Search Results

Table of Contents

Search History

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

1. Steroids, psychosis and poly-substance abuse

Citation: Irish Journal of Psychological Medicine, September 2015, vol./is. 32/2(227-230), 0790-9667;2051-6967 (08 Sep 2014)

Author(s): Duffy R.M.; Kelly B.D.

Institution: (Duffy, Kelly) Department of Adult Psychiatry, University College Dublin, Dublin, Ireland

Language: English

Abstract: Objective. To review consequences of the changing demographic profile of anabolic-androgenic steroid (AAS) use. Method. Case report and review of key papers. Results. We report here a case of a 19-year-old Irish male presenting with both medical and psychiatric side effects of methandrostenolone use. The man had a long-standing history of harmful cannabis use, but had not experienced previous psychotic symptoms. Following use of methandrostenolone, he developed rhabdomyolysis and a psychotic episode with homicidal ideation. Discussion. Non-medical AAS use is a growing problem associated with medical, psychiatric and forensic risks. The population using these drugs has changed with the result of more frequent poly-substance misuse, potentially exacerbating these risks. Conclusion. A higher index of suspicion is needed for AAS use. Medical personnel need to be aware of the potential side effects of their use, including the risk of violence. Research is needed to establish the magnitude of the problem in Ireland.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

CAS Registry Number: 12794-10-4 (benzodiazepine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 9001-15-4 (creatine kinase); 439-14-5 (diazepam); 52-86-8 (haloperidol); 72-63-9 (metandienone); 132539-06-1 (olanzapine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:

adult
anxiety
article
auditory hallucination
cannabis addiction
case report
fasciculation
grandiose delusion
homicide
human
hypomania
male
mania
pain
paranoia
posttraumatic stress disorder
"*psychosis/di [Diagnosis]"
"*psychosis/dt [Drug Therapy]"
rhabdomyolysis
*substance abuse
visual hallucination
weight lifting
young adult
benzodiazepine
cannabis
"creatine kinase/ec [Endogenous Compound]"
diazepam
"haloperidol/dt [Drug Therapy]"
"*metandienone/to [Drug Toxicity]"

"olanzapine/dt [Drug Therapy]"
opiate

Source: EMBASE

2. Sedation and analgesia for critically ill children

Citation: Paediatrics and Child Health (United Kingdom), May 2015, vol./is. 25/5(228-233), 1751-7222;1878-206X (01 May 2015)

Author(s): Gopisetti S.; Playfor S.D.

Institution: (Gopisetti) Royal Manchester Children's Hospital, Manchester, United Kingdom; (Playfor) Paediatric Intensive Care Unit, Royal Manchester Children's Hospital, Manchester, United Kingdom

Language: English

Abstract: Effective sedation and analgesia in the critically ill child ensures physical comfort and minimises psychological distress. In the UK the most commonly used sedative and analgesic agents for critically ill children are midazolam and either morphine or fentanyl. Consensus clinical practice guidelines for the provision of sedation and analgesia in critically ill children were published in 2006 by the UK Paediatric Intensive Care Society, but considerable variation in practice persists.It is important to treat pain, and in addition to the obvious immediate effects of untreated pain there is increasing evidence that pain experienced early in life may result in long-term changes in neurosensory function. There are however also concerns that sedative and analgesic agents may themselves be associated with developmental neurotoxicity, particularly amongst neonates, and adverse psychological outcomes in survivors of critical care.Withdrawal syndrome and delirium remain poorly understood, although we have emerging tools such as the Sophia Observation withdrawal Symptoms-scale (SOS) and the paediatric Confusion Assessment Method for the ICU (pCAM-ICU). The most important single factor in reducing avoidable psychological morbidity in survivors of PICU is to minimise the administered doses of sedative and analgesic agents.

Country of Publication: United Kingdom

Publisher: Churchill Livingstone

CAS Registry Number: 4205-90-7 (clonidine); 4205-91-8 (clonidine); 57066-25-8 (clonidine); 113775-47-6 (dexmedetomidine); 437-38-7 (fentanyl); 26675-46-7 (isoflurane); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 59467-70-8 (midazolam); 52-26-6 (morphine); 57-27-2 (morphine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 103-90-2 (paracetamol); 132539-07-2 (remifentanil)

Publication Type: Journal: Review

Subject Headings:
*analgesia
analgesic activity
artificial ventilation
child
*critically ill patient
delirium
distress syndrome
human
intensive care
neurotoxicity
"*pain/dt [Drug Therapy]"
pain assessment
patient comfort
*pediatrics
review
*sedation
"withdrawal syndrome/si [Side Effect]"
"*analgesic agent/ae [Adverse Drug Reaction]"
benzodiazepine derivative

clonidine
dexmedetomidine
"fentanyl/dt [Drug Therapy]"
isoflurane
ketamine
midazolam
"morphine/dt [Drug Therapy]"
"nonsteroid antiinflammatory agent/dt [Drug Therapy]"
"opiate/dt [Drug Therapy]"
"paracetamol/dt [Drug Therapy]"
remifentanil
"*sedative agent/ae [Adverse Drug Reaction]"

Source: EMBASE

Full Text: Available from *Elsevier* in *Paediatrics and Child Health*

3. The tide is turning in favour of e-cigarettes

Citation: Pharmaceutical Journal, December 2014, vol./is. 293/7839-7840(599), 0031-6873 (06 Dec 2014)

Author(s): Cunningham M.

Institution: (Cunningham) Horsham, West SussexUnited Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Pharmaceutical Press

Publication Type: Journal: Letter

Subject Headings:
clinical psychology
harm reduction
health practitioner
human
letter
medical society
nicotine replacement therapy
scientist
smoking
smoking ban
*smoking cessation
"tobacco dependence/dt [Drug Therapy]"
United Kingdom
"*electronic cigarette/dt [Drug Therapy]"

Source: EMBASE

4. A bibliometric analysis of European versus USA research in the field of addiction. Research on alcohol, narcotics, prescription drug abuse, tobacco and steroids 2001-2011

Citation: European Addiction Research, 2013, vol./is. 20/1(16-22), 1022-6877;1421-9891 (2013)

Author(s): Bramness J.G.; Henriksen B.; Person O.; Mann K.

Institution: (Bramness) Norwegian Centre for Addiction Research, University of Oslo, Institute of Psychiatry, University of Oslo, Kirkeveien 166, Oslo NO-0407, Norway; (Bramness) Department of Pharmacoepidemiology, Norwegian Institute of Public Health, Oslo, Norway; (Henriksen) Norwegian Institute for Alcohol and Drug Research, Oslo, Norway; (Person) Information Science Unit, Department of Sociology, Umea University, Umea, Sweden; (Mann) Central Institute of Mental Health, Medical Faculty Mannheim, University Heidelberg, Germany; (Mann) European Federation of Addiction Societies, Mannheim, Germany

Language: English

Abstract: Background: To compare the publication and citation rate within the areas of drug abuse and dependence research in Europe with that in the USA. Methods: This is a bibliometric study using the Thomson Reuters Web of Knowledge as data source, 40 key words were used as search terms, but certain scientific publications not concerning the issue were excluded. Scientific publications from Denmark, England, Finland, France, Germany, Italy, the Netherlands, Norway, Spain, Sweden, and the USA were studied. The number of publications in each country and in each year in addition to the citation indices for these publications was retrieved. Results: Approximately two thirds of the publications came from the USA. Both in absolute and relative figures, Europe lagged behind. The trend over the last decade was a greater gap between the amount of research performed in Europe versus the USA. There were thematic differences. Smaller European countries had a greater relative publication rate. The citations were relatively evenly distributed. Conclusions: It has been claimed that 85% of the world's research within the field of drug abuse and dependence is carried out in the USA. This study challenges this figure, but European research within this field is lagging behind.

Country of Publication: Switzerland

Publisher: S. Karger AG

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

Publication Type: Journal: Article

Subject Headings:
article
bibliometrics
comparative study
Denmark
*drug abuse
*drug dependence
Finland
France
Germany
human
Italy
Netherlands
Norway
population
priority journal
publication
Spain
Sweden
*tobacco
United Kingdom
United States
Web of Science
*alcohol
*narcotic agent
*prescription drug
*steroid

Source: EMBASE

Full Text: Available from *S. Karger AG* in *European Addiction Research*; Note: ; Collection notes: Academic-License: Only available from an NHS networked computer

5. Mortality related to novel psychoactive substances in Scotland, 2012: An exploratory study

Citation: International Journal of Drug Policy, May 2015, vol./is. 26/5(461-467), 0955-3959;1873-4758 (01 May 2015)

Author(s): McAuley A.; Hecht G.; Barnsdale L.; Thomson C.S.; Graham L.; Priyadarshi S.; Robertson J.R.

