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Search History

1. EMBASE; exp ADDICTION/; 169546 results.
2. EMBASE; addict*.ti,ab; 38956 results.
3. EMBASE; 1 OR 2; 180141 results.
4. EMBASE; UNITED KINGDOM/; 253960 results.
5. EMBASE; "great britain".ti,ab; 8397 results.
6. EMBASE; "united kingdom".ti,ab; 22049 results.
7. EMBASE; "england".ti,ab; 28422 results.
8. EMBASE; "wales".ti,ab; 14505 results.
9. EMBASE; "scotland".ti,ab; 10561 results.
10. EMBASE; "UK".ti,ab; 83362 results.
11. EMBASE; "GB".ti,ab; 5370 results.
12. EMBASE; "ireland".ti,ab; 99981 results.
13. EMBASE; "british isles".ti,ab; 717 results.
14. EMBASE; "channel islands".ti,ab; 86 results.
15. EMBASE; IRELAND/ OR IRELAND,NORTHERN/; 262954 results.
16. EMBASE; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15; 434140 results.
17. EMBASE; 3 AND 16; 6853 results.

1. Polygenic risk for alcohol dependence associates with alcohol consumption, cognitive function and social deprivation in a population-based cohort

Citation: Addiction Biology, March 2016, vol./is. 21/2(469-480), 1355-6215;1369-1600 (01 Mar 2016)

Author(s): Clarke T.-K.; Smith A.H.; Gelernter J.; Kranzler H.R.; Farrer L.A.; Hall L.S.; Fernandez-Pujals A.M.; MacIntyre D.J.; Smith B.H.; Hocking L.J.; Padmanabhan S.; Hayward C.; Thomson P.A.; Porteous D.J.; Deary I.J.; McIntosh A.M.

Institution: (Clarke, Hall, Fernandez-Pujals, MacIntyre, McIntosh) Division of Psychiatry, United States; (Clarke, Smith, Gelernter) Division of Human Genetics, Department of Psychiatry, Yale University, School of Medicine, VA CT Healthcare Center, Kennedy Tower, Edinburgh, CT EH10 5HF, United States; (Smith) Medical Scientist Training Program, Interdepartmental Neuroscience Program, Yale University, School of Medicine, West Haven, CT, United States; (Gelernter) Department of Genetics and Neurobiology, Yale University School of Medicine, West Haven, CT, United States; (Kranzler) Department of Psychiatry, University of Pennsylvania Perelman, School of Medicine VISN4 MIRECC, Philadelphia VA Medical Center, Philadelphia, PA, United States; (Farrer) Departments of Medicine, Neurology, Ophthalmology, Biomedical Genetics, Epidemiology, Biostatistics, Boston University, School of Medicine and Public Health, Boston, MA, United States; (Smith) Population Health Sciences, University of Dundee, United Kingdom; (Hocking) Division of Applied Health Sciences, University of Aberdeen, United Kingdom; (Padmanabhan) Institute of Cardiovascular and Medical Sciences, University of Glasgow, United Kingdom; (Hayward, Thomson) Centre for Genomics and Experimental Medicine, Institute of Genetics and Molecular Medicine, Western General Hospital, University of Edinburgh, United Kingdom; (Hayward, Porteous) MRC Human Genetics, MRC IGMM, University of Edinburgh, United Kingdom; (Thomson, Porteous, Deary, McIntosh) Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, United Kingdom; (Deary) Department of Psychology, University of Edinburgh, United Kingdom

Language: English

Abstract: Alcohol dependence is frequently co-morbid with cognitive impairment. The relationship between these traits is complex as cognitive dysfunction may arise as a consequence of heavy drinking or exist prior to the onset of dependence. In the present study, we tested the genetic overlap between cognitive abilities and alcohol dependence using polygenic risk scores (PGRS). We created two independent PGRS derived from two recent genome-wide association studies (GWAS) of alcohol dependence (SAGE GWAS: N = 2750; Yale-Penn GWAS: N = 2377) in a population-based cohort, Generation Scotland: Scottish Family Health Study (GS:SFHS) (n = 9863). Data on alcohol consumption and four tests of cognitive function [Mill Hill Vocabulary (MHV), digit symbol coding, phonemic verbal fluency (VF) and logical memory] were available. PGRS for alcohol dependence were negatively associated with two measures of cognitive function: MHV (SAGE: P = 0.009, beta = -0.027; Yale-Penn: P = 0.001, beta = -0.034) and VF (SAGE: P = 0.0008, beta = -0.036; Yale-Penn: P = 0.00005, beta = -0.044). VF remained robustly associated after adjustment for education and social deprivation; however, the association with MHV was substantially attenuated. Shared genetic variants may account for some of the phenotypic association between cognitive ability and alcohol dependence. A significant negative association between PGRS and social deprivation was found (SAGE: P = 5.2 x 10⁻⁷, beta = -0.054; Yale-Penn: P = 0.000012, beta = -0.047). Individuals living in socially deprived regions were found to carry more alcohol dependence risk alleles which may contribute to the increased prevalence of problem drinking in regions of deprivation. Future work to identify genes which affect both cognitive impairment and alcohol dependence will help elucidate biological processes common to both disorders.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Article

Subject Headings: adult

*alcohol consumption
*alcoholism
article
*cognition
digit symbol coding
educational status
female
genetic association
genetic risk
genetic variability
human
logical memory
male
Mill Hill vocabulary
polygenic risk score
priority journal
scoring system
*social isolation
socioeconomics
verbal fluency

Source: EMBASE

Full Text: Available from *Wiley* in *Addiction Biology*

2. Quality of life Evaluation in patients receiving Steroids (the QuESt tool): Initial development in children and young people with acute lymphoblastic leukaemia

Citation: Archives of Disease in Childhood, March 2016, vol./is. 101/3(241-246), 0003-9888;1468-2044 (March 2016)

Author(s): Adams M.; Robling M.; Grainger J.; Tomlins J.; Johnson A.; Morris S.; Velangi M.; Jenney M.

Institution: (Adams, Johnson, Morris, Jenney) Department of Paediatric Oncology, Children's Hospital for Wales, Heath Park, Cardiff CF14 4XW, United Kingdom; (Robling) Institute of Primary Care and Public Health, Cardiff University, Cardiff, United Kingdom; (Grainger) Department of Paediatric Haematology, Royal Manchester Children's Hospital, Manchester, United Kingdom; (Tomlins) Teenage and Young Adult Haematology Department, Christie Hospital, Manchester, United Kingdom; (Velangi) Department of Paediatric Haematology, Birmingham Children's Hospital, Birmingham, United Kingdom

Language: English

Abstract: Background The powerful cytotoxic and immunomodulatory effects of corticosteroids are an important element of the success that has been achieved in the treatment of acute lymphoblastic leukaemia (ALL). In addition to physical side effects, corticosteroids can adversely influence behaviour, cognitive function and mood leading to significantly impaired quality of life (QoL). A number of tools exist for assessing QoL, but none of these specifically examines changes attributable to steroids. Methods Children and young adults aged 8.24 years and parents of children receiving maintenance therapy for ALL from four UK centres were invited to participate. The study comprised three stages carried out over 2 years: (1) focus groups and interviews where participants were asked to describe their experiences of dexamethasone; (2) analysis of questionnaires sent to healthcare professionals and patients to evaluate the importance and relevance of the questions; and (3) cognitive interviewing. Results Interpretative phenomenological analysis of focus group and interview transcripts identified that dexamethasone adversely influenced behaviour, appetite, body image, mood and family relationships. 157 electronic survey responses were analysed leading to further item development. Cognitive interviewing confirmed face validity and internal consistency. QuESt comprises 28 questions within four domains and has three age-specific versions. Conclusions QuESt is the first treatment-specific QoL measure for children and young adults receiving corticosteroids. It can be completed in 10.15 min by children aged .8 years. Further validity and reliability testing will be undertaken. Although the initial application is for

ALL, QuESt may also be a valuable tool for understanding the impact of corticosteroids in other paediatric conditions.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

CAS Registry Number: 50-02-2 (dexamethasone)

Publication Type: Journal: Article

Subject Headings:
"*acute lymphoblastic leukemia/dm [Disease Management]"
"*acute lymphoblastic leukemia/dt [Drug Therapy]"
adolescent
adult
aggression
agitation
anger
appetite
article
body image
child
child behavior
clinical article
*corticosteroid therapy
"distress syndrome/si [Side Effect]"
evaluation study
face validity
family relation
female
"gastritis/si [Side Effect]"
health care personnel
health survey
human
hunger
"hyperactivity/si [Side Effect]"
information processing
internal consistency
interview
maintenance therapy
male
mood
"obsession/si [Side Effect]"
"pallor/si [Side Effect]"
"pallor/si [Side Effect]"
personal experience
"personality disorder/si [Side Effect]"
phenomenology
physical appearance
priority journal
*quality of life
questionnaire
"side effect/si [Side Effect]"
"sleep disorder/si [Side Effect]"
sweating
weight gain
"withdrawal syndrome/si [Side Effect]"
"*dexamethasone/ae [Adverse Drug Reaction]"
"*dexamethasone/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *Archives of disease in childhood*

3. Big tobacco, E-cigarettes, and a road to the smoking endgame

Citation: International Journal of Drug Policy, March 2016, vol./is. 29/(14-18), 0955-3959;1873-4758 (March 01, 2016)

Author(s): Branston J.R.; Sweanor D.

Institution: (Branston) Centre for Governance and Regulation, School of Management, University of Bath, United Kingdom; (Branston) Institute for Policy Research, University of Bath, United Kingdom; (Sweanor) Faculty of Law, University of Ottawa, Canada; (Sweanor) Centre for Health Law, Policy and Ethics, University of Ottawa, Canada

Language: English

Abstract: The provision of the extraordinarily deadly product of cigarettes is dominated by a small number of large and incredibly profitable shareholder owned companies that are focussed on cigarettes. The legal duty of their managers to maximise shareholder wealth means that such companies vigorously fight any new public health measures that have the potential to disrupt their massive profit making, and have the resources to do so. Protecting the public health is therefore made a lot more difficult and expensive. We suggest that one way to counter this would be to actively design future tobacco control policies so that tobacco companies face mechanisms and incentives to develop in such a way that they no longer achieve the greatest shareholder value by focusing on cigarettes. A proper tobacco diversification and exit strategy for the shareholders of the profit-seeking tobacco industry would protect the public health by addressing the current addiction to the continuation of the cigarette market. The increasing popularity of e-cigarettes presents a particular opportunity in this regard, and we therefore suggest a possible policy response in order to start discussion in this area.

Country of Publication: Netherlands

Publisher: Elsevier

Publication Type: Journal: Note

Subject Headings:
change management
*electronic cigarette
government regulation
human
investment
market
note
policy
priority journal
profit
public health
*smoking
*smoking endgame
smoking regulation
strategic planning
tax
*tobacco
tobacco industry
United Kingdom

Source: EMBASE

Full Text: Available from *Elsevier* in *International Journal of Drug Policy*

4. The Choosing Wisely campaign to reduce harmful medical overuse: Its close association with Patient Blood Management initiatives

Citation: Transfusion Medicine, October 2015, vol./is. 25/5(287-292), 0958-7578;1365-3148 (01 Oct 2015)

Author(s): Murphy M.F.

Institution:	(Murphy) NHS Blood and Transplant, Oxford, United Kingdom; (Murphy) National Institute of Health Research (NIHR), Biomedical Research Centre, Oxford University NHS Foundation Trust and University of Oxford, Oxford, United Kingdom
Language:	English
Country of Publication:	United Kingdom
Publisher:	Blackwell Publishing Ltd
Publication Type:	Journal: Editorial
Subject Headings:	*blood transfusion *drug misuse editorial human medical audit risk reduction transfusion medicine United Kingdom United States
Source:	EMBASE
Full Text:	Available from *Wiley* in *Transfusion Medicine*

5. Confronting the growing problem of antibiotic resistance

Citation:	Prescriber, February 2016, vol./is. 27/2(50-51), 0959-6682;1931-2253 (01 Feb 2016)
Author(s):	Jethwa S.
Institution:	(Jethwa) Northwick Park, St Mark's and Central Middlesex Hospitals, London Northwest Healthcare NHS Trust, United Kingdom
Language:	English
Abstract:	With antibiotic-resistant infections continuing to rise and few new antibiotics in the development pipeline, tackling the issue of antibiotic overuse is crucial. Shilpa Jethwa outlines some of the recent strategies and campaigns directed at health professionals and the public to help curb antibiotic overprescribing in the UK.
Country of Publication:	United Kingdom
Publisher:	Blackwell Publishing Ltd
Publication Type:	Journal: Note
Subject Headings:	*antibiotic resistance behavior change cause of death drug efficacy drug misuse health care cost health program human nonhuman note patient safety prescription public health publication *antibiotic agent penicillin derivative
Source:	EMBASE
Full Text:	Available from *Wiley* in *Prescriber*

6. Neonatal drug withdrawal syndrome: Cross-country comparison using hospital administrative data in England, the USA, Western Australia and Ontario, Canada

Citation: Archives of Disease in Childhood: Fetal and Neonatal Edition, January 2016, vol./is. 101/1(F26-F30), 1359-2998;1468-2052 (01 Jan 2016)

Author(s): Davies H.; Gilbert R.; Johnson K.; Petersen I.; Nazareth I.; O'Donnell M.; Guttmann A.; Gonzalez-Izquierdo A.

