

Search Results

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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. Understanding the risks associated with the use of new psychoactive substances (NPS): high variability of active ingredients concentration, mislabelled preparations, multiple psychoactive substances in single products.

Citation:	Toxicology Letters, August 2014, vol./is. 229/1(220-8), 0378-4274;1879-3169 (2014 Aug 17)
Author(s):	Zamengo L; Frison G; Bettin C; Sciarrone R
Institution:	Laboratory of Environmental Hygiene and Forensic Toxicology (LIATF), Department of Prevention, Azienda ULSS 12 Veneziana, Mestre, Venezia, Italy. Electronic address: luca.zamengo@ulss12.ve.it.; Laboratory of Environmental Hygiene and Forensic Toxicology (LIATF), Department of Prevention, Azienda ULSS 12 Veneziana, Mestre, Venezia, Italy.; Laboratory of Environmental Hygiene and Forensic Toxicology (LIATF), Department of Prevention, Azienda ULSS 12 Veneziana, Mestre, Venezia, Italy.; Laboratory of Environmental Hygiene and Forensic Toxicology (LIATF), Department of Prevention, Azienda ULSS 12 Veneziana, Mestre, Venezia, Italy.
Language:	English
Abstract:	New psychoactive substances (NPS), are now a large group of substances of abuse not yet completely controlled by international drug conventions, which may pose a public health threat. Anxiety, paranoia, hallucinations, seizures, hyperthermia and cardiotoxicity are some of the common adverse effects associated with these compounds. In this paper, three case reports taken from the archive of processed cases of the authors' laboratory are presented and discussed to stress the risks of possible adverse consequences for NPS users: in particular, (i) the risk deriving from the difficulty of predicting the actual consumed dose, due to variability of active ingredients concentration in consumed products, (ii) the risk deriving from the difficulty of predicting the actual active ingredients present in consumed products, as opposed to those claimed by the manufacturer, and (iii) the risk deriving from the difficulty of predicting the actual pharmacological and toxicological effects related to the simultaneous consumption of different psychoactive ingredients contained in single products, whose interactions are mostly unknown. Each of them individually provide a source of concern for possible serious health related consequences. However, they should be considered in conjunction with each others, with the worldwide availability of NPS through the web and also with the incessantly growing business derived from the manipulation and synthesis of new substances. The resulting scenario is that of a cultural challenge which demands a global approach from different fields of knowledge. Copyright 2014 Elsevier Ireland Ltd. All rights reserved.
Country of Publication:	Netherlands
CAS Registry Number:	0 (Drug Combinations); 0 (Piperazines); 0 (Plant Preparations); 0 (Psychotropic Drugs); 0 (Street Drugs); 44RAL3456C (Methamphetamine); 8BA8T27317 (mephedrone)
Publication Type:	Case Reports; Journal Article
Subject Headings:	<p>Adolescent</p> <p>Chromatography High Pressure Liquid</p> <p>Critical Illness</p> <p>Dose-Response Relationship Drug</p> <p>Drug Combinations</p> <p>*Drug Contamination</p> <p>*Drug Labeling</p> <p>Gas Chromatography-Mass Spectrometry</p> <p>Humans</p> <p>Male</p> <p>"Methamphetamine/aa [Analogues and Derivatives]"</p> <p>"Methamphetamine/ch [Chemistry]"</p> <p>"Methamphetamine/to [Toxicity]"</p> <p>"Piperazines/to [Toxicity]"</p> <p>"Plant Preparations/ch [Chemistry]"</p> <p>"*Psychotropic Drugs/ch [Chemistry]"</p> <p>"*Psychotropic Drugs/to [Toxicity]"</p>

Risk
 "Seizures/ci [Chemically Induced]"
 "*Street Drugs/ch [Chemistry]"
 "*Street Drugs/to [Toxicity]"
 Substance-Related Disorders

Source: MEDLINE

Full Text: Available from *Elsevier* in *Toxicology Letters*; Note: ; Collection notes: Academic-License. Please note search only titles within the trial dates: 2010 - to-date

2. Cost-effectiveness of a programme of screening and brief interventions for alcohol in primary care in Italy.

Citation: BMC Family Practice, 2014, vol./is. 15/(26), 1471-2296;1471-2296 (2014)

Author(s): Angus C; Scafato E; Ghirini S; Torbica A; Ferre F; Struzzo P; Purshouse R; Brennan A

Institution: School of Health & Related Research (ScHARR), University of Sheffield, Sheffield, UK. c.r.angus@sheffield.ac.uk.

Language: English

Abstract: BACKGROUND: As alcohol-related health problems continue to rise, the attention of policy-makers is increasingly turning to Screening and Brief Intervention (SBI) programmes. The effectiveness of such programmes in primary healthcare is well evidenced, but very few cost-effectiveness analyses have been conducted and none which specifically consider the Italian context. METHODS: The Sheffield Alcohol Policy Model has been used to model the cost-effectiveness of government pricing and public health policies in several countries including England. This study adapts the model using Italian data to evaluate a programme of screening and brief interventions in Italy. Results are reported as Incremental Cost-Effectiveness Ratios (ICERs) of SBI programmes versus a 'do-nothing' scenario. RESULTS: Model results show such programmes to be highly cost-effective, with estimated ICERs of 550/Quality Adjusted Life Year (QALY) gained for a programme of SBI at next GP registration and 590/QALY for SBI at next GP consultation. A range of sensitivity analyses suggest these results are robust under all but the most pessimistic assumptions. CONCLUSIONS: This study provides strong support for the promotion of a policy of screening and brief interventions throughout Italy, although policy makers should be aware of the resource implications of different implementation options.

Country of Publication: England

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

Subject Headings: Adolescent
 Adult
 Aged
 "*Alcoholism/ec [Economics]"
 "*Alcoholism/pc [Prevention and Control]"
 Cost-Benefit Analysis
 Female
 Humans
 Italy
 Male
 "*Mass Screening/ec [Economics]"
 Middle Aged
 "*Primary Health Care/ec [Economics]"
 Young Adult

Source: MEDLINE

Full Text: Available from *National Library of Medicine* in *BMC Family Practice*
 Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Family Practice*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

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

Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Family Practice*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Available from *BioMedCentral* in *BMC Family Practice*

3. Reducing drug related deaths: a pre-implementation assessment of knowledge, barriers and enablers for naloxone distribution through general practice.