Institution: (McAuley) NHS Health Scotland, Public Health Science Directorate, Meridian Court, Glasgow, Scotland G2 6QE, United Kingdom; (Hecht, Barnsdale, Thomson, Graham) NHS National Services Scotland, Information Services Division, Gyle Square, Edinburgh EH12 9EB, United Kingdom; (Priyadarshi) NHS Greater Glasgow and Clyde Addiction Services, Glasgow G22 5AP, United Kingdom; (Robertson) University of Edinburgh, Centre for Population Health Sciences, Medical School, Teviot Place, Edinburgh EH8 9AG, United Kingdom; (Robertson) Muirhouse Group Practice, 1 Muirhouse Avenue, Edinburgh EH4 4PL, United Kingdom

Language: English

Abstract: Background: The growth of novel psychoactive substances (NPS) over the last decade, both in terms of availability and consumption, is of increasing public health concern. Despite recent increases in related mortality, the circumstances surrounding and characteristics of individuals involved in NPS deaths at a population level remain relatively unknown. Methods: The Scottish National Drug Related Death Database (NDRDD) collects a wide-range of data relating to the nature and circumstances of individuals who have died a drug-related death (DRD). We conducted exploratory descriptive analysis of DRDs involving NPS recorded by the NDRDD in 2012. Statistical testing of differences between sub-groups was also conducted where appropriate. Results: In 2012, we found 36 DRDs in Scotland to have NPS recorded within post-mortem toxicology. However, in only 23 of these cases were NPS deemed by the reporting pathologist to be implicated in the actual cause of death. The majority of NPS-implicated DRDs involved Benzodiazepine-type drugs (13), mainly Phenazepam (12). The remaining 10 NPS-implicated deaths featured a range of different Stimulant-type drugs. The majority of these NPS-implicated deaths involved males and consumption of more than one drug was recorded by toxicology in all except one case.NPS-implicated deaths involving Benzodiazepine-type NPS drugs appeared to involve older individuals known to be using drugs for a considerable period of time, many of whom had been in prison at some point in their lives. They also typically involved combinations of opioids and benzodiazepines; no stimulant drugs were co-implicated.Deaths where stimulant-type NPS drugs were implicated appeared to be a younger group in comparison, all consuming two or more Stimulant-type drugs in combination. Conclusion: This exploratory study provides an important insight into the circumstances surrounding and characteristics of individuals involved in NPS deaths at a population level. It identifies important issues for policy and practice, not least the prominent role of unlicensed benzodiazepines in drug-related mortality, but also the need for a range of harm reduction strategies to prevent future deaths.

Country of Publication: Netherlands

Publisher: Elsevier

CAS Registry Number: 12794-10-4 (benzodiazepine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 51753-57-2 (phenazepam)

Publication Type: Journal: Article

Subject Headings:
adult
age
article
cause of death
data base
demography
descriptive research
*drug fatality
drug overdose
female
gender
health care policy
health care practice
human
male
multiple drug abuse

priority journal
United Kingdom
unlicensed drug use
"benzodiazepine/to [Drug Toxicity]"
"central stimulant agent/to [Drug Toxicity]"
"*novel psychoactive substance/to [Drug Toxicity]"
"opiate/to [Drug Toxicity]"
"phenazepam/to [Drug Toxicity]"
"*psychotropic agent/to [Drug Toxicity]"
unclassified drug

Source: EMBASE

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

6. Debate over e-cigarettes heats up as European Parliament tightens rules

Citation: Pharmaceutical Journal, March 2014, vol./is. 292/7799(223-224), 0031-6873 (01 Mar 2014)

Author(s): Sukkar E.

Language: English

Country of Publication: United Kingdom

Publisher: Pharmaceutical Press

Publication Type: Journal: Review

Subject Headings:
consensus
*drug approval
drug industry
drug legislation
*drug marketing
European Union
government
human
medical ethics
pharmacist
pharmacy
public health
review
smoking cessation
smoking cessation program
"tobacco dependence/dt [Drug Therapy]"
United Kingdom
world health organization
"*electronic cigarette/dt [Drug Therapy]"
"*electronic cigarette/pr [Pharmaceutics]"

Source: EMBASE

7. Cocaine-related health emergencies in Europe: A review of sources of information, trends and implications for service development

Citation: European Addiction Research, 2013, vol./is. 19/2(74-81), 1022-6877;1421-9891 (2013)

Author(s): Mena G.; Giraudon I.; Alvarez E.; Corkery J.M.; Matias J.; Grasaasen K.; Llorens N.; Griffiths P.; Vicente J.

Institution: (Mena, Giraudon, Matias, Griffiths, Vicente) European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Cais do Sodre Lisbon PT-1249-289, Portugal; (Mena) Preventive Medicine and Epidemiology Unit, Barcelona Centre for International Health Research (CRESIB), Hospital Clinic, Universitat de Barcelona, Barcelona, Spain; (Alvarez, Llorens) Spanish Observatory on Drugs, Government Delegation for the National Plan on Drugs, Ministry of Health, Social Services and Equality, Madrid, Spain;

(Corkery) School of Pharmacy, University of Hertfordshire, Hatfield, United Kingdom; (Grasaasen) National Board of Health, Copenhagen, Denmark

Language: English

Abstract: Methods: Thirty European countries submit an annual national report on the drug situation to the EMCDDA. All reports for the period 2007-2010 were analyzed, with particular attention given to auditing cocaine-related mentions. Analysis was also performed in order to identify sources and case definitions, assess coverage, audit cases and, where possible, to identify long-term trends.Results: Considerable heterogeneity existed between countries in their approach to recording drug-related emergencies, with only Spain and the Netherlands having established formal indicators. The highest annual numbers of cocaine-related episodes were reported by the UK (3,502), Spain (2,845) and the Netherlands (1,211). A considerable (2- to 3-fold) increase in the numbers of cocaine-related episodes has been reported since the end of the 1990s in these countries; these increases peaked in Spain and England around 2007/08.Conclusions: The analysis reported here suggests the need to develop more standardized approaches to monitoring drug-related emergencies. It points to the potential value of developing effective referral links between the emergency and specialized drug services working with cocaine users.Background: Cocaine-related health consequences are difficult to observe. Data on drug users in health-emergency settings may be a useful source of information on consequences that are not visible via other information sources.

Country of Publication: Switzerland

Publisher: S. Karger AG

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

Publication Type: Journal: Article

Subject Headings:
accident
article
automutilation
Belgium
*cocaine dependence
data analysis
Denmark
drug intoxication
drug surveillance program
*emergency health service
epidemiological monitoring
Europe
human
Hungary
Ireland
Lithuania
medical audit
Netherlands
priority journal
Slovenia
Spain
standardization
United Kingdom
unlicensed drug use
violence
*cocaine

Source: EMBASE

Full Text: Available from *S. Karger AG* in *European Addiction Research*; Note: ; Collection notes: Academic-License: Only available from an NHS networked computer

8. Benefits in reducing alcohol consumption: How nalmefene can help [French] Benefices de la reduction de la consommation d'alcool: Comment le faire avec nalmefene