Institution: (Davies, Petersen, Nazareth) Department of Primary Care and Population Health, UCL, Upper Third Floor, Royal Free (UCL Medical School), Rowland Hill Street, London NW3 2PF, United Kingdom; (Gilbert) Department of Population, Policy and Practice Programme, UCL Institute of Child Health, London, United Kingdom; (Johnson) Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom; (O'Donnell) Telethon Kids Institute, Perth, WA, Australia; (Guttmann) Institute for Clinical Evaluative Sciences, Toronto, ON, Canada; (Gonzalez-Izquierdo) Farr Institute of Health Informatics Research, UCL, London, United Kingdom

Language: English

Abstract: Objectives We determined trends over time in the prevalence of neonatal drug withdrawal syndrome (NWS) in England compared with that reported in the USA, Western (W) Australia and Ontario, Canada. We also examined variation in prevalence of NWS according to maternal age, birth weight and across the English NHS by hospital trusts. Design and setting Retrospective study using national hospital administrative data (Hospital Episode Statistics) for the NHS in England between 1997 and 2011. NWS was identified using international classification of disease codes in hospital admission records. We searched the research literature and contacted researchers to identify studies reporting trends in the prevalence of NWS. Main outcome measures Prevalence of NWS by calendar year per 1000 live births for each country/state. For births in England, prevalence by maternal age group and birth weight group. Prevalence by NHS trust and region at birth, and funnel plot to show outlying English NHS hospital trusts (>3 SD of mean prevalence). Main results Mean prevalence rates of recorded NWS increased in all four countries. Rates stabilised in England and W. Australia from the early 2000s and rose steeply in the USA and Ontario during the late 2000s. The most recent prevalence rates were 2.7/1000 live births in England (2011; 1544 cases); 2.7/1000 in W. Australia (2009); 3.6/1000 in the USA (2009) and 5.1/1000 in Ontario (2011). The highest prevalence in England was among babies born to mothers aged 25a"34 years at delivery and among babies born with low birth weight (1500a"2500 g). In England in 2011, 8.6% of hospital trusts had a recorded prevalence outside 3 SD of the overall average (7% above, 1% below). The North East region of England had the highest recorded prevalence of NWS. Conclusions Although recorded NWS is stable in England and W. Australia, rising rates in the USA and Ontario may reflect better recognition and/or increased use of prescribed opiate analgesics and highlight the need for surveillance. The extent to which different prevalence rates by hospital trust reflect variation in occurrence, recognition or recording requires further investigation.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

Subject Headings:
adult
article
Australia
birth weight
Canada
cohort analysis
delivery
female
human
length of stay
live birth

low birth weight
major clinical study
maternal age
newborn
"*newborn disease/ep [Epidemiology]"
outcome assessment
prevalence
priority journal
retrospective study
United Kingdom
United States
"*withdrawal syndrome/ep [Epidemiology]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *Fetal and Neonatal*

7. The Impact of Sex Upon Needs and Quality of Life Within a Population on Methadone Treatment

Citation: Journal of Addiction Medicine, February 2016, vol./is. 10/1(60-67), 1932-0620;1935-3227 (01 Feb 2016)

Author(s): Byrne P.; Ducray K.; Smyth B.P.

Institution: (Byrne) Health Service Executive, Children's University Hospital, Linndara CAMHS, Cherry Orchard Hospital Campus, Ballyfermot, Dublin 10, Ireland; (Ducray, Smyth) HSE National Drug Treatment Centre, Trinity College Dublin, Dublin, Ireland; (Smyth) Department of Public Health and Primary Care, Trinity College Dublin, Dublin, Ireland

Language: English

Abstract: Background: Best practice models are calling for a holistic, needs-led, and sex-informed treatment approach to substance misuse treatment. To date, research into the impact of sex on needs and quality of life within methadone-treatment populations using validated research tools is limited. Objectives: The aim of the study was to evaluate the impact of sex upon self-rated unmet need and quality of life among people on methadone treatment. Methods: Cross-sectional survey of adults attending a specialist methadone treatment clinic, in Dublin, Ireland. Participants completed the Camberwell Assessment of Need Short Appraisal Schedule, Patient Version and the WHO Quality of Life-Brief Version. Ongoing drug use was determined using the Maudsley Addiction Profile and weekly supervised urine toxicology screens. A linear regression analysis was conducted. Results: One hundred eight of 190 eligible service-users (57%) participated. No significant differences existed between the participants and the nonparticipants on demographic variables or measures of drug use. Among them, 33% were women. Women demonstrated lower levels of ongoing opiate use. Linear regression analysis indicated that women had a greater number of unmet needs (P=0.02) and lower quality of life in the domains of physical health (P=0.003), psychological well being (P<0.001), environmental well being (P=0.03), and social relationships (P=0.007). When the Bonferroni adjustment was applied to account for multiple testing, the relationship between psychological well being and female sex remained statistically significant. Conclusions: Our study suggests that female sex may be associated with greater self-rated needs and poorer quality of life within a methadone-treated population, in particular, in the domain of psychological well being. Further research in this area is warranted to discover if these findings can be replicated and confirmed in larger samples.

Country of Publication: United Kingdom

Publisher: Lippincott Williams and Wilkins

CAS Registry Number: 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings:
adult
article
cross sectional study

drug use
female
health
human
*human needs
major clinical study
male
"narcotic dependence/dm [Disease Management]"
"narcotic dependence/dt [Drug Therapy]"
priority journal
psychological well being
*quality of life
self report
*sex difference
social interaction
"*methadone/dt [Drug Therapy]"

Source: EMBASE

8. Whole Genome Analysis of Injectional Anthrax Identifies Two Disease Clusters Spanning More Than 13 Years

Citation: EBioMedicine, November 2015, vol./is. 2/11(1613-1618), 2352-3964 (November 01, 2015)

Author(s): Keim P.; Grunow R.; Vipond R.; Grass G.; Hoffmaster A.; Birdsell D.N.; Klee S.R.; Pullan S.; Antwerpen M.; Bayer B.N.; Latham J.; Wiggins K.; Hepp C.; Pearson T.; Brooks T.; Sahl J.; Wagner D.M.

Institution: (Keim, Birdsell, Bayer, Hepp, Pearson, Sahl, Wagner) The Center for Microbial Genetics and Genomics, Northern Arizona University, Flagstaff, AZ 86011-4073, United States; (Keim, Wiggins, Sahl) The Pathogen Genomics Division, The Translational Genomics Research Institute, 3051 W. Shamrell Blvd, Suite 106, Flagstaff, AZ 86001, United States; (Grunow, Klee) The Robert Koch Institute, Berlin, Germany; (Vipond, Pullan, Antwerpen, Latham, Brooks) Public Health England, Porton Down, Wiltshire SP4 0JG, United Kingdom; (Grass) Bundeswehr Institute of Microbiology, Munich, Germany; (Hoffmaster) The Center for Disease Control and Prevention, Atlanta, GA, United States; (Vipond, Pullan, Brooks) NIHR Health Protection Research Unit in Emerging and Zoonotic Infections, Liverpool L69 7BE, United Kingdom

Language: English

Abstract: Background: Anthrax is a rare disease in humans but elicits great public fear because of its past use as an agent of bioterrorism. Injectional anthrax has been occurring sporadically for more than ten years in heroin consumers across multiple European countries and this outbreak has been difficult to trace back to a source. Methods: We took a molecular epidemiological approach in understanding this disease outbreak, including whole genome sequencing of Bacillus anthracis isolates from the anthrax victims. We also screened two large strain repositories for closely related strains to provide context to the outbreak. Findings: Analyzing 60 Bacillus anthracis isolates associated with injectional anthrax cases and closely related reference strains, we identified 1071 Single Nucleotide Polymorphisms (SNPs). The synapomorphic SNPs (350) were used to reconstruct phylogenetic relationships, infer likely epidemiological sources and explore the dynamics of evolving pathogen populations. Injectional anthrax genomes separated into two tight clusters: one group was exclusively associated with the 2009-10 outbreak and located primarily in Scotland, whereas the second comprised more recent (2012-13) cases but also a single Norwegian case from 2000. Interpretation: Genome-based differentiation of injectional anthrax isolates argues for at least two separate disease events spanning >. 12 years. The genomic similarity of the two clusters makes it likely that they are caused by separate contamination events originating from the same geographic region and perhaps the same site of drug manufacturing or processing. Pathogen diversity within single patients challenges assumptions concerning population dynamics of infecting B. anthracis and host defensive barriers for injectional anthrax. Funding: This work was supported by the United States Department of Homeland Security grant no. HSHQDC-10-C-00,139

and via a binational cooperative agreement between the United States Government and the Government of Germany. This work was supported by funds from the German Ministry of Defense (Sonderforschungsprojekt 25Z1-S-431,214). Support for sequencing was also obtained from Illumina, Inc. These sources had no role in the data generation or interpretation, and had not role in the manuscript preparation. Panel 1: Research in Context Systematic Review: We searched PubMed for any article published before Jun. 17, 2015, with the terms "Bacillus anthracis" and "heroin", or "injectional anthrax". Other than our previously published work (Price et al., 2012), we found no other relevant studies on elucidating the global phylogenetic relationships of B. anthracis strains associated with injectional anthrax caused by recreational heroin consumption of spore-contaminated drug. There were, however, publically available genome sequences of two strains involved (Price et al., 2012; Grunow et al., 2013) and the draft genome sequence of Bacillus anthracis UR-1, isolated from a German heroin user (Ruckert et al., 2012) with only limited information on the genotyping of closely related strains (Price et al., 2012; Grunow et al., 2013). Lay Person Interpretation: Injectional anthrax has been plaguing heroin drug users across Europe for more than 10 years. In order to better understand this outbreak, we assessed genomic relationships of all available injectional anthrax strains from four countries spanning a >. 12 year period. Very few differences were identified using genome-based analysis, but these differentiated the isolates into two distinct clusters. This strongly supports a hypothesis of at least two separate anthrax spore contamination events perhaps during the drug production processes. Identification of two events would not have been possible from standard epidemiological analysis. These comprehensive data will be invaluable for classifying future injectional anthrax isolates and for future geographic attribution.

Country of Publication: Netherlands

Publisher: Elsevier

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings:
"*anthrax/ep [Epidemiology]"
article
Bacillus anthracis
bacterium isolate
bacterium isolation
clinical article
*disease classification
DNA isolation
genetic variability
*genome analysis
heroin dependence
human
"*injectional anthrax/ep [Epidemiology]"
nonhuman
phylogeny
polymerase chain reaction
population dynamics
priority journal
single nucleotide polymorphism
spatiotemporal analysis
diamorphine

Source: EMBASE

Full Text: Available from *Elsevier* in *EBioMedicine*

9. 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, December 2015, vol./is. 31/4(1153-1159), 1573-3602 (01 Dec 2015)

Author(s): Griffiths M.D.

Institution: (Griffiths) International Gaming Research Unit, Nottingham Trent University, Burton Street, Nottingham, NG1 4BU, UK. mark.griffiths@ntu.ac.uk

Language: English

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.

Country of Publication: United States

Publication Type: Journal: Note

Subject Headings: *epidemiology
female
gambling
homelessness
human
male
*statistics and numerical data
vulnerable population

Source: EMBASE

10. Confessions of contemporary English opium-eaters: A netnographic study of consumer negotiation of over-the-counter morphine for misuse

Citation: Journal of Substance Use, March 2016, vol./is. 21/2(141-152), 1465-9891;1475-9942 (03 Mar 2016)

Author(s): Van Hout M.C.; Hearne E.

Institution: (Van Hout) School of Health Sciences, Waterford Institute of Technology, Waterford, Ireland; (Hearne) Centre for Public Health, Liverpool John Moores University, Liverpool, United Kingdom

Language: English

Abstract: Global increases in misuse of pharmaceutical opioids are a public health concern. Over-the-counter (OTC) morphine preparations are sold in the UK. A netnographic study explored online reporting of misuse of OTC morphine-based medicines. A systematic internet search was conducted using the terms; "J Collis Brownes Mixture"; "J Collis Browne"; "Chlorodyne"; "Gee's Linctus"; "Morphine Squill"; "Kaolin & Morphine Mixture"; and "Opiate Squill Linctus" in combination with "forum". Following application of exclusion criteria and removal of duplicates, 105 fora threads on 11 publically available online fora were analysed using the EPP method. Key decision-making factors for misuse was grounded in legal availability, curiosity and when in withdrawal. Consumptive effects included euphoria, nausea, vomiting and sedation, and were dependent on tolerance. Concern for harm associated with product additives (squill, kaolin) was reported. Decantation extracted morphine from kaolin-based products. Concerted sourcing efforts included multiple pharmacy accessing, appropriate customer

profiling and falsifying medical screening. Displacement to online purchasing occurred, with concern for online sharing of customer information. Development of real-time pharmacy monitoring should incorporate national online pharmacy chains. Continued surveillance of internet drug fora as medium for knowledge exchange and indigenous harm reduction for the misuse of OTC medicines is warranted.

Country of Publication: United Kingdom

Publisher: Taylor and Francis Ltd

CAS Registry Number: 1332-58-7 (kaolin); 52-26-6 (morphine); 57-27-2 (morphine)

Publication Type: Journal: Article

Subject Headings:
article
consumer health information
decision making
drug marketing
drug monitoring
euphoria
harm reduction
human
*morphine addiction
nausea
polypharmacy
priority journal
sedation
systematic review
vomiting
withdrawal syndrome
kaolin
*morphine
*non prescription drug

Source: EMBASE

11. Neighbourhood deprivation and outcomes of stop smoking support - An observational study

Citation: PLoS ONE, January 2016, vol./is. 11/1(no pagination), 1932-6203 (01 Jan 2016)

Author(s): Brose L.S.; McEwen A.

