

Search Results

Table of Contents

Search History	page 4
1. Hospital admissions for alcohol use disorders before, during, and after pregnancy: a study based on linked population data in new South Wales, Australia.	page 5
2. Amphetamine dephosphorylates ERM proteins in the nucleus accumbens core and lithium attenuates its effects.	page 6
3. A systematic review of substance misuse assessment packages.	page 6
4. Factors influencing pharmacy services in opioid substitution treatment.	page 7
5. Characterizing patterns of smoking initiation in adolescence: comparison of methods for dealing with missing data.	page 8
6. Correlates of nicotine dependence in U.K. resident Yemeni khat chewers: a cross-sectional study.	page 9
7. Depression and mortality: artifact of measurement and analysis?.	page 10
8. Trends in HIV, hepatitis B and hepatitis C prevalence among Australian prisoners - 2004, 2007, 2010.	page 11
9. The role of L-type calcium channels in the development and expression of behavioral sensitization to ethanol.	page 12
10. Central myelin gene expression during postnatal development in rats exposed to nicotine gestationally.	page 13
11. Estimating the proportion of prescription opioids that is consumed by people who inject drugs in Australia.	page 14
12. Accessibility versus quality of care plus retention: the formula for service delivery in Australian opioid replacement therapy?.	page 15
13. A qualitative analysis among regular waterpipe tobacco smokers in London universities.	page 15
14. Characterizing tobacco control mass media campaigns in England.	page 16
15. Multiple behavioural impulsivity tasks predict prospective alcohol involvement in adolescents.	page 17
16. Association between smoking cessation and short-term health-care use: results from an international prospective cohort study (ATTEMPT).	page 18
17. Patterns of excess alcohol consumption among school children in two English comprehensive schools.	page 19
18. Opiate substitution treatment to reduce in-prison drug injection: a natural experiment.	page 19
19. Pilot study of a social network intervention for heroin users in opiate substitution treatment: study protocol for a randomized controlled trial.	page 20
20. Dipyridamole and paracetamol overdose resulting in multi-organ failure.	page 21
21. The epidemiology and management of adult poisonings admitted to the short-stay ward of a large Scottish emergency department.	page 22
22. The effect of magnesium administration on erythrocyte transketolase activity in alcoholic patients treated with thiamine.	page 23
23. Survival and re-admission of patients admitted with alcoholic liver disease to a West of Scotland hospital.	page 24
24. Suicidal behaviours in South East London: prevalence, risk factors and the role of socio-economic status.	page 25
25. Prenatal ethanol exposure enhances the susceptibility to metabolic syndrome in offspring rats by HPA axis-associated neuroendocrine metabolic programming.	page 26
26. Assessment and management of alcohol-related admissions to UK intensive care units.	page 28
27. 'No-one actually goes to a shop and buys them do they?': attitudes and behaviours regarding illicit tobacco in a multiply disadvantaged community in England.	page 29

28. Engagement with the criminal justice system among opioid-dependent people: a retrospective cohort study.	page 30
29. Randomized trial of nicotine replacement therapy (NRT), bupropion and NRT plus bupropion for smoking cessation: effectiveness in clinical practice.	page 31
30. Childhood conduct disorder trajectories, prior risk factors and cannabis use at age 16: birth cohort study.	page 32
31. Dependence and withdrawal reactions to benzodiazepines and selective serotonin reuptake inhibitors. How did the health authorities react?	page 32
32. Methamphetamine and other substance use trends among street-recruited men who have sex with men, from 2008 to 2011.	page 33
33. Reinforcing integrated psychiatric service attendance in an opioid-agonist program: a randomized and controlled trial.	page 34
34. Non-fatal overdose among adult prisoners with a history of injecting drug use in two Australian states.	page 35
35. The aftermath of public housing relocation: relationship to substance misuse.	page 36
36. Time to initiation of treatment for neonatal abstinence syndrome in neonates exposed in utero to buprenorphine or methadone.	page 37
37. Effectiveness of prize-based contingency management in a methadone maintenance program in China.	page 38
38. Naltrexone treatment for opioid dependence: does its effectiveness depend on testing the blockade?	page 39
39. A double-blind, placebo-controlled trial of topiramate for the treatment of comorbid cocaine and alcohol dependence.	page 40
40. Differences in self-reported and behavioral measures of impulsivity in recreational and dependent cocaine users.	page 41
41. The influence of monetary punishment on cognitive control in abstinent cocaine-users.	page 42
42. Remission from substance dependence: differences between individuals in a general population longitudinal survey who do and do not seek help.	page 43
43. Modelling the prevalence of HCV amongst people who inject drugs: an investigation into the risks associated with injecting paraphernalia sharing.	page 44
44. Measuring historical trauma in an American Indian community sample: contributions of substance dependence, affective disorder, conduct disorder and PTSD.	page 44
45. Binge drinking trajectory and neuropsychological functioning among university students: a longitudinal study.	page 45
46. Conduct problem trajectories and alcohol use and misuse in mid to late adolescence.	page 46
47. Alcohol misuse and relationship breakdown: findings from a longitudinal birth cohort.	page 47
48. Neural mechanisms of risky decision-making and reward response in adolescent onset cannabis use disorder.	page 48
49. Is opioid substitution treatment beneficial if injecting behaviour continues?	page 49
50. Associations between pain clinic density and distributions of opioid pain relievers, drug-related deaths, hospitalizations, emergency department visits, and neonatal abstinence syndrome in Florida.	page 50
51. High rates of police detention among recently released HIV-infected prisoners in Ukraine: implications for health outcomes.	page 51
52. Prevalence and temporal trends of crack injection among injection drug users in eastern central Canada.	page 52
53. Influence of reinforcer magnitude and nicotine amount on smoking's acute reinforcement enhancing effects.	page 53
54. The relationship between group size, intoxication and continuing to drink after bar attendance.	page 54
55. Gender differences in the relationship between gambling problems and the incidence of substance-use disorders in a nationally representative population sample.	page 54

56. Efficacy of extended-release tramadol for treatment of prescription opioid withdrawal: a two-phase randomized controlled trial.	page 55
57. A MAOA gene*cocaine severity interaction on impulsivity and neuropsychological measures of orbitofrontal dysfunction: preliminary results.	page 56
58. Emerging pharmacotherapies for alcohol dependence: a systematic review focusing on reduction in consumption.	page 57
59. Impulsivity and substance-related attentional bias: a meta-analytic review.	page 58
60. Hyperactivation of the cognitive control network in cocaine use disorders during a multisensory Stroop task.	page 59
61. Changing patterns of first injection across key periods of the French Harm Reduction Policy: PrimInject, a cross sectional analysis.	page 60
62. Neighborhood socioeconomic status and substance use by U.S. adults.	page 61
63. Effects of bupropion on cognitive performance during initial tobacco abstinence.	page 62
64. Testing different thresholds for risky episodic drinking--what's so special about five drinks?.	page 63
65. Drug use disorders and post-traumatic stress disorder over 25 adult years: role of psychopathology in relational networks.	page 64
66. Sex modulates approach systems and impulsivity in substance dependence.	page 65
67. HIV transmission from drug injectors to partners who do not inject, and beyond: modelling the potential for a generalized heterosexual epidemic in St. Petersburg, Russia.	page 65
68. Tuberculosis peer educators: personal experiences of working with socially excluded communities in London.	page 66
69. Accidental death of elderly persons under the influence of chlorpheniramine.	page 67
70. The role of community nursing in providing integrated care for older people with alcohol misuse.	page 68
71. The exponentiated exponential mixture and non-mixture cure rate model in the presence of covariates.	page 69
72. Life in and after the Armed Forces: social networks and mental health in the UK military.	page 70
73. Alcohol-related mortality in deprived UK cities: worrying trends in young women challenge recent national downward trends.	page 70
74. The association between binge drinking and birth outcomes: results from the Born in Bradford cohort study.	page 71

Search History

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

1. Hospital admissions for alcohol use disorders before, during, and after pregnancy: a study based on linked population data in new South Wales, Australia.

- Citation:** Alcoholism: Clinical & Experimental Research, October 2013, vol./is. 37/10(1706-12), 0145-6008;1530-0277 (2013 Oct)
- Author(s):** Xu F; Bonello M; Burns L; Austin MP; Li Z; Sullivan E
- Institution:** National Perinatal Epidemiology and Statistics Unit, University of New South Wales (UNSW), Sydney, NSW, Australia.
- Language:** English
- Abstract:** BACKGROUND: Alcohol use disorders (AUD) during pregnancy can have profound lifelong effects on the baby, including fetal alcohol spectrum disorders (FASD). Hospital admission for AUD during pregnancy provides an opportunity for intervention. Characterization of women along the AUD spectrum during pregnancy aids the development of prevention strategies, policy, and clinical management guidelines aimed at this population. This study describes the hospital admission levels for AUD between the sixth month before pregnancy and the first year after birth and explores risk factors associated with the hospital admissions. METHODS: This study was based on linked population data between 2002 and 2005 using the New South Wales (NSW) Midwives Data Collection (MDC) and the NSW Admitted Patients Data Collection (APDC), Australia. The study subjects included primiparous mothers who were admitted to hospital in the period from the sixth month before pregnancy to 1 year after birth with at least 1 of the following diagnoses (ICD-10-AM): mental and behavioral disorders due to the use of alcohol (MBDA) (F10.0-10.9); toxic effects of alcohol (T51.0-51.9); maternal care for suspected damage to fetus from alcohol (O35.4); or alcohol rehabilitation (Z50.2). RESULTS: A total of 175 new mothers had 287 hospital admissions with the principal or stay AUD diagnoses during the study period in NSW. Of the 287 admissions, 181 admissions (63.07%) were reported for an alcohol-related disorder as the principal diagnosis. The hospital admission rate for AUD was 1.76/1,000 person-years (PY) (95% CI: 1.45 to 2.07) during the 6 months prepregnancy. The rate decreased to 0.49/1,000 PY (95% CI: 0.36 to 0.63) during pregnancy and to 0.82/1,000 PY (95% CI: 0.67 to 0.97) in the first year after birth. Women who smoked during pregnancy, lived in a remote area and were younger than 25 years, were more likely to be admitted to hospital with AUD diagnoses. Women in the middle disadvantaged quintile and born in other countries were less likely to be admitted to hospital with AUD diagnoses. CONCLUSIONS: Hospital admission for AUD decreased significantly in pregnancy and the first year postpartum compared to the prepregnancy period. Copyright 2013 by the Research Society on Alcoholism.
- Country of Publication:** England
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adult](#)
["Alcohol-Related Disorders/di \[Diagnosis\]"](#)
["*Alcohol-Related Disorders/ep \[Epidemiology\]"](#)
["Alcohol-Related Disorders/th \[Therapy\]"](#)
[Cohort Studies](#)
[Databases Factual](#)
[Female](#)
[Humans](#)
[Middle Aged](#)
["New South Wales/ep \[Epidemiology\]"](#)
[*Patient Admission](#)
["*Population Surveillance/mt \[Methods\]"](#)
[Pregnancy](#)
["Pregnancy Complications/di \[Diagnosis\]"](#)
["*Pregnancy Complications/ep \[Epidemiology\]"](#)
["Pregnancy Complications/th \[Therapy\]"](#)
["*Prenatal Care/mt \[Methods\]"](#)

Retrospective Studies
Risk Factors
Young Adult

Source: MEDLINE

Full Text: Available from *Wiley* in *Alcoholism: Clinical and Experimental Research*

2. Amphetamine dephosphorylates ERM proteins in the nucleus accumbens core and lithium attenuates its effects.

Citation: Neuroscience Letters, September 2013, vol./is. 552/(103-7), 0304-3940;1872-7972 (2013 Sep 27)

Author(s): Kim WY; Jang JK; Shin JK; Kim JH

Institution: Department of Physiology, Brain Korea 21 Project for Medical Science, Brain Research Institute, Yonsei University College of Medicine, Seoul, South Korea.

Language: English

Abstract: The ezrin-radixin-moesin (ERM) proteins have been implicated not only in cell-shape determination but also in cellular signaling pathway. We have previously shown that cocaine decreases phosphorylation levels of these proteins in the nucleus accumbens (NAcc), an important brain area mediating addictive behaviors. Here we further revealed that the phosphorylation levels of ERM were decreased in the NAcc core, but not in the shell, by a single injection of amphetamine (AMPH) (2 mg/kg, i.p.). When lithium (100 mg/kg, i.p.) was co-administered with AMPH, the decreases of phosphorylation levels for ERM by AMPH were recovered back to basal levels in the NAcc core. Together, these results suggest that psychomotor stimulants like AMPH regulate phosphorylation levels of ERM in the NAcc core and lithium-involved signaling pathway has a regulatory role in the opposite direction in this site. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Antimanic Agents); 0 (Central Nervous System Stimulants); 0 (Cytoskeletal Proteins); 0 (Membrane Proteins); 0 (Microfilament Proteins); 0 (ezrin); 144131-77-1 (moesin); 144517-21-5 (radixin); G4962QA067 (Lithium Chloride); TZ47U051FI (Dextroamphetamine)

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

Subject Headings: [Animals](#)
["Antimanic Agents/pd \[Pharmacology\]"](#)
["Central Nervous System Stimulants/ai \[Antagonists and Inhibitors\]"](#)
["Central Nervous System Stimulants/pd \[Pharmacology\]"](#)
["*Cytoskeletal Proteins/me \[Metabolism\]"](#)
["Dextroamphetamine/ai \[Antagonists and Inhibitors\]"](#)
["*Dextroamphetamine/pd \[Pharmacology\]"](#)
["*Lithium Chloride/pd \[Pharmacology\]"](#)
[Male](#)
["*Membrane Proteins/me \[Metabolism\]"](#)
["*Microfilament Proteins/me \[Metabolism\]"](#)
["Nucleus Accumbens/de \[Drug Effects\]"](#)
["*Nucleus Accumbens/me \[Metabolism\]"](#)
["Phosphorylation/de \[Drug Effects\]"](#)
[Rats](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in *Neuroscience Letters*

3. A systematic review of substance misuse assessment packages.

Citation: Drug & Alcohol Review, July 2013, vol./is. 32/4(347-55), 0959-5236;1465-3362 (2013 Jul)

Author(s): Sweetman J; Raistrick D; Mdege ND; Crosby H

Institution: Leeds Addiction Unit, Leeds, UK. j.sweetman@nhs.net

Language: English

Abstract: ISSUES: Health-care systems globally are moving away from process measures of performance to payments for outcomes achieved. It follows that there is a need for a selection of proven quality tools that are suitable for undertaking comprehensive assessments and outcomes assessments. This review aimed to identify and evaluate existing comprehensive assessment packages. The work is part of a national program in the UK, Collaborations in Leadership of Applied Health Research and Care. APPROACH: Systematic searches were carried out across major databases to identify instruments designed to assess substance misuse. For those instruments identified, searches were carried out using the Cochrane Library, Embase, Ovid MEDLINE() and PsychINFO to identify articles reporting psychometric data. KEY FINDINGS: From 595 instruments, six met the inclusion criteria: Addiction Severity Index; Chemical Use, Abuse and Dependence Scale; Form 90; Maudsley Addiction Profile; Measurements in the Addictions for Triage and Evaluation; and Substance Abuse Outcomes Module. The most common reasons for exclusion were that instruments were: (i) designed for a specific substance (239); (ii) not designed for use in addiction settings (136); (iii) not providing comprehensive assessment (89); and (iv) not suitable as an outcome measure (20). IMPLICATIONS: The six packages are very different and suited to different uses. No package had adequate evaluation of their properties and so the emphasis should be on refining a small number of tools with very general application rather than creating new ones. An alternative to using 'off-the-shelf' packages is to create bespoke packages from well-validated, single-construct scales. [2013 Australasian Professional Society on Alcohol and other Drugs.

Country of Publication: Australia

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

Subject Headings: ["Diagnostic Techniques and Procedures/is \[Instrumentation\]"](#)
[*Diagnostic Techniques and Procedures](#)
[Humans](#)
["*Outcome and Process Assessment \(Health Care\)/mt \[Methods\]"](#)
[Reproducibility of Results](#)
["*Substance-Related Disorders/di \[Diagnosis\]"](#)

Source: MEDLINE

Full Text: Available from *Wiley* in *Drug and Alcohol Review*

4. Factors influencing pharmacy services in opioid substitution treatment.

Citation: Drug & Alcohol Review, July 2013, vol./is. 32/4(426-34), 0959-5236;1465-3362 (2013 Jul)

Author(s): Chaar BB; Wang H; Day CA; Hanrahan JR; Winstock AR; Fois R

Institution: Faculty of Pharmacy, The University of Sydney, Sydney, New South Wales, Australia. betty.chaar@sydney.edu.au

Language: English

Abstract: INTRODUCTION AND AIM: Heroin dependence is a serious health burden in Australia. Opioid substitution treatment (OST) has been delivered in Australian community pharmacies since 1985. The effectiveness of pharmacy-based OST is evident and the demand is increasing; however, the participation rate of community pharmacies is low, with over 60% non-providers. While previous Australian studies have focused on perspectives of community pharmacists providing the service, the views of non-providers have not yet been explored. This study aimed to further investigate factors influencing pharmacists' participation in provision of OST in the community pharmacy setting in New South Wales, Australia. DESIGN AND METHODS: Semi-structured interviews were conducted with 35 NSW community pharmacists (20 providers, 15 non-providers). Transcripts of interviews were thematically analysed. RESULTS: Factors influencing non-providers were mainly stigma and fear, the nature of an opt-in scheme, professionals'

moral responsibilities, lack of awareness and knowledge, disproportionate distribution of clients and lack of financial support for OST clients. Providers were motivated by positive attitudes, functional relationships with OST clients/stakeholders, professional satisfaction and financial rewards. Recommendations to improve participation in OST services were offered by both groups. **DISCUSSION AND CONCLUSION:** This study explored views from both OST providers and non-providers, revealing a number of previously undocumented barriers that affect the uptake of OST provision in New South Wales community pharmacies. There were also profound ethical issues raised for consideration. These findings may help inform future policies aimed at encouraging pharmacists' provision of OST, to address the unmet needs of the ever-increasing number of heroin-dependent clients in the community. 2013 Australasian Professional Society on Alcohol and other Drugs.

Country of Publication: Australia
Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Subject Headings: *Attitude of Health Personnel
 Australia
 "*Community Pharmacy Services/ut [Utilization]"
 Female
 Health Services Accessibility
 "*Heroin Dependence/dt [Drug Therapy]"
 Humans
 Male
 "*Opiate Substitution Treatment/ut [Utilization]"
 "*Pharmacists/px [Psychology]"
Source: MEDLINE
Full Text: Available from *Wiley* in *Drug and Alcohol Review*

5. Characterizing patterns of smoking initiation in adolescence: comparison of methods for dealing with missing data.

Citation: Nicotine & Tobacco Research, December 2011, vol./is. 13/12(1266-75), 1462-2203;1469-994X (2011 Dec)
Author(s): Heron J; Hickman M; Macleod J; Munafo MR
Institution: School of Social and Community Medicine, University of Bristol, Canynge Hall, 39 Whatley Road, Bristol BS8 2PS, UK. jon.heron@bristol.ac.uk
Language: English
Abstract: **INTRODUCTION:** Tobacco use is common and remains one of the leading causes of preventable death in developed countries. Smoking commonly begins in adolescence, and hence, it is important to understand how smoking behavior develops during this period. **METHODS:** In a U.K.-based birth cohort, we analyzed repeated measures of smoking frequency in a sample of 7,322 young adolescents. Latent class analysis was used to summarize the data, and the resulting classes of behavior were related to a range of smoking risk factors. Results from a complete case analysis were compared with estimation using full-information maximum likelihood (FIML) and estimation using multiple imputation (MI). **RESULTS:** Fifty-three percent of the sample reported having smoked a whole cigarette by age 16 years. The longitudinal data were summarized by 4 distinct patterns of smoking initiation: nonsmokers (79.7%), experimenters (10.3%), late-onset regular smokers (5.5%), and early-onset regular smokers (4.5%). Social disadvantage, other substance use, conduct problems, and female sex were strongly related to being a regular smoker; however, no risk factors studied showed any strong or consistent association with experimentation. In the complete case sample, smoking prevalence was lower, and in addition, the association between different smoking patterns and covariates was often inconsistent with those obtained through FIML/MI. **CONCLUSIONS:** Most young people have experimented with tobacco smoking by age 16 years, and regular smoking is established in a substantial minority characterized by social disadvantage, other substance, use and conduct disorder. Prevention strategies should focus on this subgroup as most children who experiment with tobacco do not progress to regular smoking.

Country of Publication: England

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

Subject Headings: Adolescent
*Adolescent Behavior
Child
Cohort Studies
Female
"Great Britain/ep [Epidemiology]"
Humans
Likelihood Functions
Longitudinal Studies
Male
Models Statistical
Prevalence
Questionnaires
Regression Analysis
Risk Factors
"*Smoking/ep [Epidemiology]"
"Smoking/pc [Prevention and Control]"
"*Tobacco Use Disorder/ep [Epidemiology]"

Source: MEDLINE

Full Text: Available from *Oxford University Press* in *Nicotine and Tobacco Research*

6. Correlates of nicotine dependence in U.K. resident Yemeni khat chewers: a cross-sectional study.

Citation: Nicotine & Tobacco Research, December 2011, vol./is. 13/12(1240-9), 1462-2203;1469-994X (2011 Dec)

Author(s): Kassim S; Islam S; Croucher RE

Institution: Queen Mary University of London, Institute of Dentistry, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, 4 Newark Street, London E1 2AT, UK. s.kassim@qmul.ac.uk

Language: English

Abstract: INTRODUCTION: Khat chewing is often associated with tobacco use with impacts on health. This cross-sectional study aimed (a) to explore and validate aspects of self-reported tobacco smoking and whether objective measures of tobacco smoking differ in different situations among khat chewers who smoked and (b) to assess the social factors correlated with nicotine dependence among khat chewers who smoked regularly. METHODS: This study recruited a purposive sample of 204 U.K. resident Yemeni khat chewers during random visits to Khat sale outlets. Data were collected via a face-to-face scheduled interview. Data analyses included descriptive tests and a hierarchical linear multiple regression. RESULTS: Of 133 self-reported tobacco smokers, 68% were regular smokers with a mean (SD) carbon monoxide (CO) score (20.53 + 12.12 ppm) and 32% were episodic smokers with a mean (SD) CO score (16 + 15.66 ppm). Tobacco smoking as an enhancement of the impacts of khat chewing was reported by 65% and 69% of regular and episodic smokers, respectively. In both groups, higher CO scores were recorded during khat chewing. Hierarchical linear multiple regression modeling showed that increases in levels of severity of dependence on khat chewing were correlated positively with increase in levels of nicotine dependence (beta = .27, p = .006, 95% CI = 0.05, 0.29), whereas social participation was correlated inversely (beta = -.34, p = .001, 95% CI = -0.06, -0.02). CONCLUSIONS: In this study, smoking prevalence was high. Smoking increased during khat chewing. Nicotine dependence levels correlated positively with khat dependence levels, while higher social participation reduced nicotine dependence.

Country of Publication: England

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

Subject Headings: Adolescent
 Adult
 *Catha
 Cross-Sectional Studies
 Demography
 Ethnic Groups
 "Great Britain/ep [Epidemiology]"
 Humans
 Male
 Mastication
 Prevalence
 "Smoking/ep [Epidemiology]"
 Social Behavior
 "*Substance-Related Disorders/ep [Epidemiology]"
 "Substance-Related Disorders/eh [Ethnology]"
 "*Tobacco Use Disorder/ep [Epidemiology]"
 "Tobacco Use Disorder/eh [Ethnology]"
 "Yemen/eh [Ethnology]"

Source: MEDLINE

Full Text: Available from *Oxford University Press* in *Nicotine and Tobacco Research*

7. Depression and mortality: artifact of measurement and analysis?.

Citation: Journal of Affective Disorders, November 2013, vol./is. 151/2(632-8), 0165-0327;1573-2517 (2013 Nov)

Author(s): Appleton KM; Woodside JV; Arveiler D; Haas B; Amouyel P; Montaye M; Ferrieres J; Ruidavets JB; Yarnell JW; Kee F; Evans A; Bingham A; Ducimetiere P; Patterson CC; PRIME study group

Institution: Psychology, DEC, Bournemouth University, Dorset BH12 5BB, United Kingdom. Electronic address: k.appleton@bournemouth.ac.uk.