Original Title:	Benefices de la reduction de la consommation d'alcool: Comment le faire avec nalmefene
Citation:	Encephale, 2014, vol./is. 40/6(495-500), 0013-7006 (2014)
Author(s):	Bendimerad P.; Blecha L.
Institution:	(Bendimerad) Groupe Hospitalier La Rochelle Re Aunis, 208, rue Marius-Lacroix, La-Rochelle 17000, France; (Blecha) Centre Enseignement Recherche Traitement des Addictions, Pole Neurosciences, Tete et Cou, Hopitaux Universitaires Paris-Sud, AP-HP, Avenue Paul-Vaillant-Couturier, Villejuif 94800, France
Language:	French
Abstract:	Alcohol consumption represents a significant factor for mortality in the world: 6.3% in men and 1.1% in women. Alcohol use disorder is also very common: 5.4% in men, 1.5% in women. Despite its high frequency and the seriousness of this disorder, only 8% of all alcoholdependants are ever treated. Recent meta-analyses have shown that if we can increase current figures by 40%, we could decrease alcohol-related morality rates by 13% in men and 9% in women. Thus, it is important to motivate both physicians and patients to participate in treatment in alcohol use disorder. Recent epidemiological data from the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) are currently challenging the notion of alcohol use disorder as a fixed entity. Among a cohort of 4422 subjects initially diagnosed as having alcohol dependency, only 25% of these could still be diagnosed as alcohol-dependant one year later. Among the others, 27% were in partial remission, 12% had risk use, 18% low risk use and 18% were abstinent. Stable remission rates were observed in 30% of these subjects at 5 years. This study also argues in favour of the newer dimensional approach elaborated in the DSM 5. One potentially interesting treatment option is oriented toward reducing alcohol intake. In a study by Rehm and Roerecke (2013), they modelled the impact of reduced consumption in a typical alcoholic patient who drinks 8 glasses of alcohol per day (92 g of pure alcohol). If he decreases his alcohol intake by just one glass per day (12 g of alcohol per day), his one-year mortality risk falls from 180/100,000 to 120/100,000; if he decreases his intake by two glasses per day (24g), this risk falls to 95/100,000, roughly half his baseline risk. These observations have resulted in integrating reduced consumption as an option into the treatment guidelines of several national institutions such as the National Institute for Clinical Excellence (NICE, UK), European Medicines Agency, as well as the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Decreasing stigmatisation of alcohol use disorder through public service announcements, in addition to more flexible physician attitudes concerning personal alcohol intake objectives may be key in getting increased numbers of patients into treatment programmes. In one study in Great Britain, 50% of patients in treatment for alcohol use disorder would prefer an initial objective of reduced consumption. A recent addition to the pharmacotherapy arsenal is nalmefene, which has been recently released as a medication to aid in reducing alcohol consumption. It is a strong mu and delta opioid receptor antagonist and a partial kappa opioid receptor agonist. Opioid receptor antagonism is associated with reduced reward in relation to alcohol use, thus helping patients in reducing their consumption. Patients are instructed to take one nalmefene tablet two hours prior to each drinking occasion. Nalmefene therapy is to be accompanied by a specific psychosocial programme called BRENDA. BRENDA consists of a biopsychosocial evaluation, restitution of the evaluation to the patient, an empathetic approach that responds to patient needs, offering direct advice and adjusting goals and treatment programmes as the patient makes progress. Nalmefene has been associated with decreased heavy drinking days in two clinical trials. Overall, the treatment is well tolerated; adverse effects are fairly mild and short-lived. In conclusion, an approach that integrates reduced alcohol consumption makes sense from both a public and personal standpoint. Medications such as nalmefene have shown efficacy in association with a biopsychosocial approach to help patients attain their personal objectives with respect to alcohol use.
Country of Publication:	France
Publisher:	Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France. E-mail: infos@masson.fr)
CAS Registry Number:	55096-26-9 (nalmefene)

Publication Type: Journal: Article

Subject Headings:
*alcohol consumption
alcohol use disorder
"*alcoholism/th [Therapy]"
"*alcoholism/dt [Drug Therapy]"
article
drinking behavior
drug efficacy
drug tolerability
DSM-5
European Medicines Agency
human
mortality
national health organization
physician attitude
*psychopharmacotherapy
psychosocial care
remission
social stigma
"unspecified side effect/si [Side Effect]"
"*nalmefene/ae [Adverse Drug Reaction]"
"*nalmefene/dt [Drug Therapy]"

Source: EMBASE

9. Social network support for individuals receiving opiate substitution treatment and its association with treatment progress

Citation: European Addiction Research, 2013, vol./is. 19/4(211-221), 1022-6877;1421-9891 (2013)

Author(s): Day E.; Copello A.; Karia M.; Roche J.; Grewal P.; George S.; Haque S.; Chohan G.

Institution: (Day, Karia, Roche, Grewal) Department of Psychiatry, University of Birmingham, Barberry, 25 Vincent Drive, Edgbaston, Birmingham B15 2FG, United Kingdom; (Copello, Chohan) School of Psychology, University of Birmingham, United Kingdom; (Day, Copello, Grewal, George) Birmingham and Solihull Mental Health Foundation NHS Trust, United Kingdom; (Haque) Primary Care Clinical Sciences, University of Birmingham, Birmingham, United Kingdom

Language: English

Abstract: Background/Aims: Social networks have been hypothesized to protect people from the harmful effects of stress, but may also provide dysfunctional role models and provide cues associated with drug use. This study describes the range, type and level of social support available to patients engaged in UK opiate substitution treatment (OST) programmes, and explores the association between network factors and continued use of illicit heroin. Methods: A cross-sectional survey of a randomly selected sample of OST patients (n = 118) utilised measures of current substance use and social network structure and support. Results: More than half of the participants had used heroin in the previous month, and most described networks that were both supportive and positive about treatment. Multivariate analysis showed that the substance use involvement of network members was higher in those patients still using heroin, even when other treatment factors were controlled for. Conclusion: There was a strong association between ongoing contact with other drug users and continued use of illicit heroin in this treatment sample. Whilst there is potential for the involvement of social networks in treatment, future research needs to ascertain the exact nature of the relationship between social support and drug use.

Country of Publication: Switzerland

Publisher: S. Karger AG

CAS Registry Number: 64-17-5 (alcohol); 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1

(cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings:
adult
article
Black person
Caucasian
cross sectional study
drug dose reduction
drug withdrawal
educational status
extended family
female
friend
human
intravenous drug abuse
maintenance therapy
major clinical study
male
mental health
"opiate addiction/dt [Drug Therapy]"
*opiate substitution treatment
physical capacity
priority journal
quality of life
sexuality
*social network
*social support
South Asian
treatment outcome
alcohol
benzodiazepine derivative
"buprenorphine/dt [Drug Therapy]"
"buprenorphine/do [Drug Dose]"
cannabis
cocaine
diamorphine
"methadone/dt [Drug Therapy]"
"methadone/do [Drug Dose]"

Source: EMBASE

Full Text: Available from *S. Karger AG* in *European Addiction Research*; Note: ; Collection notes: Academic-License: Only available from an NHS networked computer

10. International validation of a behavioral scale in Parkinson's disease without dementia

Citation: Movement Disorders, April 2015, vol./is. 30/5(705-713), 0885-3185;1531-8257 (15 Apr 2015)

Author(s): Rieu I.; Martinez-Martin P.; Pereira B.; De Chazeron I.; Verhagen Metman L.; Jahanshahi M.; Ardouin C.; Chereau I.; Brefel-Courbon C.; Ory-Magne F.; Klinger H.; Peyrol F.; Schupbach M.; Dujardin K.; Tison F.; Houeto J.L.; Krack P.; Durif F.

Institution: (Rieu, De Chazeron, Durif) CHU Clermont-Ferrand, Neurology Department; CHU Gabriel Montpied, Clermont-Ferrand, France; (Rieu, De Chazeron, Durif) Universite Clermont 1, UFR Medecine, EA7280, Clermont-Ferrand, France; (Martinez-Martin) Alzheimer Centre Reina Sofia Foundation and CIBERNED, Carlos III Institute of Health, Madrid, Spain; (Pereira) CHU Clermont-Ferrand, DRCI, Biostatistics Unit, Clermont-Ferrand F, France; (De Chazeron, Chereau) CHU Clermont-Ferrand, Department of Psychiatry B, CHU Gabriel Montpied, Clermont-Ferrand F-63000, France;

(Verhagen Metman) Rush University, Department of neurological Sciences, Section of Movement Disorders, Chicago, IL, United States; (Jahanshahi) Sobell Department of Motor Neuroscience and Movement Disorders, UCL Institute of Neurology, National Hospital for Neurology and Neurosurgery, Queen Square, London, United Kingdom; (Ardouin, Krack) Movement Disorder Unit, Department of Psychiatry and Neurology, CHU de Grenoble, Joseph Fourier University, INSERM, Unite 836, Grenoble Institut des Neurosciences, Grenoble 38043, France; (Brefel-Courbon, Ory-Magne) University, Hospital Toulouse, Neurology Department, CHU Purpan, Toulouse, France; (Klinger) Hospices Civils de Lyon, Hopital Neurologique Pierre Wertheimer, Neurologie C, Lyon, France; (Peyrol) Sante publique, CHU de Clermont-Ferrand, Clermont-Ferrand 63058, France; (Schupbach) UPMC Paris 6, Inserm CRICM UMR-S975, Neurology Department, Hopital de la Salpetriere, Assistance Publique Hopitaux de Paris, France; (Dujardin) Neurology and Movement Disorders Department, Lille University Medical Center, Lille, France; (Tison) University of Bordeaux, Institut des Maladies Neurodegeneratives, CNRS UMR 5293 et CHU de Bordeaux, France; (Houeto) Neurology Department, CIC INSERM-0802, CHU de Poitiers, Poitiers cedex 86021, France; (Houeto) INSERM U 1084, Laboratoire de Neurosciences Experimentales et Cliniques, Universite de Poitiers, France