Institution: (Brose) National Addiction Centre, UK Centre for Tobacco and Alcohol Studies, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom; (McEwen) National Centre for Smoking Cessation and Training, Cancer Research UK Health Behaviour Research Centre, University College London, London, United Kingdom

Language: English

Abstract: Background: Rates of smoking and smoking cessation vary with socio-economic status. The objectives were to assess the association between neighbourhood deprivation, completion of treatment to support quit attempts and success of quit attempts-while taking into account other predictors of outcome. Methods: 555,744 quit attempts supported by English Stop Smoking Services in 2009-2012 were linked to the Index of Multiple Deprivation (IMD) 2010 ranks for the clients' neighbourhood and split into deciles relative to the national IMD. Logistic regressions tested the association between neighbourhood deprivation and completion (4-week follow-up) of treatment and biochemically validated success (expired-air carbon monoxide <10ppm) while adjusting for demographics and intervention characteristics. Sensitivity analyses assessed subsamples: first supported attempts (n = 364,397), those with recorded cigarette dependence (n = 98,659) and completed treatment (n = 416,436). Results: Higher neighbourhood deprivation was associated with reduced completion (OR<inf>adj</inf> = 0.949, 95% CI: 0.947 to 0.951) and success (OR<inf>adj</inf> = 0.957, 95% CI: 0.955 to 0.959). Results of sensitivity analyses were consistent with those of the main analysis. Conclusions: Neighbourhood deprivation was associated with small but consistent

reductions in completion and success of evidence-based interventions. These associations were not explained by intervention characteristics, demographics or dependence and reduced completion did not fully account for reduced success.

Country of Publication: United States

Publisher: Public Library of Science

CAS Registry Number: 630-08-0 (carbon monoxide); 249296-44-4 (varenicline); 375815-87-5 (varenicline)

Publication Type: Journal: Article

Subject Headings:
adult
article
drug cost
expired air
expired air carbon monoxide
female
human
male
*neighborhood
*neighborhood deprivation
nicotine replacement therapy
observational study
self report
*smoking cessation program
"tobacco dependence/dt [Drug Therapy]"
unemployment
United Kingdom
carbon monoxide
"varenicline/dt [Drug Therapy]"

Source: EMBASE

Full Text:
Available from *National Library of Medicine* in *PLoS ONE*
Available from *National Library of Medicine* in *PLoS ONE*
Available from *Allen Press* in *PLoS One*
Available from *ProQuest* in *PLoS One*

12. The evolution of pharmaceutical care for drug misusers

Citation: Family Practice, 2015, vol./is. 32/6(639-645), 0263-2136;1460-2229 (2015)

Author(s): Robertson H.D.; Bond C.; Matheson C.

Institution: (Robertson, Bond, Matheson) Academic Primary Care, Institute of Applied Health Sciences, University of Aberdeen, Aberdeen, United Kingdom

Language: English

Abstract: Background. In the last 20 years, pharmaceutical care has evolved as a modus operandi for community pharmacy. This article tracks the development of pharmaceutical care for drug misusers since 1995 and considers the implications for pharmacy engagement with the wider care team. Objective. To survey current community pharmacy service provision for drug misusers, past training and future training needs and compare with data from previous years (1995, 2000 and 2006). Method. A cross-sectional postal questionnaire of pharmacy managers in Scotland (n = 1246), and telephone interviews with non-respondents. Results were compared with previous surveys. Results. The response rate was 70% (873) including 13.2% (164) by telephone. More pharmacies dispensed methadone in 2014 (88.5%) than previously, a significant increase across all time points (1995, 2000 and 2006) ($P < 0.001$). Most pharmacies (88.1%) had some drug misusers registered for the minor ailment scheme. In 2014, 43.4% of pharmacists always reported a drug misuser's non-attendance for opiate replacement treatment (ORT) to the prescriber (36.6% in 2006). If patient intoxication was suspected, medication was always withheld by 47.9% (27.5% in 2006). Pharmacists undertaking training in drug misuse and blood-borne diseases increased significantly since 1995, to 78.6% and 48.7%, respectively, in 2014 ($P < 0.001$). The preferred topic for future training was

communication/engagement with other services. Conclusion. Pharmaceutical care for drug misusers has evolved from ORT supply to a more clinical approach. Pharmacists actively monitored ORT patients, managed their minor ailments and increasingly engaged with the wider care team.

Country of Publication: United Kingdom

Publisher: Oxford University Press

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 357-08-4 (naloxone); 465-65-6 (naloxone)

Publication Type: Journal: Article

Subject Headings:
adult
aged
article
communication skill
controlled study
cross-sectional study
drug intoxication
*drug misuse
female
human
male
manager
opiate substitution treatment
patient care
patient monitoring
*pharmaceutical care
pharmacist
pharmacy
postal mail
questionnaire
telephone interview
United Kingdom
buprenorphine
methadone
naloxone

Source: EMBASE

Full Text: Available from *Highwire Press* in *Family Practice*
Available from *Oxford University Press* in *Family Practice*

13. Impact of the New Zealand 2011 rugby world cup on an urban emergency department

Citation: New Zealand Medical Journal, July 2015, vol./is. 128/1418(80-84), 0028-8446;1175-8716 (24 Jul 2015)

Author(s): Gardener M.; Parke T.; Jones P.

Institution: (Gardener) Adult Emergency Department, Auckland City Hospital, Auckland, New Zealand; (Parke) Adult Emergency Department, South Glasgow University Hospital, 1345 Govan Road, Glasgow G51 4TF, United Kingdom; (Jones) Adult Emergency Department, Auckland City Hospital, Private Bag, Auckland 92024, New Zealand

Language: English

Abstract: AIMS: The next Rugby World Cup will take place in England commencing August 2015. This paper describes the preparation and workload relating to the previous Rugby World Cup, held in New Zealand 2011, as it affected the primary receiving hospital for the main venue. This paper describes preparation arrangements and actual workload patterns to assist planners with future similar events. METHODS: Preparations for the tournament were summarised, and data gathered from the Auckland City Hospital database were analysed for total and hourly presentation rates, short-stay observation workload,

admission rate, 6-hour target compliance and type of presentation. RESULTS: Overall workload during the tournament increased by 8%, but much larger spikes in attendances per hour and short-stay workload related to the major events were experienced. Alcohol-related presentations were very much more prominent than usual. Pre-arranged additional staffing and flow arrangements allowed the department to maintain 6-hour target compliance. CONCLUSION: Major sporting events, such as the Rugby World Cup, require special arrangements to be put in place for the main local receiving Emergency Department, especially around the major events of a tournament.

Country of Publication: New Zealand

Publisher: New Zealand Medical Association (26 The Terrace, P.O. Box 156, Wellington 6140, New Zealand)

Publication Type: Journal: Article

Subject Headings:
alcoholism
ambulance
article
*emergency health service
emergency ward
first aid
hospital admission
hospital personnel
human
length of stay
New Zealand
personnel management
*rugby
*urban area
workflow
workload

Source: EMBASE

Full Text: Available from *ProQuest* in *New Zealand Medical Journal, The*

14. Is "chronic" long-term intervention with micronutrient anti-oxidant therapy required to modulate the disease course of chronic pancreatitis?

Citation: Pancreas, November 2015, vol./is. 44/8(1409-1410), 0885-3177 (November 2015)

Author(s): Rupasinghe S.N.; Siriwardena A.K.

Institution: (Rupasinghe, Siriwardena) Hepatobiliary Surgical Unit, Manchester Royal Infirmary, United Kingdom

Language: English

Abstract: Introduction: Micronutrient antioxidant therapy did not relieve pain in a large randomized trial of European patients with chronic pancreatitis (CP) without malnutrition. However, intervention was undertaken for 6 months only leaving unanswered the question of whether long term anti-oxidant therapy is required to modulate CP. Methods: A single center clinical cohort analysis of patients with CP prescribedmicronutrient antioxidant therapy and followed up for up to 10 years. International Classification of Disease (ICD) version 9 code 577.1 and ICD version 10 codes K86.0 (alcoholic CP) and K86.1 were sought. Charts were reviewed and data were collected on: gender, age at enrolment, disease duration in years, body mass index, cigarette smoking, alcohol use, insulin treatment and opiate analgesia. All patients received antox (Pharmanord, Morpeth, UK). The study was approved by regional ethics committee. Results: 30 patients with a diagnosis of CP constitute final study population. Median (range) age at time of diagnosis was 40 (14 - 66) years; 19 (63%) were male and the median (range) duration of symptoms prior to referral was 2 (0-18) years. Alcohol was the dominant etiological agent in 22 (73%) and 16 (53%) were Cambridge stage 1. Twenty four (80%) had pain as a presenting symptom. Over a median duration of anti-oxidant treatment of 4 (1-10) years, pain decreased but the proportion with abdominal pain compared to pain-free remained

constant (P=0.16; 2-way ANOVA with Bonferroni correction) with no treatment- related effect on pain. There was a significant increase in requirement for insulin (P=0.028) with time together with use of both endoscopic and surgical intervention Conclusions: This is the first study to report long-term disease-specific outcome in patients with chronic pancreatitis prescribed micronutrient antioxidant therapy. There appears to be no effect of intervention on the natural history of chronic pancreatitis.

Conference Information: 46th Meeting of the American Pancreatic Association San Diego, CA United States. Conference Start: 20151104 Conference End: 20151107

Publisher: Lippincott Williams and Wilkins

Publication Type: Journal: Conference Abstract

Subject Headings:
*therapy
*disease course
*chronic pancreatitis
*American
human
patient
pain
diagnosis
smoking
male
body mass
alcoholism
International Classification of Diseases
population
abdominal pain
gender
history
disease duration
European
cohort analysis
professional standard
analgesia
United Kingdom
insulin treatment
alcohol consumption
malnutrition
surgery
analysis of variance
*oxidizing agent
*trace element
antioxidant
alcohol
insulin
opiate

Source: EMBASE

15. Misuse of pregabalin, gabapentin and baclofen in UK men who have sex with men clubbers

Citation: Journal of Medical Toxicology, March 2014, vol./is. 10/1(75-76), 1556-9039 (March 2014)

Author(s): Chan W.L.; Wood D.M.; Wood T.; Vermette A.E.; Dargan P.I.

Institution: (Chan) Tan Tock Seng Hospital, Singapore, Singapore; (Wood, Wood, Dargan) Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom; (Vermette) McGill University, Montreal, QC, Canada

Language: English

Abstract: Introduction: Pregabalin, gabapentin and baclofen produce central nervous system effects by interaction with gamma-aminobutyric acid (GABA) and/or GABA receptors. There

has been interest in internet discussion fora and in recent anecdotal reports to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) of pregabalin misuse. Baclofen is used in the treatment of GHB withdrawal and there are reports of users buying baclofen off the internet to self-treat withdrawal. There is no data on the prevalence of misuse of these drugs. The aim of this survey was to investigate misuse of these drugs in a clubbing cohort that have previously been shown to have a high prevalence of use of recreational drugs. Methods: We surveyed adults attending nightclubs catering for men who have sex with men (MSM) in South London in June 2013. Basic demographic data (age, sex, whether they had sex with men, women or both), together with data on whether individuals had heard of pregabalin, gabapentin and baclofen and if so, whether they had ever misused them were collected. Participants were classified MSM if they were male and had sex with men or both men and women. Results: There were 313 respondents: 282 (90.1 %) male, 30 (9.6 %) female, 1 (0.3 %) transgender, mean+/-SD age 31.3+/-7.6 years. Two hundred forty-eight (79.2 %) were MSM. Amongst MSM, 28(11.3 %) had heard of pregabalin, 26 (10.5 %) of gabapentin and 32 (12.9 %) of baclofen. Of these, six (21.4 %) had misused pregabalin, one (3.8 %) gabapentin and eight (25 %) baclofen. Overall, 11 (4.4 %) had misused one ormore of these drugs in their lifetime. Seven (63.6%) obtained these drugs from dealers, four (36.4 %) from friends, four (36.4 %) from a primary-care doctor, three (27.3 %) from the internet and three (27.3 %) from family. Eight (72.7 %) obtained the drugs from multiple sources. Last month, use of recreational drugs was high in the MSM cohort: mephedrone (67.3 %), GHB (50.4 %) and cocaine (43.2 %). Conclusion: The results suggest that there is misuse of pregabalin, gabapentin and baclofen in a small, but significant proportion of this high drug-using MSM population. Further work is required to determine whether this is more widespread and to further understand the routes of supply and motivations for use so that appropriate preventive strategies can be implemented.

Conference Information: 2014 ACMT Annual Scientific Meeting Phoenix, AZ United States. Conference Start: 20140328 Conference End: 20140330

Publisher: Springer New York LLC

Publication Type: Journal: Conference Abstract

Subject Headings:

*United Kingdom
*male
*men who have sex with men
*human
female
Internet
prevalence
drug dependence
population
monitoring
European
physician
primary medical care
friend
lifespan
transgender
catering service
adult
motivation
central nervous system
*pregabalin
*gabapentin
*baclofen
recreational drug
4 aminobutyric acid
cocaine
4' methylmethcathinone
4 aminobutyric acid receptor

Source: EMBASE

Full Text: Available from *ProQuest* in *Journal of Medical Toxicology*
Available from *National Library of Medicine* in *Journal of Medical Toxicology*

16. A model incorporating spirometry to predict absolute risk of lung cancer: The UK Biobank prospective cohort study

Citation: Cancer Research, August 2015, vol./is. 75/15 SUPPL. 1(no pagination), 0008-5472 (01 Aug 2015)

Author(s): Muller D.C.; Johansson M.; Brennan P.