Language: English

Abstract: BACKGROUND: Previous research demonstrates various associations between depression, cardiovascular disease (CVD) incidence and mortality, possibly as a result of the different methodologies used to measure depression and analyse relationships. This analysis investigated the association between depression, CVD incidence (CVDI) and mortality from CVD (MCVD), smoking related conditions (MSRC), and all causes (MALL), in a sample data set, where depression was measured using items from a validated questionnaire and using items derived from the factor analysis of a larger questionnaire, and analyses were conducted based on continuous data and grouped data. METHODS: Data from the PRIME Study (N=9798 men) on depression and 10-year CVD incidence and mortality were analysed using Cox proportional hazards models. RESULTS: Using continuous data, both measures of depression resulted in the emergence of positive associations between depression and mortality (MCVD, MSRC, MALL). Using grouped data, however, associations between a validated measure of depression and MCVD, and between a measure of depression derived from factor analysis and all measures of mortality were lost. LIMITATIONS: Low levels of depression, low numbers of individuals with high depression and low numbers of outcome events may limit these analyses, but levels are usual for the population studied. CONCLUSIONS: These data demonstrate a possible association between depression and mortality but detecting this association is dependent on the measurement used and method of analysis. Different findings based on methodology present clear problems for the elucidation and determination of relationships. The differences here argue for the use of validated scales where possible and suggest against over-reduction via factor analysis and grouping. Crown Copyright 2013 Published by Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

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

Subject Headings: ["*Cardiovascular Diseases/ep \[Epidemiology\]"](#)
["Cardiovascular Diseases/mo \[Mortality\]"](#)
["Depression/ep \[Epidemiology\]"](#)
["Depression/mo \[Mortality\]"](#)
["*Depressive Disorder/ep \[Epidemiology\]"](#)
["Depressive Disorder/mo \[Mortality\]"](#)
[Factor Analysis Statistical](#)
["France/ep \[Epidemiology\]"](#)
[Humans](#)
[Incidence](#)
[Male](#)
[Middle Aged](#)
["Northern Ireland/ep \[Epidemiology\]"](#)
[Proportional Hazards Models](#)
[Questionnaires](#)
["Smoking/mo \[Mortality\]"](#)
["*Tobacco Use Disorder/ep \[Epidemiology\]"](#)
["Tobacco Use Disorder/mo \[Mortality\]"](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in *Journal of Affective Disorders*

8. Trends in HIV, hepatitis B and hepatitis C prevalence among Australian prisoners - 2004, 2007, 2010.

Citation: Medical Journal of Australia, March 2014, vol./is. 200/5(277-80), 0025-729X;1326-5377 (2014 Mar 17)

Author(s): Reekie JM; Levy MH; Richards AH; Wake CJ; Siddall DA; Beasley HM; Kumar S; Butler TG

Institution: Kirby Institute, University of New South Wales, Sydney, NSW, Australia. jreekie@kirby.unsw.edu.au.; ANU College of Medicine, Biology and Environment, Australian National University, Canberra, ACT, Australia.; Communicable Diseases Unit, Queensland Health, Queensland Government, Brisbane, QLD, Australia.; Correctional Primary Health Service, Department of Health and Human Services, Tasmanian Government, Hobart, TAS, Australia.; Forensic Health Services, Australasian Hepatology Association, Hobart, TAS, Australia.; Department of Corrective Services, Government of Western Australia, Perth, WA, Australia.; Justice Health and Forensic Mental Health Network, Sydney, NSW, Australia.; Kirby Institute, University of New South Wales, Sydney, NSW, Australia.

Language: English

Abstract: **OBJECTIVE:** To report the prevalence of markers for HIV infection, hepatitis B and hepatitis C among Australian prison entrants. **DESIGN:** Cross-sectional survey conducted over 2-week periods in 2004, 2007 and 2010. **SETTING:** Reception prisons in New South Wales, Queensland, Tasmania and Western Australia. **PARTICIPANTS:** Individuals entering prison from the community during the survey periods. **MAIN OUTCOME MEASURE:** Prevalence of anti-HIV antibody (anti-HIV), hepatitis B surface antigen (HBsAg), anti-hepatitis B core antibody (anti-HBc) and anti-hepatitis C virus antibody (anti-HCV). **RESULTS:** The study included 1742 prison entrants: 588 (33.8%) in 2004, 536 (30.8%) in 2007 and 618 (35.5%) in 2010. The age-standardised prevalence estimates for anti-HIV, HBsAg and anti-HBc were 0.4%, 2.3% and 21.7% respectively, and remained stable over the three survey periods. The age-standardised prevalence estimate for anti-HCV was 29.0%; it decreased over time (33.3% in 2004 v 23.2% in 2010; $P = 0.001$), and this coincided with a decrease in prison entrants reporting injecting drug use (58.3% [343/588] in 2004 v 45.3% [280/618] in 2010; $P < 0.001$). Among injecting drug users, the prevalence of anti-HCV was 57.2% and did not change significantly over time. Of those who were anti-HCV positive, 33.7% (140/415) were unaware of their infection status, and 74.3% (185/249) of those who tested positive for anti-HBc reported that they had never had hepatitis B. **CONCLUSIONS:** HIV prevalence is low in the Australian prisoner population but transmission remains a risk. Despite a decrease in the proportion

of prison entrants reporting injecting drug use, prevalence of hepatitis B and hepatitis C has remained high. Treatment and prevention initiatives should be prioritised for this population.

Country of Publication: Australia

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

Subject Headings: [Adult](#)
["Australia/ep \[Epidemiology\]"](#)
[Cross-Sectional Studies](#)
[Female](#)
["*HIV Infections/ep \[Epidemiology\]"](#)
["HIV Infections/et \[Etiology\]"](#)
["*Hepatitis B/ep \[Epidemiology\]"](#)
["Hepatitis B/et \[Etiology\]"](#)
["*Hepatitis C/ep \[Epidemiology\]"](#)
["Hepatitis C/et \[Etiology\]"](#)
[Humans](#)
[Male](#)
[Prevalence](#)
["*Prisoners/sn \[Statistics and Numerical Data\]"](#)
["Prisons/sn \[Statistics and Numerical Data\]"](#)
["Substance Abuse Intravenous/co \[Complications\]"](#)
[Young Adult](#)

Source: MEDLINE

9. The role of L-type calcium channels in the development and expression of behavioral sensitization to ethanol.

Citation: Neuroscience Letters, October 2013, vol./is. 553/(196-200), 0304-3940;1872-7972 (2013 Oct 11)

Author(s): Broadbent J

Institution: Department of Psychology, University of Michigan-Flint, 415 East Kearsley St, Flint, MI 48502, United States. Electronic address: broadben@umflint.edu.

Language: English

Abstract: Behavioral sensitization is thought to play a significant role in drug addiction. L-type calcium channels have been implicated in sensitization to stimulant and opiate drugs but it is unclear if these channels also contribute to sensitization to ethanol. The effects of three L-type calcium channel blockers, nifedipine (1-7.5 mg/kg), diltiazem (12.5-50 mg/kg), and verapamil (12.5 and 25 mg/kg), on sensitization to ethanol (2 g/kg) were examined in DBA/2J mice. All three blockers reduced but did not prevent expression of sensitization. Only nifedipine blocked acquisition of sensitization. Nifedipine and verapamil decreased blood ethanol levels. The current findings suggest L-type calcium channels do not play a substantial role in sensitization to ethanol and that the neural mechanisms underlying sensitization to ethanol are distinct from those mediating sensitization to stimulants and opiates. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Calcium Channel Blockers); 0 (Calcium Channels, L-Type); 3K9958V90M (Ethanol); CJ0O37KU29 (Verapamil); EE92BBP03H (Diltiazem); I9ZF7L6G2L (Nifedipine)

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: [Animals](#)
["*Behavior Addictive/px \[Psychology\]"](#)
["*Calcium Channel Blockers/pd \[Pharmacology\]"](#)
["*Calcium Channels L-Type/me \[Metabolism\]"](#)
["Diltiazem/pd \[Pharmacology\]"](#)
["Ethanol/bl \[Blood\]"](#)
["*Ethanol/pd \[Pharmacology\]"](#)
[Male](#)

Mice
 Mice Inbred DBA
 "*Motor Activity/de [Drug Effects]"
 "Nifedipine/pd [Pharmacology]"
 "Verapamil/pd [Pharmacology]"

Source: MEDLINE

Full Text: Available from *Elsevier* in *Neuroscience Letters*

10. Central myelin gene expression during postnatal development in rats exposed to nicotine gestationally.

Citation: Neuroscience Letters, October 2013, vol./is. 553/(115-20), 0304-3940;1872-7972 (2013 Oct 11)

Author(s): Cao J; Dwyer JB; Gautier NM; Leslie FM; Li MD

Institution: Department of Psychiatry and Neurobehavioral Sciences, University of Virginia, Charlottesville, VA 22911, United States.

Language: English

Abstract: Abnormal myelin gene expression in the central nervous system (CNS) is associated with many mental illnesses, including psychiatric disorders and drug addiction. We have previously shown that prenatal exposure to nicotine, the major psychoactive component in cigarette smoke, alters myelin gene expression in the CNS of adolescent rats. To examine whether this effect is specific for adolescents, we examined myelin gene expression in the CNS of juveniles and adults. Pregnant Sprague-Dawley rats were treated with nicotine (3 mg/kg/day; GN) or saline (GS) via osmotic mini pumps from gestational days 4-18. Both male and female offspring were sacrificed at postnatal day P20-21 (juveniles), P35-36 (adolescents), or P59-60 (adults). Three limbic brain regions, the prefrontal cortex (PFC), caudate putamen (CPu), and nucleus accumbens (NAc), were dissected. The expression of genes encoding major myelin components was evaluated using quantitative RT-PCR. We found that GN altered myelin gene expression in juveniles with brain region and sex differences. The pattern of alteration was different from that observed in adolescents. Although these genes were expressed normally in male adults, we observed decreased expression in GN-treated female adults, especially in the CPu. Thus, GN altered myelin gene expression throughout postnatal development and adulthood. The effect on adolescents was quite different from that at other ages, which correlated with the unique symptoms of many psychiatric disorders during adolescence. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 54-11-5 (Nicotine)

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: [Age Factors](#)
[Animals](#)
["Brain/gd \[Growth and Development\]"](#)
["*Brain/me \[Metabolism\]"](#)
[Female](#)
[Gene Expression](#)
[Male](#)
[*Maternal Exposure](#)
["Myelin Sheath/ge \[Genetics\]"](#)
["*Myelin Sheath/me \[Metabolism\]"](#)
["*Nicotine/ae \[Adverse Effects\]"](#)
["Nucleus Accumbens/gd \[Growth and Development\]"](#)
["Nucleus Accumbens/me \[Metabolism\]"](#)
["Prefrontal Cortex/gd \[Growth and Development\]"](#)
["Prefrontal Cortex/me \[Metabolism\]"](#)
[Pregnancy](#)
["*Prenatal Exposure Delayed Effects/me \[Metabolism\]"](#)
["Putamen/gd \[Growth and Development\]"](#)

"Putamen/me [Metabolism]"
Rats Sprague-Dawley

Source: MEDLINE

Full Text: Available from *Elsevier* in *Neuroscience Letters*

11. Estimating the proportion of prescription opioids that is consumed by people who inject drugs in Australia.

Citation: Drug & Alcohol Review, September 2013, vol./is. 32/5(468-74), 0959-5236;1465-3362 (2013 Sep)

Author(s): Degenhardt L; Gilmour S; Shand F; Bruno R; Campbell G; Mattick RP; Larance B; Hall W

Institution: National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia; Melbourne School of Global and Population Health, University of Melbourne, Melbourne, Australia.

Language: English

Abstract: INTRODUCTION AND AIMS: To estimate the contribution that people who inject drugs (PWID) make to population-level use of prescription opioids in Australia. DESIGN AND METHODS: Data on prescriptions of oxycodone, morphine and methadone tablets were obtained for New South Wales, Victoria, Tasmania and Queensland, and time series analyses used to characterise the trends from 2002 to 2010. Estimates of the number of PWID were combined with data on their levels, frequency and typical doses of morphine, methadone tablet (only prescribed in Australia for pain) and oxycodone from 2004 to 2010. Estimated consumption per 1000 PWID and per 1000 persons aged 20-69 years was contrasted and the proportion of total consumption accounted for by PWID estimated. RESULTS: Morphine prescribing declined; oxycodone prescribing increased. PWID had far higher rates of prescription opioid consumption (defined daily doses per 1000) than the general population. Tasmania had highest use of prescribed opioids. PWID contribution to morphine consumption in Tasmania increased to 28% (range 22-37%) in 2010; elsewhere, PWID contribution was lower (midpoints of 2-12%, 2010). Methadone tablet use was less elevated compared with the general population. With the exception of Tasmania, PWID were estimated to consume less than 5% of oxycodone. DISCUSSION AND CONCLUSIONS: PWID use prescription opioids at high levels and can account for a significant proportion of consumption. Increased oxycodone prescribing in Australia has not been driven by PWID. Opioid substitution therapy and other effective treatments need to be more available and attractive to PWID. 2013 Australasian Professional Society on Alcohol and other Drugs.

Country of Publication: Australia

CAS Registry Number: 0 (Analgesics, Opioid)

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

Subject Headings: Adult
Aged
"*Analgesics Opioid/ad [Administration and Dosage]"
"Australia/ep [Epidemiology]"
Female
Humans
Male
Middle Aged
"New South Wales/ep [Epidemiology]"
"Prescription Drug Misuse/td [Trends]"
*Prescription Drug Misuse
"Queensland/ep [Epidemiology]"
"*Substance Abuse Intravenous/di [Diagnosis]"
"*Substance Abuse Intravenous/ep [Epidemiology]"
"Tasmania/ep [Epidemiology]"
"Victoria/ep [Epidemiology]"
Young Adult

Source: MEDLINE
Full Text: Available from *Wiley* in *Drug and Alcohol Review*

12. Accessibility versus quality of care plus retention: the formula for service delivery in Australian opioid replacement therapy?.

Citation: Issues in Mental Health Nursing, September 2013, vol./is. 34/9(706-14), 0161-2840;1096-4673 (2013 Sep)

Author(s): Harlow W; Roman MW; Happell B; Browne G

Institution: Central Queensland University Australia, Institute for Health and Social Science Research and Queensland Health Gold Coast Alcohol and Other Drugs Services, Rockhampton, Australia.

Language: English

Abstract: The aim of this paper is to investigate how Australian Opioid Replacement Therapy (ORT) policy influences access to ORT treatment, including the resources required for implementation. In doing so, we also compare the accessibility of ORT treatment in Australia (AU) with ORT in the United Kingdom (UK) and United States (US). A review of government data and policy that influence service delivery was undertaken. When comparing across AU, the UK, and the US, we found several differences. To improve access to treatment in Australia more general practitioners need to provide ORT. Additionally, criteria for quality care, a centralised intake system, a national ORT treatment outcome measure, and a shift towards a recovery focus are recommended.

Country of Publication: England

Publication Type: Comparative Study; Journal Article

Subject Headings: [Australia](#)
[Cross-Cultural Comparison](#)
[*Delivery of Health Care](#)
[General Practice](#)
[Great Britain](#)
[Health Policy](#)
[*Health Services Accessibility](#)
[Humans](#)
["*Opiate Substitution Treatment/nu \[Nursing\]"](#)
["*Opioid-Related Disorders/nu \[Nursing\]"](#)
["*Opioid-Related Disorders/rh \[Rehabilitation\]"](#)
[*Quality of Health Care](#)
[United States](#)

Source: MEDLINE
Full Text: Available from *Informa Healthcare* in *Issues in Mental Health Nursing*

13. A qualitative analysis among regular waterpipe tobacco smokers in London universities.

Citation: International Journal of Tuberculosis & Lung Disease, October 2013, vol./is. 17/10(1364-9), 1027-3719;1815-7920 (2013 Oct)

Author(s): Jawad M; Jawad S; Mehdi A; Sardar A; Jawad AM; Hamilton FL

Institution: Department of Primary Care and Public Health, School of Public Health, Imperial College London, London, UK.

Language: English

Abstract: BACKGROUND: Waterpipe smoking is popular in the West despite the significant harm associated with its use. Little is known about the habits and practices of British smokers. DESIGN: A total of 32 regular waterpipe smokers attended focus groups, where trained facilitators explored knowledge, belief and attitudes to waterpipes. Transcripts were thematically analysed and grouped into seven broad categories. RESULTS: Waterpipes played a clearly defined social role, accentuated by reduced harm perception

and greater social acceptance than cigarettes. Knowledge about waterpipes was lacking, partly due to the lack of media attention. Addiction was described as a 'social addiction', although this may mask true nicotine addiction. Waterpipe smokers were less interested in quitting due to intermittent smoking patterns, reinforcing the belief of reduced exposure to harm. Legislative issues were explored, including the need to legislate on waterpipes on a par with cigarettes. CONCLUSION: Waterpipe smokers exhibited specific habits and attitudes not traditionally seen in cigarette smokers. It is important to encourage education to dispel the myths surrounding reduced harm perception and addiction to tackle its strong social acceptance. Legislation should play a more active role in prevention and education, and more emphasis should be placed on gathering nationwide epidemiological data to gauge the potential for escalation.

Country of Publication: France
Publication Type: Journal Article
Subject Headings: [*Attitude to Health](#)
[Female](#)
[Focus Groups](#)
["Health Education/mt \[Methods\]"](#)
[*Health Knowledge Attitudes Practice](#)
[Humans](#)
[London](#)
[Male](#)
["*Smoking/ep \[Epidemiology\]"](#)
["*Students/sn \[Statistics and Numerical Data\]"](#)
[Universities](#)
Source: MEDLINE

14. Characterizing tobacco control mass media campaigns in England.

Citation: Addiction, November 2013, vol./is. 108/11(2001-8), 0965-2140;1360-0443 (2013 Nov)
Author(s): Langley T; Lewis S; McNeill A; Gilmore A; Szatkowski L; West R; Sims M
Institution: UK Centre for Tobacco Control Studies, Division of Epidemiology and Public Health, University of Nottingham, Nottingham, UK.
Language: English
Abstract: AIMS: To characterize publically funded tobacco control campaigns in England between 2004 and 2010 and to explore if they were in line with recommendations from the literature in terms of their content and intensity. International evidence suggests that campaigns which warn of the negative consequences of smoking and feature testimonials from real-life smokers are most effective, and that four exposures per head per month are required to reduce smoking prevalence. DESIGN: Characterization of tobacco control advertisements using a theoretically based framework designed to describe advertisement themes, informational and emotional content and style. Study of the intensity of advertising and exposure to different types of advertisement using data on population-level exposure to advertisements shown during the study period. SETTING: England. MEASUREMENTS: Television Ratings (TVRs), a standard measure of advertising exposure, were used to calculate exposure to each different campaign type. FINDINGS: A total of 89% of advertising was for smoking cessation; half of this advertising warned of the negative consequences of smoking, while half contained how-to-quit messages. Acted scenes featured in 72% of advertising, while only 17% featured real-life testimonials. Only 39% of months had at least four exposures to tobacco control campaigns per head. CONCLUSIONS: A theory-driven approach enabled a systematic characterization of tobacco control advertisements in England. Between 2004 and 2010 only a small proportion of tobacco control advertisements utilized the most effective strategies-negative health effects messages and testimonials from real-life smokers. The intensity of campaigns was lower than international recommendations. 2013 The Authors. Addiction published by John Wiley & Sons Ltd on behalf of The Society for the Study of Addiction.
Country of Publication: England

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

Subject Headings: [*Advertising as Topic](#)
[England](#)
["Health Education/mt \[Methods\]"](#)
["Health Education/st \[Standards\]"](#)
["*Health Promotion/mt \[Methods\]"](#)
["Health Promotion/st \[Standards\]"](#)
[Humans](#)
["*Smoking/pc \[Prevention and Control\]"](#)
["Smoking/px \[Psychology\]"](#)
["*Smoking Cessation/mt \[Methods\]"](#)
[*Television](#)

Source: MEDLINE

Full Text: Available from *Wiley* in [Addiction](#)

15. Multiple behavioural impulsivity tasks predict prospective alcohol involvement in adolescents.

Citation: *Addiction*, November 2013, vol./is. 108/11(1916-23), 0965-2140;1360-0443 (2013 Nov)

Author(s): Fernie G; Peeters M; Gullo MJ; Christiansen P; Cole JC; Sumnall H; Field M

Institution: Department of Psychological Sciences, University of Liverpool, Liverpool, UK.

Language: English

Abstract: AIMS: We investigated reciprocal prospective relationships between multiple behavioural impulsivity tasks (assessing delay discounting, risk-taking and disinhibition) and alcohol involvement (consumption, drunkenness and problems) among adolescents. We hypothesized that performance on the tasks would predict subsequent alcohol involvement, and that alcohol involvement would lead to increases in behavioural impulsivity over time. DESIGN: Cross-lagged prospective design in which impulsivity and alcohol involvement were assessed five times over 2 years (once every 6 months, on average). SETTING: Classrooms in secondary schools in North West England. PARTICIPANTS: Two hundred and eighty-seven adolescents (51.2% male) who were aged 12 or 13 years at study enrolment. MEASUREMENTS: Participants reported their alcohol involvement and completed computerized tasks of disinhibition, delay discounting and risk-taking at each assessment. Cross-sectional and prospective relationships between the variables of interest were investigated using cross-lagged analyses. FINDINGS: All behavioural impulsivity tasks predicted a composite index of alcohol involvement 6 months later (all P s < 0.01), and these prospective relationships were reliable across the majority of time-points. Importantly, we did not observe the converse relationship across time: alcohol involvement did not predict performance on behavioural impulsivity tasks at any subsequent time point. CONCLUSIONS: Several measures of impulsivity predict escalation in alcohol involvement in young adolescents, but alcohol use does not appear to alter impulsivity. 2013 The Authors. *Addiction* published by John Wiley & Sons Ltd on behalf of the Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: [Adolescent](#)
["Alcohol Drinking/ep \[Epidemiology\]"](#)
["*Alcohol Drinking/px \[Psychology\]"](#)
[Child](#)
[Cross-Sectional Studies](#)
["England/ep \[Epidemiology\]"](#)
[Female](#)
[Humans](#)
[*Impulsive Behavior](#)
[Male](#)
[Prospective Studies](#)
[*Risk-Taking](#)

[Schools](#)
[Students](#)
[Time Factors](#)

Source: MEDLINE

Full Text: Available from *Wiley* in [Addiction](#)

16. Association between smoking cessation and short-term health-care use: results from an international prospective cohort study (ATTEMPT).

Citation: *Addiction*, November 2013, vol./is. 108/11(1979-88), 0965-2140;1360-0443 (2013 Nov)

Author(s): Beard E; Shahab L; Curry SJ; West R

Institution: Cancer Research UK Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, London, UK.

Language: English

Abstract: BACKGROUND AND AIMS: Previous studies have found that smoking cessation is associated with a short-term increase in health-care use. This may be because 'sicker' smokers are more likely to stop smoking. The current study assessed the association between smoking cessation and health-care use, adjusting for pre-cessation physical and mental health conditions. DESIGN/SETTING: Data came from the ATTEMPT cohort, a multi-national prospective survey of smokers in the United States, Canada, United Kingdom, France and Spain, that lasted 18 months (with follow-ups every 3 months). PARTICIPANTS: A total of 3645 smokers completed the baseline questionnaire. All participants smoked at least five cigarettes per day, intended to quit smoking within the next 3 months and were between 35 and 65 years of age. MEASUREMENTS: Participants were asked questions about their socio-demographic and smoking characteristics, as well previous smoking-related morbidities. Participants were also asked to report their health-care use in the previous 3 months i.e. emergency room (ER) visits, hospitalization, whether hospitalization required surgery, and health-care appointments. FINDINGS: A total of 8252, 4779 and 1954 baseline episodes of smoking were available for 3, 6 and 12 months, respectively. Of these, 2.8% (n = 230), 0.9% (n = 40) and 0.7% (n = 14) were followed by 3, 6 and 12 months of abstinence. No significant differences were found among 3, 6 or 12 months of abstinence and ER visits, hospitalization and whether hospitalization required surgery or health-care visits. However, 6-month smoking cessation episodes were associated with higher odds of reporting an appointment with a dietician. CONCLUSION: Smoking cessation does not appear to be associated with a substantial short-term increase or decrease in health-care use after adjusting for pre-cessation morbidities. 2013 Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: [Adult](#)
[Aged](#)
[*Appointments and Schedules](#)
["Canada/ep \[Epidemiology\]"](#)
["*Emergency Medical Services/ut \[Utilization\]"](#)
["France/ep \[Epidemiology\]"](#)
["Great Britain/ep \[Epidemiology\]"](#)
["*Hospitalization/sn \[Statistics and Numerical Data\]"](#)
[Humans](#)
[Middle Aged](#)
["*Patient Acceptance of Health Care/sn \[Statistics and Numerical Data\]"](#)
[Prospective Studies](#)
[Self Report](#)
["*Smoking Cessation/sn \[Statistics and Numerical Data\]"](#)
["Spain/ep \[Epidemiology\]"](#)
["United States/ep \[Epidemiology\]"](#)

Source: MEDLINE

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

17. Patterns of excess alcohol consumption among school children in two English comprehensive schools.

Citation: International Journal of Drug Policy, September 2013, vol./is. 24/5(439-44), 0955-3959;1873-4758 (2013 Sep)

Author(s): Armitage CJ

Institution: University of Manchester, UK. Electronic address: chris.armitage@manchester.ac.uk.