Language: English

Abstract: The "Ardouin Scale of Behavior in Parkinson's Disease" is a new instrument specifically designed for assessing mood and behavior with a view to quantifying changes related to Parkinson's disease, to dopaminergic medication, and to non-motor fluctuations. This study was aimed at analyzing the psychometric attributes of this scale in patients with Parkinson's disease without dementia. In addition to this scale, the following measures were applied: the Unified Parkinson's Disease Rating Scale, the Montgomery and Asberg Depression Rating Scale, the Lille Apathy Rating Scale, the Bech and Rafaelsen Mania Scale, the Positive and Negative Syndrome Scale, the MacElroy Criteria, the Patrick Carnes criteria, the Hospital Anxiety and Depression Scale, and the Mini-International Neuropsychiatric Interview. Patients (n=260) were recruited at 13 centers across four countries (France, Spain, United Kingdom, and United States). Cronbach's alpha coefficient for domains ranged from 0.69 to 0.78. Regarding test-retest reliability, the kappa coefficient for items was higher than 0.4. For inter-rater reliability, the kappa values were 0.29 to 0.81. Furthermore, most of the items from the Ardouin Scale of Behavior in Parkinson's Disease correlated with the corresponding items of the other scales, depressed mood with the Montgomery and Asberg Depression Rating Scale (rho=0.82); anxiety with the Hospital Anxiety and Depression Scale-anxiety (rho=0.56); apathy with the Lille Apathy Rating Scale (rho=0.60). The Ardouin Scale of Behavior in Parkinson's disease is an acceptable, reproducible, valid, and precise assessment for evaluating changes in behavior in patients with Parkinson's disease without dementia.

Country of Publication: United States

Publisher: John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

Publication Type: Journal: Article

Subject Headings:
adult
apathy
article
construct validity
cross sectional study
dementia
DSM-IV
female
high risk behavior
Hospital Anxiety and Depression Scale
human
hypersexuality
major clinical study
male
mini international neuropsychiatric interview
Montgomery Asberg Depression Rating Scale

*Parkinson disease
pathological gambling
Positive and Negative Syndrome Scale
priority journal
rating scale
reproducibility
test retest reliability
Unified Parkinson Disease Rating Scale
United States

Source: EMBASE

Full Text: Available from *John Wiley and Sons* in *Movement Disorders*

11. Gamma hydroxybutyrate (GHB), gamma butyrolactone (GBL) and 1,4-butanediol (1,4-BD; BDO): A literature review with a focus on UK fatalities related to non-medical use

Citation: Neuroscience and Biobehavioral Reviews, June 2015, vol./is. 53/(52-78), 0149-7634;1873-7528 (June 01, 2015)

Author(s): Corkery J.M.; Loi B.; Claridge H.; Goodair C.; Corazza O.; Elliott S.; Schifano F.

Institution: (Corkery, Loi, Claridge, Goodair, Schifano) National Programme on Substance Abuse Deaths, St George's University of London, United Kingdom; (Corkery, Loi, Corazza, Schifano) Centre for Clinical Practice, Safe Medicines and Drug Misuse Research, Department of Pharmacy, University of Hertfordshire, United Kingdom; (Loi) Neuroscience Institute, National Research Council of Italy, Section of Cagliari, Monserrato, CA I-09042, Italy; (Elliott) ROAR Forensics, Malvern Hills Science Park, Geraldine Road, Malvern, Worcestershire WR14 3SZ, United Kingdom

Language: English

Abstract: Misuse of gamma hydroxybutrate (GHB) and gamma butyrolactone (GBL) has increased greatly since the early 1990s, being implicated in a rising number of deaths. This paper reviews knowledge on GHB and derivatives, and explores the largest series of deaths associated with their non-medical use. Descriptive analyses of cases associated with GHB/GBL and 1,4-butanediol (1,4-BD) use extracted from the UK's National Programme on Substance Abuse Deaths database. From 1995 to September 2013, 159 GHB/GBL-associated fatalities were reported. Typical victims: White (92%); young (mean age 32 years); male (82%); with a drug misuse history (70%). Most deaths (79%) were accidental or related to drug use, the remainder (potential) suicides. GHB/GBL alone was implicated in 37%; alcohol 14%; other drugs 28%; other drugs and alcohol 15%. Its endogenous nature and rapid elimination limit toxicological detection. Post-mortem blood levels: mean 482 (range 0-6500; SD 758). mg/L. Results suggest significant caution is needed when ingesting GHB/GBL, particularly with alcohol, benzodiazepines, opiates, stimulants, and ketamine. More awareness is needed about risks associated with consumption.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

CAS Registry Number: 110-63-4 (1,4 butanediol); 591-81-1 (4 hydroxybutyric acid); 64-17-5 (alcohol); 96-48-0 (gamma butyrolactone); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Review

Subject Headings:
accident
age distribution
autopsy
awareness
Caucasian
data analysis
data base
data extraction
death

drug blood level
drug elimination
"*drug fatality/et [Etiology]"
*drug misuse
human
ingestion
medical literature
National Programme on Substance Abuse Deaths database
nonhuman
priority journal
review
risk
sex ratio
suicide
United Kingdom
"*1 4 butanediol/to [Drug Toxicity]"
"*4 hydroxybutyric acid/to [Drug Toxicity]"
alcohol
benzodiazepine derivative
central stimulant agent
"*gamma butyrolactone/to [Drug Toxicity]"
ketamine
opiate

Source: EMBASE

12. Prediction of treatment outcomes for personality disordered offenders

Citation: Journal of Forensic Practice, November 2014, vol./is. 16/4(281-294), 2050-8794 (04 Nov 2014)

Author(s): Archibald S.-J.; Campbell C.; Ambrose D.

Institution: (Archibald, Campbell) Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, Kings College London, London, United Kingdom; (Campbell, Ambrose) Forensic Intensive Psychological Treatment Service, South London and Maudsley NHS Trust, London, United Kingdom

Language: English

Abstract: Purpose - Evidence has shown associations between personality disorder (PD) and poor treatment outcomes. The purpose of this paper is to: first, establish which risk assessment method (i.e. structured professional judgement or actuarial) is most reliable for predicting treatment outcomes for individuals with PD. Second, determine whether individuals identified as high risk are more likely to have poorer treatment outcomes. Third, determine if engagement in treatment helps to reduce risk assessment scores. Design/methodology/approach - In total, 50 patients were recruited from a medium secure forensic PD service. Their risk was assessed using one structured professional judgement instrument (the HCR-20) and one actuarial instrument (the RM2000). The study used a retrospective cohort design. Findings - Overall, the HCR-20 was a better predictor of treatment outcome than the RM2000. Personality-disordered offenders with high HCR-20 scores are at an increased risk of adverse treatment outcomes. Research limitations/implications - This investigation used a small, non-randomised sample of male patients with PD at one South East England medium secure unit. The data were over-represented by white British males. Future research should compare PD offenders with non-PD offenders to investigate what factors best predict poorer treatment outcomes. Originality/value - The findings indicate that structured professional judgement approaches are more effective predictors of risk than actuarial measures for assessing patients with PD. This study therefore adds value to forensic services and to the risk assessment debate.

Country of Publication: United Kingdom

Publisher: Emerald Group Publishing Ltd. (Howard House, Wagon Lane, Bingley BD16 1WA, United Kingdom)

Publication Type: Journal: Article

Subject Headings:
adult
antisocial personality disorder
article
assessment of humans
drug misuse
follow up
Historical Clinical Risk Management 20
human
legal aspect
major clinical study
male
mental disease
*offender
*personality disorder
prediction
recidivism
retrospective study
risk assessment
risk factor
Risk Matrix 2000
sexual crime
*treatment outcome

Source: EMBASE

13. The art of medicine: Drugs, alcohol, and the First World War

Citation: The Lancet, November 2014, vol./is. 384/9957(1840-1841), 0140-6736;1474-547X (22 Nov 2014)

Author(s): Berridge V.