Institution: (Muller, Johansson, Brennan) International Agency for Research on Cancer, Lyon, France

Language: English

Abstract: Background Screening with computed tomography has been shown to reduce the rate of death from lung cancer, but at substantial cost in terms of morbidity associated with overdiagnosis. The performance of screening programs can be improved by restricting screening to those people who are at sufficiently high risk of lung cancer. We sought to develop a lung cancer risk prediction model incorporating a measure of lung function (forced expiratory volume in one second: FEV1) as well as other information that is routinely available to general practitioners. Methods We built the model using participants and data from the UK Biobank prospective cohort study, which recruited 500000 people aged 37 to 73 years between 2006-2010. Follow-up for cancer incidence and death was conducted via linkage to registries. Each participant was followed up for an average of 3 years and a maximum of 6 years. We investigated factors that are routinely available or can be easily ascertained by general practitioners: sex, variables related to smoking history and addiction to nicotine, personal medical history, and family history of lung cancer. We additionally investigated lung function, which was assessed via sprirometry as the forced expiratory volume in 1 second (FEV1, litres). Conditional on these predictors, we separately modeled the hazard of lung cancer and the hazard of death using flexible parametric survival models with age as the timescale, and combined the estimated hazards to predict the 2-year absolute risk of lung cancer. Internal validation of model discrimination was assessed by calculating the bootstrap optimism-corrected c-statistic. Results There were 738 incident lung cancer diagnoses and 3956 deaths from all causes among the UK Biobank population in the follow-up period. FEV1 at baseline was strongly and inversely associated with subsequent lung cancer risk: hazard ratios [95% confidence intervals] of 0.57 [0.43,0.77] per additional liter of FEV for never, 0.50 [0.40,0.63] for former, and 0.62 [0.48,0.80] for current smoking participants. Model discrimination was high (c-statistic 0.85) and the model is likely to discriminate well when applied to new data (bootstrap optimism-corrected c-statistic 0.83). Applying the current National Lung Screening Trial(NLST) inclusion criteria to the UK Biobank data yielded a specificity of 0.95 and sensitivity of 0.37. By applying a risk prediction model-based inclusion criteria where additional factors such as FEV1 were taken into account, we could improve the sensitivity to 0.47 for the same specificity. Conclusions Comprehensive risk prediction models based on standard risk factor information, along with FEV1, can clearly outperform currently used screening criteria in terms of specificity and sennsitivity in predicting future lung cancer diagnoses, and applying a model-based screening strategy has the potential to improve the performance of lung cancer screening programs.

Conference Information: 106th Annual Meeting of the American Association for Cancer Research, AACR 2015 Philadelphia, PA United States. Conference Start: 20150418 Conference End: 20150422

Publisher: American Association for Cancer Research Inc.

Publication Type: Journal: Conference Abstract

Subject Headings: *spirometry
*risk
*lung cancer
*United Kingdom
*cohort analysis

*American
*cancer research
*model
human
screening
death
prediction
hazard
forced expiratory volume
bootstrapping
cancer risk
smoking
cancer diagnosis
optimism
follow up
general practitioner
lung function
population
survival
family history
medical history
morbidity
addiction
register
cancer incidence
computer assisted tomography
cancer screening
risk factor
lung
confidence interval
hazard ratio
nicotine

Source: EMBASE

17. Synergistic combination therapy with molecular targeted drugs in glioma stem-like cells

Citation: Cancer Research, August 2015, vol./is. 75/15 SUPPL. 1(no pagination), 0008-5472 (01 Aug 2015)

Author(s): Shingu T.; Holmes L.; Henry V.; Latha K.; Gururaj A.E.; Gibson L.A.; Doucette T.; Lang F.F.; Rao G.; Yuan L.; Sulman E.P.; Farrell N.P.; Priebe W.; Hess K.R.; Wang Y.A.; Hu J.; Bogler O.

Institution: (Shingu, Holmes, Henry, Latha, Gururaj, Gibson, Doucette, Lang, Rao, Yuan, Sulman, Priebe, Hess, Wang, Hu, Bogler) UT MD Anderson Cancer Center, Houston, TX, United States; (Farrell) Virginia Commonwealth University, Richmond, VA, United States

Language: English

Abstract: [Introduction] The prognosis of patients with malignant gliomas is poor despite multimodality therapies underscoring the need for novel therapeutic strategies. The majority of glioblastomas have aberrant receptor tyrosine kinase (RTK)/RAS/phosphoinositide 3 kinase (PI3K) signaling pathways and malignant glioma cells are thought to be addicted to these aberrant signaling pathways for their survival and proliferation. However, a large number of clinical trials have demonstrated that monotherapies have limited efficacy. Tumor heterogeneities and signaling redundancy and crosstalk in intracellular signaling network may imply necessity of combination treatments. Recent studies also suggested that effective methods to personalize antitumor therapy are required. However, drug sensitivity testing using tumor cells from each patient, which is one of the potent methods for personalized tumor therapy, has been unsuccessful. One possible reason of this is a technical issue regarding evaluation of clonogenicity of glioma stem-like cells (GSCs) that are thought to be key players in

gliomagenesis and the disease progression and recurrence and thus targets of glioma therapy. We previously presented an effective method to evaluate clonogenicity of GSCs by using agarose-based culture system. In this study, we tested the therapeutic effects of combination treatments on GSCs using targeted drugs that affect the signaling pathways to which most glioma cells are thought to be addicted. [Materials and Methods] Human GSCs were cultured in agarose and treated with inhibitors of RTKs, non-receptor kinase or transcription factor. The colony number and volume were analyzed using GelCountTM colony counter system (Oxford Optronix Inc., UK) and Chou-Talalay combination index was analyzed. Phosphorylation of proteins was evaluated by reverse phase protein array and immunoblotting. [Results] While GSCs showed diverse sensitivity to targeted therapies even in the cells of the same glioma subtype, combinations of EGFR inhibitors with sorafenib, EGFR inhibitors with MEK inhibitors, Sorafenib with U0126, and erlotinib with BKM120 showed synergy in different GSC lines, indicating effectiveness of suppressing RTK and its downstream molecule. Combination of erlotinib with sorafenib, synergistic in the GSC11 cells, induced apoptosis and autophagic cell death associated with synergistic suppression of Akt and ERK signaling pathways and with decreased nuclear PKM2 and beta-catenin in vitro, and significantly improved survival of nude mice bearing GSC11 brain tumors compared with control and monotherapy groups. [Conclusions] Inhibition of RTK and its downstream molecule induced synergistic antitumor effects but sensitivity of GSC lines to therapies was diverse. Examining colonies initiated by GSCs obtained from individual patients may be useful for drug sensitivity testing in personalized cancer therapy.

Conference Information: 106th Annual Meeting of the American Association for Cancer Research, AACR 2015 Philadelphia, PA United States. Conference Start: 20150418 Conference End: 20150422

Publisher: American Association for Cancer Research Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:

*glioma
*American
*cancer research
*therapy
human
patient
glioblastoma
clonogenesis
cancer therapy
drug sensitivity
survival
glioma cell
disease course
tumor cell
prognosis
intracellular signaling
immunoblotting
neoplasm
protein microarray
phosphorylation
clinical trial (topic)
monotherapy
brain tumor
United Kingdom
nude mouse
apoptosis
in vitro study
cell death
therapy effect
sorafenib
erlotinib
agarose
phosphotransferase

buparlisib
1 4 diamino 1 4 bis (2 aminophenylthio) 2 3 dicyanobutadiene
mitogen activated protein kinase kinase inhibitor
protein
transcription factor
receptor
beta catenin
protein tyrosine kinase

Source: EMBASE

18. Menopausal hormone therapy and risk of primary liver cancer in the UK Clinical Practice Research Datalink

Citation: Cancer Research, August 2015, vol./is. 75/15 SUPPL. 1(no pagination), 0008-5472 (01 Aug 2015)

Author(s): McGlynn K.A.; Hagberg K.; Chen J.; Jick S.; Sahasrabuddhe V.V.

Institution: (McGlynn, Chen, Sahasrabuddhe) NCI-DCEG, Bethesda, MD, United States; (Hagberg) Boston University, School of Public Health, MD, United States; (Jick) Boston University, School of Public Health, MA, United States

Language: English

Abstract: Background: The incidence of primary liver cancer (PLC) is three to four times higher among males than females in almost all countries. The discrepancy in rates is particularly notable prior to menopause, suggesting that estrogen exposure may be associated with lower risk. The relationship of menopausal hormone therapy (MHT) use to risk of PLC among women, however, has not been extensively examined. Methods: We conducted a nested case-control study among women in the U.K.'s Clinical Practice Research Datalink (CPRD). Women diagnosed with primary liver cancer (n = 339) between 1988 and 2011 were matched to controls at a 4:1 ratio on age, index year, general practice and length of history in the CPRD. Odds ratios (OR) and 95% confidence intervals (95%CI) for associations of MHT with PLC were estimated using conditional logistic regression. All models were conditioned on the matching factors and adjusted for body mass index, HBV, HCV, smoking, alcohol-related disorders, diabetes, rare metabolic disorders, history of a bilateral oophorectomy, and use of certain medications, including paracetamol, aspirin, anti-diabetes therapies, and statins. Results: Use of MHT for 6 months or longer was associated with a significantly lower risk of PLC (OR = 0.60, 95%CI = 0.39-0.92). Examination by length of MHT use found that use between 6-30 months was associated with significantly reduced risk (OR = 0.47, 95%CI = 0.24-0.91), while use greater than 30 months did not attain statistical significance (OR = 0.68, 95%CI = 0.41-1.13). When MHT was stratified by formulation (estrogen-only vs estrogen/progesterone), estrogen-only use was associated with significantly lower risk of PLC (OR = 0.51, 95%CI = 0.26-0.97) while estrogen/progesterone use did not attain statistical significance (OR = 0.65, 95%CI = 0.39-1.08). Conclusion: MHT use, in particular estrogen-only MHT use, may be associated with lower risk of PLC. These findings are consistent with rodent models which have reported suppression of both fatty liver and hepatocarcinogenesis with administration of estrogen. As the association in the current study was apparent among users of 6-30 months, even short-term use of estrogen-only MHT may reduce risk.

Conference Information: 106th Annual Meeting of the American Association for Cancer Research, AACR 2015 Philadelphia, PA United States. Conference Start: 20150418 Conference End: 20150422

Publisher: American Association for Cancer Research Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:
*risk
*liver cancer
*United Kingdom
*clinical practice
*American
*cancer research
*hormonal therapy
human

female
diabetes mellitus
statistical significance
logistic regression analysis
confidence interval
general practice
ovariectomy
case control study
male
metabolic disorder
exposure
alcoholism
menopause
liver carcinogenesis
smoking
drug therapy
body mass
therapy
examination
model
fatty liver
rodent model
estrogen
paracetamol
acetylsalicylic acid
hydroxymethylglutaryl coenzyme A reductase inhibitor

Source: EMBASE

19. Selective serotonin reuptake inhibitors and congenital heart anomalies: Comparative cohort studies of women treated before and during pregnancy and their children

Citation: Journal of Clinical Psychiatry, January 2016, vol./is. 77/1(e36-e42), 0160-6689 (January 2016)

Author(s): Petersen I.; Evans S.J.; Gilbert R.; Marston L.; Nazareth I.

Institution: (Petersen, Marston, Nazareth) Department of Primary Care and Population Health, University College London, Rowland Hill St, London NW3 2PF, United Kingdom; (Gilbert) Institute of Child Health, University College London, United Kingdom; (Evans) Department of Medical Statistics, London School of Hygiene and Medical Statistics, United Kingdom

Language: English

Abstract: Background: Large databases and population registers are increasingly used to examine adverse birth outcomes, congenital heart anomalies, in particular, following antidepressant exposures in pregnancy. Yet many studies have failed to account for other characteristics of the women who were prescribed antidepressants. Objective: To examine the characteristics of women who are prescribed selective serotonin reuptake inhibitors (SSRIs) in pregnancy and women who are not, associations between SSRIs prescribed in pregnancy and congenital heart anomalies, and the association between social and lifestyle characteristics of pregnant women and congenital heart anomalies. Method: Using data from The Health Improvement Network primary care database in the United Kingdom between January 1, 1990, and January 31, 2011, we set up a comparative study including 4 cohorts of children of women with and without different antidepressant exposures before and during pregnancy. 5,154 women were receiving SSRIs before pregnancy, 2,776 were receiving SSRIs during pregnancy, 992 were receiving other antidepressants during pregnancy, and 200,213 were receiving no antidepressants before or during pregnancy. Our primary outcome was congenital heart anomalies. Results: Less than 1% of children had a record of congenital heart anomalies within 5 years of birth, and there were no significant differences related to antidepressant exposure in pregnancy (women not prescribed antidepressants versus women prescribed SSRIs in first trimester:

odds ratio [OR] = 1.00; 95% CI, 0.65-1.52); however, independent of antidepressant prescribing, diabetes (OR = 2.23; 95% CI, 1.79-2.77), increasing age (OR = 1.01; 95% CI, 1.00-1.02), alcohol problem (OR = 2.58; 95% CI, 1.55-4.29, illicit drug problems (OR = 1.89; 95% CI, 1.09-3.25), and obesity (OR = 1.38; 95% CI, 1.13-1.69) were associated with an increased risk of having a child with congenital heart anomalies. Conclusions: There was no difference in congenital heart anomalies in children born to women with different antidepressant prescribing exposure status. However, we confirmed an increased risk of congenital heart anomalies in children of older women and in children of women with diabetes, a body mass index above 30 kg/m², and a history of alcohol and illicit drug problems independent of the prescription of antidepressants. Future research in this field must account for these characteristics. On the basis of existing evidence, advising women to stop antidepressant treatment in pregnancy may be counterproductive.

