1.20%) veterans developed alcoholic liver disease compared with 2175 (1.26%) non-veterans (adjusted HR=0.91, 95% CIs 0.84 to 0.99, p=0.035). Only the 1945-1949 veterans' birth cohort was at higher risk, unadjusted HR=1.25, 95% CIs 1.07 to 1.47, p=0.004, although their difference in risk became non-significant after adjusting for socioeconomic status, p=0.052. The pattern was similar for alcohol-related death. Veterans were less likely than non-veterans to have comorbid hepatitis C. Older age at recruitment at a time of high operational activity in the early 1970s was associated with increased risk, but longer service was not.CONCLUSIONS: Overall, veterans in Scotland had a significantly reduced risk of alcoholic liver disease or alcohol-related death compared with non-veterans, although the risk was higher in those born before 1950. Reasons for the changing pattern are likely to be complex and may reflect operational exposure, social attitudes to alcohol and the impact of recent military health promotion.Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>.

**Country of Publication:** England

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adult](#)  
[Age Factors](#)  
[Aged](#)  
["Alcoholism/ep \[Epidemiology\]"](#)  
[Female](#)  
[Follow-Up Studies](#)  
["Hospitalization/sn \[Statistics and Numerical Data\]"](#)  
[Humans](#)  
["Liver Diseases Alcoholic/ep \[Epidemiology\]"](#)  
["Liver Diseases Alcoholic/mo \[Mortality\]"](#)  
[Male](#)  
[Middle Aged](#)  
[Retrospective Studies](#)  
[Risk Factors](#)  
["Scotland/ep \[Epidemiology\]"](#)  
[Time Factors](#)  
["Veterans/sn \[Statistics and Numerical Data\]"](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *Occupational and environmental medicine*

**15. Per-event probability of hepatitis C infection during sharing of injecting equipment.**

---

**Citation:** PLoS ONE [Electronic Resource], 2014, vol./is. 9/7(e100749), 1932-6203;1932-6203 (2014)

**Author(s):** Boelen L; Teutsch S; Wilson DP; Dolan K; Dore GJ; Lloyd AR; Luciani F; HITS investigators

**Institution:** Boelen,Lies. Inflammation and Infection Research Centre, School of Medical Sciences, The University of New South Wales, Sydney, Australia; Section of Immunology, School of Medicine, Imperial College, London, United Kingdom.; Teutsch,Suzy. Inflammation and Infection Research Centre, School of Medical Sciences, The University of New South Wales, Sydney, Australia.; Wilson,David P. The Kirby Institute, The University of New South Wales, Sydney, Australia.; Dolan,Kate. National Drug and Alcohol Research Centre, The University of New South Wales, Sydney, Australia.; Dore,Greg J. The Kirby Institute, The University of New South Wales, Sydney, Australia.; Lloyd,Andrew R. Inflammation and Infection Research Centre, School of Medical Sciences, The University of New South Wales, Sydney, Australia.; Luciani,Fabio. Inflammation and Infection Research Centre, School of Medical Sciences, The University of New South Wales, Sydney, Australia.

**Language:** English

**Abstract:** BACKGROUND: Shared injecting apparatus during drug use is the premier risk factor for hepatitis C virus (HCV) transmission.AIMS: To estimate the per-event probability of HCV infection during a sharing event, and the transmission probability of HCV from contaminated injecting apparatus.METHODS: Estimates were obtained using a maximum likelihood method with estimated IDU and sharing events obtained from behavioural data.SETTINGS: Cohort study in multiple correction centres in New South Wales, Australia.PARTICIPANTS: Subjects (N = 500) with a lifetime history of injecting drug use (IDU) who were followed up between 2005 and 2012. During follow-up, interviews for risk behaviours were taken and blood sampling (HCV-antibody and RNA testing) was performed.MEASUREMENTS: Self-reported frequencies of injecting drugs and sharing events, as well as other risk behaviours and details on the nature of injecting events.FINDINGS: The best estimate of the per-event probability of infection was 0.57% (CI: 0.32-1.05%). A sensitivity analysis on the likely effect of under-reporting of sharing of the injecting apparatus indicated that the per event infection probability may be as low as 0.17% (95% CI: 0.11%-0.25%). The transmission probability was similarly shown to range up to 6%, dependent on the presumed prevalence of the virus in injecting equipment.CONCLUSIONS: The transmission probability of HCV during a sharing event is small. Hence, strategies to reduce the frequency and sharing of injecting equipment are required, as well as interventions focused on decreasing the per event risk.

**Country of Publication:** United States

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Female](#)  
["\\*Hepatitis C/tm \[Transmission\]"](#)  
[Humans](#)  
[Male](#)  
["\\*Needle Sharing/ae \[Adverse Effects\]"](#)  
[Probability](#)  
[Self Report](#)  
["Substance Abuse Intravenous/vi \[Virology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

**Full Text:** Available from *ProQuest* in [PLoS One](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions. Available from *National Library of Medicine* in [PLoS ONE](#)

#### 16. Margaret McCartney: Stop playing politics with illegal drug use.

**Citation:** BMJ, 2014, vol./is. 349/(g7273), 0959-535X;1756-1833 (2014)

**Author(s):** McCartney M

**Language:** English

**Country of Publication:** England

**CAS Registry Number:** 0 (Street Drugs)

**Publication Type:** Journal Article

**Subject Headings:** [\\*Crime](#)  
[Evidence-Based Practice](#)  
[Great Britain](#)  
[\\*Health Policy](#)  
[Humans](#)  
[\\*Politics](#)  
[\\*Street Drugs](#)  
[\\*Substance-Related Disorders](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *The BMJ*  
Available from *BMJ* in *Newcomb Library & Information Service*