Language: English

Abstract: BACKGROUND: The patterns of excess alcohol consumption among children aged 11-15 years are not routinely assessed in England and neither are the alcohol consumption patterns of adolescents aged 16-18 years. The aim of the present research was to examine patterns of excess alcohol consumption among English school children aged 11-18 years. METHODS: 1230 children and adolescents, aged 11-18 years were surveyed about their alcohol consumption, and specifically their hazardous drinking, binge drinking and problem drinking. RESULTS: Sixteen per cent of 11 year olds and 71% of 18 year olds reported having drunk any alcohol in the previous seven days. Thirty-two per cent (n=199) of girls and 24% (n=142) of boys gave an affirmative answer to at least one of the CAGE questions, indicating possible problem drinking. Hazardous drinking was associated with norms and age; binge drinking and problem drinking were associated with norms, age and gender. CONCLUSIONS: The study provides further evidence to support the case that excessive alcohol consumption among girls now exceeds that of boys. It would be valuable to collect data on patterns of excess alcohol consumption routinely to enable policy makers to target information and resources appropriately. Copyright 2013 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Age Factors](#)
["*Alcohol Drinking/ep \[Epidemiology\]"](#)
["*Alcoholic Intoxication/ep \[Epidemiology\]"](#)
["*Binge Drinking/ep \[Epidemiology\]"](#)
[Child](#)
[Cross-Sectional Studies](#)
["England/ep \[Epidemiology\]"](#)
[Female](#)
[Humans](#)
[Male](#)
[Risk Factors](#)
["Schools/sn \[Statistics and Numerical Data\]"](#)
[Sex Characteristics](#)
["*Students/px \[Psychology\]"](#)

Source: MEDLINE

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

18. Opiate substitution treatment to reduce in-prison drug injection: a natural experiment.

Citation: International Journal of Drug Policy, September 2013, vol./is. 24/5(460-3), 0955-3959;1873-4758 (2013 Sep)

Author(s): Kinner SA; Moore E; Spittal MJ; Indig D

Institution: Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, The University of Melbourne, Level 4, 207 Bouverie Street, Carlton, VIC 3010, Australia; School of Medicine, The University of Queensland, Brisbane, Australia; School of Public Health and Preventive Medicine, Monash University, Melbourne,

Australia; Murdoch Children's Research Institute, Melbourne, Australia. Electronic address: s.kinner@unimelb.edu.au.

Language: English

Abstract: BACKGROUND: There is emerging evidence that opiate substitution treatment (OST) in prison is associated with reduced injecting drug use (IDU). In Australia OST is available in prison for men and women in all jurisdictions except Queensland, where it is available only for women. The aim of this study was to examine the association between in-prison OST and in-prison IDU in New South Wales (NSW) and Queensland. METHODS: Cross-sectional survey of Australian prisoners in NSW (N=1128) and Queensland (N=1325). Lifetime IDU and in-prison IDU measured by self-report. RESULTS: Lifetime history of IDU was significantly more common among females than males in both jurisdictions. Among those with a lifetime history of IDU, the lifetime prevalence of in-prison IDU was significantly higher for males than females in both jurisdictions, however the magnitude of this sex difference was considerably greater in Queensland than in NSW. CONCLUSION: Provision of OST in prison is associated with a reduced lifetime prevalence of in-prison drug injection, among those with a lifetime history of IDU. Irrespective of OST policies, women with a history of IDU are less likely than their male counterparts to inject in prison; reasons for this novel and replicable sex difference require further examination. Copyright 2013 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

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

Subject Headings: [Adult](#)
["Australia/ep \[Epidemiology\]"](#)
[Cross-Sectional Studies](#)
[Female](#)
[Humans](#)
[Logistic Models](#)
[Male](#)
[Middle Aged](#)
["New South Wales/ep \[Epidemiology\]"](#)
["*Opiate Substitution Treatment/mt \[Methods\]"](#)
[Prevalence](#)
["*Prisoners/sn \[Statistics and Numerical Data\]"](#)
["Queensland/ep \[Epidemiology\]"](#)
["Randomized Controlled Trials as Topic/sn \[Statistics and Numerical Data\]"](#)
[Sex Characteristics](#)
["Substance Abuse Intravenous/dt \[Drug Therapy\]"](#)
["Substance Abuse Intravenous/ep \[Epidemiology\]"](#)
["*Substance Abuse Intravenous/pc \[Prevention and Control\]"](#)

Source: MEDLINE

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

19. Pilot study of a social network intervention for heroin users in opiate substitution treatment: study protocol for a randomized controlled trial.

Citation: Trials [Electronic Resource], 2013, vol./is. 14/(264), 1745-6215;1745-6215 (2013)

Author(s): Day E; Copello A; Seddon JL; Christie M; Bamber D; Powell C; George S; Ball A; Frew E; Freemantle N

Institution: Birmingham & Solihull Mental Health Foundation Trust, Research & Innovation Department, Radclyffe House, 66-68 Hagley Road, Birmingham B16 8PF, UK. edward.day@kcl.ac.uk

Language: English

Abstract: BACKGROUND: Research indicates that 3% of people receiving opiate substitution treatment (OST) in the UK manage to achieve abstinence from all prescribed and illicit drugs within 3 years of commencing treatment, and there is concern that treatment services have become skilled at engaging people but not at helping them to enter a stage

of recovery and drug abstinence. The National Treatment Agency for Substance Misuse recommends the involvement of families and wider social networks in supporting drug users' psychological treatment, and this pilot randomized controlled trial aims to evaluate the impact of a social network-focused intervention for patients receiving OST. METHODS AND DESIGN: In this two-site, early phase, randomized controlled trial, a total of 120 patients receiving OST will be recruited and randomized to receive one of three treatments: 1) Brief Social Behavior and Network Therapy (B-SBNT), 2) Personal Goal Setting (PGS) or 3) treatment as usual. Randomization will take place following baseline assessment. Participants allocated to receive B-SBNT or PGS will continue to receive the same treatment that is routinely provided by drug treatment services, plus four additional sessions of either intervention. Outcomes will be assessed at baseline, 3 and 12 months. The primary outcome will be assessment of illicit heroin use, measured by both urinary analysis and self-report. Secondary outcomes involve assessment of dependence, psychological symptoms, social satisfaction, motivation to change, quality of life and therapeutic engagement. Family members (n = 120) of patients involved in the trial will also be assessed to measure the level of symptoms, coping and the impact of the addiction problem on the family member at baseline, 3 and 12 months. DISCUSSION: This study will provide experimental data regarding the feasibility and efficacy of implementing a social network intervention within routine drug treatment services in the UK National Health Service. The study will explore the impact of the intervention on both patients receiving drug treatment and their family members. TRIAL REGISTRATION: Trial Registration Number: ISRCTN22608399. ISRCTN22608399 registration: 27/04/2012. Date of first randomisation: 14/08/2012.

Country of Publication: England

Publication Type: Journal Article; Multicenter Study; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Subject Headings: [Adaptation Psychological](#)
[Clinical Protocols](#)
[Combined Modality Therapy](#)
[England](#)
[Feasibility Studies](#)
[Goals](#)
["Heroin Dependence/di \[Diagnosis\]"](#)
["Heroin Dependence/px \[Psychology\]"](#)
["*Heroin Dependence/th \[Therapy\]"](#)
[Humans](#)
[*Opiate Substitution Treatment](#)
[Pilot Projects](#)
[*Psychotherapy Brief](#)
[Quality of Life](#)
[Recurrence](#)
[*Research Design](#)
[Social Behavior](#)
[*Social Support](#)
[State Medicine](#)
[Time Factors](#)
[Treatment Outcome](#)

Source: MEDLINE

Full Text: Available from *BioMedCentral* in [Trials](#)
Available from *National Library of Medicine* in [Trials](#)

20. Dipyridamole and paracetamol overdose resulting in multi-organ failure.

Citation: Scottish Medical Journal, August 2013, vol./is. 58/3(e14-7), 0036-9330;0036-9330 (2013 Aug)

Author(s): Cullis PS; Watson D; Cameron A; McKee RF

Institution: Faculty of Medicine, University of Glasgow, UK. cullispaul@gmail.com

Language: English

Abstract: Dipyridamole intoxication is rare and few reports exist amongst the current literature. A case of dipyridamole and paracetamol overdose is described in a previously healthy 58-year-old woman, which resulted in multi-organ failure requiring dialysis, inotropic support, ventilation and extensive surgical intervention for small bowel ischaemia. This case highlights the dangers of an unusually large overdose of a commonly prescribed drug, and reviews current knowledge of dipyridamole intoxication.

Country of Publication: Scotland

CAS Registry Number: 0 (Analgesics, Non-Narcotic); 0 (Platelet Aggregation Inhibitors); 362O9ITL9D (Acetaminophen); 64ALC7F90C (Dipyridamole)

Publication Type: Case Reports; Journal Article; Review

Subject Headings: ["*Acetaminophen/po \[Poisoning\]"](#)
["*Analgesics Non-Narcotic/po \[Poisoning\]"](#)
["Depression/dt \[Drug Therapy\]"](#)
["Depression/px \[Psychology\]"](#)
["*Dipyridamole/po \[Poisoning\]"](#)
["*Drug Overdose/co \[Complications\]"](#)
["Drug Overdose/pp \[Physiopathology\]"](#)
["Drug Overdose/px \[Psychology\]"](#)
Female
Hospitalization
Humans
Laparotomy
Middle Aged
["*Multiple Organ Failure/ci \[Chemically Induced\]"](#)
["Multiple Organ Failure/dt \[Drug Therapy\]"](#)
["Multiple Organ Failure/su \[Surgery\]"](#)
Parenteral Nutrition Home
["*Platelet Aggregation Inhibitors/po \[Poisoning\]"](#)
Prognosis
Renal Dialysis
Scotland
*Suicide Attempted
Time Factors
Treatment Outcome

Source: MEDLINE

Full Text: Available from *Highwire Press* in [Scottish Medical Journal](#)

21. The epidemiology and management of adult poisonings admitted to the short-stay ward of a large Scottish emergency department.

Citation: Scottish Medical Journal, August 2013, vol./is. 58/3(149-53), 0036-9330;0036-9330 (2013 Aug)

Author(s): Teo AI; Cooper JG

Institution: Emergency Department, Aberdeen Royal Infirmary, UK. alison.teo.05@aberdeen.ac.uk

Language: English

Abstract: BACKGROUND AND AIMS: The emergency department of Aberdeen Royal Infirmary receives around 68,000 new adult admissions annually. All poisoning cases are admitted to a 14-bedded short-stay ward, except those admitted to intensive care or immediately discharged. This study aimed to analyse epidemiological trends and management of short-stay ward admissions for poisonings. METHOD AND RESULTS: Adult (>13 years) poisoning presentations admitted to the emergency department short-stay ward of Aberdeen Royal Infirmary from 1 January-31 December 2009 were retrospectively reviewed using patient discharge summaries. During 2009, there were 1062 poisoning cases, of which repeat episodes were responsible for 15%. The mean age of presentation

was 33.9 years (SD 14.4) and there was a female preponderance (62%). Almost half of poisonings were polypharmacy, alcohol was involved in 40% of cases and overdoses most commonly involved paracetamol (43%). Management involved basic observations only (66%), N-acetylcysteine (24%), naloxone (4%) and activated charcoal (1%). Liaison psychiatry reviewed 84% presentations and admitted 9% to the psychiatric unit. CONCLUSIONS: The short-stay ward is important for acute management of poisonings and the data gained from this study should help to direct patient services appropriately.

Country of Publication:	Scotland
CAS Registry Number:	0 (Analgesics, Non-Narcotic); 0 (Antidotes); 0 (Central Nervous System Depressants); 0 (Free Radical Scavengers); 0 (Narcotic Antagonists); 16291-96-6 (Charcoal); 36209ITL9D (Acetaminophen); 36B82AMQ7N (Naloxone); 3K9958V90M (Ethanol); WYQ7N0BPYC (Acetylcysteine)
Publication Type:	Journal Article
Subject Headings:	"Acetaminophen/po [Poisoning]" "Acetylcysteine/tu [Therapeutic Use]" Adolescent Adult Aged Aged 80 and over "Analgesics Non-Narcotic/po [Poisoning]" "Antidotes/tu [Therapeutic Use]" "*Central Nervous System Depressants/po [Poisoning]" "Charcoal/tu [Therapeutic Use]" "*Drug Overdose/ep [Epidemiology]" "Drug Overdose/px [Psychology]" "*Drug Overdose/th [Therapy]" Emergency Service Hospital "*Ethanol/po [Poisoning]" Female Follow-Up Studies "Free Radical Scavengers/tu [Therapeutic Use]" "*Hospitalization/sn [Statistics and Numerical Data]" Humans Length of Stay Male Mental Disorders Middle Aged "Naloxone/tu [Therapeutic Use]" "Narcotic Antagonists/tu [Therapeutic Use]" Patient Admission Patient Discharge *Public Health Retrospective Studies "Scotland/ep [Epidemiology]" "*Self-Injurious Behavior/ep [Epidemiology]" "Self-Injurious Behavior/px [Psychology]" "Self-Injurious Behavior/th [Therapy]"
Source:	MEDLINE
Full Text:	Available from <i>Highwire Press</i> in <i>Scottish Medical Journal</i>

22. The effect of magnesium administration on erythrocyte transketolase activity in alcoholic patients treated with thiamine.

Citation:	Scottish Medical Journal, August 2013, vol./is. 58/3(139-42), 0036-9330;0036-9330 (2013 Aug)
Author(s):	Peake RW; Godber IM; Maguire D

Institution: Department of Laboratory Medicine, Boston Children's Hospital, Boston, MA 02115, USA. Roy.Peake@childrens.harvard.edu

Language: English

Abstract: BACKGROUND AND AIMS: Chronic alcoholic patients are at increased risk of developing deficiencies of thiamine and magnesium. Thiamine is an essential co-factor for a number of enzymes involved in carbohydrate metabolism and requires optimal levels of magnesium for biological function. However, whilst thiamine supplementation is well established for the treatment of alcoholic patients, the importance of magnesium is often overlooked. We describe the effect of concurrent thiamine and magnesium administration on the activity of the thiamine-dependent enzyme erythrocyte transketolase in a cohort of chronic alcoholic patients. METHODS: Baseline erythrocyte transketolase activities were measured on blood samples collected from 36 chronic alcoholic patients presenting acutely to the Accident and Emergency department. Patients received either intravenous Pabrinex (thiamine) supplemented with magnesium sulphate (n=18) or Pabrinex only (n=18). Post-treatment bloods were collected for re-assessment of erythrocyte transketolase activity. The change in transketolase activities (pre-vs. post-treatment) between the two patient groups were compared by Mann-Whitney U test. RESULTS: The increase in transketolase activity following treatment in the cohort receiving Pabrinex supplemented with magnesium sulphate was significantly greater (p=0.018) than that produced in the cohort receiving Pabrinex alone. CONCLUSION: In the acute management of a sample of chronic alcoholic patients, those receiving magnesium sulphate with Pabrinex have higher increases in erythrocyte transketolase activity compared with those receiving Pabrinex alone. We conclude that concurrent magnesium administration with Pabrinex may be required for enabling full efficacy of Pabrinex treatment, as demonstrated by its positive effect on erythrocyte transketolase activity.

Country of Publication: Scotland

CAS Registry Number: 12001-76-2 (Vitamin B Complex); 7487-88-9 (Magnesium Sulfate); EC 2-2-1-1 (Transketolase); X66NSO3N35 (Thiamine)

Publication Type: Comparative Study; Journal Article

Subject Headings: Adolescent
Adult
"Alcoholism/bl [Blood]"
"*Alcoholism/dt [Drug Therapy]"
Drug Therapy Combination
"*Erythrocytes/de [Drug Effects]"
"Erythrocytes/en [Enzymology]"
"Erythrocytes/me [Metabolism]"
Female
Humans
Infusions Intravenous
"*Magnesium Sulfate/ad [Administration and Dosage]"
Male
Middle Aged
"Scotland/ep [Epidemiology]"
"*Thiamine/ad [Administration and Dosage]"
"Thiamine Deficiency/bl [Blood]"
"Thiamine Deficiency/dt [Drug Therapy]"
"*Transketolase/de [Drug Effects]"
"Transketolase/me [Metabolism]"
Treatment Outcome
"*Vitamin B Complex/ad [Administration and Dosage]"

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Scottish Medical Journal*

23. Survival and re-admission of patients admitted with alcoholic liver disease to a West of Scotland hospital.

Citation: Scottish Medical Journal, August 2013, vol./is. 58/3(134-8), 0036-9330;0036-9330 (2013 Aug)

Author(s): Heydtmann M; McDonald SA

Institution: Royal Alexandra Hospital, UK. mathis@doctors.net.uk

Language: English

Abstract: Alcoholic liver disease including cirrhosis is a major health burden with huge cost to the National Health Service due to frequent hospital admissions of patients with alcoholic liver disease. The highest morbidity and mortality from alcoholic liver disease in Western Europe is in the West of Scotland. This study analyses the mortality and re-admission rates of patients admitted with alcoholic liver disease to a Glasgow hospital and compares the outcome with a Scotland wide historic control. Mortality in the study of 124 patients admitted to the hospital with alcoholic liver disease was 18% during index admission, and was 40% when including follow-up of one year after discharge. Re-admissions were high in this population. Seventy-five per cent of patients had at least one re-admission within one year, and patients spent an average of over one month in hospital during the study period. Survival rates in the Glasgow hospital were comparable to survival in the Scottish cohort. However, re-admission rates were significantly higher in the Glasgow hospital. In conclusion, patients with alcoholic liver disease requiring hospitalisation have very high mortality and frequent re-admissions.

Country of Publication: Scotland

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Cohort Studies](#)
[Female](#)
[Follow-Up Studies](#)
["Hospitals Public/ec \[Economics\]"](#)
[*Hospitals Public](#)
[Humans](#)
["Length of Stay/ec \[Economics\]"](#)
["*Length of Stay/sn \[Statistics and Numerical Data\]"](#)
["Liver Diseases Alcoholic/ec \[Economics\]"](#)
["*Liver Diseases Alcoholic/mo \[Mortality\]"](#)
["Liver Diseases Alcoholic/th \[Therapy\]"](#)
[Male](#)
[Middle Aged](#)
[Patient Admission](#)
["Patient Readmission/ec \[Economics\]"](#)
["*Patient Readmission/sn \[Statistics and Numerical Data\]"](#)
[Prevalence](#)
[Prognosis](#)
[Risk Factors](#)
["Scotland/ep \[Epidemiology\]"](#)
[Sex Distribution](#)
["State Medicine/ec \[Economics\]"](#)
[*State Medicine](#)
[Survival Analysis](#)

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Scottish Medical Journal*

24. Suicidal behaviours in South East London: prevalence, risk factors and the role of socio-economic status.

Citation: Journal of Affective Disorders, September 2013, vol./is. 150/2(441-9), 0165-0327;1573-2517 (2013 Sep 5)

Author(s): Aschan L; Goodwin L; Cross S; Moran P; Hotopf M; Hatch SL

Institution: King's College London, Psychological Medicine, Institute of Psychiatry, United Kingdom. lisa.aschan@kcl.ac.uk

Language: English

Abstract: BACKGROUND: Low socio-economic status (SES) is an established risk factor of suicidal behaviours, but it is unknown to what extent its association is direct, indirect or confounded, given its strong association to mental health. We aimed to (I) estimate the prevalence of suicidal behaviours; (II) describe relevant risk factors; and (III) investigate direct and indirect effects of SES on suicidal behaviours. METHODS: We used cross-sectional community survey data of adults from randomly selected South East London households (SELCoH). Suicidal outcome measures replicated the 2007 Adult Psychiatric Morbidity Survey in England (APMS). Lifetime prevalence was described by socio-demographics, SES, mental health indicators, and life events. Structured symptom screens and a drug use questionnaire measured mental health. Structural equation models estimated direct and indirect effects of a latent SES variable on suicidal ideation and suicide attempts, adjusting for covariates. RESULTS: 20.5% (95% CI: 18.4-22.7) reported suicidal ideation and 8.1% (95% CI: 6.8-9.7) reported suicide attempts (higher than APMS estimates: 13.7%, 4.8%, respectively). Unadjusted risk factors included poor mental health, low SES, and non-married/non-cohabitating relationship status. Black African ethnicity was protective, and women reported more suicide attempts. SES was directly associated to suicide attempts, but not suicidal ideation. SES had indirect effects on suicidal outcomes via mental health and life events. LIMITATIONS: The cross-sectional design and application of measures for different time periods did not allow for causal inferences. CONCLUSIONS: Suicidal behaviours were more prevalent than in the general UK population. Interventions targeting low SES individuals may prove effective in preventing suicide attempts. Copyright 2013 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

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

Subject Headings: [Adult](#)
[Cross-Sectional Studies](#)
[Female](#)
[Humans](#)
["London/ep \[Epidemiology\]"](#)
[Male](#)
[Middle Aged](#)
[Prevalence](#)
[Risk Factors](#)
[Social Class](#)
[Substance-Related Disorders](#)
[*Suicidal Ideation](#)
["*Suicide Attempted/px \[Psychology\]"](#)
["Suicide Attempted/sn \[Statistics and Numerical Data\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in *Journal of Affective Disorders*

25. Prenatal ethanol exposure enhances the susceptibility to metabolic syndrome in offspring rats by HPA axis-associated neuroendocrine metabolic programming.

Citation: Toxicology Letters, April 2014, vol./is. 226/1(98-105), 0378-4274;1879-3169 (2014 Apr 7)

Author(s): Xia LP; Shen L; Kou H; Zhang BJ; Zhang L; Wu Y; Li XJ; Xiong J; Yu Y; Wang H

Institution: Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China; Renmin Hospital of Wuhan University, Wuhan 430060, China.; Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China.; Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China.; Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China.; Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China.; Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China.

Medical School of Wuhan University, Wuhan 430071, China.; Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China.; Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China.; Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China.; Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China; Renmin Hospital of Wuhan University, Wuhan 430060, China.; Pharmacology, Basic Medical School of Wuhan University, Wuhan 430071, China; Hubei Provincial Key Laboratory of Developmentally Originated Disorder, Wuhan 430071, China. Electronic address: wanghui19@whu.edu.cn.

Language:

English

Abstract:

OBJECTIVE: The present study was designed to demonstrate that prenatal ethanol exposure (PEE) could enhance the susceptibility of high-fat diet-induced metabolic syndrome (MS) in adult male offspring via a hypothalamic-pituitary-adrenal (HPA) axis-associated neuroendocrine metabolic programmed mechanism. **METHODS:** Pregnant Wistar rats were intragastrically administered ethanol 4 g/kgd from gestational day 11 until term delivery. All male offspring were fed with high-fat diet after weaning, exposed to an unpredictable chronic stress at postnatal week (PW) 17 and sacrificed at PW20. **RESULTS:** In PEE group, body weight presented a "catch-up growth" pattern, and the HPA axis exhibited a lower basal activity but an enhanced sensitivity to chronic stress, leading to increased levels of serum glucose, insulin, insulin resistant index, total cholesterol and low-density lipoprotein-cholesterol, and decreased levels of high-density lipoprotein-cholesterol. Furthermore, many lipid droplets and vacuolar degeneration were observed in the hypothalamus, pituitary gland and liver. **CONCLUSIONS:** PEE induces enhanced susceptibility to MS in adult offspring fed with high-fat diet, and the underlying mechanism involves a HPA axis-associated neuroendocrine metabolic programming alteration. Copyright 2014 Elsevier Ireland Ltd. All rights reserved.