Country of Publication: United States

Publisher: Physicians Postgraduate Press Inc.

CAS Registry Number: 50-48-6 (amitriptyline); 549-18-8 (amitriptyline); 59729-33-8 (citalopram); 17321-77-6 (clomipramine); 303-49-1 (clomipramine); 113-53-1 (dosulepin); 897-15-4 (dosulepin); 128196-01-0 (escitalopram); 219861-08-2 (escitalopram); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 23047-25-8 (lofepramine); 26786-32-3 (lofepramine); 61869-08-7 (paroxetine); 79617-96-2 (sertraline); 93413-69-5 (venlafaxine); 99300-78-4 (venlafaxine)

Publication Type: Journal: Article

Subject Headings:
adult
aging
alcoholism
"aorta arch anomaly/cn [Congenital Disorder]"
"aorta arch anomaly/et [Etiology]"
"aorta coarctation/cn [Congenital Disorder]"
"aorta coarctation/et [Etiology]"
"aorta stenosis/cn [Congenital Disorder]"
"aorta stenosis/et [Etiology]"
"aorta subvalvular stenosis/cn [Congenital Disorder]"
"aorta subvalvular stenosis/et [Etiology]"
"aorta valve disease/cn [Congenital Disorder]"
"aorta valve disease/et [Etiology]"
"aorta valve regurgitation/cn [Congenital Disorder]"
"aorta valve regurgitation/et [Etiology]"
"aorta valve stenosis/cn [Congenital Disorder]"
"aorta valve stenosis/et [Etiology]"
article
"atrioventricular septal defect/cn [Congenital Disorder]"
"atrioventricular septal defect/et [Etiology]"
"bicuspid aortic valve/cn [Congenital Disorder]"
"bicuspid aortic valve/et [Etiology]"
body mass
child
cohort analysis
"*congenital heart malformation/cn [Congenital Disorder]"
"*congenital heart malformation/et [Etiology]"
controlled study
"cyanotic heart disease/cn [Congenital Disorder]"
"cyanotic heart disease/et [Etiology]"
"depression/dt [Drug Therapy]"
"dextrocardia/cn [Congenital Disorder]"
"dextrocardia/et [Etiology]"
diabetes mellitus
drug dependence
"Ebstein anomaly/cn [Congenital Disorder]"

"Ebstein anomaly/et [Etiology]"
"Fallot tetralogy/cn [Congenital Disorder]"
"Fallot tetralogy/et [Etiology]"
female
first trimester pregnancy
"great vessels transposition/cn [Congenital Disorder]"
"great vessels transposition/et [Etiology]"
"heart atrium septum defect/cn [Congenital Disorder]"
"heart atrium septum defect/et [Etiology]"
"heart ventricle septum defect/cn [Congenital Disorder]"
"heart ventricle septum defect/et [Etiology]"
human
"hypoplastic left heart syndrome/cn [Congenital Disorder]"
"hypoplastic left heart syndrome/et [Etiology]"
independent variable
lifestyle
major clinical study
male
medical history
medical record
"mitral valve regurgitation/cn [Congenital Disorder]"
"mitral valve regurgitation/et [Etiology]"
obesity
"patent foramen ovale/cn [Congenital Disorder]"
"patent foramen ovale/et [Etiology]"
pregnant woman
prenatal drug exposure
prescription
primary medical care
priority journal
"pulmonary artery malformation/cn [Congenital Disorder]"
"pulmonary artery malformation/et [Etiology]"
"pulmonary artery stenosis/cn [Congenital Disorder]"
"pulmonary artery stenosis/et [Etiology]"
"pulmonary valve atresia/cn [Congenital Disorder]"
"pulmonary valve atresia/et [Etiology]"
"pulmonary valve disease/cn [Congenital Disorder]"
"pulmonary valve disease/et [Etiology]"
"pulmonary valve stenosis/cn [Congenital Disorder]"
"pulmonary valve stenosis/et [Etiology]"
risk assessment
social aspect
"tricuspid valve regurgitation/cn [Congenital Disorder]"
"tricuspid valve regurgitation/et [Etiology]"
United Kingdom
"amitriptyline/to [Drug Toxicity]"
"amitriptyline/dt [Drug Therapy]"
"anticonvulsive agent/to [Drug Toxicity]"
"antidepressant agent/to [Drug Toxicity]"
"antidepressant agent/dt [Drug Therapy]"
"anxiolytic agent/to [Drug Toxicity]"
"citalopram/to [Drug Toxicity]"
"citalopram/dt [Drug Therapy]"
"clomipramine/to [Drug Toxicity]"
"clomipramine/dt [Drug Therapy]"
"dosulepin/to [Drug Toxicity]"
"dosulepin/dt [Drug Therapy]"
"escitalopram/to [Drug Toxicity]"
"escitalopram/dt [Drug Therapy]"
"fluoxetine/to [Drug Toxicity]"

"fluoxetine/dt [Drug Therapy]"
"hypnotic agent/to [Drug Toxicity]"
illicit drug
"lofepramine/to [Drug Toxicity]"
"lofepramine/dt [Drug Therapy]"
"neuroleptic agent/to [Drug Toxicity]"
"paroxetine/to [Drug Toxicity]"
"paroxetine/dt [Drug Therapy]"
"psychotropic agent/to [Drug Toxicity]"
"*serotonin uptake inhibitor/to [Drug Toxicity]"
"*serotonin uptake inhibitor/dt [Drug Therapy]"
"sertraline/to [Drug Toxicity]"
"sertraline/dt [Drug Therapy]"
"venlafaxine/to [Drug Toxicity]"
"venlafaxine/dt [Drug Therapy]"

Source: EMBASE

20. Stakeholder perceptions and operational barriers in the training and distribution of take-home naloxone within prisons in England

Citation: Harm Reduction Journal, February 2016, vol./is. 13/1(no pagination), 1477-7517 (February 03, 2016)

Author(s): Sondhi A.; Ryan G.; Day E.

Institution: (Sondhi) Therapeutic Solutions (Addictions) Communications House, 26 York Street, London W1U 6PZ, United Kingdom; (Ryan) Public Health England, 2nd Floor Skipton House London Road Elephant and Castle, London SE1 6LH, United Kingdom; (Day) National Addiction Centre, Addiction Psychiatry, Addictions Department, Addiction Sciences Building, 4 Windsor Walk, Denmark Hill, London SE5 8AF, United Kingdom

Language: English

Abstract: Background: The aim of the study was to assess potential barriers and challenges to the implementation of take-home naloxone (THN) across ten prisons in one region of England. Methods: Qualitative interviews deploying a grounded theory approach were utilised over a 12- to 18-month period that included an on-going structured dialogue with strategic and operational prison staff from the ten prisons and other key stakeholders (n = 17). Prisoner perceptions were addressed through four purposive focus groups belonging to different establishments (n = 26). Document analysis also included report minutes and access to management information and local performance reports. The data were thematically interpreted using visual mapping techniques. Results: The distribution and implementation of THN in a prison setting was characterised by significant barriers and challenges. As a result, four main themes were identified: a wide range of negative and confused perceptions of THN amongst prison staff and prisoners; inherent difficulties with the identification and engagement of eligible prisoners; the need to focus on individual prison processes to enhance the effective distribution of THN; and the need for senior prison staff engagement. Conclusions: The distribution of THN within a custodial setting requires consideration of a number of important factors which are discussed.

Country of Publication: United Kingdom

Publisher: BioMed Central Ltd.

CAS Registry Number: 357-08-4 (naloxone); 465-65-6 (naloxone)

Publication Type: Journal: Article

Subject Headings:
access to information
adult
article
controlled study
data analysis
female
*health program

health promotion
*home care
human
male
medical information
"opiate addiction/dt [Drug Therapy]"
*perception
*prison
prisoner
program effectiveness
*public health problem
qualitative research
structured interview
United Kingdom
young adult
"*naloxone/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *National Library of Medicine* in *Harm Reduction Journal*
Available from *National Library of Medicine* in *Harm Reduction Journal*
Available from *BioMed Central* in *Harm Reduction Journal*
Available from *ProQuest* in *Harm Reduction Journal*

21. Glioblastoma multiforme cells are addicted to the oncogenic survival factor bcl6

Citation: Neuro-Oncology, November 2015, vol./is. 17/(v60), 1522-8517 (November 2015)

Author(s): McConnell M.; Fabre M.-S.; Jones N.; Rowe M.; Hung N.; Melnick A.; Slatter T.

Institution: (McConnell, Fabre, Jones, Rowe) Centre for Biodiscovery, Victoria University of Wellington, Wellington, New Zealand; (McConnell) Malaghan Institute of Medical Research, Wellington, New Zealand; (Hung, Slatter) Department of Pathology, University of Otago, Dunedin, New Zealand; (Melnick) Weill Cornell Medical College, New York, United States

Language: English

Abstract: The reluctance of GBM cells to apoptose is the primary hurdle in drug and radiation-mediated killing, which suggests an overriding antiapoptotic mechanism in GBM mediates survival. A prime candidate for that survival factor is BCL6, a zinc finger transcription factor that prevents apoptosis in response to DNA damage. In maturation of normal lymphocytes, BCL6 expression allows cells to survive DNA breakage and recombination, the process used to generate genetic diversity in antibody and immune receptor genes. However, ectopic BCL6 expression in lymphoma, leukemia and breast cancer similarly bypasses death in response to DNA damage induced by therapy. BCL6 transcript was elevated in glioma compared to normal brain tissue, and expression increased with grade. Consistent with this, BCL6 protein was variably expressed in >60% of GBM specimens examined. We examined BCL6 expression and activity in a panel of GBM cell lines. A low basal level of BCL6 protein was present under normal growth conditions, and consistent with induction by DNA damage, was substantially increased by the genotoxic drugs doxorubicin, temozolomide and ionising radiation, both in vitro and in an intra-cranial tumour model. Co-immunoprecipitation showed that BCL6 was associated with its co-repressors SMRT and NCOR in GB Mcell lines, and aBCL6reporter assay indicated that BCL6 had transcriptional repression activity. Inhibition of BCL6 activity by either siRNA, a specific peptide mimetic inhibitor, or by over-expression of dominant negative BCL6 notably decreased viability, and reduced the clonogenic potential, of GBM cells. Induction of BCL6 in the presence of inhibitors restored the clonogenic activity. Finally, GBM cells with a BCL6 somatic knock-out were non-viable, dying within 48 hours of genome editing. Together, these data imply that BCL6 is essential for on-going survival of GBM cells in vitro, and that DNA damage induced by therapy upregulates the oncogene, further facilitating the addiction.

Conference Information: 20th Annual Scientific Meeting of the Society for Neuro-Oncology San Antonio, TX United States. Conference Start: 20151119 Conference End: 20151122

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*glioblastoma
*survival factor
*society
*oncology
DNA damage
in vitro study
survival
therapy
radiation
receptor gene
apoptosis
DNA strand breakage
lymphocyte
genetic variability
tumor model
immunoprecipitation
lymphoma
death
breast cancer
leukemia
glioma
brain tissue
addiction
cell line
genome
repressor gene
assay
maturation
oncogene
DNA
protein bcl 6
antibody
transcription factor
zinc finger protein
doxorubicin
temozolomide
peptide
small interfering RNA

Source: EMBASE

Full Text: Available from *Oxford University Press* in *Neuro-Oncology*

22. Considerations on the role of buprenorphine in recovery from heroin addiction from a UK perspective

Citation: Journal of Psychopharmacology, January 2015, vol./is. 29/1(43-49), 0269-8811;1461-7285 (January 2015)

Author(s): Nutt D.J.

Institution: (Nutt) Centre for Neuropsychopharmacology, Faculty of Medicine, Imperial College London, London W12 0NN, United Kingdom

Language: English

Abstract: The United Kingdom Drug Strategy emphasises recovery as a key focus in the treatment of drug dependence. A framework for recovery is defined in the Recovery-Orientated Drug Treatment report, written by an expert working group, and comprises four key

phases: engagement and stabilisation, including the establishment of treatment goals; preparation for change, involving engagement in psychosocial and pharmacological interventions; active change, including detoxification and medical withdrawal; and completion, including interventions that strengthen community integration. A body of evidence supports the benefits of buprenorphine, a partial agonist at mu opioid receptors, in supporting individualised recovery based on this framework, specifically in relation to the potential for rapid stabilisation, flexibility to transition to other treatment options or achieve abstinence, effective blocking of on-top use of illicit drugs, the treatment of comorbidities through the minimisation of drug-drug interactions, and a good safety profile. In addition, the newer abuse-deterrent formulation of buprenorphine combined with the opioid antagonist naloxone is likely to strengthen recovery-orientated systems of care due to its potential to reduce misuse and diversion. Progress through the recovery journey and the ability to sustain recovery will depend on individual needs and goals and on the amount of recovery capital that individuals have developed.