Institution: (Berridge) Centre for History in Public Health, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London WC1H 9SH, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Lancet Publishing Group

CAS Registry Number: 64-17-5 (alcohol); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 52-26-6 (morphine); 57-27-2 (morphine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Review

Subject Headings:
addiction
advisory committee
alcohol abstinence
alcohol intoxication
American
Canada
certification
China
Chinese
clergy
drawing
drinking
drug control

drug industry
Far East
fear
Germany
government
government regulation
human
Japan
liver cirrhosis
*medicine
morality
pharmacy
prescription
priority journal
prostitution
review
Southeast Asia
United Kingdom
United States
*war
wine industry
*alcohol
cocaine
*drug derivative
morphine
opiate

Source: EMBASE

Full Text: Available from *Lancet* in *Newcomb Library & Information Service*
Available from *Elsevier ScienceDirect Journals* in *Lancet, The*
Available from *ProQuest* in *Lancet, The*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
Available from *Elsevier* in *Lancet, The*
Available from *The Lancet* in *Lancet, The*

14. Smoking cessation intervention for severe mental ill health trial (SCIMITAR): A pilot randomised control trial of the clinical effectiveness and cost-effectiveness of a bespoke smoking cessation service

Citation: Health Technology Assessment, 2015, vol./is. 19/25(1-148), 1366-5278;2046-4924 (2015)

Author(s): Peckham E.; Man M.-S.; Mitchell N.; Li J.; Becque T.; Knowles S.; Bradshaw T.; Planner C.; Parrott S.; Michie S.; Shepherd C.; Gilbody S.

Institution: (Peckham, Mitchell, Li, Becque, Parrott, Gilbody) Department of Health Sciences, University of York, York, United Kingdom; (Man) School of Social and Community Medicine, University of Bristol, Bristol, United Kingdom; (Knowles, Planner) Centre for Primary Care, University of Manchester, Manchester, United Kingdom; (Bradshaw) The School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, United Kingdom; (Michie) Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom; (Shepherd) University of Hull, Hull, United Kingdom

Language: English

Abstract: Background: There is a high prevalence of smoking among people who experience severe mental ill health (SMI). Helping people with disorders such as bipolar illness and schizophrenia to quit smoking would help improve their health, increase longevity and also reduce health inequalities. Around half of people with SMI who smoke express an interest in cutting down or quitting smoking. There is limited evidence that smoking cessation can be achieved for people with SMI. Those with SMI rarely access routine NHS smoking cessation services. This suggests the need to develop and evaluate a behavioural support and medication package tailored to the needs of people with SMI.

Objective: The objective in this project was to conduct a pilot trial to establish acceptability of the intervention and to ensure the feasibility of recruitment, randomisation and follow-up. We also sought preliminary estimates of effect size in order to design a fully powered trial of clinical effectiveness and cost-effectiveness. The pilot should inform a fully powered trial to compare the clinical effectiveness and cost-effectiveness of a bespoke smoking cessation (BSC) intervention with usual general practitioner (GP) care for people with SMI. Design: A pilot pragmatic two-arm individually randomised controlled trial (RCT). Simple randomisation was used following a computer-generated random number sequence. Participants and practitioners were not blinded to allocation. Setting: Primary care and secondary care mental health services in England. Participants: Smokers aged > 18 years with a severe mental illness who would like to cut down or quit smoking. Interventions: A BSC intervention delivered by mental health specialists trained to deliver evidence-supported smoking cessation interventions compared with usual GP care. Main outcome measures: The primary outcome was carbon monoxide-verified smoking cessation at 12 months. Smoking-related secondary outcomes were reduction of number of cigarettes smoked, Fagerstrom test of nicotine dependence and motivation to quit (MTQ). Other secondary outcomes were Patient Health Questionnaire-9 items and Short Form Questionnaire-12 items to assess whether there were improvements or deterioration in mental health and quality of life. We also measured body mass index to assess whether or not smoking cessation was associated with weight gain. These were measured at 1, 6 and 12 months post randomisation. Results: The trial recruited 97 people aged 19-73 years who smoked between 5 and 60 cigarettes per day (mean 25 cigarettes). Participants were recruited from four mental health trusts and 45 GP surgeries. Forty-six people were randomised to the BSC intervention and 51 people were randomised to usual GP care. The odds of quitting at 12 months was higher in the BSC intervention (36% vs. 23%) but did not reach statistical significance (odds ratio 2.9; 95% confidence interval 0.8% to 10.5%). At 3 and 6 months there was no evidence of difference in self-reported smoking cessation. There was a non-significant reduction in the number of cigarettes smoked and nicotine dependence. MTQ and number of quit attempts all increased in the BSC group compared with usual care. There was no difference in terms of quality of life at any time point, but there was evidence of an increase in depression scores at 12 months for the BSC group. There were no serious adverse events thought likely to be related to the trial interventions. The pilot economic analysis demonstrated that it was feasible to carry out a full economic analysis. Conclusions: It was possible to recruit people with SMI from primary and secondary care to a trial of a smoking cessation intervention based around behavioural support and medication. The overall direction of effect was a positive trend in relation to biochemically verified smoking cessation and it was feasible to obtain follow-up in a substantial proportion of participants. A definitive trial of a bespoke cessation intervention has been prioritised by the National Institute for Health Research (NIHR) and the SCIMITAR pilot trial forms a template for a fully powered RCT to examine clinical effectiveness and cost-effectiveness.

Country of Publication: United Kingdom

Publisher: NIHR Journals Library

CAS Registry Number: 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 630-08-0 (carbon monoxide); 59729-33-8 (citalopram); 5786-21-0 (clozapine); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 30909-51-4 (flupentixol decanoate); 5002-47-1 (fluphenazine decanoate); 74050-97-8 (haloperidol decanoate); 554-13-2 (lithium carbonate); 54-11-5 (nicotine); 96055-45-7 (nicotine gum); 132539-06-1 (olanzapine); 61869-08-7 (paroxetine); 58-38-8 (prochlorperazine); 1508-76-5 (procyclidine); 77-37-2 (procyclidine); 111974-72-2 (quetiapine); 106266-06-2 (risperidone); 144-11-6 (trihexyphenidyl); 52-49-3 (trihexyphenidyl); 249296-44-4 (varenicline); 375815-87-5 (varenicline); 53772-83-1 (zuclopenthixol)

Publication Type: Journal: Article

Subject Headings: acupuncture
article
*bespoke smoking cessation intervention
bipolar disorder

body mass
"burning mouth syndrome/si [Side Effect]"
*clinical effectiveness
*cost effectiveness analysis
cost utility analysis
depression
economic evaluation
Fagerstrom Test for Nicotine Dependence
general practitioner
"headache/si [Side Effect]"
health care cost
human
hypnosis
inhaler
mental health
motivation
nicotine replacement therapy
paranoid schizophrenia
Patient Health Questionnaire 9
pilot study
psychosis
quality adjusted life year
quality of life
randomized controlled trial(topic)
schizophrenia
Short Form 12
*smoking cessation program
"somnolence/si [Side Effect]"
suicide
"tobacco dependence/dm [Disease Management]"
"tobacco dependence/th [Therapy]"
"tobacco dependence/dt [Drug Therapy]"
weight gain
"amfebutamone/dt [Drug Therapy]"
carbon monoxide
citalopram
clozapine
"electronic cigarette/dt [Drug Therapy]"
fluoxetine
flupentixol decanoate
fluphenazine decanoate
haloperidol decanoate
lithium carbonate
"nicotine/dt [Drug Therapy]"
"nicotine derivative/ae [Adverse Drug Reaction]"
"nicotine derivative/dt [Drug Therapy]"
"nicotine gum/dt [Drug Therapy]"
"nicotine lozenge/dt [Drug Therapy]"
"nicotine patch/dt [Drug Therapy]"
nose spray
olanzapine
paroxetine
prochlorperazine
procyclidine
quetiapine
risperidone
trihexyphenidyl
"varenicline/dt [Drug Therapy]"
zuclopenthixol

Source: EMBASE

15. Alcohol and the developing adolescent brain: Evidence review

Citation: Journal of the Royal College of Physicians of Edinburgh, 2015, vol./is. 45/1(12-14), 1478-2715 (2015)

Author(s): Carson A.

Institution: (Carson) Consultant Neuropsychiatrist, Department of Medical Rehabilitation and Department of Clinical Neurosciences, Division of Psychiatry and Centre for Clinical Brain Studies, University of Edinburgh, Edinburgh, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Royal College of Physicians of Edinburgh

Publication Type: Journal: Editorial

Subject Headings:
*adolescence
age distribution
alcohol consumption
alcohol intoxication
*alcoholism
*brain development
brain maturation
brain region
brain size
drinking behavior
editorial
emotion
executive function
genetic susceptibility
hippocampus
human
impulsiveness
memory disorder
nerve cell
nerve cell plasticity
neurotransmission
nonhuman
prefrontal cortex
prepuberty
sexually transmitted disease
social cognition
United Kingdom
unplanned pregnancy
upregulation
white matter

Source: EMBASE

16. Do maternal opioids reduce neonatal regional brain volumes: A pilot study

Citation: Journal of Perinatology, January 2014, vol./is. 34/12(909-913), 0743-8346;1476-5543 (01 Jan 2014)

Author(s): Yuan Q.; Rubic M.; Seah J.; Rae C.; Wright I.M.R.; Kaltenbach K.; Feller J.M.; Abdel-Latif M.E.; Chu C.; Oei J.L.