Country of Publication:

Netherlands

CAS Registry Number:

0 (Biological Markers); 0 (Blood Glucose); 0 (Insulin); 0 (Lipids); 3K9958V90M (Ethanol); 9002-60-2 (Adrenocorticotrophic Hormone); W980KJ009P (Corticosterone)

Publication Type:

Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:

"Adrenocorticotrophic Hormone/bl [Blood]"
 Age Factors
 Animals
 "Biological Markers/bl [Blood]"
 "Blood Glucose/me [Metabolism]"
 "Corticosterone/bl [Blood]"
 Diet High-Fat
 Disease Susceptibility
 "Ethanol/ad [Administration and Dosage]"
 "*Ethanol/to [Toxicity]"
 Female
 "Fetal Alcohol Spectrum Disorders/bl [Blood]"
 "*Fetal Alcohol Spectrum Disorders/et [Etiology]"
 "Fetal Alcohol Spectrum Disorders/pa [Pathology]"
 "Fetal Alcohol Spectrum Disorders/pp [Physiopathology]"
 "*Hypothalamo-Hypophyseal System/de [Drug Effects]"
 "Hypothalamo-Hypophyseal System/me [Metabolism]"
 "Hypothalamo-Hypophyseal System/pa [Pathology]"
 "Hypothalamo-Hypophyseal System/pp [Physiopathology]"
 "Insulin/bl [Blood]"
 "Lipids/bl [Blood]"
 "Liver/de [Drug Effects]"
 "Liver/me [Metabolism]"
 Male
 Maternal Exposure
 "Metabolic Syndrome X/bl [Blood]"
 "*Metabolic Syndrome X/et [Etiology]"
 "Metabolic Syndrome X/pa [Pathology]"
 "Metabolic Syndrome X/pp [Physiopathology]"

"*Pituitary-Adrenal System/de [Drug Effects]"
 "Pituitary-Adrenal System/me [Metabolism]"
 "Pituitary-Adrenal System/pa [Pathology]"
 "Pituitary-Adrenal System/pp [Physiopathology]"
 Pregnancy
 *Prenatal Exposure Delayed Effects
 Rats
 Rats Wistar
 Risk Factors
 "Weight Gain/de [Drug Effects]"

Source: MEDLINE

Full Text: Available from *Elsevier* in *Toxicology Letters*

26. Assessment and management of alcohol-related admissions to UK intensive care units.

Citation: Nursing in Critical Care, July 2013, vol./is. 18/4(187-92), 1362-1017;1478-5153 (2013 Jul)

Author(s): McPeake J; Bateson M; O'Neill A; Kinsella J

Institution: Nursing and Healthcare School, School of Medicine, University of Glasgow, Glasgow G12 8LL, UK. Joanne.mcpeake@glasgow.ac.uk

Language: English

Abstract: BACKGROUND: The critical care environment has felt the overwhelming impact of the growing problem of alcohol abuse. However, there is ambiguity concerning the assessment and management of this patient group. AIM: The aim of this study was to explore current practice in the use of assessment and management tools for alcohol-related admissions in UK intensive care units (ICU). METHODS: Two hundred and forty-eight lead consultants across England, Scotland, Northern Ireland and Wales were sent an electronic survey using the SurveyMonkey() (www.surveymonkey.com) website. RESULTS: A total of 103 (4105%) lead consultants responded to the survey. Most units (67%) utilized the volume of alcohol consumed per week to assess patient alcohol use. Furthermore, 12 units (11%) used the Clinical Institute Withdrawal Assessment tool, 5 units (5%) used the Glasgow Modified Alcohol Withdrawal Scale and 79 units (73%) used no tool for the management of alcohol withdrawal syndrome. CONCLUSION: There appears to be a diverse approach to the assessment and management of alcohol-related admissions in UK ICUs. Further research is required in this area to identify the most effective way to assess and manage alcohol-related admissions within intensive care. RELEVANCE TO CLINICAL PRACTICE: Under recognition and poor assessment of alcohol use can have major implications for critically ill patients. 2013 The Authors. Nursing in Critical Care 2013 British Association of Critical Care Nurses.

Country of Publication: England

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

Subject Headings: "Alcohol Withdrawal Delirium/di [Diagnosis]"
 "Alcohol Withdrawal Delirium/th [Therapy]"
 "*Alcohol-Related Disorders/di [Diagnosis]"
 "Alcohol-Related Disorders/ep [Epidemiology]"
 "*Alcohol-Related Disorders/th [Therapy]"
 "Critical Care Nursing/mt [Methods]"
 "Critical Illness/mo [Mortality]"
 "Critical Illness/th [Therapy]"
 Cross-Sectional Studies
 Early Diagnosis
 Female
 Great Britain
 *Hospital Mortality
 Humans
 Incidence

"*Intensive Care/mt [Methods]"
 "*Intensive Care Units/ut [Utilization]"
 Length of Stay
 Male
 "Patient Admission/sn [Statistics and Numerical Data]"
 "Patient Care Team/og [Organization and Administration]"
 Physician's Practice Patterns
 Questionnaires
 Risk Assessment
 Survival Rate
 Treatment Outcome

Source: MEDLINE

Full Text: Available from *Wiley* in *Nursing in Critical Care*

27. 'No-one actually goes to a shop and buys them do they?': attitudes and behaviours regarding illicit tobacco in a multiply disadvantaged community in England.

Citation: Addiction, December 2013, vol./is. 108/12(2212-9), 0965-2140;1360-0443 (2013 Dec)

Author(s): Stead M; Jones L; Docherty G; Gough B; Antoniak M; McNeill A

Institution: Institute for Social Marketing, UKCTAS (UK Centre for Tobacco and Alcohol Studies), University of Stirling, Stirling, UK.

Language: English

Abstract: AIMS: To explore attitudes towards, and experience of, illicit tobacco usage in a disadvantaged community against a backdrop of austerity and declining national trends in illicit tobacco use. DESIGN: Qualitative study using 10 focus groups. SETTING: Multiply disadvantaged community in Nottingham, United Kingdom. PARTICIPANTS: Fifty-eight smokers, ex- and non-smokers aged 15-60 years. MEASUREMENTS: Focus group topic guides. FINDINGS: There was high awareness and use of illegal tobacco sources, with 'fag houses' (individuals selling cigarettes from their own homes) being particularly widespread. Rather than being regarded as marginal behaviour, buying illicit tobacco was perceived as commonplace, even where products were known to be counterfeit. Smokers' willingness to smoke inferior 'nasty' counterfeit products may be testament to their need for cheap nicotine. Illicit tobacco was seen to be of mutual benefit to both user (because of its low cost) and seller (because it provided income and support for the local economy). Illicit tobacco sellers were generally condoned, in contrast with the government, which was blamed for unfair tobacco taxation, attitudes possibly heightened by the recession. Easy access to illicit tobacco was seen to facilitate and sustain smoking, with the main concern being around underage smokers who were perceived to be able to buy cheap cigarettes without challenge. CONCLUSIONS: National strategies to reduce illicit tobacco may have limited impact in communities during a recession and where illicit trade is part of the local culture and economy. There may be potential to influence illicit tobacco use by building on the ambivalence and unease expressed around selling to children. 2013 Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: Adolescent
 Adult
 *Attitude to Health
 Commerce
 "England/ep [Epidemiology]"
 Female
 Focus Groups
 Humans
 Male
 Middle Aged
 Morals
 "Smoking/ep [Epidemiology]"

"*Smoking/px [Psychology]"
 Socioeconomic Factors
 "*Tobacco Products/sn [Statistics and Numerical Data]"
 "Tobacco Products/sd [Supply and Distribution]"
 Young Adult

Source: MEDLINE

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

28. Engagement with the criminal justice system among opioid-dependent people: a retrospective cohort study.

Citation: *Addiction*, December 2013, vol./is. 108/12(2152-65), 0965-2140;1360-0443 (2013 Dec)

Author(s): Degenhardt L; Gisev N; Trevena J; Larney S; Kimber J; Burns L; Shanahan M; Weatherburn D

Institution: National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia; School of Population and Global Health, University of Melbourne, Melbourne, Australia.

Language: English

Abstract: AIMS: Studies of offending among people who use drugs typically focus upon small and potentially unrepresentative samples. We examined an entire population of opioid-dependent clients' contact with the criminal justice system to develop more accurate population-wide measures of offending among opioid-dependent people in Australia. DESIGN: Retrospective data linkage study. SETTING: All entrants to opioid substitution therapy (OST) for opioid dependence in New South Wales, Australia, between 1985 and 2010, with data on court appearances from 1 December 1993 to 31 March 2011. PARTICIPANTS: All 48 069 valid cohort members who received OST between 1985 and 2010. MEASUREMENTS: Person-years (PY) of observation and charge rates for major crime categories estimated by sex, age and time. FINDINGS: A total of 638 545 charges were laid against cohort members between 1993 and 2011. Eight in 10 males (79.7%) and 67.9% of females had at least one charge; rates were 94.15 per 100 PY [95% confidence interval (CI) = 93.89-94.41] among males, and 53.19 per 100 PY (95% CI = 52.91-53.46) among females, and highest at 15-19 years [175.74/100 PY males (95% CI = 174.45-177.03), 75.60/100 PY females (95% CI = 74.46-76.76)] and 20-24 years [144.61/100 PY males (95% CI = 143.70-145.53), 84.50/100 PY females (95% CI = 83.53-85.48)]. The most frequent charges were theft (24.5% of charges), traffic/vehicle (16.3%), offences against justice (10.5%), illicit drug (10.0%), intentional injury (9.9%) and public order offences (8.9%). Overall, 20.8% of the cohort accounted for 67.4% of charges. The most frequently appearing 5.6% of the cohort accounted for 24.3% of costs (\$75.5 million). CONCLUSIONS: Among opioid-dependent people in Australia, a minority account for the majority of the criminal justice contact and levels of offending are not consistent over time, sex or age. 2013 Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: Adolescent
 Age Distribution
 "Crime/lj [Legislation and Jurisprudence]"
 "*Crime/sn [Statistics and Numerical Data]"
 "*Criminal Law/sn [Statistics and Numerical Data]"
 Female
 Humans
 Male
 "New South Wales/ep [Epidemiology]"
 "*Opioid-Related Disorders/ep [Epidemiology]"
 Retrospective Studies
 Young Adult

Source: MEDLINE

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

29. Randomized trial of nicotine replacement therapy (NRT), bupropion and NRT plus bupropion for smoking cessation: effectiveness in clinical practice.

Citation: *Addiction*, December 2013, vol./is. 108/12(2193-201), 0965-2140;1360-0443 (2013 Dec)

Author(s): Stapleton J; West R; Hajek P; Wheeler J; Vangeli E; Abdi Z; O'Gara C; McRobbie H; Humphrey K; Ali R; Strang J; Sutherland G

Institution: Addictions Department, Institute of Psychiatry, Kings College London, London, UK; Cancer Department of Epidemiology and Public Health, Research UK Health Behaviour Research Centre, University College London, UK.

Language: English

Abstract: BACKGROUND AND AIMS: Bupropion was introduced for smoking cessation following a pivotal trial showing that it gave improved efficacy over the nicotine patch and also suggesting combination treatment was beneficial. We tested in clinical practice for an effectiveness difference between bupropion and nicotine replacement therapy (NRT), whether the combination improves effectiveness and whether either treatment might be more beneficial for certain subgroups of smokers. DESIGN: Open-label randomized controlled trial with 6-month follow-up. SETTING: Four UK National Health Service (NHS) smoking cessation clinics. PARTICIPANTS: Smokers (n = 1071) received seven weekly behavioural support sessions and were randomized to an NRT product of their choice (n = 418), bupropion (n = 409) or NRT plus bupropion (n = 244). MEASURES: The primary outcome was self-reported cessation over 6 months, with biochemical verification at 1 and 6 months. Also measured were baseline demographics, health history, smoking characteristics and unwanted events during treatment. FINDINGS: Abstinence rates for bupropion (27.9%) and NRT (24.2%) were not significantly different (odds ratio = 1.21, 95% confidence interval = 0.883-1.67), and the combination rate (24.2%) was similar to that for either treatment alone. There was some evidence that the relative effectiveness of bupropion and NRT differed according to depression (chi(2) = 2.86, P = 0.091), with bupropion appearing more beneficial than NRT in those with a history of depression (29.8 versus 18.5%). Several unwanted symptoms were more common with bupropion. CONCLUSION: There is no difference in smoking cessation effectiveness among bupropion, nicotine replacement therapy and their combination when used with behavioural support in clinical practice. There is some evidence that bupropion is more beneficial than nicotine replacement therapy for smokers with a history of depression. 2013 Society for the Study of Addiction.

Country of Publication: England

CAS Registry Number: 0 (Dopamine Uptake Inhibitors); 01ZG3TPX31 (Bupropion)

Publication Type: Journal Article; Multicenter Study; Randomized Controlled Trial

Subject Headings: [Adult](#)
["Behavior Therapy/mt \[Methods\]"](#)
["*Bupropion/tu \[Therapeutic Use\]"](#)
[Combined Modality Therapy](#)
["*Dopamine Uptake Inhibitors/tu \[Therapeutic Use\]"](#)
[Female](#)
[Follow-Up Studies](#)
[Humans](#)
[Male](#)
["*Smoking/pc \[Prevention and Control\]"](#)
["*Smoking Cessation/mt \[Methods\]"](#)
[*Tobacco Use Cessation Products](#)
[Treatment Outcome](#)

Source: MEDLINE

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

30. Childhood conduct disorder trajectories, prior risk factors and cannabis use at age 16: birth cohort study.

Citation: Addiction, December 2013, vol./is. 108/12(2129-38), 0965-2140;1360-0443 (2013 Dec)

Author(s): Heron J; Barker ED; Joinson C; Lewis G; Hickman M; Munafo M; Macleod J

Institution: School of Social and Community Medicine, University of Bristol, Bristol, UK.

Language: English

Abstract: AIMS: To investigate the prevalence of cannabis use and problem use in boys and girls at age 16 years, and to investigate the role of adversity in early life and of conduct disorder between the ages of 4 and 13 years as risk factors for these outcomes.DESIGN: Birth cohort study.SETTING: England.PARTICIPANTS: A total of 4159 (2393 girls) participants in the Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort providing information on cannabis use at age 16.MEASUREMENTS: Cannabis use and problem cannabis use at age 16 were assessed by postal questionnaire. Material adversity, maternal substance use, maternal mental health and child conduct disorder were all assessed by maternal report.FINDINGS: Cannabis use was more common among girls than boys (21.4% versus 18.3%, P = 0.005). Problem cannabis use was more common in boys than girls (3.6% versus 2.8%, P = 0.007). Early-onset persistent conduct problems were associated strongly with problem cannabis use [odds ratio (OR) = 6.46, 95% confidence interval (CI) = 4.06-10.28]. Residence in subsidized housing (OR = 3.10, 95% CI = 1.95, 4.92); maternal cannabis use (OR 8.84, 95% CI 5.64-13.9) and any maternal smoking in the postnatal period (OR = 2.69, 95% CI = 1.90-3.81) all predicted problem cannabis use. Attributable risks for adolescent problem cannabis use associated with the above factors were 25, 13, 17 and 24%, respectively.CONCLUSIONS: Maternal smoking and cannabis use, early material disadvantage and early-onset persistent conduct problems are important risk factors for adolescent problem cannabis use. This may have implications for prevention. 2013 The Authors. Addiction published by John Wiley & Sons Ltd on behalf of Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: [Adolescent](#)
[Child](#)
[Child Preschool](#)
["Conduct Disorder/ep \[Epidemiology\]"](#)
["*Conduct Disorder/px \[Psychology\]"](#)
["England/ep \[Epidemiology\]"](#)
[Female](#)
[Humans](#)
[Life Change Events](#)
[Longitudinal Studies](#)
[Male](#)
["Marijuana Abuse/ep \[Epidemiology\]"](#)
["*Marijuana Abuse/et \[Etiology\]"](#)
[Risk Factors](#)
[Socioeconomic Factors](#)

Source: MEDLINE

Full Text: Available from *Wiley* in [Addiction](#)

31. Dependence and withdrawal reactions to benzodiazepines and selective serotonin reuptake inhibitors. How did the health authorities react?.

Citation: International Journal of Risk & Safety in Medicine, 2013, vol./is. 25/3(155-68), 0924-6479;1878-6847 (2013)

Author(s): Nielsen M; Hansen EH; Gotzsche PC

Institution: The Nordic Cochrane Centre, Department 7811, Rigshospitalet, Blegdamsvej, Copenhagen, Denmark.

Language: English

Abstract: AIM: Our objective was to explore communications from drug agencies about benzodiazepine dependence and selective serotonin reuptake inhibitors (SSRIs) withdrawal reactions over time.METHODS: Documentary study. We searched the web-sites of the European Medicines Agency and the drug agencies in USA, UK, and Denmark for documents mentioning benzodiazepines or SSRIs. We supplemented with other relevant literature that could contribute to our study. The searches were performed in 2009 in PubMed, Google, BMJ and JAMA.RESULTS: It took many years before the drug regulators acknowledged benzodiazepine dependence and SSRI withdrawal reactions and before the prescribers and the public were informed. Drug regulators relied mainly on the definitions of dependence and withdrawal reactions from the diagnostic psychiatric manuals, which contributed to the idea that SSRIs do not cause dependence, although it is difficult for many patients to stop treatment. In the perspective of a precautionary principle, drug agencies have failed to acknowledge that SSRIs can cause dependence and have minimised the problem with regard to its frequency and severity. In the perspective of a risk management principle, the drug agencies have reacted in concordance with the slowly growing knowledge of adverse drug reactions and have sharpened the information to the prescribers and the public over time. However, solely relying on spontaneous reporting of adverse effects leads to underestimation and delayed information about the problems.CONCLUSION: Given the experience with the benzodiazepines, we believe the regulatory bodies should have required studies from the manufacturers that could have elucidated the dependence potential of the SSRIs before marketing authorization was granted.

Country of Publication: Netherlands

CAS Registry Number: 0 (Serotonin Uptake Inhibitors); 12794-10-4 (Benzodiazepines)

Publication Type: Historical Article; Journal Article

Subject Headings: ["*Benzodiazepines/ae \[Adverse Effects\]"](#)
["Benzodiazepines/hi \[History\]"](#)
[European Union](#)
[History 20th Century](#)
[Humans](#)
[Legislation Drug](#)
["*Serotonin Uptake Inhibitors/ae \[Adverse Effects\]"](#)
["Serotonin Uptake Inhibitors/hi \[History\]"](#)
["*Substance Withdrawal Syndrome/et \[Etiology\]"](#)
["Substance Withdrawal Syndrome/hi \[History\]"](#)
["Substance Withdrawal Syndrome/px \[Psychology\]"](#)
["*Substance-Related Disorders/et \[Etiology\]"](#)
[United States](#)

Source: MEDLINE

Full Text: Available from *EBSCOhost* in [International Journal of Risk & Safety in Medicine](#)

32. Methamphetamine and other substance use trends among street-recruited men who have sex with men, from 2008 to 2011.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(262-5), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Reback CJ; Fletcher JB; Shoptaw S; Grella CE

Institution: Friends Research Institute, Inc., Los Angeles, CA 90028, United States; University of California at Los Angeles, Integrated Substance Abuse Programs, Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA 90095, United States. Electronic address: reback@friendsresearch.org.

Language: English

Abstract: BACKGROUND: It is particularly important to survey substance use trends in populations most impacted by the consequences of substance use. Men who have sex with

men (MSM) exhibit rates of methamphetamine and other substance use that exceeds those observed among other populations in the United States. Such substance use has been associated with numerous negative health sequelae. METHODS: An outreach program performed street encounters with 5599 unique substance-using MSM from January 1, 2008 through December 31, 2011 to collect data on self-reported sociodemographics and recent substance use. Data were aggregated into six-month cohorts for comparisons of recent substance use patterns across time RESULTS: Participants averaged 33 years of age (SD=8), most were Caucasian/white (47%) or Hispanic/Latino (32%), and the self-reported HIV seroprevalence rate was 13.4%. Across cohorts, reported use of alcohol (range=91-93%), marijuana (range=36-46%), and/or methamphetamine (range=23-27%) was common; prevalence of amyl nitrite (max=14%), ecstasy (max=12%), powder cocaine (max=8%) and/or crack cocaine (max=4%) use, although less common, were still elevated relative to the United States general population. CONCLUSIONS: Methamphetamine and other substance use remained common among substance-using MSM, demonstrating the need for continued substance use interventions geared toward this high-risk population. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 44RAL3456C (Methamphetamine)

Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
[Aged 80 and over](#)
["Drug Users/px \[Psychology\]"](#)
[HIV Seroprevalence](#)
["Health Surveys/mt \[Methods\]"](#)
["*Homosexuality Male/px \[Psychology\]"](#)
[Humans](#)
["Los Angeles/ep \[Epidemiology\]"](#)
[Male](#)
["*Methamphetamine/ae \[Adverse Effects\]"](#)
[Middle Aged](#)
[Prevalence](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)
["Substance-Related Disorders/px \[Psychology\]"](#)
["United States/ep \[Epidemiology\]"](#)

Source: MEDLINE

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

33. Reinforcing integrated psychiatric service attendance in an opioid-agonist program: a randomized and controlled trial.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(30-6), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Kidorf M; Brooner RK; Gandotra N; Antoine D; King VL; Peirce J; Ghazarian S

Institution: Johns Hopkins University School of Medicine, Department of Psychiatry and Behavioral Sciences, Addiction Treatment Services - BBRC, Johns Hopkins Bayview Medical Center, 5510 Nathan Shock Drive, Suite 1500, Baltimore, MD 21224, United States. Electronic address: mkidorf@jhmi.edu.

Language: English

Abstract: BACKGROUND: The benefits of integrating substance abuse and psychiatric care may be limited by poor service utilization. This randomized clinical trial evaluated the efficacy of using contingency management to improve utilization of psychiatric services co-located and integrated within a community-based methadone maintenance treatment program. METHODS: Opioid-dependent outpatients (n=125) with any current psychiatric disorder were randomly assigned to: (1) reinforced on-site integrated care (ROIC), with

vouchers (worth \$25.00) contingent on full adherence to each week of scheduled psychiatric services; or (2) standard on-site integrated care (SOIC). All participants received access to the same schedule of psychiatrist and mental health counseling sessions for 12-weeks. RESULTS: ROIC participants attended more overall psychiatric sessions at month 1 (M=7.53 vs. 3.97, $p<.001$), month 2 (M=6.31 vs. 2.81, $p<.001$), and month 3 (M=5.71 vs. 2.44, $p<.001$). Both conditions evidenced reductions in psychiatric distress ($p<.001$) and similar rates of drug-positive urine samples. No differences in study retention were observed. CONCLUSIONS: These findings suggest that contingency management can improve utilization of psychiatric services scheduled within an on-site and integrated treatment model. Delivering evidenced-based mental health counseling, or modifying the contingency plan to include illicit drug use, may be required to facilitate greater changes in psychiatric and substance abuse outcomes. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural

Subject Headings: [Adult](#)
[Counseling](#)
[Diagnosis Dual \(Psychiatry\)](#)
[Female](#)
["*Health Services Accessibility/og \[Organization and Administration\]"](#)
[Humans](#)
[Male](#)
["*Mental Disorders/co \[Complications\]"](#)
["*Mental Disorders/th \[Therapy\]"](#)
["*Mental Health Services/og \[Organization and Administration\]"](#)
["*Opioid-Related Disorders/co \[Complications\]"](#)
["*Opioid-Related Disorders/dt \[Drug Therapy\]"](#)
["*Patient Acceptance of Health Care/px \[Psychology\]"](#)
[Reinforcement \(Psychology\)](#)
["*Substance Abuse Treatment Centers/og \[Organization and Administration\]"](#)

Source: MEDLINE

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

34. Non-fatal overdose among adult prisoners with a history of injecting drug use in two Australian states.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(45-51), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Moore E; Winter R; Indig D; Greenberg D; Kinner SA

Institution: Centre for Health Research in Criminal Justice, Justice & Forensic Mental Health Network, Pagewood, NSW 2035, Australia; National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia. Electronic address: emoore1311@gmail.com.

Language: English

Abstract: BACKGROUND: Recently released prisoners are at markedly increased risk of death and drug-related causes predominate. Non-fatal overdose (NFOD) is considerably more common than fatal overdose, but has received relatively little research attention and most studies of NFOD in this population have suffered from small samples of unknown representativeness. This study aimed to estimate the prevalence and correlates of lifetime NFOD among prisoners in NSW and Queensland. METHODS: Cross-sectional surveys of adult prisoners in two Australian states: New South Wales (n=972) and Queensland (n=1316). Use of similar measures and methods in the two states made direct comparison of findings possible. RESULTS: In both NSW and Queensland, 23% of participants reported a lifetime history of NFOD and prisoners with a history of injecting drug use were significantly more likely to report lifetime NFOD. The lifetime prevalence of NFOD among prisoners with a history of injecting drug use was significantly higher in NSW than in Queensland (44% vs. 35%; $p<0.01$). Independent correlates of lifetime NFOD were similar across the two states and included ever attempting suicide, ever injecting

heroin, and ever injecting opioids. CONCLUSIONS: The risk of NFOD among prisoners with a history of injecting drug use is high. An understanding of the risk factors for NFOD in this population can inform targeted, evidence-based interventions to reduce this risk. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland
Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Subject Headings: [Adolescent](#)
[Adult](#)
[Cross-Sectional Studies](#)
["*Drug Overdose/ep \[Epidemiology\]"](#)
[Female](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
["New South Wales/ep \[Epidemiology\]"](#)
[Prevalence](#)
["*Prisoners/sn \[Statistics and Numerical Data\]"](#)
["Queensland/ep \[Epidemiology\]"](#)
[Risk Factors](#)
["*Substance Abuse Intravenous/ep \[Epidemiology\]"](#)

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

35. The aftermath of public housing relocation: relationship to substance misuse.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(37-44), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Cooper HL; Bonney LE; Ross Z; Karnes C; Hunter-Jones J; Kelley ME; Rothenberg R

Institution: Rollins School of Public Health at Emory University, United States. Electronic address: hcoope3@emory.edu.