Country of Publication: United Kingdom

Publisher: SAGE Publications Ltd

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 55096-26-9 (nalmefene); 357-08-4 (naloxone); 465-65-6 (naloxone); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone)

Publication Type: Journal: Article

Subject Headings:
article
behavior change
clinical handover
community integration
comorbidity
drug dependence treatment
drug detoxification
drug dose titration
drug mechanism
drug misuse
drug safety
goal attainment
health care planning
"*heroin dependence/rh [Rehabilitation]"
"*heroin dependence/dt [Drug Therapy]"
human
patient compliance
patient participation
rehabilitation care
social interaction
United Kingdom
"*buprenorphine/pd [Pharmacology]"
"*buprenorphine/cb [Drug Combination]"
"*buprenorphine/dt [Drug Therapy]"
"methadone/pd [Pharmacology]"
"methadone/dt [Drug Therapy]"
"nalmefene/pd [Pharmacology]"
"nalmefene/dt [Drug Therapy]"
"naloxone/pd [Pharmacology]"
"naloxone/cb [Drug Combination]"
"naloxone/dt [Drug Therapy]"
"naltrexone/pd [Pharmacology]"
"naltrexone/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *Journal of Psychopharmacology*

23. The feasibility of using an alcohol screening tool in a UK dental setting to identify patients' alcohol consumption

Citation: Community dental health, December 2015, vol./is. 32/4(196-198), 0265-539X (01 Dec 2015)

Author(s): Csikar J.; Paige C.; Godson J.

Language: English

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
"Alcoholic Intoxication/pc [Prevention]"
"alcoholism/pc [Prevention]"
clinical competence
continuing education
*dental assistant
dental education
*dentist
doctor patient relation
education
feasibility study
female
human
interpersonal communication
male
mass screening
*procedures
teaching
United Kingdom

Source: EMBASE

24. Psychotic-like experiences and nonsuidical self-injury in England: Results from a national survey

Citation: PLoS ONE, December 2015, vol./is. 10/12(no pagination), 1932-6203 (01 Dec 2015)

Author(s): Koyanagi A.; Stickley A.; Haro J.M.

Institution: (Koyanagi, Haro) Parc Sanitari Sant Joan de Deu, Universitat de Barcelona, Fundacio Sant Joan de Deu, Sant Boi de Llobregat, Barcelona, Spain; (Koyanagi, Haro) Instituto de Salud Carlos III, Centro de Investigacion Biomedica en Red de Salud Mental, (CIBERSAM), Madrid, Spain; (Stickley) Stockholm Centre for Health and Social Change (SCOHOST), Sodertorn University, Huddinge, Sweden; (Stickley) Department of Human Ecology, Graduate School of Medicine, University of Tokyo, Tokyo, Japan

Language: English

Abstract: Background: Little is known about the association between psychotic-like experiences (PLEs) and nonsuicidal self-injury (NSSI) in the general adult population. Thus, the aim of this study was to examine the association using nationally-representative data from England. Methods: Data from the 2007 Adult Psychiatric Morbidity Survey was analyzed. The sample consisted of 7403 adults aged >16 years. Five forms of PLEs (mania/hypomania, thought control, paranoia, strange experience, auditory hallucination) were assessed with the Psychosis Screening Questionnaire. The association between PLEs and NSSI was assessed by multivariable logistic regression. Hierarchical models were constructed to evaluate the influence of alcohol and drug dependence, common mental disorders, and borderline personality disorder symptoms on this association. Results: The prevalence of NSSI was 4.7% (female 5.2% and male 4.2%), while the figures among those with and without any PLEs were 19.2% and 3.9% respectively. In a regression model adjusted for sociodemographic factors and stressful life events, most types of PLE were significantly associated with NSSI: paranoia (OR 3.57; 95%CI 1.96-6.52), thought control (OR 2.45; 95%CI 1.05-5.74), strange experience (OR 3.13; 95%CI 1.99-4.93), auditory hallucination (OR 4.03; 95%CI 1.56-10.42), and any PLE (OR 2.78; 95%CI

1.88-4.11). The inclusion of borderline personality disorder symptoms in the models had a strong influence on the association between PLEs and NSSI as evidenced by a large attenuation in the ORs for PLEs, with only paranoia continuing to be significantly associated with NSSI. Substance dependence and common mental disorders had little influence on the association between PLEs and NSSI. Conclusions: Borderline personality disorder symptoms may be an important factor in the link between PLEs and NSSI. Future studies on PLEs and NSSI should take these symptoms into account.

Country of Publication: United States

Publisher: Public Library of Science

CAS Registry Number: 64-17-5 (alcohol)

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
age distribution
alcoholism
article
auditory hallucination
"*automutilation/ep [Epidemiology]"
biological model
borderline state
British citizen
Caucasian
disease association
female
health survey
human
hypomania
lowest income group
major clinical study
male
mania
middle aged
"*nonsuidical self-injury/ep [Epidemiology]"
paranoia
*personal experience
prevalence
*psychosis
questionnaire
stress
substance abuse
thought disorder
United Kingdom
young adult
alcohol

Source: EMBASE

Full Text:
Available from *National Library of Medicine* in *PLoS ONE*
Available from *National Library of Medicine* in *PLoS ONE*
Available from *Allen Press* in *PLoS One*
Available from *ProQuest* in *PLoS One*

25. Systematic review of interventions to reduce illicit drug use in female drug-dependent street sex workers

Citation: BMJ Open, 2015, vol./is. 5/11(no pagination), 2044-6055 (2015)

Author(s): Jeal N.; MacLeod J.; Turner K.; Salisbury C.

Institution: (Jeal, MacLeod, Turner, Salisbury) Centre for Academic Primary Care, School of Social and Community Medicine, University of Bristol, Bristol, United Kingdom

Language: English

Abstract: Objectives: Most female street-based sex workers (SSWs) are drug users and this group experience particularly poor outcomes in achieving and maintaining abstinence. In 2010 the UK adopted a recovery-orientated Drug Strategy. This strategy did not specifically highlight the complex drug treatment needs of SSWs. Therefore we sought to synthesise and critically appraise existing evidence of interventions to reduce illicit drug use in this group, in order to guide service change toward better provision for the drug treatment needs of SSWs. Methods: A systematic review of evidence on the effectiveness of interventions to reduce illicit drug use in female SSWs. Following the PRISMA guidelines, a structured search strategy was used. Searches included databases, organisational and government websites to identify published and grey literature, as well as contacting experts in the field, and hand-searching reference lists and journals. Results: Six studies, one experimental and five observational, were identified which met review inclusion criteria. Intervention approaches evaluated included substitute prescribing, educational sessions and motivational interviewing. All studies reported a positive intervention effect but the five observational studies were all subject to a relatively high risk of bias. By contrast, the experimental study provided little or no evidence of positive effect (OR for reduction of illicit drug in intervention compared to controls 1.17 95%CI 0.84-1.66 at 3 months and 1.14 (95% CI 0.8 to 1.61) at 6 months follow-up). All six studies described challenges and solutions to study recruitment, retention and follow-up, which were influenced by issues affecting SSWs' health and social stability. Conclusions: There is currently no strong evidence for effectiveness of interventions to reduce illicit drug use in female SSWs with problematic drug use. Thus, the development and robust evaluation of effective interventions should be a priority if recovery-orientated goals are to become more achievable for this group.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings:
article
cocaine dependence
"*drug dependence/th [Therapy]"
*drug dependence treatment
follow up
harm reduction
health care need
health care system
*health education
homelessness
human
*motivational interviewing
opiate addiction
practice guideline
*prostitution
randomized controlled trial (topic)
*street sex worker
*substitute prescribing
treatment outcome
cocaine
diamorphine
*illicit drug

Source: EMBASE

Full Text: Available from *National Library of Medicine* in *BMJ Open*
Available from *Highwire Press* in *BMJ Open*

26. Analysis of patient data on admission to treatment in NHS lanarkshire addiction services

Citation: Heroin Addiction and Related Clinical Problems, February 2016, vol./is. 18/1(37-44), 1592-1638 (February 2016)

Author(s): Hill D.

Institution: (Hill) NHS Lanarkshire, Motherwell, Lanarkshire, United Kingdom

Language: English

Abstract: Introduction: Over time the substances misused in a population changes as does other simple demographics, such as age, number of treatment episodes and treatments. Methods: This article reflects on data obtained from patients engaging or re-engaging with NHS Lanarkshire addiction services to look at these demographics and also ensure that the treatment services offered are still appropriate to the population. Results: The data demonstrates that the population is growing older before they access treatment. The substances being misused are also changing with time. The most common profile for a new patient accessing treatment in NHS Lanarkshire during the data collection period can also be determined. Conclusions: The data shows that NHS Lanarkshire Addictions Services are addressing the issue and offering a choice of opioid agonist treatment to individual patients.

Country of Publication: Italy

Publisher: Pacini Editore S.p.A. (Via A. Gherardesca 1, Ospedaletto (Pisa) 56121, Italy)

CAS Registry Number: 76-57-3 (codeine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 125-28-0 (dihydrocodeine); 24204-13-5 (dihydrocodeine); 5965-13-9 (dihydrocodeine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 52-26-6 (morphine); 57-27-2 (morphine); 124-90-3 (oxycodone); 76-42-6 (oxycodone)

Publication Type: Journal: Article

Subject Headings:
*addiction
*addiction service
adolescent
adult
age distribution
agonist opioid treatment
article
consultation
controlled study
*data collection method
*demography
detoxification
drug misuse
*drug use
female
health care access
hospital admission
hospital discharge
human
major clinical study
male
*medical history
*national health service
opiate addiction
prescription
prevalence
priority journal
questionnaire
treatment duration
trend study

United Kingdom
young adult
buprenorphine plus naloxone
codeine
diamorphine
dihydrocodeine
illicit drug
methadone
morphine
narcotic analgesic agent
oxycodone

Source: EMBASE

27. A proposed model for community-assisted alcohol withdrawal in primary care in the UK Armed Forces

Citation: Journal of the Royal Army Medical Corps, December 2015, vol./is. 161/4(308-314), 0035-8665 (01 Dec 2015)

Author(s): Faerestrand N.H.; Coetzee R.H.

Institution: (Faerestrand) Department of Community Mental Health, Portsmouth, UK; (Coetzee) Department of Community Mental Health, Portsmouth, UK

Language: English

Abstract: Alcohol misuse and related morbidity continues to represent a challenge to the both the National Health Service (NHS) and the Defence Medical Services (DMS). A significant part of the management of patients who misuse alcohol involves planned assisted withdrawal for dependent drinkers. Traditionally, assisted alcohol withdrawal has been conducted in an in-patient setting owing to the perceived risks of carrying out this treatment. Current evidence shows that community-based approaches offer a safe and effective alternative to the traditional in-patient model with significant cost savings. This article proposes a model for community-assisted alcohol withdrawal (CAAW) for use within the DMS. It considers current guidelines and models already in operation within the NHS, offering evaluation and adjustments to fit the requirements that are applicable to the UK Armed Forces medical environment.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: "alcoholism/th [Therapy]"
human
mental health service
*organization and management
primary health care
*psychology
soldier
"Substance Withdrawal Syndrome/pc [Prevention]"
United Kingdom
"benzodiazepine receptor affecting agent/dt [Drug Therapy]"

Source: EMBASE

28. Predictors of rapid reincarceration in mentally ill young offenders

Citation: Australasian Psychiatry, October 2015, vol./is. 23/5(550-555), 1039-8562;1440-1665 (01 Oct 2015)

Author(s): Kasinathan J.

Institution: (Kasinathan) Adolescent Unit, Forensic Hospital, Justice Health, PO Box 150, Matraville 2036, Sydney, NSW, Australia; (Kasinathan) School of Psychiatry, Faculty of Medicine, University of New South Wales, Sydney, NSW, Australia; (Kasinathan) Forensic Mental Health Service, ACT Health, Canberra, ACT, Australia; (Kasinathan) Centre for Mental Health Research, Australian National University, Canberra, ACT, Australia

Language: English

Abstract: Objective: Describe characteristics of mentally ill young offenders released from custody and predictors of those who rapidly returned to custody. Method: Ambidirectional cohort study of 51 young males with mental disorders released from the largest New South Wales Juvenile Justice Centre (2005-2007), a health file audit at time of release and prospective determination of reincarceration. Results: Overall 47% were Aboriginal, 43% originated from regional communities, substance disorders were highly prevalent and only 12% accessed prior community mental health care. Over half (57%) satisfied diagnostic criteria for schizophrenia spectrum disorder. In custody, 39% were suicidal and 18% were homicidal. A majority (90%) returned to custody over a median of 28 months; half within five months of release. Schizophrenia/schizophreniform disorder (p<.001), bipolar disorder (p=.001) and schizoaffective disorder (p=.005) predicted rapid reincarceration, with shorter community survival than those without those diagnoses (p=.009). Antipsychotic treatment (p=.006) and treatment duration in custody (p=.006) predicted longer community survival. Aboriginality, younger age, prior incarceration and substance disorders were not predictive of rapid reincarceration. Conclusions: Serious mental illness was a significant predictor of rapid reincarceration in young offenders. Treatment improved community survival. The findings highlight the need for optimal psychiatric treatment and post-release care for young offenders with mental illness.

Country of Publication: United Kingdom

Publisher: SAGE Publications Inc.