Institution: (Yuan, Rubic, Seah, Feller, Oei) School of Women's and Children's Health, University of New South Wales, Randwick, NSW, Australia; (Rae) Neuroscience Research Australia, University of New South Wales, Randwick, NSW, Australia; (Wright) Graduate School of Medicine, Illawarra Health and Medical Research Institute, University of Wollongong, Wollongong, NSW, Australia; (Kaltenbach) Department of Pediatrics, Thomas Jefferson

University, Philadelphia, PA, United States; (Feller) Department of Paediatrics, Sydney Children's Hospital, Randwick, NSW, Australia; (Abdel-Latif) Department of Neonatology, Centenary Hospital for Women and Children, Canberra, ACT, Australia; (Abdel-Latif) School of Clinical Medicine, Australian National University, Woden, ACT, Australia; (Chu) Department of Radiology, Wollongong Hospital, Wollongong, NSW, Australia; (Oei) Department of Newborn Care, Royal Hospital for Women, Randwick, NSW 2031, Australia

Language: English

Abstract: Objective:A substantial number of children exposed to gestational opioids have neurodevelopmental, behavioral and cognitive problems. Opioids are not neuroteratogens but whether they affect the developing brain in more subtle ways (for example, volume loss) is unclear. We aimed to determine the feasibility of using magnetic resonance imaging (MRI) to assess volumetric changes in healthy opioid-exposed infants.Study design:Observational pilot cohort study conducted in two maternity hospitals in New South Wales, Australia. Maternal history and neonatal urine and meconium screens were obtained to confirm drug exposure. Volumetric analysis of MRI scans was performed with the ITK-snap program.Result:Scans for 16 infants (mean (s.d.) gestational age: 40.9 (1.5) weeks, birth weight: 3022.5 (476.6) g, head circumference (HC): 33.7 (1.5 cm)) were analyzed. Six (37.5%) infants had HC <25th percentile. Fourteen mothers used methadone, four used buprenorphine and 11 used more than one opioid (including heroin, seven). All scans were structurally normal whole brain volumes (357.4 (63.8)) and basal ganglia (14.5 (3.5)) ml were significantly smaller than population means (425.4 (4.8), 17.1 (4.4) ml, respectively) but lateral ventricular volumes (3.5 (1.8) ml) were larger than population values (2.1(1.5)) ml.Conclusion:Our pilot study suggests that brain volumes of opioid-exposed babies may be smaller than population means and that specific regions, for example, basal ganglia, that are involved in neurotransmission, may be particularly affected. Larger studies including correlation with neurodevelopmental outcomes are warranted to substantiate this finding.

Country of Publication: United Kingdom

Publisher: Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)

CAS Registry Number: 64-17-5 (alcohol); 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 52-26-6 (morphine); 57-27-2 (morphine); 54-11-5 (nicotine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 124-90-3 (oxycodone); 76-42-6 (oxycodone)

Publication Type: Journal: Article

Subject Headings:
article
Australia
*basal ganglion
birth weight
*brain size
*cerebellum
child growth
controlled study
*drug exposure
feasibility study
female
gestational age
head circumference
human
infant
*lateral brain ventricle
male
meconium
medical history

newborn
nuclear magnetic resonance imaging
observational study
pilot study
urinalysis
withdrawal syndrome
alcohol
amphetamine derivative
antidepressant agent
benzodiazepine derivative
buprenorphine
cannabis
diamorphine
methadone
morphine
nicotine
*opiate
oxycodone

Source: EMBASE

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

17. Lack of attentional retraining effects in cigarette smokers attempting cessation: A proof of concept double-blind randomised controlled trial

Citation: Drug and Alcohol Dependence, April 2015, vol./is. 149/(158-165), 0376-8716;1879-0046 (01 Apr 2015)

Author(s): Begh R.; Munafo M.R.; Shiffman S.; Ferguson S.G.; Nichols L.; Mohammed M.A.; Holder R.L.; Sutton S.; Aveyard P.

Institution: (Begh, Aveyard) UK Centre for Tobacco and Alcohol Studies, Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford OX2 6GG, United Kingdom; (Munafo) UK Centre for Tobacco and Alcohol Studies, School of Experimental Psychology, MRC Integrative Epidemiology Unit (IEU), University of Bristol, Bristol BS8 2BN, United Kingdom; (Shiffman) Department of Psychology, University of Pittsburgh, Sennott Square, 3rd Floor, 210 South Bouquet Street, Pittsburgh, PA 15260, United States; (Ferguson) School of Medicine, University of Tasmania, Private Bag 26, Hobart, TAS 7001, Australia; (Nichols, Holder) Primary Care Clinical Sciences, University of Birmingham, Birmingham B15 2TT, United Kingdom; (Mohammed) School of Health Studies, University of Bradford, Bradford BD7 1DP, United Kingdom; (Sutton) Behavioural Science Group, Institute of Public Health, University of Cambridge, Cambridge CB2 1TN, United Kingdom

Language: English

Abstract: Background: Observational studies have shown that attentional bias for smoking-related cues is associated with increased craving and relapse. Laboratory experiments have shown that manipulating attentional bias may change craving. Interventions to reduce attentional bias could reduce relapse in smokers seeking to quit. We report a clinical trial of attentional retraining in treatment-seeking smokers. Methods: This was a double-blind randomised controlled trial that took place in UK smoking cessation clinics. Smokers interested in quitting were randomised to five weekly sessions of attentional retraining (N= 60) or placebo training (N= 58) using a modified visual probe task from one week prior to quit day. Both groups received 21. mg nicotine patches (from quit day onwards) and behavioural support. Primary outcomes included change in attentional bias reaction times four weeks after quit day on the visual probe task and craving measured weekly using the Mood and Physical Symptoms Scale. Secondary outcomes were changes in withdrawal symptoms, time to first lapse and prolonged abstinence. Results: No attentional bias towards smoking cues was found in the sample at baseline (mean difference = 3. ms, 95% CI = -2, 9). Post-training bias was not significantly lower in the

retraining group compared with the placebo group (mean difference = -9. ms, 95% CI = -20, 2). There was no difference between groups in change in craving (p= 0.89) and prolonged abstinence at four weeks (risk ratio = 1.00, 95% CI = 0.70, 1.43). Conclusions: Taken with one other trial, there appears to be no effect from clinic-based attentional retraining using the visual probe task. Attentional retraining conducted out of clinic may prove more effective.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
article
attentional bias
*attentional retraining
behavior therapy
behavioral support
controlled study
double blind procedure
human
Mood and Physical Symptoms Scale
outcome assessment
priority journal
psychological rating scale
randomized controlled trial
*smoking cessation
United Kingdom
withdrawal syndrome
nicotine patch
placebo

Source: EMBASE

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

18. Sex work amongst people who inject drugs in England, Wales and Northern Ireland: Findings from a national survey of health harms and behaviours

Citation: International Journal of Drug Policy, April 2015, vol./is. 26/4(429-433), 0955-3959;1873-4758 (01 Apr 2015)

Author(s): Croxford S.; Platt L.; Hope V.D.; Cullen K.J.; Parry J.V.; Ncube F.

Institution: (Croxford, Hope, Cullen, Ncube) Centre for Infectious Disease Surveillance and Control, Public Health England, 61 Colindale Avenue, London NW9 5EQ, United Kingdom; (Platt, Hope) Centre for Research on Drugs and Health Behaviour, Department of Social and Environmental Health Research, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, United Kingdom; (Parry) Microbiology Services, Public Health England, 61 Colindale Avenue, London NW9 5EQ, United Kingdom

Language: English

Country of Publication: Netherlands

Publisher: Elsevier

Publication Type: Journal: Article

Subject Headings:
adult
article
bloodstream infection
*drug abuse
drug abuse pattern
female
health survey
hepatitis B

Hepatitis B virus
hepatitis C
Hepatitis C virus
high risk behavior
homelessness
human
Human immunodeficiency virus
Human immunodeficiency virus 1 infection
infection risk
Ireland
major clinical study
male
priority journal
prison
*prostitution
sex difference
sexual practice
transactional sex
United Kingdom
unsafe sex
"hepatitis B antibody/ec [Endogenous Compound]"
"hepatitis C antibody/ec [Endogenous Compound]"
"Human immunodeficiency virus antibody/ec [Endogenous Compound]"

Source: EMBASE

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

19. Risky spicies: Prevalence of synthetic cannabinoids and unexpected outcomes

Citation: Fundamental and Clinical Pharmacology, April 2015, vol./is. 29/(27), 0767-3981 (April 2015)

Author(s): Debruyne D.; Coquerel A.; Le Boisselier R.