Language: English

Abstract: INTRODUCTION: Several cross-sectional studies have examined relationships between neighborhood characteristics and substance misuse. Using data from a sample of African-American adults relocating from U.S. public housing complexes, we examined relationships between changes in exposure to local socioeconomic conditions and substance misuse over time. We tested the hypothesis that adults who experienced greater post-relocation improvements in local economic conditions and social disorder would have a lower probability of recent substance misuse. METHODS: Data were drawn from administrative sources to describe the census tracts where participants lived before and after relocating. Data on individual-level characteristics, including binge drinking, illicit drug use, and substance dependence, were gathered via survey before and after the relocations. Multilevel models were used to test hypotheses. RESULTS: Participants (N=172) experienced improvements in tract-level economic conditions and, to a lesser degree, in social disorder after moving. A one standard-deviation improvement in tract-level economic conditions was associated with a decrease in recent binge drinking from 34% to 20% (p=0.04) and with a decline in using illicit drugs weekly or more from 37% to 16% (p=0.02). A reduction in tract-level alcohol outlet density of >3.0 outlets per square mile predicted a reduction in binge drinking from 32% to 18% at p=0.05 significance level. DISCUSSION: We observed relationships between improvements in tract-level conditions and declines in substance misuse, providing further support for the importance of the local environment in shaping substance misuse. These findings have important implications for public housing policies and future research. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland
Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: Adult
 "*African Americans/px [Psychology]"
 "*Alcohol Drinking/px [Psychology]"
 Economics
 Female
 Humans
 Male
 Models Psychological
 *Public Housing
 "Social Problems/px [Psychology]"
 "*Substance-Related Disorders/px [Psychology]"
 United States

Source: MEDLINE

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

36. Time to initiation of treatment for neonatal abstinence syndrome in neonates exposed in utero to buprenorphine or methadone.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(266-9), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Gaalema DE; Heil SH; Badger GJ; Metayer JS; Johnston AM

Institution: University of Vermont, Department of Psychiatry, 1 South Prospect Street UHC, Burlington, VT 05401, USA; University of Vermont, Department of Psychology, 1 South Prospect Street UHC, Burlington, VT 05401, USA. Electronic address: dgaalema@uvm.edu.

Language: English

Abstract: BACKGROUND: The recommended standard of care calls for treating opioid-dependent pregnant women with methadone and observing neonates exposed in utero for five to seven postnatal days to see if treatment for neonatal abstinence syndrome (NAS) is needed. Data from a large multi-site randomized clinical trial comparing buprenorphine vs. methadone for the treatment of opioid dependence during pregnancy suggest buprenorphine-exposed neonates had less severe NAS, but may require pharmacologic treatment for NAS later than methadone-exposed neonates. The present study examined whether time to pharmacologic treatment initiation differed in a relatively large non-blinded clinical sample of buprenorphine- vs. methadone-exposed neonates treated for NAS. METHODS: Medical records for 75 neonates exposed to buprenorphine (n=47) or methadone (n=28) in utero who required treatment for NAS were examined. Time elapsed between birth and initiation of pharmacologic treatment was calculated for each neonate and time to treatment initiation compared between groups. RESULTS: Median time to treatment initiation (hours:minutes, IQR) was significantly later in buprenorphine- vs. methadone-exposed neonates (71:02, 44:21-96:27 vs. 34:12, 21:00-55:41, respectively, p<.001). Estimates of mean time to treatment initiation from parametric analyses that adjusted for maternal and neonatal characteristics were very similar (73:10 (95% CI: 61:00-87:18) vs. 42:36 (95% CI: 33:06-53:30), respectively, p=.0005). This difference was not dependent on maternal age or neonatal sex, gestational age, or birth weight. CONCLUSIONS: These findings confirm results from randomized clinical trials, adding generality to the observation that buprenorphine-exposed neonates require treatment significantly later than methadone-exposed neonates. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 40D3SCR4GZ (Buprenorphine); UC6VBE7V1Z (Methadone)

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: Birth Weight
 "*Buprenorphine/ae [Adverse Effects]"
 Case-Control Studies
 Female

[Gestational Age](#)
[Humans](#)
[Infant Newborn](#)
[Male](#)
["*Methadone/ae \[Adverse Effects\]"](#)
["*Neonatal Abstinence Syndrome/dt \[Drug Therapy\]"](#)
["*Opiate Substitution Treatment/mt \[Methods\]"](#)
[Retrospective Studies](#)
[Time Factors](#)

Source: MEDLINE

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

37. Effectiveness of prize-based contingency management in a methadone maintenance program in China.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(270-4), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Chen W; Hong Y; Zou X; McLaughlin MM; Xia Y; Ling L

Institution: Faculty of Medical Statistics and Epidemiology, School of Public Health, Sun Yat-sen University, #74, Zhongshan Road II, Guangzhou 510080, PR China; Sun Yat-sen Center for Migrant Health Policy, #74, Zhongshan Road II, Guangzhou 510080, PR China.

Language: English

Abstract: BACKGROUND: Methadone maintenance treatment (MMT) has been successfully scaled up nationally in China. However, the program faces problems of poor attendance and high rates of continued drug use. We assessed whether a contingency management (CM) intervention implemented by MMT clinic staff could improve treatment attendance and drug abstinence. METHODS: Eight MMT clinics in Guangdong province were randomly selected and divided into two groups. A total of 126 participants (55 in urban clinics and 71 in rural clinics) received CM during a 12-week trial, 120 participants (83 in urban clinics and 37 in rural clinics) received usual treatment (UT). Participants in the CM group had the opportunity to draw for prizes contingent on attending treatment daily and testing negative for morphine. Clinic- and individual-level outcomes were compared between the intervention and control groups. RESULTS: The retention rate and negative urine testing rate were 14.2% (P=0.010) and 10.7% (P<0.001) higher in the CM group compared to the UT group, respectively. Compared with participants who received UT, CM participants missed on average 7.3 fewer (P=0.008) visits and were 1.91 (95% CI: 1.53-2.39) times more likely to submit a negative urine sample. All clinic- and individual-level effects of the intervention were observed at rural clinics, but the difference in retention rate between urban CM and UT clinics was not significant. CONCLUSION: Although the frequency of monitoring and value of the incentives in this study was lower than in previous studies, the CM intervention significantly improved attendance and reduced drug use in China. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: UC6VBE7V1Z (Methadone)

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

Subject Headings:
[Adult](#)
[Behavior Therapy](#)
[China](#)
[Female](#)
[Humans](#)
[Male](#)
["*Methadone/tu \[Therapeutic Use\]"](#)
["*Opiate Substitution Treatment/px \[Psychology\]"](#)
["Opioid-Related Disorders/dt \[Drug Therapy\]"](#)
["Opioid-Related Disorders/px \[Psychology\]"](#)
["Opioid-Related Disorders/th \[Therapy\]"](#)

["*Patient Compliance/px \[Psychology\]"](#)
[*Reward](#)

Source: MEDLINE

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

38. Naltrexone treatment for opioid dependence: does its effectiveness depend on testing the blockade?.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(80-5), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Sullivan MA; Bisaga A; Mariani JJ; Glass A; Levin FR; Comer SD; Nunes EV

Institution: Columbia University and the New York State Psychiatric Institute, 1051 Riverside Drive, Unit 120, New York, NY 10032, USA. Electronic address: mas23@columbia.edu.

Language: English

Abstract: BACKGROUND: FDA approval of long-acting injectable naltrexone (Vivitrol) for opioid dependence highlights the relevance of understanding mechanisms of antagonist treatment. Principles of learning suggest an antagonist works through extinguishing drug-seeking behavior, as episodes of drug use ("testing the blockade") fail to produce reinforcement. We hypothesized that opiate use would moderate the effect of naltrexone, specifically, that opiate-positive urines precede dropout in the placebo group, but not in the active-medication groups. METHODS: An 8-week, double-blind, placebo-controlled trial (N=57), compared the efficacy of low (192 mg) and high (384 mg) doses of a long-acting injectable naltrexone (Depotrex) with placebo (Comer et al., 2006). A Cox proportional hazard model was fit, modeling time-to-dropout as a function of treatment assignment and urine toxicology during treatment. RESULTS: Interaction of opiate urines with treatment group was significant. Opiate-positive urines predicted dropout on placebo and low-dose, but less so on high-dose naltrexone, where positive urines were more likely followed by sustained abstinence. Among patients with no opiate-positive urines, retention was higher in both low- and high-dose naltrexone conditions, compared to placebo. CONCLUSIONS: Findings confirm that injection naltrexone produces extinction of drug-seeking behavior after episodes of opiate use. Adequate dosage appears important, as low-dose naltrexone resembled the placebo group; opiate positive urines were likely to be followed by dropout from treatment. The observation of high treatment retention among naltrexone-treated patients who do not test the blockade, suggests naltrexone may also exert direct effects on opiate-taking behavior that do not depend on extinction, perhaps by attenuating craving or normalizing dysregulated hedonic or neuroendocrine systems. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Delayed-Action Preparations); 0 (Narcotic Antagonists); 5S6W795CQM (Naltrexone)

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural

Subject Headings: [Adolescent](#)
[Adult](#)
[Delayed-Action Preparations](#)
[Double-Blind Method](#)
[Female](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
["Naltrexone/ad \[Administration and Dosage\]"](#)
["*Naltrexone/tu \[Therapeutic Use\]"](#)
["Narcotic Antagonists/ad \[Administration and Dosage\]"](#)
["*Narcotic Antagonists/tu \[Therapeutic Use\]"](#)
["*Opioid-Related Disorders/dt \[Drug Therapy\]"](#)
["Patient Dropouts/sn \[Statistics and Numerical Data\]"](#)
[Proportional Hazards Models](#)

Source: MEDLINE

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

39. A double-blind, placebo-controlled trial of topiramate for the treatment of comorbid cocaine and alcohol dependence.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(94-9), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Kampman KM; Pettinati HM; Lynch KG; Spratt K; Wierzbicki MR; O'Brien CP

Institution: Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania, 3900 Chestnut Street, Philadelphia, PA 19104, USA. Electronic address: kampman@upenn.edu.

Language: English

Abstract: BACKGROUND: Topiramate increases GABAergic activity and antagonizes the AMPA/kainate subtype of glutamate receptors. Through these mechanisms of action, topiramate may reduce alcohol and cocaine reward and may reduce alcohol and cocaine craving. Topiramate has been shown to reduce drinking in persons with alcohol dependence, and reduce relapse in stimulant-dependent patients. The current trial was intended to test the ability of topiramate to promote cocaine and alcohol abstinence among patients addicted to both drugs. METHODS: The study was a double-blind, placebo-controlled, 13-week trial involving 170 cocaine and alcohol dependent subjects. After achieving a period of cocaine and alcohol abstinence, subjects were randomized to topiramate, 300 mg daily, or identical placebo capsules. In addition, subjects received weekly individual psychotherapy. Primary outcome measures included self-reported alcohol and cocaine use, and thrice weekly urine drug screens. Secondary outcome measures included cocaine and alcohol craving, Addiction Severity Index results, cocaine withdrawal symptoms, and clinical global improvement ratings. RESULTS: Topiramate was not better than placebo in reducing cocaine use on the a priori primary outcome measure, or in reducing alcohol use. Topiramate was not better than placebo in reducing cocaine craving. Topiramate-treated subjects, compared to placebo-treated subjects, were more likely to be retained in treatment and more likely to be abstinent from cocaine during the last three weeks of the trial. Subjects who entered treatment with more severe cocaine withdrawal symptoms responded better to topiramate. DISCUSSION: Topiramate plus cognitive behavioral therapy may reduce cocaine use for some patients with comorbid cocaine and alcohol dependence. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Anticonvulsants); 0H73WJJ391 (topiramate); 30237-26-4 (Fructose)

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
["Alcoholism/co \[Complications\]"](#)
["*Alcoholism/dt \[Drug Therapy\]"](#)
["Alcoholism/th \[Therapy\]"](#)
["Anticonvulsants/tu \[Therapeutic Use\]"](#)
["Behavior Addictive/dt \[Drug Therapy\]"](#)
["Cocaine-Related Disorders/co \[Complications\]"](#)
["*Cocaine-Related Disorders/dt \[Drug Therapy\]"](#)
["Cocaine-Related Disorders/th \[Therapy\]"](#)
[Cognitive Therapy](#)
[Combined Modality Therapy](#)
[Double-Blind Method](#)
[Female](#)
["*Fructose/aa \[Analogues and Derivatives\]"](#)
["Fructose/tu \[Therapeutic Use\]"](#)
[Humans](#)
[Male](#)

Middle Aged
 Patient Compliance
 "Recurrence/pc [Prevention and Control]"
 Severity of Illness Index
 "Substance Withdrawal Syndrome/di [Diagnosis]"

Source: MEDLINE

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

40. Differences in self-reported and behavioral measures of impulsivity in recreational and dependent cocaine users.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(61-70), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Vonmoos M; Hulka LM; Preller KH; Jenni D; Schulz C; Baumgartner MR; Quednow BB

Institution: Experimental and Clinical Pharmacopsychology, Department of Psychiatry, Psychotherapy, and Psychosomatics, University Hospital of Psychiatry, University of Zurich, Lenggstrasse 31, 8032 Zurich, Switzerland. Electronic address: matthias.vonmoos@bli.uzh.ch.

Language: English

Abstract: BACKGROUND: Dependent cocaine users consistently display increased trait impulsivity on self-report questionnaires and less consistently exhibit elevated motor impulsivity in some behavioral tasks. However, trait and behavioral impulsivity measures have rarely been investigated in recreational users. Therefore, we examined self-reported trait and motor impulsivities in recreational and dependent cocaine users to clarify the role of impulse control in cocaine addiction and non-dependent cocaine use. METHODS: We investigated relatively pure recreational (n=68) and dependent (n=30) cocaine users, as well as psychostimulant-naïve controls (n=68), with self-report questionnaires (Barratt Impulsiveness Scale 11; Temperament and Character Inventory) and behavioral tasks (Rapid Visual Information Processing Task; Stop-Signal Task). RESULTS: Compared with controls, recreational and dependent cocaine users displayed higher trait impulsivity and novelty seeking scores on self-report questionnaires. Trait impulsivity scores were strongly associated with an increased number of symptoms of depression and attention deficit hyperactivity disorder and correlated significantly with long-term cocaine intake parameters. By contrast, none of the behavioral motor impulsivity measures showed significant group effects or correlated with cocaine use parameters. The correlations among the self-report measures were high, but self-reports were scarcely correlated with behavioral task measures. CONCLUSIONS: These findings suggest that relatively pure cocaine users already display increased trait impulsivity at a recreational level of use. However, the results do not indicate any cocaine-related elevation of behavioral impulsivity in terms of motor or response inhibition. In summary, our data imply that elevated trait impulsivity is not a specific feature of dependent cocaine use. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: I5Y540LHVR (Cocaine)

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

Subject Headings: Adult
 "*Cocaine/ae [Adverse Effects]"
 "*Cocaine-Related Disorders/px [Psychology]"
 "*Drug Users/px [Psychology]"
 Female
 Humans
 "*Impulsive Behavior/px [Psychology]"
 Male
 Neuropsychological Tests
 Personality Inventory
 Risk Factors
 *Self Report

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

41. The influence of monetary punishment on cognitive control in abstinent cocaine-users.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(86-93), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Hester R; Bell RP; Foxe JJ; Garavan H

Institution: University of Melbourne, School of Psychological Sciences, Melbourne, Victoria, 3010, Australia. Electronic address: hesterr@unimelb.edu.au.

Language: English

Abstract: BACKGROUND: Dependent drug users show a diminished neural response to punishment, in both limbic and cortical regions, though it remains unclear how such changes influence cognitive processes critical to addiction. To assess this relationship, we examined the influence of monetary punishment on inhibitory control and adaptive post-error behavior in abstinent cocaine dependent (CD) participants. METHODS: 15 abstinent CD and 15 matched control participants performed a Go/No-go response inhibition task, which administered monetary fines for failed response inhibition, during collection of fMRI data. RESULTS: CD participants showed reduced inhibitory control and significantly less adaptive post-error slowing in response to punishment, when compared to controls. The diminished behavioral punishment sensitivity shown by CD participants was associated with significant hypoactive error-related BOLD responses in the dorsal anterior cingulate cortex (ACC), right insula and right prefrontal regions. Specifically, CD participants' error-related response in these regions was not modulated by the presence of punishment, whereas control participants' response showed a significant BOLD increase during punished errors. CONCLUSIONS: CD participants showed a blunted response to failed control (errors) that was not modulated by punishment. Consistent with previous findings of reduced sensitivity to monetary loss in cocaine users, we further demonstrate that such insensitivity is associated with an inability to increase cognitive control in the face of negative consequences, a core symptom of addiction. The pattern of deficits in the CD group may have implications for interventions that attempt to improve cognitive control in drug dependent groups via positive/negative incentives. Crown Copyright 2013. Published by Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
[Brain Mapping](#)
[Case-Control Studies](#)
["*Cerebral Cortex/pp \[Physiopathology\]"](#)
["*Cocaine-Related Disorders/pp \[Physiopathology\]"](#)
["*Cocaine-Related Disorders/px \[Psychology\]"](#)
["*Cognition/ph \[Physiology\]"](#)
[Female](#)
["*Gyrus Cinguli/pp \[Physiopathology\]"](#)
[Humans](#)
[Inhibition \(Psychology\)](#)
[Male](#)
[Middle Aged](#)
["*Prefrontal Cortex/pp \[Physiopathology\]"](#)
["*Psychomotor Performance/ph \[Physiology\]"](#)
["*Punishment/px \[Psychology\]"](#)

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

42. Remission from substance dependence: differences between individuals in a general population longitudinal survey who do and do not seek help.

- Citation:** Drug & Alcohol Dependence, November 2013, vol./is. 133/1(146-53), 0376-8716;1879-0046 (2013 Nov 1)
- Author(s):** Grella CE; Stein JA
- Institution:** UCLA Integrated Substance Abuse Programs, Semel Institute for Neuroscience and Human Behavior, Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine, University of California, Los Angeles, United States. Electronic address: cgrella@mednet.ucla.edu.
- Language:** English
- Abstract:** BACKGROUND: Only a minority of individuals who have substance use disorders receives treatment, and those who do typically have more severe disorders. The current study examines the relationship of help-seeking with remission from alcohol and/or drug dependence and other outcomes. METHODS: Data from the Wave 1 (2001-2002) and Wave 2 (2004-2005) National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) were used to examine remission at Wave 2 among respondents who had past-year substance dependence disorders at Wave 1 (N=1262). Multi-group structural equation modeling was used to compare individuals with (n=356) and without (n=906) prior help-seeking at Wave 1 on subsequent help-seeking and other factors that influence outcomes. RESULTS: Baseline help-seekers sought help at higher levels over the follow-up period (31% vs. 8%) and had lower rates of remission (50% vs. 68%), as compared with those without prior help-seeking, respectively. Among baseline help-seekers, there were stronger relationships between baseline stress and mental disorders and having sought help since baseline; age and past-year level of stress at follow-up; level of stress and health status at follow-up; and social support and mental disorders at follow-up. Among baseline non-help-seekers, there were stronger relationships between being female and past-year stress at follow-up, and between having sought help since baseline and physical health status at follow-up. CONCLUSIONS: Findings extend our understanding of the factors associated with recovery from substance dependence, including "natural recovery", use of services outside of addiction treatment, and gender differences in help-seeking and remission. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- Publication Type:** Journal Article; Research Support, N.I.H., Extramural
- Subject Headings:** [Adult](#)
[Female](#)
[Health Status](#)
[Health Surveys](#)
[Humans](#)
[Longitudinal Studies](#)
[Male](#)
["Mental Disorders/co \[Complications\]"](#)
["Mental Disorders/px \[Psychology\]"](#)
["*Patient Acceptance of Health Care/px \[Psychology\]"](#)
[*Remission Induction](#)
[Sex Characteristics](#)
[Social Support](#)
["Stress Psychological/co \[Complications\]"](#)
["Stress Psychological/px \[Psychology\]"](#)
["Substance-Related Disorders/co \[Complications\]"](#)
["*Substance-Related Disorders/px \[Psychology\]"](#)
- Source:** MEDLINE
- Full Text:** Available from *Elsevier* in *Drug and Alcohol Dependence*

43. Modelling the prevalence of HCV amongst people who inject drugs: an investigation into the risks associated with injecting paraphernalia sharing.

- Citation:** Drug & Alcohol Dependence, November 2013, vol./is. 133/1(172-9), 0376-8716;1879-0046 (2013 Nov 1)
- Author(s):** Corson S; Greenhalgh D; Taylor A; Palmateer N; Goldberg D; Hutchinson S
- Institution:** Department of Mathematics and Statistics, University of Strathclyde, Livingstone Tower, 26 Richmond Street, Glasgow G1 1XH, UK. Electronic address: stephen.corson@strath.ac.uk.
- Language:** English
- Abstract:** BACKGROUND: In order to prevent the spread of the hepatitis C virus (HCV) amongst people who inject drugs (PWID), it is imperative that any injecting risk behaviour which may contribute to the transmission of disease has its role quantified. To inform public health organisations, mathematical modelling techniques were used to explore the risk of HCV infection through the sharing of injecting paraphernalia (including filters, cookers and water).METHODS: A mathematical model was developed for the spread of HCV based on the injecting behaviour of PWID in Scotland, with transmission occurring through the sharing of needles/syringes and other injecting paraphernalia. Numerical simulations were used to estimate the transmission probability for HCV through the sharing of injecting paraphernalia such that the modelled endemic HCV prevalence fitted with that observed amongst PWID in Scotland.RESULTS: The transmission probability of HCV through injecting paraphernalia was modelled to be over 8 times lower than that through needles/syringes (approximately 0.19-0.30% and 2.5%, respectively), assuming transmission occurs through a combination of at least filters and cookers. In the context of reported needle/syringe and paraphernalia sharing rates in Scotland, it is estimated that 38% and 62% of HCV infections are contributed by these practices, respectively. If needle/syringe sharing rates were to be twice those reported, the contributions would be 70% and 30%, respectively.CONCLUSION: Given that the sharing of injecting paraphernalia among PWID is common, HCV transmission through this route could be contributing to the growing healthcare burden associated with this chronic disease. Every effort should therefore be made to establish (a) the contribution that paraphernalia sharing is making to the spread of HCV, and (b) the effectiveness of services providing sterile paraphernalia in preventing infection. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Computer Simulation](#)
["Hepatitis C/ep \[Epidemiology\]"](#)
["*Hepatitis C/px \[Psychology\]"](#)
["*Hepatitis C/tm \[Transmission\]"](#)
[Humans](#)
[Models Statistical](#)
["*Needle Sharing/ae \[Adverse Effects\]"](#)
["Needle Sharing/px \[Psychology\]"](#)
["Needle Sharing/sn \[Statistics and Numerical Data\]"](#)
[Prevalence](#)
[*Risk-Taking](#)
["Scotland/ep \[Epidemiology\]"](#)
["*Substance Abuse Intravenous/px \[Psychology\]"](#)
- Source:** MEDLINE
- Full Text:** Available from *Elsevier* in [Drug and Alcohol Dependence](#)

44. Measuring historical trauma in an American Indian community sample: contributions of substance dependence, affective disorder, conduct disorder and PTSD.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(180-7), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Ehlers CL; Gizer IR; Gilder DA; Ellingson JM; Yehuda R

Institution: Molecular and Cellular Neurosciences Department, The Scripps Research Institute, 10550 North Torrey Pines Road, La Jolla, CA 92037, USA. Electronic address: cindy@scripps.edu.

Language: English

Abstract: BACKGROUND: The American Indian experience of historical trauma is thought of as both a source of intergenerational trauma responses as well as a potential causative factor for long-term distress and substance abuse among communities. The aims of the present study were to evaluate the extent to which the frequency of thoughts of historical loss and associated symptoms are influenced by: current traumatic events, post traumatic stress disorder (PTSD), cultural identification, percent Native American Heritage, substance dependence, affective/anxiety disorders, and conduct disorder/antisocial personality disorder (ASPD).METHODS: Participants were American Indians recruited from reservations that were assessed with the Semi-Structured Assessment for the Genetics of Alcoholism (SSAGA), The Historical Loss Scale and The Historical Loss Associated Symptoms Scale (to quantify frequency of thoughts and symptoms of historical loss) the Stressful-Life-Events Scale (to assess experiences of trauma) and the Orthogonal Cultural Identification Scale (OCIS).RESULTS: Three hundred and six (306) American Indian adults participated in the study. Over half of them indicated that they thought about historical losses at least occasionally, and that it caused them distress. Logistic regression revealed that significant increases in how often a person thought about historical losses were associated with: not being married, high degrees of Native Heritage, and high cultural identification. Additionally, anxiety/affective disorders and substance dependence were correlated with historical loss associated symptoms.CONCLUSIONS: In this American Indian community, thoughts about historical losses and their associated symptomatology are common and the presence of these thoughts are associated with Native American Heritage, cultural identification, and substance dependence. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
["Conduct Disorder/px \[Psychology\]"](#)
[*Culture](#)
[Female](#)
[Humans](#)
["*Indians North American/px \[Psychology\]"](#)
[*Life Change Events](#)
[Male](#)
[Middle Aged](#)
["Mood Disorders/px \[Psychology\]"](#)
[*Social Identification](#)
["Stress Disorders Post-Traumatic/px \[Psychology\]"](#)
["Substance-Related Disorders/px \[Psychology\]"](#)

Source: MEDLINE

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

45. Binge drinking trajectory and neuropsychological functioning among university students: a longitudinal study.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(108-14), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Mota N; Parada M; Crego A; Doallo S; Caamano-Isorna F; Rodriguez Holguin S; Cadaveira F; Corral M

Institution: Departamento de Fundamentos de Psicologia, Instituto de Psicologia, Universidade do Estado do Rio de Janeiro, Rua Sao Francisco de Xavier, 524, 10 andar, Bloco B, Maracana, Rio de Janeiro, Rio de Janeiro 20550-013, Brazil.