Citation:	BMC Family Practice, 2014, vol./is. 15/(12), 1471-2296;1471-2296 (2014)
Author(s):	Matheson C; Pflanz-Sinclair C; Aucott L; Wilson P; Watson R; Malloy S; Dickie E; McAuley A
Institution:	Academic Primary Care, University of Aberdeen, Aberdeen, UK. c.i.math@abdn.ac.uk.
Language:	English
Abstract:	<p>BACKGROUND: The Scottish Naloxone Programme aims to reduce Scotland's high number of drug-related deaths (DRDs) caused by opiate overdose. It is currently implemented through specialist drug services but General Practitioners (GPs) are likely to have contact with drug using patients and their families and are therefore in an ideal position to direct them to naloxone schemes, or provide it themselves. This research gathered baseline data on GP's knowledge of and willingness to be involved in DRD prevention, including naloxone administration, prior to the implementation of primary care based delivery.METHODS: Mixed methods were used comprising a quantitative, postal survey and qualitative telephone interviews. A questionnaire was sent to 500 GPs across Scotland. An initial mailing was followed by a reminder. A shortened questionnaire containing seven key questions was posted as a final reminder. Telephone interviews were conducted with 17 GPs covering a range of demographic characteristics and drug user experience.RESULTS: A response rate of 55% (240/439) was achieved. There was some awareness of the naloxone programme but little involvement (3.3%), 9% currently provided routine overdose prevention, there was little involvement in displaying overdose prevention information (<20%). Knowledge of DRD risk was mixed. There was tentative willingness to be involved in naloxone prescribing with half of respondents willing to provide this to drug users or friends/family. However half were uncertain GP based naloxone provision was essential to reduce DRDs.Factors enabling naloxone distribution were: evidence of effectiveness, appropriate training, and adding to the local formulary. Interviewees had limited awareness of what naloxone distribution in primary care may involve and considered naloxone supply as a specialist service rather than a core GP role. Wider attitudinal barriers to involvement with this group were expressed.CONCLUSIONS: There was poor awareness of the Scottish National Naloxone Programme in participants. Results indicated GPs did not currently feel sufficiently skilled or knowledgeable to be involved in naloxone provision. Appropriate training was identified as a key requirement.</p>
Country of Publication:	England
CAS Registry Number:	0 (Narcotic Antagonists); 36B82AMQ7N (Naloxone)
Publication Type:	Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	<p>"*Drug Overdose/mo [Mortality]" "*Drug Overdose/pc [Prevention and Control]" Female *General Practice Humans Male "*Naloxone/tu [Therapeutic Use]" "*Narcotic Antagonists/tu [Therapeutic Use]" Questionnaires Scotland</p>
Source:	MEDLINE

Full Text: Available from *National Library of Medicine* in [BMC Family Practice](#)
 Available from *Springer NHS Pilot 2014 (NESLi2)* in [BMC Family Practice](#); Note: ;
 Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
 Available from *ProQuest* in [BMC Family Practice](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
 Available from *Springer NHS Pilot 2014 (NESLi2)* in [BMC Family Practice](#); Note: ;
 Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
 Available from *BioMedCentral* in [BMC Family Practice](#)

4. Emergence of cocaine and methamphetamine injection among HIV-positive injection drug users in northern and western India.

Citation: Drug & Alcohol Dependence, February 2014, vol./is. 135/(160-5), 0376-8716;1879-0046 (2014 Feb 1)

Author(s): Mehta SH; Srikrishnan AK; Noble E; Vasudevan CK; Solomon S; Kumar MS; Solomon SS

Institution: Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States. Electronic address: shmehta@jhsph.edu.; YR Gaitonde Centre for AIDS Research and Education, Chennai, India.; Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States.; YR Gaitonde Centre for AIDS Research and Education, Chennai, India.; YR Gaitonde Centre for AIDS Research and Education, Chennai, India.; YR Gaitonde Centre for AIDS Research and Education, Chennai, India.; Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States; Department of Medicine, Johns Hopkins School of Medicine, Baltimore, MD, United States.

Language: English

Abstract: BACKGROUND: Little is known regarding the epidemiology of drug injection and risk behaviors among injection drug users (IDUs) across India. In particular, there is limited data on the prevalence of stimulant injection. METHODS: We sampled 801 HIV positive IDUs from 14 locations throughout India to represent the geography of India as well as the diversity in IDU epidemic stage (established epidemics, emerging epidemics and large cities). All participants underwent a behavioral survey and blood draw. Given prior associations with stimulant injection and HIV risk, we compared stimulant injectors (cocaine and/or methamphetamine) to those who injected opiates and/or pharmaceuticals only. RESULTS: The median age was 33; 86% were male. The primary drugs injected were heroin, buprenorphine and other pharmaceuticals. In all but four sites, >50% of those actively injecting reported needle sharing. Stimulant injection was most common in emerging epidemics. Compared to exclusive opiate injectors, stimulant injectors were significantly younger, more likely to be educated and employed, more likely to report non-injection use of heroin, crack/cocaine and amphetamines, heavy alcohol use, recent needle sharing (71% vs. 57%), sex with a casual partner (57% vs. 31%) and men having sex with other men (33% vs. 9%; p<0.01 for all). CONCLUSIONS: Emerging IDU epidemics have a drug/sexual risk profile not previously been observed in India. Given the high prevalence of stimulant injection in these populations, HIV prevention/treatment programs may need to be redesigned to maximize effectiveness. The high levels of injection sharing overall reinforce the need to ensure access to harm-reduction services for all. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 44RAL3456C (Methamphetamine); I5Y540LHVR (Cocaine)

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

Subject Headings: [Adult](#)
["*Cocaine/ad \[Administration and Dosage\]"](#)
["*Drug Users/px \[Psychology\]"](#)
[Female](#)

"HIV Seropositivity/di [Diagnosis]"
 "*HIV Seropositivity/ep [Epidemiology]"
 Humans
 "India/ep [Epidemiology]"
 Male
 "*Methamphetamine/ad [Administration and Dosage]"
 "Sexual Behavior/px [Psychology]"
 "Substance Abuse Intravenous/di [Diagnosis]"
 "*Substance Abuse Intravenous/ep [Epidemiology]"
 "*Substance Abuse Intravenous/px [Psychology]"