Institution: (Debruyne, Coquerel, Le Boisselier) Centre D'Addictovigilance, Service De Pharmacologie, CHU, Caen, France

Language: English

Abstract: Introduction: Since the first probes of use in 2008, the prevalence of synthetic cannabinoids (SC) increased constantly. This is mainly due to the high prevalence of cannabis use combined with the non illegal status of SC, and to the spread of other new "designer drugs" consumption, that are more and more in fashion, making SC more available. During the past five years, prevalence data about the use of SC and their unexpected effects were published. We propose a focus. Material and methods: Review of the international literature was performed using kewords such as "synthetic cannabinoids", "epidemiology", "prevalence". Literature data mainly come from poisoning centers, toxicological centers, and epidemiology centers. Results: From most of reports, typical SC user is a male (72 to 77%), with a mean age of 22 y-o only (median 20, range 13-59 yo), based on over 200 acute intoxications cases. The prevalence varies from 1.4% (n = 290/20 017) based on a study exploring US military urine specimens up to 17% of at least one consumption of SC (n = 2513/14 966) in an online questionnaire in UK in 2011. Following a study based on Texas poison control centers, which included 464 reports of SC use in 2010, adverse clinical effects are essentially neurological (61.9%), cardiovascular (43.5%), gastrointestinal (21.1%), respiratory (8.0%), ocular (5.0%), dermal (2.6%), renal (0.9%), hematological (0.4%). The most frequently adverse effects were: tachycardia (37.3%), agitation (18.5%), drowsiness (18.5%), vomiting (15.7%), hallucinations (10.8%), nausea (9.9%). Discussion / Conclusion: This is a global view of SC users profile and the most frequent unexpected effects that can occur. Nevertheless, these data are probably underestimated considering the great difficulties to detect SC in samples. Using SC is not rare, especially considering young men population of drug users. The more potent pharmacological activity lead to more serious outcomes than cannabis use. In France, the French addictovigilance centers detect more and more

frequently the use of these products, but some studies should be performed to evaluate the national prevalence.

Conference Information: 19th Annual Meeting of French Society of Pharmacology and Therapeutics, 36th Pharmacovigilance Meeting, 16th APNET Seminar, 13th CHU CIC Meeting Caen France. Conference Start: 20150421 Conference End: 20150423

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*prevalence
*society
*pharmacology
*therapy
*drug surveillance program
cannabis use
poison center
epidemiology
male
questionnaire
vomiting
army
urine
nausea
United Kingdom
drowsiness
agitation
tachycardia
drug use
hallucination
population
human
adverse drug reaction
United States
France
intoxication
cannabinoid
designer drug

Source: EMBASE

Full Text: Available from *John Wiley and Sons* in *Fundamental and Clinical Pharmacology*

20. Assessment of risks associated with SLAM practice: Survey from the French network of addictovigilance centers

Citation: Fundamental and Clinical Pharmacology, April 2015, vol./is. 29/(19), 0767-3981 (April 2015)

Author(s): Batisse A.; Eiden C.; Courne M.A.; Djezzar S.; Peyriere H.

Institution: (Batisse, Djezzar) Centre D'Addictovigilance, Paris, France; (Eiden, Peyriere) Centre D'Addictovigilance, Montpellier, France; (Courne) ANSM, Paris, France

Language: English

Abstract: Introduction: The SLAM phenomenon is an increasingly popular practice, in Paris and London gay scene, defined by three characteristics: injection, sexual party and psychostimulant drugs. Users report to practice slam to put them into the good mood and desinhibition state. The French Medical Agency requested a risk assessment of SLAM by the analysis of complications related to this practice notified to the French network of addictovigilance centers. Material and methods: All cases of complications related to SLAM practice, including cases of abuse and/or dependence, and somatic and psychiatric complications, were analysed. Among the three criteria that define slam (psychostimulants consumption, in sexual context and intravenous route) only cases with at least two criteria were included in the analysis. Results: Between January 2008 and

December 2013, 51 cases were collected. Users were exclusively men, with a mean age of 40 years, having psychostimulants exposure in sexual context, mainly in men having sex with men (MSM) context (100%, n = 35). The prevalence of HIV infection was 82% (n = 32) with a high level of HIV/Hepatitis C virus (VHC) co-infection (50%, n = 16). Main psychostimulants reported are synthetic cathinones (89.5%). Cathinones users tended to be polydrug users: near the twice reported use also other psychoactive substances (GBL, ketamine, MDMA, cannabis, LSD. . .). Route of administration was intravenous in 60.8% of cases. The main complications were psychiatric disorders in 50% (psychotic symptoms, agitation, anxiety, suicidal ideas or attempt and two cases presented forensic problem, acute intoxication in 25% (including three deaths), dependence and abuse in 17% and infectious complications in 8% (with two cases of VHC seroconversion and one case of VIH/VHC seroconversion). Discussion/Conclusion: Health professionals as well as users should be aware of the physical (cardiovascular) and behavioural (psychic, fast dependence syndrome) toxicity of cathinones. This practice of SLAM is associated with poor adherence to antiretrovirals, and consequently an increase of the infectious risk. It is urgent to inform users of the practice of the associated risks and implement risk mitigation procedures. Risk reduction policy must be targeted to the population of MSM with specific interventions both on risky sexual behavior and substance use.

Conference Information: 19th Annual Meeting of French Society of Pharmacology and Therapeutics, 36th Pharmacovigilance Meeting, 16th APNET Seminar, 13th CHU CIC Meeting Caen France. Conference Start: 20150421 Conference End: 20150423

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*society
*pharmacology
*therapy
*drug surveillance program
*risk
human
male
seroconversion
abuse
mental disease
United Kingdom
virus
sexual behavior
injection
agitation
psychosis
risk assessment
homosexual male
prevalence
Human immunodeficiency virus infection
risk reduction
mixed infection
exposure
France
anxiety
mood
infectious complication
death
intoxication
health practitioner
toxicity
non implantable urine incontinence electrical stimulator
procedures
policy
population
men who have sex with men

substance use
Human immunodeficiency virus
ketamine
cannabis
psychostimulant agent
lysergide
3 4 methylenedioxymethamphetamine

Source: EMBASE

Full Text: Available from *John Wiley and Sons* in *Fundamental and Clinical Pharmacology*

21. The health needs of young people in prison

Citation: British Medical Bulletin, December 2014, vol./is. 112/1(17-25), 0007-1420;1471-8391 (01 Dec 2014)

Author(s): Lennox C.

Institution: (Lennox) Institute of Brain, Behaviour and Mental Health, Centre for Mental Health and Risk, University of Manchester, Manchester, United Kingdom

Language: English

Abstract: Introduction There has been an unprecedented reduction in the number of young people in prison; however, questions remain about the appropriateness and effectiveness of custody, given the high prevalence of health needs, self-inflected deaths while in custody and high reoffending rates. Sources of data Articles relating to the health needs of young people, aged 10-17 years in prison in England and Wales were sourced through PubMed and ISI Web of Knowledge, plus additional key reports were included if deemed relevant. Areas of agreement Young people in prison have much higher rates of multiple and complex health problems compared with young people in the general population. However, many of their health-care needs are unrecognized and unmet. Areas of uncertainty/research need There is an urgent need for up-to-date and robust prevalence data of all health needs across the age ranges in England and Wales. Research has neglected physical health and neurodevelopmental disorders and the quality of research for females and Black and Minority Ethnic group's requires improvement. There is a dearth of high-quality evaluations of health interventions with robust and sensitive short- and long-term outcome measures.

Country of Publication: United Kingdom

Publisher: Oxford University Press

Publication Type: Journal: Review

Subject Headings:
adolescent
adult
alcohol abuse
anxiety disorder
child
criminal justice
depression
developmental disorder
drug dependence
ethnic group
female
health care
*health care need
health services research
human
major clinical study
male
*mental disease
mental health
neurologic disease

neurosis
offender
personality disorder
posttraumatic stress disorder
prevalence
priority journal
*prison
prisoner
psychosis
review
school child
substance abuse
suicide attempt
United Kingdom
young adult

Source: EMBASE

Full Text: Available from *Oxford University Press* in *British Medical Bulletin*

22. The globalization of addiction research: Capacity-building mechanisms and selected examples

Citation: Harvard Review of Psychiatry, March 2015, vol./is. 23/2(147-156), 1067-3229;1465-7309 (18 Mar 2015)

Author(s): Rawson R.A.; Woody G.; Kresina T.F.; Gust S.