Language: English

Abstract: BACKGROUND: Adolescence is a time of considerable neurodevelopment. Binge drinking (BD) during this period increases the vulnerability to its neurotoxic effects. This longitudinal study aimed to investigate the relationship between BD trajectory over university years and neuropsychological functioning. METHODS: Cohort-study. Two-year follow-up. A total of 89 university students were assessed: 40 Non-BD (at Initial and Follow-up), 16 Ex-BD (BD at Initial but not at Follow-up) and 33 BD (at both times). Neuropsychological assessment of working memory, episodic memory and executive abilities was carried out during their first (Initial) and third (Follow-up) academic year at the University of Santiago de Compostela. RESULTS: BD subjects performed less well on the Wechsler Memory Scale-III (WMS-III) Logical Memory Subtest (immediate theme recall, $P=.034$; delayed theme recall, $P=.037$; and percent retention, $P=.035$) and committed more perseverative errors on the Self-Ordered Pointing Task (SOPT) ($P=.021$) than Non-BD. There were no differences between Ex-BD and Non-BD. CONCLUSIONS: Binge drinking trajectory during adolescence is associated with neuropsychological performance. Persistent BD, but not Ex-BD, is associated with verbal memory and monitoring difficulties. This is compatible with the hypothesis that heavy alcohol use during adolescence may affect cognitive functions that rely on the temporomesial and dorsolateral prefrontal cortex. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: [Adolescent](#)
["*Adolescent Behavior/de \[Drug Effects\]"](#)
["*Adolescent Behavior/px \[Psychology\]"](#)
["*Binge Drinking/px \[Psychology\]"](#)
["Executive Function/de \[Drug Effects\]"](#)
[Female](#)
[Humans](#)
[Longitudinal Studies](#)
[Male](#)
[Memory Episodic](#)
["Memory Short-Term/de \[Drug Effects\]"](#)
[Neuropsychological Tests](#)
["Students/px \[Psychology\]"](#)
[*Universities](#)

Source: MEDLINE

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

46. Conduct problem trajectories and alcohol use and misuse in mid to late adolescence.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(100-7), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Heron J; Maughan B; Dick DM; Kendler KS; Lewis G; Macleod J; Munafo M; Hickman M

Institution: School of Social and Community Medicine, University of Bristol, UK. Electronic address: jon.heron@bristol.ac.uk.

Language: English

Abstract: BACKGROUND: We consider the strength of the relationship between types of conduct problems in early life and pattern of alcohol use during adolescence. METHODS: Children from the Avon Longitudinal Study of Parents and Children, a U.K. birth-cohort, had their level of conduct problems assessed repeatedly from 4 to 13 years using the maternal report Strengths and Difficulties Questionnaire. Developmental trajectories

derived from these data were subsequently related to (i) patterns of alcohol use from 13 to 15 years, and (ii) hazardous alcohol used at age 16. RESULTS: Boys with 'Adolescent Onset' or 'Early Onset Persistent' conduct problems were much more likely to be high frequency drinkers between 13 and 15 years (OR 5.00 95% CI=[2.4, 10.6] and 3.9 95% CI=[2.1, 7.3] respectively) compared with those with Low or 'Childhood Limited' conduct. Adolescent Onset/Early Onset Persistent girls also had greater odds of this high-alcohol frequency drinking pattern (2.67 [1.4, 5.0] and 2.14 [1.2, 4.0] respectively). Associations were more moderate for risk of hazardous alcohol use at age 16. Compared to 32% among those with low conduct problems, over 40% of young people classified as showing Adolescent Onset/Early Onset Persistent conduct problems were drinking hazardously (OR 1.52 [1.09, 2.11] and 1.63 [1.22, 2.18] respectively). CONCLUSIONS: Whilst persistent conduct problems greatly increase the risk of adolescent alcohol problems, the majority of adolescents reporting hazardous use at age 16 lack such a history. It is important, therefore, to undertake alcohol prevention among all young people as a priority, as well as target people with manifest conduct problems. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: Adolescent
 "Adolescent Behavior/de [Drug Effects]"
 "*Adolescent Behavior/px [Psychology]"
 Age of Onset
 "*Alcohol Drinking/px [Psychology]"
 "Alcoholism/co [Complications]"
 "*Alcoholism/px [Psychology]"
 "Conduct Disorder/co [Complications]"
 "*Conduct Disorder/px [Psychology]"
 Diagnosis Dual (Psychiatry)
 Female
 Humans
 Longitudinal Studies
 Male
 Risk Factors
 Sex Characteristics

Source: MEDLINE

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

47. Alcohol misuse and relationship breakdown: findings from a longitudinal birth cohort.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(115-20), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Boden JM; Fergusson DM; Horwood LJ

Institution: Christchurch Health and Development Study, Department of Psychological Medicine, University of Otago, Christchurch School of Medicine and Health Sciences, New Zealand. Electronic address: joseph.boden@otago.ac.nz.

Language: English

Abstract: BACKGROUND: This study examined the associations between measures of alcohol abuse/dependence (AAD) and relationship dissolution from ages 19 to 30 in a New Zealand birth cohort. METHODS: The outcome measure was self-reported breakdown of a marital/cohabiting relationship during each year from age 20-21 to age 29-30. The study also used contemporaneous and one-year lagged measures of AAD symptoms; and time-dynamic covariate factors including life stress, other substance use, mental health status, peer and partner substance use and offending, unemployment, exposure to intimate partner violence, and prior relationship breakdown. Data were analysed using conditional fixed effects regression modelling augmented by time-dynamic covariate factors to control for confounding. RESULTS: Those with three or more AAD symptoms had unadjusted odds of relationship breakdown that were 2.17-2.23 times higher than those

with no symptoms, but these associations did not differ by gender. Adjustment of the associations for both unobserved fixed effects and time-dynamic covariate factors reduced the magnitude of the associations, with those with three or more AAD symptoms having rates of relationship breakdown that were 1.57-1.66 times higher than those with no symptoms. CONCLUSIONS: The results suggest a causal association between alcohol misuse and relationship breakdown, with estimates suggesting that alcohol use disorder accounted for 4.5-4.6% of marital/cohabiting relationship dissolution in the cohort. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: Adult
Age Factors
"Alcoholism/co [Complications]"
"Alcoholism/di [Diagnosis]"
"*Alcoholism/px [Psychology]"
"Criminals/px [Psychology]"
"Depressive Disorder Major/co [Complications]"
"Depressive Disorder Major/px [Psychology]"
"Domestic Violence/px [Psychology]"
Female
Humans
*Interpersonal Relations
Longitudinal Studies
Male
"Mental Disorders/co [Complications]"
"Mental Disorders/px [Psychology]"
Peer Group
"Sexual Partners/px [Psychology]"
"Stress Psychological/px [Psychology]"
"Substance-Related Disorders/px [Psychology]"
"Unemployment/px [Psychology]"

Source: MEDLINE

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

48. Neural mechanisms of risky decision-making and reward response in adolescent onset cannabis use disorder.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(134-45), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): De Bellis MD; Wang L; Bergman SR; Yaxley RH; Hooper SR; Huettel SA

Institution: Healthy Childhood Brain Development and Developmental Traumatology Research Program, Department of Psychiatry and Behavioral Sciences, Duke University, Durham, NC 27710, USA; Brain Imaging Analysis Center and Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC 27710, USA; Department of Psychology and Neuroscience, Duke University, Durham, NC 27710, USA. Electronic address: michael.debellis@duke.edu.

Language: English

Abstract: BACKGROUND: Neural mechanisms of decision-making and reward response in adolescent cannabis use disorder (CUD) are underexplored. METHODS: Three groups of male adolescents were studied: CUD in full remission (n=15); controls with psychopathology without substance use disorder history (n=23); and healthy controls (n=18). We investigated neural processing of decision-making and reward under conditions of varying risk and uncertainty with the Decision-Reward Uncertainty Task while participants were scanned using functional magnetic resonance imaging. RESULTS: Abstinent adolescents with CUD compared to controls with psychopathology showed hyperactivation in one cluster that spanned left superior parietal lobule/left lateral occipital cortex/precuneus while making risky decisions that involved uncertainty, and hypoactivation in left orbitofrontal cortex to rewarded outcomes compared to no-reward

after making risky decisions. Post hoc region of interest analyses revealed that both control groups significantly differed from the CUD group (but not from each other) during both the decision-making and reward outcome phase of the Decision-Reward Uncertainty Task. In the CUD group, orbitofrontal activations to reward significantly and negatively correlated with total number of individual drug classes the CUD patients experimented with prior to treatment. CUD duration significantly and negatively correlated with orbitofrontal activations to no-reward. CONCLUSIONS: The adolescent CUD group demonstrated distinctly different activation patterns during risky decision-making and reward processing (after risky decision-making) compared to both the controls with psychopathology and healthy control groups. These findings suggest that neural differences in risky decision-making and reward processes are present in adolescent addiction, persist after remission from first CUD treatment, and may contribute to vulnerability for adolescent addiction. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: Adolescent
 "*Adolescent Behavior/ph [Physiology]"
 "Adolescent Behavior/px [Psychology]"
 Case-Control Studies
 "*Decision Making/ph [Physiology]"
 "*Frontal Lobe/pp [Physiopathology]"
 Functional Neuroimaging
 Humans
 Male
 "*Marijuana Abuse/pp [Physiopathology]"
 "Marijuana Abuse/px [Psychology]"
 "Mental Disorders/pp [Physiopathology]"
 "*Occipital Lobe/pp [Physiopathology]"
 "*Parietal Lobe/pp [Physiopathology]"
 "Reaction Time/ph [Physiology]"
 Remission Induction
 *Reward
 *Risk-Taking

Source: MEDLINE

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

49. Is opioid substitution treatment beneficial if injecting behaviour continues?.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(121-6), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Gjersing L; Bretteville-Jensen AL

Institution: Norwegian Institute for Alcohol and Drug Research (SIRUS), PB 565 Sentrum, 0105 Oslo, Norway. Electronic address: lg@sirus.no.

Language: English

Abstract: BACKGROUND: Opioid substitution treatment (OST) is recognised as an effective treatment for opioid dependence. Still, a subgroup of OST users continues to inject drugs. This study examines health risks and criminal activity in a population of needle exchange programme (NEP) participants by comparing those identified as current OST users to (i) those identified as former OST users and (ii) those with no OST experience. METHODS: This was a semi-annual cross-sectional study conducted from 2002 to 2011. NEP participants were interviewed in Oslo, Norway (n=1760); 341 were identified as current OST users, 356 as former OST users and 1063 had no OST experience. The associations between OST status and health risk and criminal activity were assessed through univariate and multiple logistic regression analyses. RESULTS: Among NEP participants, those currently in OST had fewer non-fatal overdoses (OR=0.5 [95% CI 0.3, 0.9]) compared to former OST users and those never in OST. Additionally, they were less likely to have

injected frequently (OR=0.4 [95% CI 0.3, 0.6]), to have used heroin daily or almost daily (OR=0.3 [95% CI 0.2, 0.4]), and to have committed theft (OR=0.6 [95% CI 0.4, 1.0]) and engaged in drug dealing (OR=0.7 [95% CI 0.5, 0.9]) in the past month. Overall, there was a high level of polysubstance use and no group differences on this measure. CONCLUSIONS: NEP participants who are currently in OST have substantially reduced health risks and criminal activity than other NEP participants. The high level of polysubstance use nevertheless poses a public health challenge. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: [Adult](#)
[Case-Control Studies](#)
["Crime/px \[Psychology\]"](#)
[Cross-Sectional Studies](#)
["Drug Overdose/ep \[Epidemiology\]"](#)
[Female](#)
[Humans](#)
[Male](#)
[Needle-Exchange Programs](#)
["Norway/ep \[Epidemiology\]"](#)
["*Opiate Substitution Treatment/px \[Psychology\]"](#)
["Opioid-Related Disorders/dt \[Drug Therapy\]"](#)
["Opioid-Related Disorders/ep \[Epidemiology\]"](#)
["*Opioid-Related Disorders/px \[Psychology\]"](#)
["Substance Abuse Intravenous/ep \[Epidemiology\]"](#)
["*Substance Abuse Intravenous/px \[Psychology\]"](#)

Source: MEDLINE

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

50. Associations between pain clinic density and distributions of opioid pain relievers, drug-related deaths, hospitalizations, emergency department visits, and neonatal abstinence syndrome in Florida.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(161-6), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Sauber-Schatz EK; Mack KA; Diekman ST; Paulozzi LJ

Institution: Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, N.E., Mailstop F62, Atlanta, GA 30341, United States. Electronic address: ige7@cdc.gov.

Language: English

Abstract: BACKGROUND: Community-level associations between pain clinics and drug-related outcomes have not been empirically demonstrated. METHODS: To explore these associations we correlated overdose death rates, hospital-discharge rates for drug-related hospitalizations including neonatal abstinence syndrome, and emergency department rates for drug-related visits with registered pain clinic density and rate of opioid pills dispensed per person at the county-level Florida in 2009. Negative binomial regression was used to model the crude associations and associations adjusted for exposure measures and county demographic characteristics. RESULTS: An estimated 732 pain clinics operated in Florida in 2009, a rate of 3.9/100,000 people. Among the 67 counties in Florida, 23 (34.3%) had no pain clinics, and three had 90 or more. Adjusted negative binomial regression determined no significant association between pain clinic rate and drug-related outcomes. However, rates of drug-caused, opioid-caused, and oxycodone-caused death correlated significantly with rates of opioid and oxycodone pills dispensed per person in adjusted analyses. For every increase of one pill in the rate of oxycodone pills per person, there was a 6% increase in the rate of oxycodone-related overdose death. CONCLUSIONS: Although pain clinics, some of which are "pill mills," are clearly a source of drugs used nonmedically, their impact on health outcomes might be difficult to quantify because the pills they prescribe might be consumed in other counties or states. The impact of "pill

mill" laws might be better measured by more proximal measures such as the number of such facilities. Published by Elsevier Ireland Ltd.

Country of Publication: Ireland

CAS Registry Number: 0 (Analgesics, Opioid)

Publication Type: Journal Article

Subject Headings: [Age Distribution](#)
["*Analgesics Opioid/to \[Toxicity\]"](#)
[Cause of Death](#)
["*Drug Overdose/mo \[Mortality\]"](#)
["*Drug Utilization/sn \[Statistics and Numerical Data\]"](#)
["*Emergency Service Hospital/sn \[Statistics and Numerical Data\]"](#)
[Female](#)
["Florida/ep \[Epidemiology\]"](#)
["*Hospitalization/sn \[Statistics and Numerical Data\]"](#)
[Humans](#)
[Male](#)
[*Models Statistical](#)
["*Neonatal Abstinence Syndrome/ep \[Epidemiology\]"](#)
["*Pain Clinics/sn \[Statistics and Numerical Data\]"](#)

Source: MEDLINE

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

51. High rates of police detention among recently released HIV-infected prisoners in Ukraine: implications for health outcomes.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(154-60), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Izenberg JM; Bachireddy C; Soule M; Kiriazova T; Dvoryak S; Altice FL

Institution: Yale University School of Medicine, Section of Infectious Diseases, AIDS Program, New Haven, CT, USA. Electronic address: Jacobizenberg@gmail.com.

Language: English

Abstract: BACKGROUND: Ukraine's HIV epidemic, primarily affecting people who inject drugs (PWID), is expanding and transitioning despite free opioid substitution therapy (OST) and antiretroviral therapy (ART), two effective ways to reduce HIV transmission. Police detention of PWID not resulting in a formal charge or imprisonment is common, but its prevalence and impact on health are not known. METHOD: HIV-infected individuals (N=97) released from prison within one year were recruited and surveyed in two HIV-endemic Ukrainian cities about post-release police detention experiences. Data on the frequency of police detention, related adverse events, and impact on OST and ART continuity were collected, and correlates of detention were examined using logistic regression. RESULTS: Detention responses were available for 94 (96.9%) participants, of which 55 (58.5%) reported police detentions (mean=9.4 per person-year). For those detained while prescribed OST (N=28) and ART (N=27), medication interruption was common (67.9% and 70.4%, respectively); 23 of 27 participants prescribed OST (85.2%) were detained en route to/from OST treatment. Significant independent correlates of detention without charges included post-release ART prescription (AOR 4.98, p=0.021), current high-risk injection practices (AOR 5.03, p=0.011), male gender (AOR 10.88, p=0.010), and lower lifetime months of imprisonment (AOR 0.99, p=0.031). CONCLUSIONS: HIV-infected individuals recently released from prison in Ukraine experience frequent police detentions, resulting in withdrawal symptoms, confiscation of syringes, and interruptions of essential medications, including ART and OST. Structural changes are urgently needed to reduce police detentions in order to control HIV transmission and improve both individual and public health. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Anti-Retroviral Agents)

Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't

Subject Headings: Adult
 "Anti-Retroviral Agents/tu [Therapeutic Use]"
 Female
 "HIV Infections/co [Complications]"
 "HIV Infections/dt [Drug Therapy]"
 "*HIV Infections/px [Psychology]"
 Humans
 Male
 "*Medication Adherence/px [Psychology]"
 "Opiate Substitution Treatment/px [Psychology]"
 *Police
 Risk Factors
 "Substance Abuse Intravenous/co [Complications]"
 "Substance Abuse Intravenous/dt [Drug Therapy]"
 "Substance Abuse Intravenous/px [Psychology]"
 Ukraine

Source: MEDLINE

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

52. Prevalence and temporal trends of crack injection among injection drug users in eastern central Canada.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(275-8), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Roy E; Leclerc P; Morissette C; Arruda N; Blanchette C; Blouin K; Alary M

Institution: Faculte de Medecine et des Sciences de la Sante, Universite de Sherbrooke, Chaire de Toxicomanie, Longueuil, Quebec J4K 0A8, Canada; Agence de la Sante et des Services Sociaux de Montreal, Direction de Sante Publique, Montreal, Quebec H2L 1M3, Canada; Institut National de Sante Publique, Montreal, Quebec G1V 5B3, Canada. Electronic address: elise.roy@USherbrooke.ca.

Language: English

Abstract: BACKGROUND: Little is known about crack injection and its temporal trends in North America. This article describes the extent of crack injection and examines temporal trends among injection drug users (IDUs) recruited from 2003 to 2010 in the SurvUDI network. METHODS: IDUs who injected recently (past 6 months) were recruited in harm reduction and health programs in eastern central Canada. Trend analyses were performed using generalized estimating equations. Some IDUs participated multiple times; first interview was retained for the descriptive analyses, while first interview per year was retained for the trend analyses. RESULTS: Of the 4088 IDUs recruited, 15.2% (621) reported crack injection; large variations across sites were noted (range: 0.3-39.5%). Trend analyses were limited to Ottawa (449 crack injectors) and Montreal (121). For Ottawa, a significant decline was observed, from 48.3% to 36.9%, with a prevalence ratio (PR) of 0.97 per year (95% CI: 0.94-0.99). For Montreal, a significant rise was observed, from 6.0% to 18.4%, with a PR of 1.29 per year (95% CI: 1.19-1.40). CONCLUSIONS: Strong variations in crack injection exist throughout the SurvUDI network, and reversed temporal trends have been observed in Ottawa and Montreal. These data will be useful to local harm reduction programs to evaluate the need to distribute items required by crack injectors and to develop prevention messages. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Crack Cocaine)

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

Subject Headings: Adult
 "Canada/ep [Epidemiology]"

"*Cocaine-Related Disorders/ep [Epidemiology]"
 "Crack Cocaine/ad [Administration and Dosage]"
 "*Crack Cocaine/ae [Adverse Effects]"
 Female
 Health Surveys
 Humans
 Male
 Prevalence
 "*Substance Abuse Intravenous/ep [Epidemiology]"
 Time Factors

Source: MEDLINE

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

53. Influence of reinforcer magnitude and nicotine amount on smoking's acute reinforcement enhancing effects.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(167-71), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Perkins KA; Karelitz JL

Institution: Western Psychiatric Institute and Clinic, University of Pittsburgh School of Medicine, 3811 O'Hara Street, Pittsburgh, PA 15213, USA. Electronic address: perkinska@upmc.edu.