Source: MEDLINE

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

5. Decision rules for GHB (-hydroxybutyric acid) detoxification: a vignette study.

Citation: Drug & Alcohol Dependence, February 2014, vol./is. 135/(146-51), 0376-8716;1879-0046 (2014 Feb 1)

Author(s): Kamal RM; van Iwaarden S; Dijkstra BA; de Jong CA

Institution: Nijmegen Institute for Scientist-Practitioners in Addiction (NISPA), 6525 ED Nijmegen, The Netherlands; Novadic-Kentron Addiction Care Network, 5260 AE Vught, The Netherlands. Electronic address: rama.kamal@novadic-kentron.nl.; Dimence Mental Health Care, 8012 EN Zwolle, The Netherlands.; Nijmegen Institute for Scientist-Practitioners in Addiction (NISPA), 6525 ED Nijmegen, The Netherlands; Novadic-Kentron Addiction Care Network, 5260 AE Vught, The Netherlands.; Nijmegen Institute for Scientist-Practitioners in Addiction (NISPA), 6525 ED Nijmegen, The Netherlands.

Language: English

Abstract: BACKGROUND: GHB dependent patients can suffer from a severe and sometimes life-threatening withdrawal syndrome. Therefore, most of the patients are treated within inpatient settings. However, some prefers an outpatient approach to treatment. The aim of this study was to develop decision rules for addiction physicians to determine whether an outpatient or inpatient setting should be chosen for a safe GHB detoxification. METHODS: A prospective vignette study was performed. Forty addiction medicine specialists from various treatment settings and residents of the Addiction Medicine postgraduate Master training were asked to contribute vignettes of GHB dependent patients. A focus group of 15 psychiatrists and addiction medicine specialists was asked to recommend an outpatient or inpatient setting for GHB detoxification treatment per vignette. Finally, five addiction medicine specialists, experts in GHB dependence treatment in the Netherlands, assessed the bio-psychosocial reasons for the choices of the focus group and formulated the recommended criteria. RESULTS: Based on the bio-psychosocial state of twenty vignette patients, addiction physicians and psychiatrists established the criteria and conditions recommended for the indication of an outpatient GHB detoxification. Intensity of addiction (GHB dose <32 g/d and frequency of abuse <2 h) was stated as the primary criterion in determining the setting as well as the complexity of the psychiatric comorbid disorders. The importance of a stable support system was emphasised. CONCLUSION: The vignette study resulted in a set of criteria with which addiction medicine specialists can make a weighted decision as to an outpatient or inpatient setting for GHB detoxification. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Hydroxybutyrates); 30IW36W5B2 (4-hydroxybutyric acid)

Publication Type: Journal Article

Subject Headings: Adult
 "*Behavior Addictive/di [Diagnosis]"
 "Behavior Addictive/th [Therapy]"
 Cohort Studies

Decision Making
 Female
 Humans
 *Hydroxybutyrates
 Male
 Prospective Studies
 "Psychiatry/mt [Methods]"
 *Psychiatry
 "Substance Abuse Treatment Centers/mt [Methods]"
 *Substance Abuse Treatment Centers
 "Substance Withdrawal Syndrome/di [Diagnosis]"
 "Substance Withdrawal Syndrome/th [Therapy]"
 "*Substance-Related Disorders/di [Diagnosis]"
 "Substance-Related Disorders/th [Therapy]"
 Young Adult

Source: MEDLINE

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

6. Prevalence of clinically recognized alcohol and other substance use disorders among VA outpatients with unhealthy alcohol use identified by routine alcohol screening.

Citation: Drug & Alcohol Dependence, February 2014, vol./is. 135/(95-103), 0376-8716;1879-0046 (2014 Feb 1)

Author(s): Williams EC; Rubinsky AD; Lapham GT; Chavez LJ; Rittmueller SE; Hawkins EJ; Grossbard JR; Kivlahan DR; Bradley KA

Institution: Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care, Health Services Research & Development, Veteran Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Department of Health Services, University of Washington, Seattle, WA, United States. Electronic address: emily.williams3@va.gov.; Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care, Health Services Research & Development, Veteran Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Center of Excellence for Substance Abuse Treatment and Education, Veterans Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Department of Health Services, University of Washington, Seattle, WA, United States.; Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care, Health Services Research & Development, Veteran Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Group Health Research Institute, Seattle, WA, United States.; Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care, Health Services Research & Development, Veteran Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Department of Health Services, University of Washington, Seattle, WA, United States.; Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care, Health Services Research & Development, Veteran Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States.; Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care, Health Services Research & Development, Veteran Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States.; Center of Excellence for Substance Abuse Treatment and Education, Veterans Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA, United States.; Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care, Health Services Research & Development, Veteran Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Center of Excellence for Substance Abuse Treatment and Education, Veterans Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States.; Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care, Health Services Research & Development, Veteran Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States.; Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care, Health Services Research & Development, Veteran Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Center of Excellence for Substance Abuse Treatment and Education, Veterans Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA, United States.; Denver-Seattle Center

of Innovation for Veteran-Centered and Value-Driven Care, Health Services Research & Development, Veteran Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Center of Excellence for Substance Abuse Treatment and Education, Veterans Affairs (VA) Puget Sound Health Care System, Seattle, WA, United States; Department of Medicine, University of Washington, Seattle, WA, United States; Department of Health Services, University of Washington, Seattle, WA, United States; Group Health Research Institute, Seattle, WA, United States.

Language:

English

Abstract:

OBJECTIVE: The purpose of routine alcohol screening is to identify patients who may benefit from brief intervention, but patients who also have alcohol and other substance use disorders (AUD/SUD) likely require more intensive interventions. This study sought to determine the prevalence of clinically documented AUD/SUD among VA outpatients with unhealthy alcohol use identified by routine screening.**METHODS:** VA patients 18-90 years who screened positive for unhealthy alcohol use (AUDIT-C >3 women; >4 men) and were randomly selected for quality improvement standardized medical record review (6/06-6/10) were included. Gender-stratified prevalences of clinically documented AUD/SUD (diagnosis of AUD, SUD, or alcohol-specific medical conditions, or VA specialty addictions treatment on the date of or 365 days prior to screening) were estimated and compared across AUDIT-C risk groups, and then repeated across groups further stratified by age.**RESULTS:** Among 63,397 eligible patients with unhealthy alcohol use, 25% (n=2109) women and 28% (n=15,199) men had documented AUD/SUD (p<0.001). The prevalence of AUD/SUD increased with increasing AUDIT-C risk, ranging from 13% (95% CI 13-14%) to 82% (79-85%) for women and 12% (11-12%) to 69% (68-71%) for men in the lowest and highest AUDIT-C risk groups, respectively. Patterns were similar across age groups.**CONCLUSIONS:** One-quarter of all patients with unhealthy alcohol use, and a majority of those with the highest alcohol screening scores, had clinically recognized AUD/SUD. Healthcare systems implementing evidence-based alcohol-related care should be prepared to offer more intensive interventions and/or effective pharmacotherapies for these patients. Published by Elsevier Ireland Ltd.