Publication Type: Journal: Article

Subject Headings:
adolescent
age
alcohol use disorder
anxiety disorder
article
Australia
Australian Aborigine
bipolar disorder
cannabis addiction
cohort analysis
conduct disorder
controlled study
detention
female
health care access
homicide
human
intravenous drug abuse
major clinical study
male
*mental disease
mental health service
opiate addiction
prediction
*prisoner
schizoaffective psychosis
"schizophrenia/dt [Drug Therapy]"
schizophreniform disorder
substance abuse
suicidal behavior
survival rate
treatment duration
"neuroleptic agent/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *Australasian Psychiatry*

29. Homicides by older offenders in New South Wales between 1993 and 2010

Citation: Australasian Psychiatry, October 2015, vol./is. 23/5(493-495), 1039-8562;1440-1665 (01 Oct 2015)

Author(s): Reutens S.; Nielssen O.; Large M.

Institution: (Reutens, Nielssen, Large) School of Psychiatry, Faculty of Medicine, University of New South Wales, Sydney, NSW, Australia; (Reutens) School of Psychiatry, Faculty of Medicine, University of New South Wales, Justice Health, New South Wales, Matraville, NSW 2036, Australia; (Nielssen) St Vincent's Hospital, Darlinghurst, NSW, Australia; (Nielssen) Discipline of Psychiatry, Sydney Medical School, University of Sydney, Sydney, NSW, Australia; (Large) Prince of Wales Hospital, Randwick, NSW, Australia

Language: English

Abstract: Objective: Homicides by older people are rare and might differ from those committed by younger people. To investigate the characteristics of older homicide offenders in New South Wales (NSW), Australia. Methods: A systematic search of legal, criminological and media databases for cases of homicide committed by people in NSW aged 55 and over, during the 18 years from 1993 to 2010. Results: Eighty-seven cases were identified through databases. Legal documents were obtained for 70 offenders, comprising about 5% of homicides committed in NSW in the period of the study. The proportions of male offenders and rates of firearm use were similar to other age groups. Twelve of the 14 homicides using guns occurred outside the metropolitan area. Older offenders were more likely to have cognitive impairment or psychotic illness. Victims were more likely to be female and in a domestic relationship with the offender. Conclusions: Homicide by an older person is rare, and more commonly involves a man killing a family member. Correctional facilities will increasingly have to consider the needs of older people serving long sentences.

Country of Publication: United Kingdom

Publisher: SAGE Publications Inc.

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
aged
alcoholism
article
Australia
cognitive defect
controlled study
criminology
data base
female
firearm
health care facility
*homicide
human
major clinical study
male
middle aged
*offender
psychosis
sex difference
strangulation
suffocation
suicide
suicide attempt

Source: EMBASE

Full Text: Available from *Highwire Press* in *Australasian Psychiatry*

30. A very brief intervention for cannabis users in an emergency department setting

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(e235), 0376-8716 (01 Nov 2015)

Author(s): Webb L.; Clement N.; Matalon E.; Joel T.; Copeland J.

Institution: (Webb, Clement, Matalon, Joel) National Cannabis Prevention and Information Centre, UNSW Medicine, Sydney, NSW, Australia; (Copeland) National Cannabis Prevention and Information Centre, University of NSW, Sydney, NSW, Australia

Language: English

Abstract: Aims: To explore the feasibility and acceptability of a very brief intervention for cannabis use in an ED setting and to test the hypothesis that cannabis and related problems will be significantly reduced at 1 month follow-up compared with ED baseline. Methods: A pre-post design feasibility testing pilot study of a BI (5-10 min) delivered opportunistically to cannabis users (n = 70) presenting to a hospital emergency department. The BI consists of 3 components: screening, assessment, and brief personalised feedback delivered by a trained researcher within the ED at Prince of Wales Hospital, Sydney. Follow-up data was collected 1-month following presentation to the ED. Results: The intervention was feasible and acceptable to participants. Compared with baseline, participants reported significantly fewer days of cannabis use ($p < 0.02$); fewer cannabis-related problems ($p < 0.03$) and levels of dependence ($p < 0.04$) at 1 month follow-up. Conclusions: Establishing the efficacy of such BIs has implications for those at-risk of developing cannabis related harms and dependence, by bridging the gap between primary prevention activities and more intensive treatment for those diagnosed with cannabis use disorders.

Conference Information: 2015 Annual Meeting of the College on Problems of Drug Dependence, CPDD 2015 Phoenix, AZ United States. Conference Start: 20150613 Conference End: 20150618

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*emergency ward
*college
*drug dependence
follow up
human
cannabis use
hospital
feedback system
scientist
screening
diseases
primary prevention
risk
United Kingdom
pilot study
hypothesis
*cannabis

Source: EMBASE

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

31. Does urban size and region predict outpatient substance abuse treatment completion?

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(e210), 0376-8716 (01 Nov 2015)

Author(s): Stahler G.; Mennis J.

Institution: (Stahler, Mennis) Geography and Urban Studies, Temple University, Philadelphia, PA, United States

Language: English

Abstract: Aims: This study examines the influence of urban size and region on the likelihood of treatment completion for outpatient settings using the 2011 SAMHSA TEDS-D dataset. Methods: Logistic regression was employed using treatment completion as the dependent variable (N= 897,888). Two geographic variables served as independent variables. 'City size' is a five-class ordinal variable representing the population of the U.S. Census metropolitan or micropolitan region in which the subject resides, ranging from areas with a population of less than 50,000 to greater than 750,000. 'Geographic division' distinguishes among the ten U.S. Census-defined regional divisions of the U.S. (e.g. Mid-Atlantic, New England). The Mid-Atlantic division (New York, Pennsylvania, and New Jersey), which is the division with the highest number of subjects in the data set, served as the reference category.Wealso controlled for the subject's age, race, sex, primary substance use problem, and severity of use. Results: The resulting model had an overall percentage correct = 60.4%, and a Receiver Operating Curve (ROC) analysis resulted in an Area Under the Curve = 0.63, $p < 0.005$). Results indicate that larger city size is associated with a greater likelihood of treatment completion, and while the city size odds ratio is relatively small (OR = 1.05, $p < 0.005$), it is of greater magnitude than the odds ratio for sex (where males are significantly more likely to complete treatment). Geographic division was also highly significant, with certain divisions such as the Mountain division (e.g. Colorado, Utah) showing a particularly higher likelihood of treatment completion (OR = 2.07, $p < 0.005$) compared to the Mid- Atlantic division. Other divisions, such as the East North Central division (e.g., Ohio and Michigan) showed a significantly lower likelihood (OR = 0.73, $p < 0.005$). Conclusions: Treatment effectiveness at a system level may be improved by examining these geographic variations in outpatient outcomes. Further research needs to identify the reasons for these locational differences in treatment completion.

Conference Information: 2015 Annual Meeting of the College on Problems of Drug Dependence, CPDD 2015 Phoenix, AZ United States. Conference Start: 20150613 Conference End: 20150618

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*human
*substance abuse
*college
*drug dependence
*outpatient
United States
city
population
population research
risk
logistic regression analysis
therapy
male
independent variable
area under the curve
model
dependent variable
substance use

Source: EMBASE

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

32. Cannabis smoking clusters within secondary schools: Results from the United States monitoring the future study 1976-2013

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(e172), 0376-8716 (01 Nov 2015)

Author(s): Parker M.A.; Anthony J.C.

Institution: (Parker, Anthony) Epidemiology and Biostatistics, Michigan State University, East Lansing, MI, United States

Language: English

Abstract: Aims: To estimate the degree of clustering, within schools, of cannabis smoking. Clustering within schools should be expected, to the degree that there is social sharing of cannabis experience among student peers, perhaps with 'contagion' processes previously described by the late Richard De Alarcon in his classic epidemiological research on person-to-person spread of heroin injection practices in Great Britain 50 years ago. Methods: Each year between 1976 and 2013, roughly 16,000 12-graders in ~135 schools completed questionnaires for the Monitoring the Future study (MTF). This project uses Generalized Estimating Equations to derive pairwise odds ratio estimates (PWOR) for evidence of cannabis smoking clusters each year, with PWOR>1 providing evidence of clusters. (Note: Unlike marginsensitive alternatives, the PWOR does not depend upon prevalence of cannabis smoking.) Results: Meta-analysis summary estimates and 95% confidence intervals for pre-specified time intervals were as follows: 1976-1986, an interval with >50% cannabis smoking prevalence (PWOR= 1.22; 95%CI = 1.19, 1.24); 1987-1992, an interval when prevalence dropped to the 35% level (PWOR= 1.18; 95%CI = 1.16, 1.21); 1993-2000, an interval when prevalence increased toward 50% (PWOR= 1.16; 95%CI = 1.13, 1.18); 2001-2013, an interval with prevalence ~45% (PWOR= 1.16; 95%CI = 1.14, 1.18). Conclusions: Tangible within-school clustering of cannabis smoking is seen during all intervals, consistent with models for social sharing of cannabis experience among students. Nonetheless, this study's estimates are more modest than corresponding published PWOR estimates for cannabis and cocaine clusters in US communities, which are on par with PWOR estimates for within-village clustering of childhood diarrheal illness in low-income countries. We now seek more definitive evidence on regional variations and school characteristics that might account for school-level variation in degree of clustering.

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Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*cannabis smoking
*high school
*United States
*monitoring
*college
*drug dependence
school
prevalence
human
student
meta analysis
risk
questionnaire
United Kingdom
injection
childhood
lowest income group
community
confidence interval
epidemiology
model
diseases

cannabis
diamorphine
cocaine

Source: EMBASE

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

33. Novel psychoactive substance use in the European Union

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(e165), 0376-8716 (01 Nov 2015)

Author(s): Novak S.P.; Hakansson A.; Reimer J.; Martinez-Raga J.; Lorvick J.

Institution: (Novak) Behavioral Epidemiology, RTI International, Research Triangle Park, NC, United States; (Hakansson) Division of Psychiatry, U of Lund, Lund, Sweden; (Lorvick) RTI International, RTI, San Francisco, CA, United States; (Martinez-Raga) Teaching Unit of Psychiatry and Psychological Medicine, U of Valencia, Valencia, Spain; (Reimer) Centre for Interdisciplinary Addiction Research, Hamburg Medical, Hamburg, Germany

Language: English

Abstract: Aims: Novel psychoactive substances (e.g., bath salts, Krokodil, synthetic marijuana) are synthetic, semi-synthetic or natural compounds, often advertised and sold as 'legal' alternatives to illicit drugs. The current study is among the first population-based studies in the EU to identify their prevalence and characteristics. Methods: General population surveys, modeled after the United States' National Survey of Drug Use and Health, were conducted by RTI International in seven European countries (29 metropolitan strata, sample n = 22,057) in 2014. Self-report (in English or native language) surveys among persons aged 12 or older were collected and weighted to achieve country-specific representative estimates. Results: The lifetime estimates for NPS ranged from 0.7% (Denmark) to 2.2% (Great Britain), with a mean of 1.8% and a population estimate of 5.5 million. An estimated 500,000 (0.5%) persons reported past-year NPS. Controlling for country, latent class models indicated six classes of past-year illicit drug use, with NPS present in a homogenous class characterized by males (AOR = 2.5, p < .001), whites at higher risk relative to black/African descent (AOR = 1.6, p < .05), and Asian (AOR = 3.3, p < .001). Youth (ages 18-24) were at higher risk for NPS relative to those ages 12-17 (AOR = 1.5, p < .001) and 35+ (AOR = 1.6, p < .001). Mood/anxiety disorders conferred higher risk of NPS compared to those with no disorder (AOR = 2.5, p < .001), or subthreshold symptom levels (AOR = 1.6, p < .001). NPS users also reported a greater use of social media. Conclusions: With the increasing erosion of geographic boundaries and increased increased communication, studies are desperately needed to identify the international landscape of drug use. Additional waves are planned to identify trends in transmission patterns between countries and population sub-groups.

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Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*European Union
*college
*drug dependence
*substance use
population
risk
drug use
diseases
human
United States
prevalence
United Kingdom
Asian

self report
language
male
lifespan
model
landscape
interpersonal communication
social media
European
juvenile
health
Denmark
illicit drug
natural product
cannabis

Source: EMBASE

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

34. Scientific evaluation on substance abuse research through web of science over the 2008-2012 period

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(e149), 0376-8716 (01 Nov 2015)

Author(s): Melero-Fuentes D.; Aguilar-Moya R.; Valderrama-Zurian J.-C.; Bueno-Canigral F.; Aleixandre-Benavent R.; Perez-De-Los-Cobos J.-C.