Language: English

Abstract: BACKGROUND: Nicotine's acute effects on enhancing reinforcement from sensory rewards, shown in animal models, appear to occur with smoking in humans. These effects may vary due to reinforcer magnitude and amount of acute smoke intake (dose). METHODS: In a fully within-subjects design, dependent smokers (n=23) participated in 3 sessions. Each session followed overnight abstinence and involved 4 trials to assess responding via progressive ratio (PR 50%) for sensory reinforcement from high, moderate, or low preference music, or no reward (counter-balanced, 30-s/reinforcer). Sessions differed in smoking prior to each trial: 8 puffs on arrival and 2 puffs/trial ("8+2), 2 puffs/trial only ("0+2), or no smoking. Puffs were consumed via CRESS (Clinical Research Support System) to control topography, and smoking involved own brand to ensure palatability and increase generalizability of results. RESULTS: Reinforced responding was influenced by main effects of smoking condition (p<.05) and music reward type (p<.001). Compared to no smoking, responding for music was increased after smoking 8+2/trial puffs (p<.005), but not after 0+2/trial puffs. Smoking condition significantly increased reinforced responding only for the high preference music (p=.01), and not for moderate or low preference music, or for no reward. Withdrawal did not differ between the two smoking sessions, ruling out withdrawal relief as an explanation for differential reinforcement enhancement. CONCLUSIONS: Our findings confirm that just one cigarette after abstinence is sufficient for reinforcement enhancing effects and suggest that such enhancement is greater as magnitude of a reward's reinforcing efficacy increases. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 54-11-5 (Nicotine)

Publication Type: Controlled Clinical Trial; Journal Article; Research Support, N.I.H., Extramural

Subject Headings: Adult
 "Conditioning Operant/de [Drug Effects]"
 Dose-Response Relationship Drug
 Female
 Humans
 Male
 "*Nicotine/pd [Pharmacology]"
 *Reinforcement (Psychology)
 Reinforcement Schedule

"*Smoking/px [Psychology]"
 "*Tobacco Use Disorder/px [Psychology]"

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

54. The relationship between group size, intoxication and continuing to drink after bar attendance.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(198-203), 0376-8716;1879-0046 (2013 Nov 1)
Author(s): Reed MB; Clapp JD; Martell B; Hidalgo-Sotelo A
Institution: Center on Alcohol and Drug Studies, School of Social Work, San Diego State University, 5500 Campanile Dr., San Diego, CA 92181, United States.
Language: English
Abstract: OBJECTIVE: The present study was undertaken to explore multilevel determinants of planning to continue to drink alcohol after leaving public drinking events. We assessed whether individual-level factors, group-related factors, or event-level bar characteristics were associated with post-bar drinking. METHOD: We recruited a total of 642 participants from 30 participating bars in urban Southern California. Groups who arrived to patron a bar were interviewed upon their entrance and exit. Given data nesting, we employed a multilevel modeling approach to data analysis. RESULTS: More than one-third (40%) of our sample reported the intention to continue drinking as they exited the bar. Results of our multilevel model indicated eight individual-level variables significantly associated with intending to continue to drink. Time of night moderated the relationship between BrAC change and intentions to continue to drink. Although none of the group factors were significant in our model, a significant cross-level interaction between BrAC change and number of group members indicated the effect of intoxication on planning to continue to drink increases as group members increase. At the bar level, the presence of temporary bars and server offers of non-alcoholic drinks significantly decreased intentions to continue to drink. CONCLUSIONS: Given the large percentage of participants who reported the intention to continue drinking after exiting a bar, this study draws attention to the fact that field studies of drinking behavior may assess drinking mid-event rather than at the end of a drinking event. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland
Publication Type: Journal Article; Research Support, N.I.H., Extramural
Subject Headings: Adult
 "*Alcohol Drinking/px [Psychology]"
 "*Alcoholic Intoxication/px [Psychology]"
 Breath Tests
 Female
 *Group Structure
 Humans
 *Intention
 Male
 Models Psychological
 *Social Behavior

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

55. Gender differences in the relationship between gambling problems and the incidence of substance-use disorders in a nationally representative population sample.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(204-11), 0376-8716;1879-0046 (2013 Nov 1)
Author(s): Pilver CE; Libby DJ; Hoff RA; Potenza MN

- Institution:** Department of Biostatistics, Yale School of Public Health, 60 College Street, New Haven, CT 06520, USA.
- Language:** English
- Abstract:** BACKGROUND: Cross-sectional studies have demonstrated gender-related differences in the associations between problem-gambling severity and substance-use disorders; however, these associations have not been examined longitudinally. We aimed to examine the prospective associations between problem-gambling severity and incident substance-use disorders in women versus men. METHODS: Analyses were conducted using Wave-1 and Wave-2 NESARC data focusing on psychiatric diagnoses from 34,006 non-institutionalized US adults. Inclusionary criteria for pathological gambling were used to categorize Wave-1 participants as at-risk/problem gambling (ARPG) and non-ARPG (i.e. non-gambling/low-frequency gambling/low-risk gambling). Dependent variables included the three-year incidence of any substance-use disorder, alcohol-use disorders, nicotine dependence, drug-use disorders, prescription drug-use disorders, and illicit drug-use disorders. RESULTS: Significant gender-by-ARPG status interactions were observed with respect to the three-year incidence of nicotine dependence and prescription drug-use disorders, and approached significance with respect to incident alcohol-use disorders. ARPG (relative to non-ARPG) was positively associated with nicotine dependence among women (OR=2.00; 95% CI=1.24-3.00). ARPG was negatively associated with incident prescription drug-use disorders among men (OR=0.30; 95% CI=0.10-0.88). Finally, ARPG was positively associated with incident alcohol-use disorders among men (OR=2.20; 95% CI=1.39-3.48). CONCLUSIONS: Gambling problems were associated with an increased 3-year incidence of nicotine dependence in women and alcohol dependence in men. These findings highlight the importance of considering gender in prevention and treatment initiatives for adults who are experiencing gambling problems. Moreover, the specific factors underlying the differential progressions of specific substance-use disorders in women and men with ARPG warrant identification. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- Publication Type:** Journal Article; Research Support, N.I.H., Extramural; Research Support, U.S. Gov't, Non-P.H.S.
- Subject Headings:** [Adult](#)
["Diagnosis Dual \(Psychiatry\)/sn \[Statistics and Numerical Data\]"](#)
[Female](#)
["Gambling/co \[Complications\]"](#)
["*Gambling/ep \[Epidemiology\]"](#)
[Health Surveys](#)
[Humans](#)
[Incidence](#)
[Male](#)
[Middle Aged](#)
[Prospective Studies](#)
[*Sex Characteristics](#)
["Substance-Related Disorders/co \[Complications\]"](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)
["United States/ep \[Epidemiology\]"](#)
- Source:** MEDLINE
- Full Text:** Available from *Elsevier* in [Drug and Alcohol Dependence](#)
- 56. Efficacy of extended-release tramadol for treatment of prescription opioid withdrawal: a two-phase randomized controlled trial.**
- Citation:** Drug & Alcohol Dependence, November 2013, vol./is. 133/1(188-97), 0376-8716;1879-0046 (2013 Nov 1)
- Author(s):** Lofwall MR; Babalonis S; Nuzzo PA; Siegel A; Campbell C; Walsh SL

Institution: University of Kentucky (UK), Department of Psychiatry, Lexington, KY 40509, USA; UK, Department of Behavioral Science, Lexington, KY 40502, USA; UK, Center on Drug and Alcohol Research, Lexington, KY 40502, USA. Electronic address: michelle.lofwall@uky.edu.

Language: English

Abstract: BACKGROUND: Tramadol is an atypical analgesic with monoamine and modest mu opioid agonist activity. The purpose of this study was to evaluate: (1) the efficacy of extended-release (ER) tramadol in treating prescription opioid withdrawal and (2) whether cessation of ER tramadol produces opioid withdrawal. METHODS: Prescription opioid users with current opioid dependence and observed withdrawal participated in this inpatient, two-phase double blind, randomized placebo-controlled trial. In Phase 1 (days 1-7), participants were randomly assigned to matched oral placebo or ER tramadol (200 or 600 mg daily). In Phase 2 (days 8-13), all participants underwent double blind crossover to placebo. Breakthrough withdrawal medications were available for all subjects. Enrollment continued until 12 completers/group was achieved. RESULTS: Use of breakthrough withdrawal medication differed significantly ($p < 0.05$) among groups in both phases; the 200mg group received the least amount in Phase 1, and the 600 mg group received the most in both phases. In Phase 1, tramadol 200mg produced significantly lower peak ratings than placebo on ratings of insomnia, lacrimation, muscular tension, and sneezing. Only tramadol 600 mg produced miosis in Phase 1. In Phase 2, tramadol 600 mg produced higher peak ratings of rhinorrhea, irritable, depressed, heavy/sluggish, and hot/cold flashes than placebo. There were no serious adverse events and no signal of abuse liability for tramadol. CONCLUSIONS: ER tramadol 200mg modestly attenuated opioid withdrawal. Mild opioid withdrawal occurred after cessation of treatment with 600 mg tramadol. These data support the continued investigation of tramadol as a treatment for opioid withdrawal. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Analgesics, Opioid); 0 (Delayed-Action Preparations); 0 (Prescription Drugs); 39J1L6J30J (Tramadol)

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

Subject Headings: Adolescent
Adult
"Analgesics Opioid/ad [Administration and Dosage]"
"Analgesics Opioid/ae [Adverse Effects]"
"*Analgesics Opioid/tu [Therapeutic Use]"
Cross-Over Studies
Delayed-Action Preparations
Dose-Response Relationship Drug
Double-Blind Method
Female
Humans
Male
Middle Aged
"*Opioid-Related Disorders/dt [Drug Therapy]"
"*Prescription Drugs/ae [Adverse Effects]"
"*Substance Withdrawal Syndrome/dt [Drug Therapy]"
"Tramadol/ad [Administration and Dosage]"
"Tramadol/ae [Adverse Effects]"
"*Tramadol/tu [Therapeutic Use]"

Source: MEDLINE

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

57. A MAOA gene*cocaine severity interaction on impulsivity and neuropsychological measures of orbitofrontal dysfunction: preliminary results.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(287-90), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Verdejo-Garcia A; Albein-Urios N; Molina E; Ching-Lopez A; Martinez-Gonzalez JM; Gutierrez B

Institution: Department of Clinical Psychology, School of Psychology, University of Granada, Spain; Institute of Neurosciences Federico Oloriz, Centro de Investigacion Biomedica, University of Granada, Spain; School of Psychology and Psychiatry, Monash University, Melbourne, Australia. Electronic address: antonio.verdejo@monash.edu.

Language: English

Abstract: BACKGROUND: Based on previous evidence of a MAOA gene*cocaine use interaction on orbitofrontal cortex volume attrition, we tested whether the MAOA low activity variant and cocaine use severity are interactively associated with impulsivity and behavioral indices of orbitofrontal dysfunction: emotion recognition and decision-making.METHODS: 72 cocaine dependent individuals and 52 non-drug using controls (including healthy individuals and problem gamblers) were genotyped for the MAOA gene and tested using the UPPS-P Impulsive Behavior Scale, the Iowa Gambling Task and the Ekman's Facial Emotions Recognition Test. To test the main hypothesis, we conducted hierarchical multiple regression analyses including three sets of predictors: (1) age, (2) MAOA genotype and severity of cocaine use, and (3) the interaction between MAOA genotype and severity of cocaine use. UPPS-P, Ekman Test and Iowa Gambling Task's scores were the outcome measures. We computed the statistical significance of the prediction change yielded by each consecutive set, with 'a priori' interest in the MAOA*cocaine severity interaction.RESULTS: We found significant effects of the MAOA gene*cocaine use severity interaction on the emotion recognition scores and the UPPS-P's dimensions of Positive Urgency and Sensation Seeking: Low activity carriers with higher cocaine exposure had poorer emotion recognition and higher Positive Urgency and Sensation Seeking.CONCLUSION: Cocaine users carrying the MAOA low activity show a greater impact of cocaine use on impulsivity and behavioral measures of orbitofrontal cortex dysfunction. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: EC 1-4-3-4 (Monoamine Oxidase); EC 1-4-3-4 (monoamine oxidase A, human)

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

Subject Headings: [Adolescent](#)
[Adult](#)
[Age Factors](#)
[Case-Control Studies](#)
["*Cocaine-Related Disorders/ge \[Genetics\]"](#)
["Cocaine-Related Disorders/px \[Psychology\]"](#)
[Decision Making](#)
[Facial Expression](#)
["*Frontal Lobe/pp \[Physiopathology\]"](#)
["Gambling/px \[Psychology\]"](#)
[Genotype](#)
[Humans](#)
["Impulsive Behavior/co \[Complications\]"](#)
["*Impulsive Behavior/ge \[Genetics\]"](#)
["Impulsive Behavior/px \[Psychology\]"](#)
[Male](#)
[Middle Aged](#)
["*Monoamine Oxidase/ge \[Genetics\]"](#)
[Neuropsychological Tests](#)
[Recognition \(Psychology\)](#)
[Severity of Illness Index](#)

Source: MEDLINE

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

58. Emerging pharmacotherapies for alcohol dependence: a systematic review focusing on reduction in consumption.

- Citation:** Drug & Alcohol Dependence, November 2013, vol./is. 133/1(15-29), 0376-8716;1879-0046 (2013 Nov 1)
- Author(s):** Aubin HJ; Daepfen JB
- Institution:** Hopital Paul Brousse, INSERM 669, Universite Paris-Sud, Villejuif, France. Electronic address: henri-jean.aubin@pbr.aphp.fr.
- Language:** English
- Abstract:** BACKGROUND: European Medicines Agency guidelines recognize two different treatment goals for alcohol dependence: abstinence and reduction in alcohol consumption. All currently approved agents are indicated for abstinence. This systematic review aimed to identify drugs in development for alcohol dependence treatment and to establish, based upon trial design, if any are seeking market authorization for reduction in consumption. METHODS: We searched PubMed and Embase (December 2001-November 2011) to identify agents in development for alcohol dependence treatment. Additional studies were identified by searching ClinicalTrials.gov and the R&D Insight and Clinical Trials Insight databases. Studies in which the primary focus was treatment of comorbidity, or n<20, were excluded. Studies were then classified as 'abstinence' if they: described a detoxification/alcohol withdrawal period; enrolled patients who had undergone detoxification previously; or presented relapse/abstinence rates as the primary outcome. Studies in patients actively drinking at baseline were classified as 'reduction in consumption'. RESULTS: Of 602 abstracts identified, 45 full-text articles were eligible. Five monotherapies were in development for alcohol dependence treatment: topiramate, fluvoxamine, aripiprazole, flupenthixol and nalmefene. Nalmefene was the only agent whose sponsor was clearly seeking definitive approval for reduction in consumption. Development status was unclear for topiramate, fluvoxamine, aripiprazole and flupenthixol. Fifteen agents were examined in published exploratory investigator-initiated trials; the majority focused on abstinence. Ongoing (unpublished) trials tended to focus on reduction in consumption. CONCLUSIONS: While published studies generally focused on abstinence, ongoing trials focused on reduction in consumption, suggesting a change in emphasis in the approach to treating alcohol dependence. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- CAS Registry Number:** 0 (Alcohol Deterrents); 0 (Piperazines); 0 (Psychotropic Drugs); 0 (Quinolones); 0H73WJJ391 (topiramate); 30237-26-4 (Fructose); 5S6W795CQM (Naltrexone); 82VFR53I78 (aripiprazole); FA0UYH6QUO (Flupenthixol); O4L1XPO44W (Fluvoxamine); TOV02TDP9I (nalmefene)
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't; Review
- Subject Headings:** *Alcohol Abstinence
 "**Alcohol Deterrents/tu [Therapeutic Use]"
 "**Alcohol Drinking/dt [Drug Therapy]"
 "**Alcoholism/dt [Drug Therapy]"
 "Flupenthixol/tu [Therapeutic Use]"
 "Fluvoxamine/tu [Therapeutic Use]"
 "Fructose/aa [Analog and Derivatives]"
 "Fructose/tu [Therapeutic Use]"
 Humans
 "Naltrexone/aa [Analog and Derivatives]"
 "Naltrexone/tu [Therapeutic Use]"
 "Piperazines/tu [Therapeutic Use]"
 "Psychotropic Drugs/tu [Therapeutic Use]"
 "Quinolones/tu [Therapeutic Use]"
- Source:** MEDLINE
- Full Text:** Available from *Elsevier* in *Drug and Alcohol Dependence*

59. Impulsivity and substance-related attentional bias: a meta-analytic review.

- Citation:** Drug & Alcohol Dependence, November 2013, vol./is. 133/1(1-14), 0376-8716;1879-0046 (2013 Nov 1)
- Author(s):** Coskunpinar A; Cyders MA
- Institution:** Indiana University Purdue University Indianapolis, United States. Electronic address: aycacosk@iupui.edu.
- Language:** English
- Abstract:** BACKGROUND: Previous research demonstrates the role of attentional bias in addictive behaviors. Impulsivity is thought to affect the strength of attentional biases, and thus, attentional biases might be one mechanism by which impulsivity affects addictive behaviors. However, whether or not impulsivity is related to attentional biases across different conceptualizations of impulsivity and attentional biases has yet to be examined as an initial test of such causal models.METHODS: The authors completed a meta-analysis of 13 published research studies examining the relationship between substance-related attentional bias and different conceptualizations of impulsivity.RESULTS: There was a small and significant effect size between impulsivity and substance-related attentional bias ($r=0.20$), which was moderated by impulsivity measurement type ($Q_b=5.91$, $df=1$, $p<0.05$): there was a stronger relationship between behavioral impulsivity and substance-related attentional bias ($r=0.22$) than trait impulsivity and substance-related attentional bias ($r=0.10$). Different components of behavioral impulsivity and trait impulsivity did not affect the relationship.CONCLUSIONS: This study is the first systematic and empirical demonstration of the relationship between substance-related attentional bias and impulsivity and suggests viability of future examinations of casual models relating these constructs. Since trait and behavioral conceptualizations differentially relate to substance-related attentional bias, the current review further supports research suggesting how disaggregation of multidimensional constructs can lead to more robust relationships. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- Publication Type:** Journal Article; Meta-Analysis; Review
- Subject Headings:** *Attention
"Behavior Addictive/co [Complications]"
"*Behavior Addictive/px [Psychology]"
"Diagnosis Dual (Psychiatry)/px [Psychology]"
Humans
"Impulsive Behavior/co [Complications]"
"*Impulsive Behavior/px [Psychology]"
- Source:** MEDLINE
- Full Text:** Available from *Elsevier* in [Drug and Alcohol Dependence](#)

60. Hyperactivation of the cognitive control network in cocaine use disorders during a multisensory Stroop task.

- Citation:** Drug & Alcohol Dependence, November 2013, vol./is. 133/1(235-41), 0376-8716;1879-0046 (2013 Nov 1)
- Author(s):** Mayer AR; Wilcox CE; Teshiba TM; Ling JM; Yang Z
- Institution:** The Mind Research Network/Lovelace Biomedical and Environmental Research Institute, 1101 Yale Boulevard, Albuquerque, NM 87106, USA; Department of Psychology, University of New Mexico, Albuquerque, NM 87131, USA; Neurology Department, University of New Mexico, School of Medicine, Albuquerque, NM 87131, USA. Electronic address: amayer@mrn.org.
- Language:** English
- Abstract:** BACKGROUND: It has been suggested that individuals with cocaine use disorders (chronic cocaine abusers, CCA) have impairments in cognitive control, which likely contribute to impairments in decision making around drug use and relapse. However, deficits in cognitive control have currently only been studied under conditions of

unisensory stimulation, which may not be reflective of more realistic multisensory drug cues. METHODS: The current study employed functional magnetic resonance imaging (fMRI) to measure neuronal activity during a multisensory numeric Stroop task. RESULTS: Despite few differences in reaction time, recently abstinent CCA (N=14) exhibited increased activation in prefrontal cortex, striatum and thalamus during cognitive control relative to a group of carefully matched controls (N=16). Importantly, these neuronal differences were relatively robust in classifying patients from controls (approximately 90% accuracy) and evident during conditions of both low (slow stimulus presentation rate) and relatively high (faster stimulus presentation rate) cognitive demand. In addition, CCA also failed to deactivate the default-mode network during high frequency visual trials. CONCLUSIONS: In summary, current results indicate compensatory activation within the cognitive control network in recently abstinent CCA to achieve similar levels of behavioral performance. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: [Adult](#)
[Brain Mapping](#)
[Case-Control Studies](#)
["*Cocaine-Related Disorders/pp \[Physiopathology\]"](#)
["*Cognition/ph \[Physiology\]"](#)
["*Corpus Striatum/pp \[Physiopathology\]"](#)
[Female](#)
[Humans](#)
[Male](#)
["*Prefrontal Cortex/pp \[Physiopathology\]"](#)
["Reaction Time/ph \[Physiology\]"](#)
[*Stroop Test](#)
["*Thalamus/pp \[Physiopathology\]"](#)

Source: MEDLINE

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

61. Changing patterns of first injection across key periods of the French Harm Reduction Policy: PrimInject, a cross sectional analysis.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(254-61), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Guichard A; Guignard R; Michels D; Beck F; Arwidson P; Lert F; Roy E

Institution: French National Institute of Prevention and Health Education, Scientific Affairs Department, 42 boulevard de la Liberation, 93203 Saint-Denis cedex, France. Electronic address: anne.guichard@inpes.sante.fr

Language: English

Abstract: BACKGROUND: Monitoring of emerging modes of drug consumption in France has identified new patterns of injection among youths with diverse social backgrounds, which may explain the persistence of high rates of hepatitis C virus infection. The circumstances surrounding the first injection have been poorly documented in the group of heavy drug users and in the context of the French opioid substitution treatment (OST) policy that provides expanded access to high-dosage buprenorphine (BHD) METHODS: An Internet survey (Priminject) was conducted from October 2010 to March 2011 with French drug users. Four time periods were compared based on critical dates throughout the implementation of the Harm Reduction Policy in France. RESULTS: Compared with drug users who injected for the first time prior to 1995, the aspects of drug use for users who recently injected for the first time were as follows: (1) experimentation with miscellaneous drugs before the first injection; (2) an older age at the time of first injection; (3) heroin as the drug of choice for an individual's first injection, notwithstanding the increased usage of stimulant drugs; (4) BHD did not appear to be a pathway to injection; and (5) an increased number of users who injected their first time

alone, without the help or presence of another individual. CONCLUSION: The PrimInject study showed that there is a group of injection drug users that is larger than the group of injection drug users observed in previous studies; therefore, it is necessary to diversify programs to reach the entire spectrum of high-risk users. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: [Adolescent](#)
[Adult](#)
[Cross-Sectional Studies](#)
["*Drug Users/px \[Psychology\]"](#)
[Female](#)
[France](#)
[*Harm Reduction](#)
["*Health Policy/td \[Trends\]"](#)
[Health Surveys](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[Risk Factors](#)
["*Substance Abuse Intravenous/px \[Psychology\]"](#)
[Time Factors](#)

Source: MEDLINE

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

62. Neighborhood socioeconomic status and substance use by U.S. adults.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(212-21), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Karriker-Jaffe KJ

Institution: Public Health Institute, Alcohol Research Group, 6475 Christie Avenue, Suite 400, Emeryville, CA 94608-1010, United States. Electronic address: kkarrikerjaffe@arg.org.

Language: English

Abstract: BACKGROUND: This study examined relationships of extremes in neighborhood socioeconomic status with use of tobacco, alcohol, marijuana and other drugs. Hypotheses were (1) residence in disadvantaged neighborhoods would be positively associated with stress-related and higher-risk substance use patterns (e.g., drug use), and (2) residence in affluent neighborhoods would be positively associated with "healthy" substance use (e.g., drinking within recommended guidelines) and negatively associated with substance use patterns incompatible with a culture of health. Age was examined as a potential moderator. METHODS: Data were from nationally-representative samples of U.S. adults (N=14,531) from the 2000 and 2005 National Alcohol Surveys linked with indicators of neighborhood SES from the 2000 U.S. Decennial Census. Analyses included gender-stratified multivariate logistic regression using weights to adjust for sampling and non-response. RESULTS: As hypothesized, compared to middle-class neighborhoods, residence in disadvantaged neighborhoods was associated with higher odds of both men's and women's tobacco use and with women's other drug use. Residence in affluent neighborhoods was associated with lower odds of men's tobacco use and women's marijuana use. The association of neighborhood SES with men's tobacco use was modified by age, with the highest odds of daily tobacco use evident for all men in disadvantaged neighborhoods, as well as for younger men in middle-class neighborhoods. There were no significant associations of either alcohol outcome with neighborhood SES. CONCLUSIONS: Increased risk of substance use for younger residents in both disadvantaged and middle-class neighborhoods and for older residents in disadvantaged neighborhoods suggest a need for targeted prevention interventions. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: [Adolescent](#)
[Adult](#)
[Age Factors](#)
["Alcohol Drinking/ep \[Epidemiology\]"](#)
[Cross-Sectional Studies](#)
[Female](#)
[Health Surveys](#)
[Humans](#)
[Logistic Models](#)
[Male](#)
["Marijuana Smoking/ep \[Epidemiology\]"](#)
[Middle Aged](#)
["*Residence Characteristics/sn \[Statistics and Numerical Data\]"](#)
[Risk Factors](#)
[*Social Class](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)
["United States/ep \[Epidemiology\]"](#)
["*Vulnerable Populations/px \[Psychology\]"](#)
["Vulnerable Populations/sn \[Statistics and Numerical Data\]"](#)

Source: MEDLINE

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

63. Effects of bupropion on cognitive performance during initial tobacco abstinence.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(283-6), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Perkins KA; Karelitz JL; Jao NC; Gur RC; Lerman C

Institution: Department of Psychiatry, University of Pittsburgh, Pittsburgh, PA, USA. Electronic address: perkinska@upmc.edu.

Language: English

Abstract: BACKGROUND: Bupropion may aid tobacco abstinence by quickly relieving symptoms of nicotine withdrawal, perhaps including impaired cognitive performance. We examined whether bupropion would attenuate abstinence-induced cognitive deficits on the first day of a brief quit attempt, when smokers are most likely to relapse. METHODS: Smokers (N=24) with high quit interest were recruited for within-subjects cross-over test of bupropion vs placebo on ability to abstain during separate short-term practice quit smoking attempts. After introduction to working memory (N-back) and sustained attention (continuous performance task; CPT) tasks during the pre-quit smoking baseline, performance on these tasks was assessed after abstaining overnight (CO<10 ppm) on the first day of each quit attempt, while on bupropion and on placebo. RESULTS: Compared to placebo, bupropion after abstinence improved correct response times for working memory (p=.01 for medication by memory load interaction) and for one measure of sustained attention (numbers, but not letters; p<.05). DISCUSSION: Bupropion may attenuate some features of impaired cognitive performance due to withdrawal on the first day of a quit attempt. Future studies could examine whether this effect of bupropion contributes to its efficacy for longer-term smoking cessation. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Antidepressive Agents, Second-Generation); 01ZG3TPX31 (Bupropion)

Publication Type: Controlled Clinical Trial; Journal Article; Research Support, N.I.H., Extramural

Subject Headings: [Adult](#)
["Antidepressive Agents Second-Generation/tu \[Therapeutic Use\]"](#)
["Attention/de \[Drug Effects\]"](#)

"*Bupropion/tu [Therapeutic Use]"
 "Cognition Disorders/co [Complications]"
 "*Cognition Disorders/dt [Drug Therapy]"
 "Cognition Disorders/px [Psychology]"
 Cross-Over Studies
 Female
 Humans
 Male
 Memory Short-Term
 "Reaction Time/de [Drug Effects]"
 "*Smoking Cessation/px [Psychology]"
 "Substance Withdrawal Syndrome/co [Complications]"
 "Substance Withdrawal Syndrome/dt [Drug Therapy]"
 "Substance Withdrawal Syndrome/px [Psychology]"

Source: MEDLINE

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

64. Testing different thresholds for risky episodic drinking--what's so special about five drinks?.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(248-53), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Livingston M

Institution: Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales, Australia; Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Australia. Electronic address: michaell@turningpoint.org.au.