Country of Publication:

Ireland

Publication Type:

Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural; Research Support, U.S. Gov't, Non-P.H.S.

Subject Headings:

Adolescent
 Adult
 Aged
 Aged 80 and over
 "Alcoholism/di [Diagnosis]"
 "Alcoholism/ep [Epidemiology]"
 "Alcoholism/px [Psychology]"
 "*Ambulatory Care/mt [Methods]"
 "Ambulatory Care/px [Psychology]"
 Cross-Sectional Studies
 Female
 Humans
 Male
 Middle Aged
 Prevalence
 "*Substance Abuse Detection/mt [Methods]"
 "Substance Abuse Detection/px [Psychology]"
 "*Substance-Related Disorders/di [Diagnosis]"
 "*Substance-Related Disorders/ep [Epidemiology]"
 "Substance-Related Disorders/px [Psychology]"
 "United States/ep [Epidemiology]"
 *United States Department of Veterans Affairs
 "Veterans/px [Psychology]"
 *Veterans
 Young Adult

Source:

MEDLINE

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

7. A simulative comparison of respondent driven sampling with incentivized snowball sampling--the "strudel effect".

Citation: Drug & Alcohol Dependence, February 2014, vol./is. 135/(71-7), 0376-8716;1879-0046 (2014 Feb 1)

Author(s): Gyarmathy VA; Johnston LG; Caplinskiene I; Caplinskas S; Latkin CA

Institution: Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA. Electronic address: vgyarmat@jhsph.edu.; University of California, San Francisco, Global Health Sciences, San Francisco, CA, USA; Tulane University, School of International Public Health and Tropical Medicine, New Orleans, LA, USA.; Centre for Communicable Diseases and AIDS, Vilnius, Lithuania; M. Romeris University, Social Policy Faculty, Vilnius, Lithuania.; Centre for Communicable Diseases and AIDS, Vilnius, Lithuania; M. Romeris University, Social Policy Faculty, Vilnius, Lithuania.; Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA.

Language: English

Abstract: BACKGROUND: Respondent driven sampling (RDS) and incentivized snowball sampling (ISS) are two sampling methods that are commonly used to reach people who inject drugs (PWID).METHODS: We generated a set of simulated RDS samples on an actual sociometric ISS sample of PWID in Vilnius, Lithuania ("original sample") to assess if the simulated RDS estimates were statistically significantly different from the original ISS sample prevalences for HIV (9.8%), Hepatitis A (43.6%), Hepatitis B (Anti-HBc 43.9% and HBsAg 3.4%), Hepatitis C (87.5%), syphilis (6.8%) and Chlamydia (8.8%) infections and for selected behavioral risk characteristics.RESULTS: The original sample consisted of a large component of 249 people (83% of the sample) and 13 smaller components with 1-12 individuals. Generally, as long as all seeds were recruited from the large component of the original sample, the simulation samples simply recreated the large component. There were no significant differences between the large component and the entire original sample for the characteristics of interest. Altogether 99.2% of 360 simulation sample point estimates were within the confidence interval of the original prevalence values for the characteristics of interest.CONCLUSIONS: When population characteristics are reflected in large network components that dominate the population, RDS and ISS may produce samples that have statistically non-different prevalence values, even though some isolated network components may be under-sampled and/or statistically significantly different from the main groups. This so-called "strudel effect" is discussed in the paper. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: ["*Data Collection/mt \[Methods\]"](#)
["Data Collection/sn \[Statistics and Numerical Data\]"](#)
[Female](#)
[Humans](#)
["Lithuania/ep \[Epidemiology\]"](#)
[Male](#)
[*Motivation](#)
[*Sampling Studies](#)
["Sexual Behavior/sn \[Statistics and Numerical Data\]"](#)
[*Sociometric Techniques](#)
["Substance Abuse Intravenous/di \[Diagnosis\]"](#)
["*Substance Abuse Intravenous/ep \[Epidemiology\]"](#)

Source: MEDLINE

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

8. Efficacy of dual focus mutual aid for persons with mental illness and substance misuse.

Citation: Drug & Alcohol Dependence, February 2014, vol./is. 135/(78-87), 0376-8716;1879-0046 (2014 Feb 1)

Author(s): Rosenblum A; Matusow H; Fong C; Vogel H; Uttaro T; Moore TL; Magura S

Institution: Institute for Treatment and Services Research, National Development and Research Institutes, New York, NY 10010, USA. Electronic address: Rosenblum@ndri.org.; Institute for Treatment and Services Research, National Development and Research Institutes, New York, NY 10010, USA.; Institute for Treatment and Services Research, National Development and Research Institutes, New York, NY 10010, USA.; Double Trouble in Recovery, Inc, West Palm Beach, FL 33411, USA.; Weill-Cornell Medical College, New York, NY 10065, USA.; Cherry Street Health Services, Grand Rapids, MI 49503, USA.; The Evaluation Center, Western Michigan University, Kalamazoo, MI 49008, USA.