Institution: (Rawson) Semel Institute for Neuroscience and Human Behavior and UCLA Integrated Substance Abuse Programs, David Geffen School of Medicine, University of California, Los Angeles, CA, United States; (Woody) Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania, PA, United States; (Kresina) Division of Pharmacologic Therapies, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, United States; (Gust) International Program, National Institute on Drug Abuse, United States

Language: English

Abstract: Over the past decade, the amount and variety of addiction research around the world has increased substantially. Researchers in Australia, Canada, United Kingdom, United States, and western Europe have significantly contributed to knowledge about addiction and its treatment. However, the nature and context of substance use disorders and the populations using drugs are far more diverse than is reflected in studies done in Western cultures. To stimulate new research from a diverse set of cultural perspectives, the National Institute on Drug Abuse (NIDA) has promoted the development of addiction research capacity and skills around the world for over 25 years. This review will describe the programs NIDA has developed to sponsor international research and research fellows and will provide some examples of the work NIDA has supported. NIDA fellowships have allowed 496 individuals from 96 countries to be trained in addiction research. The United Arab Emirates and Saudi Arabia have recently developed funding to support addiction research to study, with advice from NIDA, the substance use disorder problems that affect their societies. Examples from Malaysia, Tanzania, Brazil, Russian Federation, Ukraine, Republic of Georgia, Iceland, China, and Vietnam are used to illustrate research being conducted with NIDA support. Health services research, collaboratively funded by the U.S. National Institutes of Health and Department of State, addresses a range of addiction service development questions in low- and middle-income countries. Findings have expanded the understanding of addiction and its treatment, and are enhancing the ability of practitioners and policy makers to address substance use disorders.

Country of Publication: United States

Publisher: Lippincott Williams and Wilkins

Publication Type: Journal: Review

Subject Headings: *addiction
Brazil

*capacity building
China
funding
health program
health services research
human
Iceland
international cooperation
Malaysia
medical education
*medical research
priority journal
review
Russian Federation
Saudi Arabia
substance abuse
Tanzania
Ukraine
United Arab Emirates
Viet Nam

Source: EMBASE

23. Electronic cigarettes: Reasons to be cautious

Citation: Thorax, April 2015, vol./is. 70/4(307-308), 0040-6376;1468-3296 (01 Apr 2015)

Author(s): Furber A.

Institution: (Furber) Department of Public Health, Wakefield Council, Wakefield One, PO Box 700, Wakefield WF1 2EB, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Editorial

Subject Headings:
advertizing
asthma
comparative effectiveness
cost effectiveness analysis
editorial
*government regulation
health hazard
human
licensing
national health service
nicotine replacement therapy
prescription
prevalence
priority journal
risk benefit analysis
risk reduction
*smoking regulation
"tobacco dependence/th [Therapy]"
tobacco industry
United Kingdom
*electronic cigarette

Source: EMBASE

Full Text: Available from *Highwire Press* in *Thorax*

24. The relation between number of smoking friends, and quit intentions, attempts, and success: Findings from the international tobacco control (ITC) four country survey

Citation: Psychology of Addictive Behaviors, 2014, vol./is. 28/4(1144-1152), 0893-164X;1939-1501 (2014)

Author(s): Hitchman S.C.; Fong G.T.; Zanna M.P.; Thrasher J.F.; Laux F.L.

Institution: (Hitchman) Department of Psychology, University of Waterloo, Waterloo, ON, Canada; (Fong, Zanna) Department of Psychology, School of Public Health and Health Systems, University of Waterloo, Canada; (Fong) Ontario Institute for Cancer Research, Toronto, ON, Canada; (Thrasher) Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, United States; (Laux) Department of Economics, Northeastern State University, United States; (Hitchman) Department of Addictions, Institute of Psychiatry, King's College London, 4 Windsor Walk, Denmark Hill, London SE5 8BB, United Kingdom

Language: English

Abstract: Smokers who inhabit social contexts with a greater number of smokers may be exposed to more positive norms toward smoking and more cues to smoke. This study examines the relation between number of smoking friends and changes in number of smoking friends, and smoking cessation outcomes. Data were drawn from Wave 1 (2002) and Wave 2 (2003) of the International Tobacco Control (ITC) Project Four Country Survey, a longitudinal cohort survey of nationally representative samples of adult smokers in Australia, Canada, United Kingdom, and United States (N = 6,321). Smokers with fewer smoking friends at Wave 1 were more likely to intend to quit at Wave 1 and were more likely to succeed in their attempts to quit at Wave 2. Compared with smokers who experienced no change in their number of smoking friends, smokers who lost smoking friends were more likely to intend to quit at Wave 2, attempt to quit between Wave 1 and Wave 2, and succeed in their quit attempts at Wave 2. Smokers who inhabit social contexts with a greater number of smokers may be less likely to successfully quit. Quitting may be particularly unlikely among smokers who do not experience a loss in the number of smokers in their social context.

Country of Publication: United States

Publisher: Educational Publishing Foundation

Publication Type: Journal: Article

Subject Headings:
adult
article
Australia
Canada
controlled study
educational status
ethnicity
female
*friend
human
income
male
middle aged
*smoking
*smoking cessation
social environment
social status
tobacco dependence
United Kingdom
United States
young adult

Source: EMBASE

25. Pilot randomized controlled trial of an internet-based smoking cessation intervention for pregnant smokers ('MumsQuit')

Citation: Drug and Alcohol Dependence, July 2014, vol./is. 140/(130-136), 0376-8716;1879-0046 (01 Jul 2014)

Author(s): Herbec A.; Brown J.; Tombor I.; Michie S.; West R.

Institution: (Herbec, Brown, Tombor, West) Cancer Research UK Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, 1-19 Torrington Place, London WC1E 7HB, United Kingdom; (Michie) Department of Clinical, Educational and Health Psychology, University College London, 1-19 Torrington Place, London WC1E 7HB, United Kingdom; (Michie, West) National Centre for Smoking Cessation and Training, 1-6 Yarmouth Place, London W1J 7BU, United Kingdom

Language: English

Abstract: Background: Internet-based Smoking Cessation Interventions could help pregnant women quit smoking, especially those who do not wish to, or cannot, access face-to-face or telephone support. This study aimed to preliminarily evaluate the effectiveness and usage of a fully automated smoking cessation website targeted to pregnancy, 'MumsQuit', and obtain an initial effect-size estimate for a full scale trial. Methods: We recruited 200 UK-based pregnant adult smokers online to a two-arm double-blind pilot RCT assessing the effectiveness of MumsQuit compared with an information-only website. MumsQuit was adapted from a generic internet smoking cessation intervention, 'StopAdvisor'. The primary outcome was self-reported continuous 4-week abstinence assessed at 8 weeks post-baseline. Secondary outcomes were automatically collected data on intervention usage. Results: Participants smoked 15 cigarettes per day on average, 73% were in the first trimester of their pregnancy, 48% were from lower socioeconomic backgrounds, and 43% had never used evidence-based cessation support. The point estimate of odds ratio for the primary outcome was 1.5 (95% CI. = 0.8-2.9; 28% vs. 21%). Compared with control participants, those in the MumsQuit group logged in more often (3.5 vs. 1.3, p<. 0.001), viewed more pages (67.4 vs. 5.7, p<. 0.001) and spent more time browsing the website (21.3. min vs. 1.0. min, p<. 0.001). Conclusions: MumsQuit is an engaging and potentially helpful form of support for pregnant women who seek cessation support online, and merits further development and evaluation in a full-scale RCT.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 54-11-5 (nicotine); 249296-44-4 (varenicline); 375815-87-5 (varenicline)

Publication Type: Journal: Article

Subject Headings:
adult
article
*automation
controlled study
data processing
double blind procedure
*effect size
evidence based medicine
female
first trimester pregnancy
human
*Internet
major clinical study
*maternal smoking
medical information
online system
outcome assessment
pilot study

pregnant woman
priority journal
*program effectiveness
program efficacy
randomized controlled trial
self report
*smoking cessation program
social status
therapy effect
"*tobacco dependence/th [Therapy]"
"*tobacco dependence/dt [Drug Therapy]"
treatment duration
United Kingdom
amfebutamone
"nicotine/dt [Drug Therapy]"
varenicline

Source: EMBASE

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