Language: English

Abstract: BACKGROUND: Studies of episodic drinking typically use a measure based on the frequency of drinking five or more standard drinks (a definition which itself varies based on the standard units being used). While this threshold clearly defines drinking behaviour with a range of risks and negative consequences, there has been limited research outside of US college-based studies to determine the appropriateness of this definition. This study examines fifteen different risky-drinking thresholds to assess which definitions of risky drinking best predict negative outcomes. METHODS: This paper presents an analysis of a national survey sample of 19,757 drinkers. The appropriateness of each threshold is assessed using basic risk-curves, specificity and sensitivity analyses and the performance of each threshold definition in multivariate logistic regression models. Risky drinking was defined in fifteen ways (based on frequency and volume) and tested against a series of self-reported negative outcomes and risky behaviours. RESULTS: The study finds that the most appropriate risky drinking threshold for these data varies based on the mode of analysis and on the type of outcome being considered. Across all approaches used, risky drinking thresholds of seven or fewer drinks performed better than higher thresholds. CONCLUSIONS: While individual level risks peak at higher levels of consumption, these findings support the continuing use of relatively low thresholds for defining risky-drinking, as risk across the total population is highest at these levels. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: "*Alcohol Drinking/px [Psychology]"
 "*Alcohol-Related Disorders/di [Diagnosis]"
 "Alcohol-Related Disorders/ep [Epidemiology]"
 "Australia/ep [Epidemiology]"
 *Drinking Behavior
 Health Surveys
 Humans
 Logistic Models
 *Risk-Taking
 Sensitivity and Specificity

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

65. Drug use disorders and post-traumatic stress disorder over 25 adult years: role of psychopathology in relational networks.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(228-34), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Balan S; Widner G; Shroff M; van den Berk-Clark C; Scherrer J; Price RK

Institution: Department of Psychiatry, Washington University School of Medicine, Medical Box 8134, St. Louis, MO 63110, United States.

Language: English

Abstract: BACKGROUND: In traumatized populations, drug use disorders and post-traumatic stress disorder (PTSD) persist for many years. Relational factors that mediate this persistence have rarely been systematically examined. Our aim is to examine the relative effects of psychopathology in familial and non-familial networks on the persistence of both disorders over adulthood. METHODS: We utilized longitudinal data from an epidemiologically ascertained sample of male Vietnam veterans (n=642). Measures included DSM-IV drug use disorders, other psychiatric disorders, network problem history and time-varying marital and employment characteristics. Longitudinal measures of veterans' psychopathology and social functioning were retrospectively obtained for each year over a 25 year period. We used generalized estimating equations (GEE) to estimate the relative effects of network problems on veteran's drug use disorders and PTSD after adjusting for covariates. RESULTS: Veterans' mean age was 47 years in 1996. Prevalence of illicit drug disorders declined from 29.8% in 1972 to 8.3% in 1996, but PTSD remained at 11.7% from 13.2% in 1972. While 17.0% of veterans reported a familial drug use problem, 24.9% reported a non-familial drug use problem. In full GEE models, a non-familial drug problem was a significant predictor of illicit drug use disorders over 25 years (OR=2.21, CI=1.59-3.09), while both familial depression (OR=1.69, CI=1.07-2.68) and non-familial drinking problem (OR=1.66, CI=1.08-2.54) were significant predictors of PTSD over 25 years. CONCLUSIONS: Familial and non-familial problems in networks differentially affect the persistence of drug use disorders and PTSD in traumatized male adults. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, U.S. Gov't, Non-P.H.S.

Subject Headings: "Diagnosis Dual (Psychiatry)/td [Trends]"
 "*Family Health/sn [Statistics and Numerical Data]"
 Humans
 Male
 "Mental Disorders/co [Complications]"
 "*Mental Disorders/px [Psychology]"
 Middle Aged
 *Models Statistical
 Prevalence
 Retrospective Studies
 *Social Support
 "Stress Disorders Post-Traumatic/co [Complications]"
 "Stress Disorders Post-Traumatic/ep [Epidemiology]"
 "*Stress Disorders Post-Traumatic/px [Psychology]"
 "Substance-Related Disorders/co [Complications]"
 "Substance-Related Disorders/ep [Epidemiology]"
 "*Substance-Related Disorders/px [Psychology]"
 "United States/ep [Epidemiology]"
 "*Veterans/px [Psychology]"

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

66. Sex modulates approach systems and impulsivity in substance dependence.

Citation: Drug & Alcohol Dependence, November 2013, vol./is. 133/1(222-7), 0376-8716;1879-0046 (2013 Nov 1)

Author(s): Perry RI; Krmpotich T; Thompson LL; Mikulich-Gilbertson SK; Banich MT; Tanabe J

Institution: University of Colorado School of Medicine, Department of Radiology, 12700 E. 19th Avenue, Mailstop C278, Aurora, CO 80045, USA.

Language: English

Abstract: BACKGROUND: Personality traits such as pathological engagement in approach behaviors, high levels of impulsivity and heightened negative affect are consistently observed in substance dependent individuals (SDI). The clinical course of addiction has been shown to differ between sexes. For example, women increase their rates of consumption of some drugs of abuse more quickly than men. Despite the potential influence of personality and sex on features of addiction, few studies have investigated the interaction of these factors in substance dependence. METHODS: Fifty-one SDI (26 males, 25 females) and 66 controls (41 males, 25 females) completed the Behavioral Inhibition/Behavioral Activation System (BIS/BAS) Scales, the Barratt Impulsiveness Scale, and the Positive and Negative Affect Schedule (PANAS-X). Data were analyzed with 2x2 ANCOVAs testing for main effects of group, sex and group by sex interactions, adjusting for education level. RESULTS: Significant group by sex interactions were observed for BAS scores [$F(1,116)=7.03, p<.01$] and Barratt Motor Impulsiveness [$F(1,116)=6.11, p<.02$] with female SDI showing the highest approach tendencies and impulsivity followed by male SDI, male controls, and finally female controls. SDI scored higher on negative affect [$F(1,116)=25.23, p<.001$] than controls. Behavioral Inhibition System scores were higher in women than men [$F(1,116)=14.03, p<.001$]. CONCLUSION: Higher BAS and motor impulsivity in SDI women relative to SDI men and control women suggest that personality traits that have been previously associated with drug use may be modulated by sex. These factors may contribute to differences in the disease course observed in male compared to female drug users. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings: [Adult](#)

[Analysis of Variance](#)

[Case-Control Studies](#)

["Diagnosis Dual \(Psychiatry\)/px \[Psychology\]"](#)

[Female](#)

[Humans](#)

["Impulsive Behavior/co \[Complications\]"](#)

["*Impulsive Behavior/px \[Psychology\]"](#)

[*Inhibition \(Psychology\)](#)

[Male](#)

[Personality Inventory](#)

[*Sex Characteristics](#)

["Substance-Related Disorders/co \[Complications\]"](#)

["*Substance-Related Disorders/px \[Psychology\]"](#)

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

67. HIV transmission from drug injectors to partners who do not inject, and beyond: modelling the potential for a generalized heterosexual epidemic in St. Petersburg, Russia.

- Citation:** Drug & Alcohol Dependence, November 2013, vol./is. 133/1(242-7), 0376-8716;1879-0046 (2013 Nov 1)
- Author(s):** Mills HL; White E; Colijn C; Vickerman P; Heimer R
- Institution:** Department of Infectious Disease Epidemiology, School of Public Health, Imperial College London, St Mary's Campus, Norfolk Place, London W2 1PG, United Kingdom. Electronic address: harriet.l.mills@gmail.com.
- Language:** English
- Abstract:** BACKGROUND: HIV infection is prevalent among drug injectors in St. Petersburg and their non-injecting heterosexual partners (PIDUs). There are fears that sexual transmission of HIV from IDUs to PIDUs may portend a self-sustaining, heterosexual epidemic in Russia.METHODS: Our model combines a network model of sexual partnerships of IDUs and non-IDUs to represent sexual transmission of HIV and a deterministic model for parenteral transmission among IDUs. Behavioural parameters were obtained from a survey of St. Petersburg IDUs and their sexual partners. We based our model fits on two scenarios for PIDU prevalence in 2006 (5.6% and 15.1%, calculated excluding and including HCV co-infected PIDUs respectively) and compared predictions for the general population HIV prevalence.RESULTS: Results indicate that sexual transmission could sustain a non-IDU HIV epidemic. The model indicates that general population prevalence may be greater than current estimates imply. Parenteral transmission drives the epidemic and the PIDU bridge population plays a crucial role transferring infection to non-IDUs. The model indicates that the high PIDU prevalence is improbable because of the high risk behaviour this implies; the lower prevalence is possible.CONCLUSION: The model implies that transmission through PIDUs will sustain a heterosexual epidemic, if prevalence among IDUs and PIDUs is as high as survey data suggest. We postulate that current estimates of population prevalence underestimate the extent of the HIV epidemic because they are based on the number of registered cases only. Curtailing transmission among injectors and PIDUs will be vital in controlling heterosexual transmission. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- Publication Type:** Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't
- Subject Headings:** ["*Epidemics/sn \[Statistics and Numerical Data\]"](#)
[Female](#)
["HIV Infections/ep \[Epidemiology\]"](#)
["*HIV Infections/tm \[Transmission\]"](#)
["*Heterosexuality/px \[Psychology\]"](#)
[Humans](#)
[Male](#)
[Models Psychological](#)
[Prevalence](#)
["Russia/ep \[Epidemiology\]"](#)
["*Sexual Partners/px \[Psychology\]"](#)
["Substance Abuse Intravenous/ep \[Epidemiology\]"](#)
["*Substance Abuse Intravenous/px \[Psychology\]"](#)
["Unsafe Sex/px \[Psychology\]"](#)
- Source:** MEDLINE
- Full Text:** Available from *Elsevier* in [Drug and Alcohol Dependence](#)

68. Tuberculosis peer educators: personal experiences of working with socially excluded communities in London.

- Citation:** International Journal of Tuberculosis & Lung Disease, October 2013, vol./is. 17/10 Suppl 1(36-40), 1027-3719;1815-7920 (2013 Oct)
- Author(s):** Croft LA; Hayward AC; Story A
- Institution:** School of Medicine, Kings College London, London, UK.
- Language:** English

Abstract: SETTING: Peer education is a relatively unexplored intervention for tuberculosis (TB) control, particularly among socially excluded communities. In London, peer educators are used to raise awareness of TB and promote uptake of radiological screening among people using homeless and/or drug and alcohol treatment services. OBJECTIVE: To understand the motivation and personal impact of being a peer educator on people with experience of anti-tuberculosis treatment, homelessness and addiction. DESIGN: In-depth semi-structured interviews with peer educators were recorded and transcribed, and then analysed using a grounded theory approach to identify themes. Reflexivity and thick description were used to support transparency of findings. RESULTS: Becoming a peer educator supports individuals in making sense of past experiences and renewing their sense of self. The role places value on personal experience and the communication approach this supports. The project environment is an important motivator, providing the peer with structure, social support and respect. CONCLUSION: Being a peer educator with experience of homelessness and addiction can be beneficial and empowering and help long-term recovery. Peers are an underused resource for strengthening TB control among socially excluded populations. There is a need for further research into the contribution of peers to TB control, including analyses of economic effectiveness.

Country of Publication: France

Publication Type: Journal Article

Subject Headings: ["Alcoholism/ep \[Epidemiology\]"](#)
[Communication](#)
[Data Collection](#)
[Female](#)
["*Health Education/mt \[Methods\]"](#)
[Health Knowledge Attitudes Practice](#)
[Homeless Persons](#)
[Humans](#)
[London](#)
[Male](#)
["Mass Screening/mt \[Methods\]"](#)
[Motivation](#)
[*Peer Group](#)
[Social Isolation](#)
[Social Support](#)
["Substance-Related Disorders/ep \[Epidemiology\]"](#)
["Tuberculosis/di \[Diagnosis\]"](#)
["*Tuberculosis/pc \[Prevention and Control\]"](#)
["Tuberculosis/th \[Therapy\]"](#)

Source: MEDLINE

69. Accidental death of elderly persons under the influence of chlorpheniramine.

Citation: Legal Medicine, September 2013, vol./is. 15/5(253-5), 1344-6223;1873-4162 (2013 Sep)

Author(s): Suzuki H; Shigeta A; Fukunaga T

Institution: Tokyo Medical Examiner's Office, Tokyo Metropolitan Government, Japan.
hideto-@qk9.so-net.ne.jp

Language: English

Abstract: Older individuals are susceptible to accident, such as falls, some of which are fatal. In such cases, autopsies and toxicological analysis may be deemed unnecessary, especially if the critical injuries and manner of death can be determined conclusively based on information at the scene and an external investigation. Here, we report the results of two autopsies performed on elderly individuals who died accidentally under the influence of chlorpheniramine. These autopsies revealed valuable additional information. Case 1: A woman in her 70s, who was living alone, was found dead under the stairs in her house. She had no history of a condition that could have led to sudden death. The autopsy revealed a neck fracture, multiple rib fractures, and a coccyx fracture. The histopathological findings showed fat embolisms in numerous small vessels of the

interalveolar septum. Toxicological analysis of blood samples revealed the presence of chlorpheniramine (0.41µg/ml). Case 2: A woman in her 70s, who was living alone, was found dead in the bathtub in her house. There was no past medical history other than diabetes mellitus and vertigo. The autopsy revealed hyper-inflated lungs and brown-red fluids in the trachea, but there was no evidence of a pathology or injury that could have induced a loss of consciousness. Toxicological analysis of the fluids in the right thoracic cavity revealed the presence of chlorpheniramine (0.57µg/ml). In both cases, re-examination of the scene after the autopsy revealed the presence of common cold medicine containing chlorpheniramine. The victim may have accidentally overdosed on common cold medicine. This overdose would have been compounded by anti-histamine-induced drowsiness. The present cases suggest that forensic pathologists should always notify physicians/pharmacists of findings pertaining to unexpected drug side effects. Such intervention would prevent many accidental deaths. In addition, each autopsy must be performed in conjunction with a detailed postmortem investigation. Such efforts would also increase the accuracy of the public health record's mortality statistics. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Histamine H1 Antagonists); 3U6IO1965U (Chlorpheniramine)

Publication Type: Case Reports; Journal Article

Subject Headings: [*Accidental Falls](#)
[Aged](#)
[Autopsy](#)
[Cause of Death](#)
["*Chlorpheniramine/ae \[Adverse Effects\]"](#)
["Chlorpheniramine/ip \[Isolation and Purification\]"](#)
["Chlorpheniramine/po \[Poisoning\]"](#)
[*Drowning](#)
[Drug Overdose](#)
["Drug-Related Side Effects and Adverse Reactions/pc \[Prevention and Control\]"](#)
[Female](#)
[*Forensic Pathology](#)
["Histamine H1 Antagonists/ae \[Adverse Effects\]"](#)
["Histamine H1 Antagonists/ip \[Isolation and Purification\]"](#)
["Histamine H1 Antagonists/po \[Poisoning\]"](#)
[Humans](#)
[Information Dissemination](#)
[Interdisciplinary Communication](#)
[Japan](#)
[Pharmacists](#)
[Physicians](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in [Legal Medicine](#)

70. The role of community nursing in providing integrated care for older people with alcohol misuse.

Citation: British Journal of Community Nursing, February 2014, vol./is. 19/2(80, 82-4), 1462-4753;1462-4753 (2014 Feb)

Author(s): Rao T

Institution: Consultant Old Age Psychiatrist and Visiting Researcher, South London and Maudsley NHS Foundation Trust and Institute of Psychiatry.

Language: English

Abstract: Alcohol misuse in older people is a growing problem for health and social care providers, but remains largely hidden from public view and therefore largely overlooked by commissioners. Many older people with alcohol misuse have a 'dual diagnosis' (alcohol misuse accompanying other mental disorders) rather than alcohol misuse alone, which requires specialist nursing expertise. Over the past 10 years, assessment of and

interventions for the detection of alcohol misuse in older people have been developed within one London borough. This article details the background, strategy and outcomes of this service, which provides integrated care in a multi-disciplinary community mental health team covering an inner-city area with a high prevalence of alcohol misuse and dual diagnosis in older people.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Aged](#)
[Aged 80 and over](#)
["*Alcoholism/nu \[Nursing\]"](#)
["*Community Health Nursing/og \[Organization and Administration\]"](#)
["*Delivery of Health Care Integrated/og \[Organization and Administration\]"](#)
[Female](#)
[Great Britain](#)
[Health Services Needs and Demand](#)
[Humans](#)
[Male](#)
[*Nurse's Role](#)
["Patient Care Team/og \[Organization and Administration\]"](#)

Source: MEDLINE

Full Text: Available from *EBSCOhost* in *British Journal of Community Nursing*

71. The exponentiated exponential mixture and non-mixture cure rate model in the presence of covariates.

Citation: Computer Methods & Programs in Biomedicine, October 2013, vol./is. 112/1(114-24), 0169-2607;1872-7565 (2013 Oct)

Author(s): Mazucheli J; Coelho-Barros EA; Achcar JA

Institution: Universidade Estadual de Maringa, Departamento de Estatistica, DEs/UEM, Maringa, PR, Brazil. Electronic address: jmazucheli@uem.br.

Language: English

Abstract: This paper presents estimates for the parameters included in long-term mixture and non-mixture lifetime models, applied to analyze survival data when some individuals may never experience the event of interest. We consider the case where the lifetime data have a two-parameters exponentiated exponential distribution. The two-parameter exponentiated exponential or the generalized exponential distribution is a particular member of the exponentiated Weibull distribution introduced by [31]. Classical and Bayesian procedures are used to get point and confidence intervals of the unknown parameters. We consider a general survival model where the scale, shape and cured fraction parameters of the exponentiated exponential distribution depends on covariates. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: ["Acquired Immunodeficiency Syndrome/pc \[Prevention and Control\]"](#)
["Acquired Immunodeficiency Syndrome/px \[Psychology\]"](#)
[Bayes Theorem](#)
["Databases Factual/sn \[Statistics and Numerical Data\]"](#)
[Humans](#)
[Likelihood Functions](#)
[*Models Statistical](#)
[Regression Analysis](#)
[Risk-Taking](#)
["Substance-Related Disorders/px \[Psychology\]"](#)
["Substance-Related Disorders/th \[Therapy\]"](#)
[*Survival Analysis](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in *Computer Methods and Programs in Biomedicine*

72. Life in and after the Armed Forces: social networks and mental health in the UK military.

Citation: Sociology of Health & Illness, September 2013, vol./is. 35/7(1045-64), 0141-9889;1467-9566 (2013 Sep)

Author(s): Hatch SL; Harvey SB; Dandeker C; Burdett H; Greenberg N; Fear NT; Wessely S

Institution: Department of Psychological Medicine, King's College London, Institute of Psychiatry, London UK Department of War Studies, King's College London, UK King's Centre for Military Health Research, King's College London, UK Academic Centre for Defence Mental Health, King's College London, UK School of Psychiatry, University of New South Wales, Sydney, Australia.

Language: English

Abstract: This study focuses on the influence of structural aspects of social integration (social networks and social participation outside work) on mental health (common mental disorders (CMD), that is, depression and anxiety symptoms, post-traumatic stress disorder (PTSD) symptoms and alcohol misuse). This study examines differences in levels of social integration and associations between social integration and mental health among service leavers and personnel still in service. Data were collected from regular serving personnel (n=6,511) and regular service leavers (n=1,753), from a representative cohort study of the Armed Forces in the UK. We found that service leavers reported less social participation outside work and a general disengagement with military social contacts in comparison to serving personnel. Service leavers were more likely to report CMD and PTSD symptoms. The increased risk of CMD but not PTSD symptoms, was partially accounted for by the reduced levels of social integration among the service leavers. Maintaining social networks in which most members are still in the military is associated with alcohol misuse for both groups, but it is related to CMD and PTSD symptoms for service leavers only. 2013 The Authors. Sociology of Health & Illness 2013 Foundation for the Sociology of Health & Illness/JohnWiley & Sons Ltd. Published by John Wiley & Sons Ltd.

Country of Publication: England

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

Subject Headings: [Adult](#)
["Alcoholism/px \[Psychology\]"](#)
["Anxiety Disorders/px \[Psychology\]"](#)
["Depression/px \[Psychology\]"](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Male](#)
[*Mental Health](#)
["*Military Personnel/px \[Psychology\]"](#)
[Questionnaires](#)
[Risk Factors](#)
[*Social Support](#)
["Stress Disorders Post-Traumatic/px \[Psychology\]"](#)
["*Veterans/px \[Psychology\]"](#)

Source: MEDLINE

Full Text: Available from *Wiley* in *Sociology of Health and Illness*

73. Alcohol-related mortality in deprived UK cities: worrying trends in young women challenge recent national downward trends.

Citation: Journal of Epidemiology & Community Health, October 2013, vol./is. 67/10(805-12), 0143-005X;1470-2738 (2013 Oct)

Author(s): Shipton D; Whyte B; Walsh D

Institution: Glasgow Centre for Population Health, , Glasgow, Larnarkshire, UK.

Language: English

Abstract: BACKGROUND: Glasgow, the largest city in Scotland, has high levels of deprivation and a poor-health profile compared with other parts of Europe, which cannot be fully explained by the high levels of deprivation. The 'excess' premature mortality in Glasgow is now largely attributable to deaths from alcohol, drugs, suicide and violence.METHODS: Alcohol-related mortality in Glasgow from 1980 to 2011 was examined relative to the equally deprived UK cities of Manchester and Liverpool with the aim of identifying differences across the cities, with respect to gender, age and birth cohort, that could help explain the 'excess' mortality in Glasgow.RESULTS: In the 1980s, alcohol-related mortality in Glasgow was three times higher than in Manchester and Liverpool. Alcohol-related mortality increased in all three cities over the subsequent three decades, but a sharp rise in deaths in the early 1990s was unique to Glasgow. The increase in numbers of deaths in Glasgow was greater than in Manchester and Liverpool, but there was little difference in the pattern of alcohol-related deaths, by sex or birth cohort that could explain the excess mortality in Glasgow. The recent modest decrease in alcohol-related mortality was largely experienced by all birth cohorts, with the notable exception of the younger cohort (born between 1970 and 1979): women in this cohort across all three cities experienced disproportionate increases in alcohol-related mortality.CONCLUSIONS: It is imperative that this early warning sign in young women in the UK is acted on if deaths from alcohol are to reduce in the long term.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
["*Alcoholism/mo \[Mortality\]"](#)
[Cause of Death](#)
[Cities](#)
[Female](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
["*Mortality/td \[Trends\]"](#)
[Poverty Areas](#)
["Scotland/ep \[Epidemiology\]"](#)
[Urban Population](#)

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Journal of Epidemiology and Community Health*

74. The association between binge drinking and birth outcomes: results from the Born in Bradford cohort study.

Citation: Journal of Epidemiology & Community Health, October 2013, vol./is. 67/10(821-8), 0143-005X;1470-2738 (2013 Oct)

Author(s): Cooper DL; Petherick ES; Wright J

Institution: Born in Bradford Bradford Institute for Health Research, Temple Bank House, Bradford Royal Infirmary, , Bradford, West Yorkshire, UK.

Language: English

Abstract: BACKGROUND: Various human and animal studies suggest that peak alcohol exposure during a binge episode, rather than total alcohol exposure, may determine fetal development. Research about the impact of binge drinking on birth outcomes is sparse and inconclusive. Data from the Born in Bradford cohort study were used to explore the impact of binge drinking on birth outcomes.METHODS: Interview-administered questionnaire data about the lifestyle and social characteristics of 10 851 pregnancies were linked to maternity and birth data. The impact of self-reported binge drinking (5

units: 40 g of pure alcohol) on two birth outcomes (small for gestational age (SGA) and preterm birth (<37 weeks)) was assessed using multivariate logistic regression models, while adjusting for confounders. RESULTS: The percentage of women classified as binge drinkers fell from 24.5% before pregnancy to 9% during the first trimester and 3.1% during the second trimester. There was a significant association between SGA birth and binge drinking (all categories combined; OR 1.68, 95% CI 1.15 to 2.47, p=0.01). No association was observed between moderate drinking and either birth outcome, or between binge drinking and preterm birth. CONCLUSIONS: Binge drinking during the second trimester of pregnancy was associated with an increased risk of SGA birth. No association was found between any level of alcohol consumption and premature birth. This work supports previous research showing no association between SGA and low-alcohol exposure but adds to evidence of a dose-response relationship with significant risks observed at binge drinking levels.

Country of Publication: England

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

Subject Headings: ["*Binge Drinking/co \[Complications\]"](#)
["Binge Drinking/ep \[Epidemiology\]"](#)
["England/ep \[Epidemiology\]"](#)
[Female](#)
[Humans](#)
[Infant Newborn](#)
[*Infant Premature](#)
[*Infant Small for Gestational Age](#)
[Pregnancy](#)
[Pregnancy Outcome](#)
[Pregnancy Trimester Second](#)
[Prenatal Exposure Delayed Effects](#)
[Questionnaires](#)
["Smoking/ae \[Adverse Effects\]"](#)
["Smoking/ep \[Epidemiology\]"](#)

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Journal of Epidemiology and Community Health*