Language: English

Abstract: BACKGROUND: Previous studies have indicated that persons with co-occurring mental health and substance use problems can benefit by attending dual-focus mutual aid groups. However, to date, a trial to test the efficacy of these groups has not been published.METHOD: This study randomly assigned 203 substance misusing clients attending a mental health or dual-diagnosis facility to either a dual-focus 12-step group (Double Trouble in Recovery; DTR) or a waiting list control group. Participants were followed for 3-6 months. The primary outcome was substance use (days used in the past 30 with saliva testing to detect under-reporting); secondary outcomes included psychiatric medication adherence, attendance at traditional (single-focus) 12-step meetings (e.g., AA/NA); and improvement in mental health and substance use problems (quality of life). Multilevel model (MLM) regression was used to analyze the nested effect of participants within 8 facilities (7 in New York City and 1 in Michigan). Regression imputation was used to adjust for drug use under-reporting.RESULTS: At follow-up 79% of the subjects were interviewed. In intent to treat analysis, DTR subjects compared with control subjects used alcohol (p=.03) and any substances (p=.02) on fewer days. DTR compared with control subjects were also more likely to rate themselves as experiencing better mental health and fewer substance use problems (p=.001). There were no effects for DTR on drug use only, medication adherence or NA/AA attendance.CONCLUSION: Findings reported in previous studies on the association between exposure to DTR and reductions in substance use were partially supported in this efficacy trial. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: [Adult](#)
["Diagnosis Dual \(Psychiatry\)/px \[Psychology\]"](#)
[Female](#)
[Follow-Up Studies](#)
[Humans](#)
[Male](#)
["*Mental Disorders/di \[Diagnosis\]"](#)
["Mental Disorders/px \[Psychology\]"](#)
["*Mental Disorders/th \[Therapy\]"](#)
[Middle Aged](#)
[Retrospective Studies](#)
[*Self-Help Groups](#)
["*Substance-Related Disorders/di \[Diagnosis\]"](#)
["Substance-Related Disorders/px \[Psychology\]"](#)
["*Substance-Related Disorders/th \[Therapy\]"](#)
[Treatment Outcome](#)

Source: MEDLINE

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

9. Childhood and current ADHD symptom dimensions are associated with more severe cannabis outcomes in college students.

- Citation:** Drug & Alcohol Dependence, February 2014, vol./is. 135/(88-94), 0376-8716;1879-0046 (2014 Feb 1)
- Author(s):** Bidwell LC; Henry EA; Willcutt EG; Kinnear MK; Ito TA
- Institution:** Center for Alcohol and Addition Studies, Department of Psychiatry and Human Behavior, Brown University, Box G-S121-4, Providence, RI 02912, United States; Rhode Island Hospital, Department of Psychiatry, Division of Behavioral Genetics, 1 Hoppin Street, Providence, RI 02903, United States. Electronic address: cinnamon_bidwell@brown.edu.; Department of Psychology and Neuroscience, University of Colorado Boulder, Boulder, CO 80309, United States.; Department of Psychology and Neuroscience, University of Colorado Boulder, Boulder, CO 80309, United States.; Department of Psychology and Neuroscience, University of Colorado Boulder, Boulder, CO 80309, United States.; Department of Psychology and Neuroscience, University of Colorado Boulder, Boulder, CO 80309, United States.
- Language:** English
- Abstract:** BACKGROUND: Numerous studies have shown that attention deficit/hyperactivity disorder (ADHD) is associated higher risk of cannabis use disorders (CUD). However, these studies are limited in that most did not: (a) differentiate the role of hyperactivity-impulsivity (HI) and inattention (IN); (b) control for associated psychopathology; and (c) consider more fine-grained CUD-related measures. Our aim was to clarify the unique and interactive contributions of inattention and hyperactivity symptoms to age of cannabis initiation and DSM-IV cannabis dependence, craving, and severity of problems related to cannabis use while statistically controlling for symptoms of comorbid psychopathology in a non-clinical sample of young adults. METHODS: Cannabis variables, current use of cigarettes and alcohol, current and childhood ADHD, and comorbid internalizing and externalizing psychopathology were assessed in 376 male and female undergraduates. RESULTS: Results indicate that current and childhood IN were independently associated with more severe cannabis use, craving, and problem use-related outcomes in young adulthood ($p's < .01$) and that childhood HI symptoms were associated with earlier initiation of cannabis ($p < .01$). Further, current IN symptoms moderated the relationships between level of use and more severe outcomes ($p's < .01$), such that higher IN strengthened positive associations among use and problem cannabis use. Associations with ADHD symptom dimensions and current use of alcohol and cigarettes were also present. CONCLUSIONS: Thus, current and childhood inattention symptoms as well as childhood hyperactive-impulsive symptoms emerged as significant factors in cannabis-related outcomes in young adults, even after statistically controlling for important confounding variables. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- Publication Type:** Journal Article
- Subject Headings:** [Adolescent](#)
[Age Factors](#)
["*Attention Deficit Disorder with Hyperactivity/di \[Diagnosis\]"](#)
["*Attention Deficit Disorder with Hyperactivity/ep \[Epidemiology\]"](#)
["Attention Deficit Disorder with Hyperactivity/th \[Therapy\]"](#)
[Female](#)
[Humans](#)
[Longitudinal Studies](#)
[Male](#)
["*Marijuana Abuse/di \[Diagnosis\]"](#)
["*Marijuana Abuse/ep \[Epidemiology\]"](#)
["Marijuana Abuse/th \[Therapy\]"](#)
[Self Report](#)
[*Students](#)