Institution: (Melero-Fuentes) INDOTEI, Universidad Catolica de Valencia, Godella, Spain; (Aguilar-Moya) Departamento de Ciencias de la Educacion, Universidad Catolica de Valencia, Godella, Spain; (Valderrama-Zurian) Universitat de Valencia, Valencia, Spain; (Bueno-Canigral) Plan Municipal de Drogodependencias, Ayuntamiento de Valencia, Valencia, Spain; (Aleixandre-Benavent) INGENIO, Spanish Research Council-CSIC, Valencia, Spain; (Perez-De-Los-Cobos) Servicio de Psiquiatria, Hospital de la Santa Creu i Santa Pau, Barcelona, Spain

Language: English

Abstract: Aims: Identify and analyze scientific production and studied drugs on specific and not specific substance abuse journals. Methods: Design of search strategy, treat the bibliographic information, classification of articles regard to drugs studied, bibliometric analysis, identify research groups altogether and by each drug studied was the method used. Results: 44,822 articles have been evaluated, the 26.88% have been published in journals (1.08%) of Web of Science (WoS) Category Substance Abuse (CSA), while the rest of works were published in 3,382 journals belonging to 95 WoS categories of Health Sciences and Social Sciences. The 67.02% of the articles only study 1 drug; while that alcohol, tobacco and cannabis, and on the other hand cocaine and amphetamines are the drugs most studied jointly. The 27% of the authors (n = 35,223) have published more than 1 paper. Collaborations between 2 or more authors made up 95.18% of documents, with a collaboration index of 5.24. Conclusions: A growth in productivity of scientific research on substance abuse has been identified. The most productive journals that do not belong to WoS CSA accumulate a 0.42% more of papers that these. The multidisciplinary character of this research field is reflected in the wide range of journals as well as the collaboration index and index of transient authors, as has been noted in other studies of Biomedicine and Social Sciences. Although USA, UK, Canada and Australia great producers dominate the consolidated research groups, main producers of not English speaking countries of European Union have the highest international collaboration indexes.

Conference Information: 2015 Annual Meeting of the College on Problems of Drug Dependence, CPDD 2015 Phoenix, AZ United States. Conference Start: 20150613 Conference End: 20150618

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *Web of Science
*college
*drug dependence
*substance abuse
sociology
tobacco
United Kingdom
speech
productivity
biomedicine
Canada
Australia
health science
classification
European Union
cannabis
cocaine
alcohol
amphetamine derivative

Source: EMBASE

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

35. Diagnosis of hepatitis c virus infection after entry to opioid substitution therapy

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(e122), 0376-8716 (01 Nov 2015)

Author(s): Larney S.; Grebely J.; Falster M.; Swart A.; Amin J.; Degenhardt L.; Burns L.; Vajdic C.

Institution: (Burns) NDARC, UNSW, Sydney, NSW, Australia; (Degenhardt) National Drug and Alcohol Reseacrh Centre, University of NSW, Sydney, NSW, Australia; (Larney) National Drug and Alcohol Research Centre, University of New South Wales, Randwick, NSW, Australia; (Grebely, Amin) Kirby Institute, University of NSW, Sydney, NSW, Australia; (Falster) Centre for Health Research, University of Western Sydney, Sydney, NSW, Australia; (Swart, Vajdic) Prince of Wales Clinical School, University of NSW, Sydney, NSW, Australia

Language: English

Abstract: Aims: Hepatitis C virus (HCV) infection is highly prevalent among people who inject drugs (PWID). With the advent of effective short-course HCV therapies, elimination of this disease among PWID may be possible. Strategies are needed to enhance diagnosis of HCV infection among people who inject drugs to improve engagement in antiviral therapy, and stem the growing burden of HCV-related morbidity and mortality. Methods: This was a retrospective observational cohort study using linked administrative data in New South Wales (NSW), Australia. In NSW, all entries to opioid substitution therapy (OST) are recorded in the Pharmaceutical Drugs of Addiction System, and positive HCV test results must be notified to the Notifiable Conditions Information Management System. We linked these two databases, and calculated rates of incidentHCVnotifications among people entering OST, and compared HCV notification rates in and out of OST. Results: Following adjustment for sex, age and year, rates of incident HCV diagnosis were significantly higher during periods of OST, compared to periods out of OST (adjusted incident rate ratio: 1.70; 95% confidence interval: 1.63, 1.77). This effect was seen across multiple treatment periods. HCV notifications were highest among women and people aged under 25 years. Conclusions: Routine HCV testing within OST settings increases diagnosis of HCV infection in the high-risk population of PWID.

Conference Information: 2015 Annual Meeting of the College on Problems of Drug Dependence, CPDD 2015 Phoenix, AZ United States. Conference Start: 20150613 Conference End: 20150618

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *Hepatitis C virus
*virus infection
*opiate substitution treatment
*college
*drug dependence
*diagnosis
human
infection
Australia
morbidity
data base
information system
addiction
antiviral therapy
cohort analysis
high risk population
confidence interval
female
mortality
therapy

Source: EMBASE

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

36. An online national survey and the Crime Survey for England and Wales: Are the data comparable?

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(e83), 0376-8716 (01 Nov 2015)

Author(s): Green J.L.; Dargan P.I.; Wood D.M.; Besharat A.C.; Martinez E.M.; Dart R.C.

Institution: (Green, Besharat, Martinez, Dart) Rocky Mountain Poison and Drug Center, Denver, CO, United States; (Dargan, Wood) Guy's and St. Thomas' NHS Foundation Trust and King's Health Partners, London, United States

Language: English

Abstract: Aims: To compare data on the prevalence of illicit drug use collected in an online national survey of non-medical use of prescription medicine and the Crime Survey for England and Wales (CSEW). Methods: The online national survey was undertaken in July 2014 using a market research company. Data included in this study were demographics and the prevalence of illicit drug use in those aged 16-59 years residing in England or Wales (n = 1594). CSEW is an annual household survey in England and Wales; the 2013/14 CSEW included 34,906 respondents aged 16-59 years. Lifetime and last year prevalence of illicit drug use was compared between the whole groups and in young adults (16-24 years). Results: Prevalence of use of illicit drugs in the online national survey and CSEW were similar for the whole groups (lifetime use: online survey 32.6%, CSEW 35.6%. Last year use: online survey 8.6%, CSEW 8.8%) and young adults (lifetime use: online survey 31.4%, CSEW 36.3%. Last year use: online survey 15.0%, CSEW 18.9%). For lifetime use, cannabis was the most common drug in each data source (23.7% and 29.9%), amphetamines was the second (9.7% and 11.1%) and any cocaine was the third (8.2% and 9.5%). Conclusions: The prevalence of use of illicit drugs was similar in the online national survey and the CSEW. The comparability of these findings demonstrates the feasibility of using an online survey administered with a market research company to obtain data comparable to the well-established household CSEW with a considerably smaller sample. This methodology could be used to further explore aspects of illicit drug use and non-medical use of prescription medicines.

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Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*United Kingdom
*crime
*human
*college
*drug dependence
prevalence
drug use
lifespan
marketing
household
prescription
young adult
methodology
illicit drug
cocaine
amphetamine derivative
cannabis

Source: EMBASE

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

37. Increased cortical excitability in human MDMA users

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(e50), 0376-8716 (01 Nov 2015)

Author(s): Cowan R.; Dietrich M.; Kim J.; Zald D.

Institution: (Cowan, Dietrich) Psychiatric Neuroimaging Program, Vanderbilt University, Nashville, TN, United States; (Kim, Zald) Psychology, Vanderbilt University, Nashville, TN, United States

Language: English

Abstract: Aims: MDMA produces serotonergic axon toxicity in animal models. Human recreational MDMA users have reduced serotonin in cortex. Serotonin is mainly inhibitory in cortex; therefore we posited that MDMA users would have increased cortical excitability. We measured cortical excitability using transcranial magnetic stimulation (TMS) in the primary visual and primary motor cortices of MDMA users and non-MDMA exposed control subjects. Methods: We enrolled 16 MDMA users and 16 non-MDMA exposed control subjects (age was 22.3+/-2.3 years). All were free from drug use for 2 weeks, verified by repeated urine drug screening. A T1-weighted structural MRI scan was obtained and the TMS coil was stereotactically positioned using each subject's structural scan. We used a Magstim 2T Rapid stimulator (Magstim Company, UK) peak discharge = 1.8 kV;70-mmfigure-eight) to deliver cortical excitation. For visual cortex, we positioned the coil to allow evocation of the phosphene within 2degree of the fovea; coil location was about 2cm above the inion. Coil intensity was set at 90% intensity to yield a phosphene with eyes closed or motor twitch of the dorsal interosseous muscle of the right hand. TMS intensity was then reduced to 54% intensity and adjusted upward until the individual was able to detect the phosphene threshold or motor twitch generation on 75% of trials. Results: MDMA users had increased cortical excitability (as indexed by lower TMS stimulation thresholds). Mean TMS threshold for visual system was 66.67+/-6.72% for MDMA users and 75.31+/-10.56% for controls ($p = 0.012$). Mean TMS threshold for motor system was 63.43+/-7.90% forMDMAusers and 73.75+/-8.06% for controls ($p = 0.001$). Greater lifetime MDMA use was significantly associated with increased cortical excitability (reduced TMS threshold) for the visual system ($rs = -0.82$; $p < 0.001$) but not for motor threshold ($rs = -0.15$; $p = 0.575$). Conclusions: MDMA users have increased cortical excitability. This finding is consistent with the predicted consequences of MDMA-induced serotonin neurotoxicity.

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Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*human
*drug dependence
*college
*excitability
vision
visual system
transcranial magnetic stimulation
nerve fiber
visual cortex
excitation
United Kingdom
toxicity
drug screening
eye
muscle
stimulation
urine
neurotoxicity
drug use
lifespan
motor system
primary motor cortex
animal model
nuclear magnetic resonance imaging
*3 4 methylenedioxymethamphetamine
serotonin

Source: EMBASE

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

38. Limitations to participation in opioid maintenance treatment in Europe

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(e27), 0376-8716 (01 Nov 2015)

Author(s): Brandt L.; Unger A.; Moser L.; Fischer G.; Jagsch R.

Institution: (Brandt, Moser, Fischer) Center for Public Health, Medical University of Vienna, Vienna, Austria; (Unger, Fischer) Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria; (Jagsch) Faculty for Psychology, University of Vienna, Vienna, Austria

Language: English

Abstract: Aims: Our aim was to identify areas of improvement for current Opioid Maintenance Treatment (OMT) approaches, by analysing European Quality Audit of Opioid Treatment (EQUATOR) data from 8 European countries (Austria, Denmark, France, Germany, Norway, Portugal, Sweden, UK). Methods: A standardised face-to-face survey was administered to OMT patients (OMT-P) and active opioid user (AOU). Reasons for entering and staying out of OMT, rules pertaining to OMT, and factors facilitating OMT retention were compared between countries, and between OMT-P and AOU groups. Both groups were divided into those who never had OMT before [un-experienced OMT-P (n = 573) and AOU (n = 360)] and those who had been maintained at least once [experienced OMT-P (n = 746) and AOU (n = 377)]. Results: Motives for starting OMT vary distinctly ($p<0.001$) between countries. Transnationally, experienced AOU reported concerns about their ability to follow treatment rules and negative treatment experiences as decisive reasons for staying out of OMT. Greater flexibility, less pressure to reduce their treatment dose and greater treatment structure were ranked significantly higher by experienced compared to un-experienced OMT-P as factors that might facilitate treatment retention ($p<0.05$). Conclusions: The major strength of this investigation was the homogenous methodology applied in all countries and the high external validity, which enabled new

insights in variations between treatment systems and their impact on patient outcome. Results indicate, that treatment systems need to aim an optimal balance between flexibility and structure. In addition, standardised approaches that still permit tailoring treatment to individual patient needs are crucial to yield maximum benefit for patients, and reduce the considerable societal economic burden of addiction.

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Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*maintenance therapy
*Europe
*college
*drug dependence
human
patient
European
Denmark
methodology
Austria
external validity
addiction
France
medical audit
United Kingdom
Sweden
Portugal
Norway
Germany
*opiate
clopenthixol

Source: EMBASE

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

39. Surveying lactation professionals regarding breastfeeding and marijuana use

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(e19), 0376-8716 (01 Nov 2015)

Author(s): Bergeria C.L.; Heil S.H.

Institution: (Bergeria, Heil) Psychiatry, University of Vermont, Burlington, VT, United States; (Bergeria, Heil) Psychology, University of Vermont, Burlington, VT, United States; (Bergeria, Heil) Vermont Center on Behavior and Health, Burlington, VT, United States

Language: English

Abstract: Aims: Guidelines state that women who use illicit drugs should not breastfeed (ABM, 2009; AAP, 2012). While this recommendation has traditionally included marijuana, this drug's changing legal status and the limited scientific research regarding marijuana's effect on breastfeeding (Hale and Rowe, 2014) leave it unclear what recommendations lactation professionals make to clients who use marijuana. In addition, to our knowledge, there are no data estimating the prevalence of marijuana use among breastfeeding women, making it difficult to assess how significant a problem it is. To begin understanding this issue, we will (1) assess recommendations around breastfeeding and marijuana use and (2) calculate an estimate of the prevalence of marijuana use among breastfeeding women. Methods: A convenience sample of lactation professionals who practice throughout New England and were attending the 2014 Vermont Lactation Consultant Association conference were offered the opportunity to complete a 5-item survey. Results: Of 120 conference attendees, 74 completed the survey. Of these, 39% percent reported that they recommend continued breastfeeding because the benefits outweigh the harms. Another

	43% said their recommendation depended on factors like the severity of maternal marijuana use. The remaining 18% reported recommending that a woman should stop breastfeeding if she cannot stop using marijuana. Participants estimated that 16% (1203/7843) of their breastfeeding clients in the past year used marijuana. Conclusions: Lactation professionals vary widely in their recommendations to breastfeeding clients who use marijuana. The estimate of prevalence also suggests this is a relatively common issue. More research is needed to validate and assess the generalizability of these findings.
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Publisher:	Elsevier Ireland Ltd
Publication Type:	Journal: Conference Abstract
Subject Headings:	*lactation *cannabis use *college *drug dependence human female prevalence United States convenience sample lactation consultant cannabis illicit drug
Source:	EMBASE
Full Text:	Available from *Elsevier* in *Drug and Alcohol Dependence*