[Treatment Outcome](#)[*Universities](#)[Young Adult](#)**Source:** MEDLINE**Full Text:** Available from *Elsevier* in [Drug and Alcohol Dependence](#)**10. Sex differences in the effects of estradiol in the nucleus accumbens and striatum on the response to cocaine: neurochemistry and behavior.****Citation:** Drug & Alcohol Dependence, February 2014, vol./is. 135/(22-8), 0376-8716;1879-0046 (2014 Feb 1)**Author(s):** Cummings JA; Jagannathan L; Jackson LR; Becker JB**Institution:** Molecular and Behavioral Neuroscience Institute, University of Michigan, Ann Arbor, MI 48109, United States.; Molecular and Behavioral Neuroscience Institute, University of Michigan, Ann Arbor, MI 48109, United States.; Department of Psychology, Schoolcraft College, Livonia, MI 48152, United States.; Molecular and Behavioral Neuroscience Institute, University of Michigan, Ann Arbor, MI 48109, United States; Department of Psychology, University of Michigan, Ann Arbor, MI 48109, United States; Department of Psychiatry, University of Michigan, Ann Arbor, MI 48109, United States. Electronic address: jbbecker@umich.edu.**Language:** English**Abstract:** BACKGROUND: Females exhibit more rapid escalation of cocaine use and enhanced cocaine-taking behavior as compared to males. While ovarian hormones likely play a role in this increased vulnerability, research has yet to examine the role of estradiol in affecting the behavioral and neurological response to cocaine in a brain region- and sex-specific way.METHODS: First, we examined stereotypy and locomotor sensitization after repeated cocaine administration (10 mg/kg i.p.) in intact (SHAM) and castrated (CAST) males, and ovariectomized (OVX) females treated with 5 mug estradiol benzoate (EB) or vehicle (OIL). Next, we used in vivo microdialysis to examine the effects of acute EB treatment on cocaine-induced DA in the regions mediating the display of these behaviors (i.e., the dorsolateral striatum, DLS; and the nucleus accumbens, NAc; respectively).RESULTS: We find that EB enhances sensitization of cocaine-induced stereotypy in OVX females after 12 days of cocaine treatment, and after a 10-day withdrawal. Similarly, the OVX/EB females show enhanced locomotor sensitization compared to the other three groups on the same days. Using in vivo microdialysis to assess the neurochemical response, we find that EB rapidly enhances cocaine-induced DA in DLS dialysate of OVX females but not CAST males, and has no effect in NAc of either sex.CONCLUSIONS: With these experiments, we show that there are sex differences in the effects of estradiol to preferentially enhance the response to cocaine in the DLS over the NAc in females, which may contribute to the preferential sensitization of stereotypy in females. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.**Country of Publication:** Ireland**CAS Registry Number:** 4TI98Z838E (Estradiol); I5Y540LHVR (Cocaine)**Publication Type:** Journal Article**Subject Headings:** [Animals](#)
[**Cocaine/ad \[Administration and Dosage\]"](#)
["Cocaine-Related Disorders/me \[Metabolism\]"](#)
["Cocaine-Related Disorders/px \[Psychology\]"](#)
["Corpus Striatum/ch \[Chemistry\]"](#)
[**Corpus Striatum/de \[Drug Effects\]"](#)
["Corpus Striatum/me \[Metabolism\]"](#)
[**Estradiol/ad \[Administration and Dosage\]"](#)
[Female](#)
[Male](#)
["Microdialysis/mt \[Methods\]"](#)
[**Motor Activity/de \[Drug Effects\]"](#)

"Motor Activity/ph [Physiology]"
 "Nucleus Accumbens/ch [Chemistry]"
 "*Nucleus Accumbens/de [Drug Effects]"
 "Nucleus Accumbens/me [Metabolism]"
 Rats
 Rats Sprague-Dawley
 *Sex Characteristics

Source: MEDLINE

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

11. Commitment strength, alcohol dependence and HealthCall participation: effects on drinking reduction in HIV patients.

Citation: Drug & Alcohol Dependence, February 2014, vol./is. 135/(112-8), 0376-8716;1879-0046 (2014 Feb 1)

Author(s): Aharonovich E; Stohl M; Ellis J; Amrhein P; Hasin D

Institution: New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY 10032, United States; Department of Psychiatry, Columbia University Medical Center, 1051 Riverside Drive, New York, NY 10032, United States. Electronic address: ea2017@columbia.edu.; New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY 10032, United States.; New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY 10032, United States.; New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY 10032, United States.; Department of Psychiatry, Columbia University Medical Center, 1051 Riverside Drive, New York, NY 10032, United States.; New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY 10032, United States.; Department of Psychiatry, Columbia University Medical Center, 1051 Riverside Drive, New York, NY 10032, United States.; Department of Epidemiology, Mailman School of Public Health, Columbia University, 722 West 168th Street, New York, NY 10032, United States.

Language: English

Abstract: BACKGROUND: The role of three factors in drinking outcome after brief intervention among heavily drinking HIV patients were investigated: strength of commitment to change drinking, alcohol dependence, and treatment type: brief Motivational Interview (MI) only, or MI plus HealthCall, a technological extension of brief intervention. METHODS: HIV primary care patients (N=139) who drank >4 drinks at least once in the 30 days before study entry participated in MI-only or MI+HealthCall in a randomized trial to reduce drinking. Patients were 95.0% minority; 23.0% female; 46.8% alcohol dependent; mean age 46.3. Outcome at end of treatment (60 days) was drinks per drinking day (Timeline Follow-Back). Commitment strength (CS) was rated from MI session recordings. RESULTS: Overall, stronger CS predicted end-of-treatment drinking ($p<.001$). After finding an interaction of treatment, CS and alcohol dependence ($p=.01$), we examined treatment \times CS interactions in alcohol dependent and non-dependent patients. In alcohol dependent patients, the treatment \times commitment strength interaction was significant ($p=.006$); patients with low commitment strength had better outcomes in MI+HealthCall than in MI-only (lower mean drinks per drinking day; 3.5 and 4.6 drinks, respectively). In non-dependent patients, neither treatment nor CS predicted outcome. CONCLUSIONS: Among alcohol dependent HIV patients, HealthCall was most beneficial in drinking reduction when MI ended with low commitment strength. HealthCall may not merely extend MI effects, but add effects of its own that compensate for low commitment strength. Thus, HealthCall may also be effective when paired with briefer interventions requiring less skill, training and supervision than MI. Replication is warranted. 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; Research Support, Non-U.S. Gov't

Subject Headings: Adult
 "Alcohol Drinking/px [Psychology]"

"*Alcohol Drinking/th [Therapy]"
 "Alcoholism/ep [Epidemiology]"
 "Alcoholism/px [Psychology]"
 "*Alcoholism/th [Therapy]"
 Female
 "HIV Infections/ep [Epidemiology]"
 "HIV Infections/px [Psychology]"
 "*HIV Infections/th [Therapy]"
 Humans
 Male
 Middle Aged
 "*Motivational Interviewing/mt [Methods]"
 "Motivational Interviewing/ut [Utilization]"
 "*Patient Participation/mt [Methods]"
 "Patient Participation/px [Psychology]"
 "Telephone/ut [Utilization]"
 *Telephone
 Treatment Outcome

Source: MEDLINE

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

12. Neighborhood-level LGBT hate crimes and current illicit drug use among sexual minority youth.

Citation: Drug & Alcohol Dependence, February 2014, vol./is. 135/(65-70), 0376-8716;1879-0046 (2014 Feb 1)

Author(s): Duncan DT; Hatzenbuehler ML; Johnson RM

Institution: Department of Social and Behavioral Sciences, Harvard School of Public Health, Boston, MA, USA; Harvard Youth Violence Prevention Center, Harvard School of Public Health, Boston, MA, USA. Electronic address: dustin.duncan@nyumc.org.; Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, NY, USA; Center for the Study of Social Inequalities and Health, Columbia University, New York, NY, USA.; Harvard Youth Violence Prevention Center, Harvard School of Public Health, Boston, MA, USA; Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA.

Language: English

Abstract: **OBJECTIVE:** To investigate whether past-30 day illicit drug use among sexual minority youth was more common in neighborhoods with a greater prevalence of hate crimes targeting lesbian, gay, bisexual, and transgender (LGBT, or sexual minority) individuals. **METHODS:** We used a population-based survey of public school youth in Boston, Massachusetts, consisting of 1292 9th-12th grade students from the 2008 Boston Youth Survey Geospatial Dataset (sexual minority n=108). Data on LGBT hate crimes involving assaults or assaults and battery between 2005 and 2008 were obtained from the Boston Police Department and linked to youths' residential address. Youth reported past-30 day use of marijuana and other illicit drugs. Wilcoxon-Mann-Whitney tests and corresponding p-values were computed to assess differences in substance use by neighborhood-level LGBT assault hate crime rate among sexual minority youth (n=103). **RESULTS:** The LGBT assault hate crime rate in the neighborhoods of sexual minority youth who reported current marijuana use was 23.7 per 100,000, compared to 12.9 per 100,000 for sexual minority youth who reported no marijuana use (p=0.04). No associations between LGBT assault hate crimes and marijuana use among heterosexual youth (p>0.05) or between sexual minority marijuana use and overall neighborhood-level violent and property crimes (p>0.05) were detected, providing evidence for result specificity. **CONCLUSIONS:** We found a significantly greater prevalence of marijuana use among sexual minority youth in neighborhoods with a higher prevalence of LGBT assault hate crimes. These results suggest that neighborhood context (i.e., LGBT hate crimes) may contribute to sexual orientation disparities in marijuana use. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Street Drugs)

Publication Type: Journal Article

Subject Headings: Adolescent
 "*Bisexuality/eh [Ethnology]"
 "Bisexuality/px [Psychology]"
 "Boston/eh [Ethnology]"
 "Crime Victims/px [Psychology]"
 *Crime Victims
 "Data Collection/mt [Methods]"
 Female
 "*Homosexuality Female/eh [Ethnology]"
 "Homosexuality Female/px [Psychology]"
 "*Homosexuality Male/eh [Ethnology]"
 "Homosexuality Male/px [Psychology]"
 Humans
 Male
 "Minority Groups/px [Psychology]"
 *Minority Groups
 "Population Surveillance/mt [Methods]"
 Residence Characteristics
 Street Drugs
 "Substance-Related Disorders/di [Diagnosis]"
 "*Substance-Related Disorders/eh [Ethnology]"
 "Substance-Related Disorders/px [Psychology]"
 "Transgendered Persons/px [Psychology]"

Source: MEDLINE

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

13. Adolescent illicit drug use and subsequent academic and psychosocial adjustment: an examination of socially-mediated pathways.

Citation: Drug & Alcohol Dependence, February 2014, vol./is. 135/(45-51), 0376-8716;1879-0046 (2014 Feb 1)

Author(s): Briere FN; Fallu JS; Morizot J; Janosz M

Institution: Universite de Montreal, C.P. 6128, Succursale Centre-Ville, Montreal, Quebec H3C 3J7, Canada; School Environment Research Group (SERG), 7077 Avenue du Parc, 5(e) etage, Montreal, Quebec H3N 1X7, Canada. Electronic address: frederic.nault-briere@umontreal.ca.; Ecole de Psychoeducation, Universite de Montreal, C.P. 6128, Succursale Centre-Ville, Montreal, Quebec H3C 3J7, Canada; School Environment Research Group (SERG), 7077 Avenue du Parc, 5(e) etage, Montreal, Quebec H3N 1X7, Canada; Institut de Recherche en Sante Publique de l'Universite de Montreal (IRSPUM), Pavillon 1420, boul. Mont-Royal, C.P. 6128, Succ. Centre-Ville, Montreal, Quebec H3C 3J7, Canada. Electronic address: jean-sebastien.fallu@umontreal.ca.; Ecole de Psychoeducation, Universite de Montreal, C.P. 6128, Succursale Centre-Ville, Montreal, Quebec H3C 3J7, Canada; Institut de Recherche en Sante Publique de l'Universite de Montreal (IRSPUM), Pavillon 1420, boul. Mont-Royal, C.P. 6128, Succ. Centre-Ville, Montreal, Quebec H3C 3J7, Canada. Electronic address: Julien.morizot@umontreal.ca.; Ecole de Psychoeducation, Universite de Montreal, C.P. 6128, Succursale Centre-Ville, Montreal, Quebec H3C 3J7, Canada; School Environment Research Group (SERG), 7077 Avenue du Parc, 5(e) etage, Montreal, Quebec H3N 1X7, Canada; Institut de Recherche en Sante Publique de l'Universite de Montreal (IRSPUM), Pavillon 1420, boul. Mont-Royal, C.P. 6128, Succ. Centre-Ville, Montreal, Quebec H3C 3J7, Canada. Electronic address: michel.janosz@umontreal.ca.

Language: English

Abstract: BACKGROUND: Questions remain regarding the consequences of illicit drug use on adolescent adjustment and the nature of mechanisms that may explain these consequences. In this study, we examined whether early-onset illicit drug use predicts subsequent academic and psychosocial adjustment and whether associations are socially-mediated by decreased school engagement and increased peer deviancy. METHOD: 4885 adolescents were followed throughout secondary school. We used regressions to determine whether illicit drug use in grade 7 predicted academic achievement, school dropout, depressive symptoms, and conduct problems in grades 10-11, adjusting for potential confounders. We used path analysis to test whether significant associations were mediated by school engagement and peer deviancy in grade 8. RESULTS: Illicit drug use predicted conduct problems and school dropout, but not academic achievement and depressive symptoms. The association between illicit drug use and conduct problems was fully mediated by increased peer deviancy. The association between illicit drug use and school dropout was partially mediated by increased peer deviancy, but remained mostly direct. No indirect association via decreased school engagement was found. Examination of reverse pathways revealed that conduct problems and academic achievement in grade 7 predicted drug use in grades 10-11. These associations were mediated by peer deviancy and school engagement (conduct problems only). CONCLUSION: Adolescent illicit drug use influences the risk of school dropout and conduct problems in part by contributing to deviant peer affiliation. Reciprocal social mediation characterizes the association between drug use and conduct problems. A reverse mechanism best explains the association with academic achievement. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland
CAS Registry Number: 0 (Street Drugs)
Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Subject Headings: [*Adaptation Psychological](#)
[Adolescent](#)
["*Adolescent Behavior/px \[Psychology\]"](#)
[Child](#)
[Educational Status](#)
[Female](#)
[Humans](#)
[Male](#)
[*Peer Group](#)
[*Social Adjustment](#)
[*Social Environment](#)
["Street Drugs/ae \[Adverse Effects\]"](#)
[*Street Drugs](#)
["Substance-Related Disorders/di \[Diagnosis\]"](#)
["Substance-Related Disorders/ep \[Epidemiology\]"](#)
["*Substance-Related Disorders/px \[Psychology\]"](#)

Source: MEDLINE

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

14. Continuing care for patients with alcohol use disorders: a systematic review.

Citation: Drug & Alcohol Dependence, February 2014, vol./is. 135/(9-21), 0376-8716;1879-0046 (2014 Feb 1)

Author(s): Lenaerts E; Mathei C; Matthys F; Zeeuws D; Pas L; Anderson P; Aertgeerts B

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Psychiatric Department, Vrije Universiteit Brussel (V.U.B.), Laarbeeklaan 101, 1090 Brussels, Belgium.; Academic Center for General Practice, Department of Public health and Primary Care, Katholieke Universiteit Leuven, Kapucijnenvoer 33, blok j, bus 7001, 3000 Leuven, Belgium.; Institute of Health and Society, Newcastle University, Newcastle upon Tyne, NE2 4AX, United Kingdom; Faculty of Health, Medicine and Life Sciences, Maastricht University, P.O. Box 616, 6200 MD, Maastricht, The Netherlands.; Academic Center for General Practice, Department of Public health and Primary Care, Katholieke Universiteit Leuven, Kapucijnenvoer 33, blok j, bus 7001, 3000 Leuven, Belgium.

Language:

English

Abstract:

BACKGROUND: A chronic care perspective should be adopted in the treatment of patients with alcohol use disorders (AUDs). Initial treatment in a more intense psychiatric care setting should be followed by continuing care. This systematic review aims to identify effective continuing care interventions for patients with AUDs.**METHODS:** Electronic databases were searched up to February 2013 (MEDLINE, EMBASE, CENTRAL, CINAHL and PsycINFO) to identify RCTs studying continuing care interventions for patients with AUDs. Study selection and quality appraisal was done independently by two reviewers. Drinking and treatment engagement outcomes were considered. Relative risks and mean differences were calculated with 95% confidence intervals. A statistical pooling of results was planned.**RESULTS:** 20 trials out of 15,235 identified studies met the inclusion criteria. Only six were evaluated as methodologically strong enough and included for further analysis. Interventions ranged from telephone calls and nurse follow-up to various forms of individual or couples counseling. Four trials suggested that supplementing usual continuing care with an active intervention empowering the patient, could be beneficial to drinking outcomes. Effect sizes were limited and not consistent across all outcomes. Because of heterogeneity in the interventions and outcome measures, a meta-analysis could not be performed.**CONCLUSION:** For the treatment of a disease with such devastating consequences, it is remarkable how few high quality studies are available. Adding an active intervention to usual continuing care seems to improve treatment outcomes. We propose an integrated care program with different elements from the selected studies and discuss implications for further research. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication:

Ireland

Publication Type:

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

Subject Headings:

"*Alcohol-Related Disorders/di [Diagnosis]"
 "*Alcohol-Related Disorders/th [Therapy]"
 "Clinical Trials as Topic/mt [Methods]"
 "*Continuity of Patient Care/td [Trends]"
 Humans
 Treatment Outcome

Source:

MEDLINE

Full Text:Available from *Elsevier* in [Drug and Alcohol Dependence](#)**15. Predictors of non-prescribed opioid use after one year of methadone treatment: an attributable-risk approach (ANRS-Methaville trial).****Citation:**

Drug & Alcohol Dependence, February 2014, vol./is. 135/(1-8), 0376-8716;1879-0046 (2014 Feb 1)

Author(s):

Lions C; Carrieri MP; Michel L; Mora M; Marcellin F; Morel A; Spire B; Roux P; Methaville Study Group

Institution:

INSERM, UMR912 "Economics and Social Sciences Applied to Health & Analysis of Medical Information" (SESSTIM), 13006 Marseille, France; Aix Marseille University, UMR_S912, IRD, 13006 Marseille, France; ORS PACA, Southeastern Health Regional Observatory, 13006 Marseille, France. Electronic address: caroline.lions@inserm.fr.; INSERM, UMR912 "Economics and Social Sciences Applied to Health & Analysis of Medical Information" (SESSTIM), 13006 Marseille, France; Aix Marseille University, UMR_S912, IRD, 13006 Marseille, France; ORS PACA, Southeastern Health Regional

Observatory, 13006 Marseille, France.; INSERM, Research Unit 669, Paris, France; Univ. Paris-Sud and Univ. Paris Descartes, UMR-S0669, Paris, France; Centre Pierre Nicole, Paris, France.; INSERM, UMR912 "Economics and Social Sciences Applied to Health & Analysis of Medical Information" (SESSTIM), 13006 Marseille, France; Aix Marseille University, UMR_S912, IRD, 13006 Marseille, France; ORS PACA, Southeastern Health Regional Observatory, 13006 Marseille, France.; INSERM, UMR912 "Economics and Social Sciences Applied to Health & Analysis of Medical Information" (SESSTIM), 13006 Marseille, France; Aix Marseille University, UMR_S912, IRD, 13006 Marseille, France; ORS PACA, Southeastern Health Regional Observatory, 13006 Marseille, France.; Oppelia, Paris, France.; INSERM, UMR912 "Economics and Social Sciences Applied to Health & Analysis of Medical Information" (SESSTIM), 13006 Marseille, France; Aix Marseille University, UMR_S912, IRD, 13006 Marseille, France; ORS PACA, Southeastern Health Regional Observatory, 13006 Marseille, France.; INSERM, UMR912 "Economics and Social Sciences Applied to Health & Analysis of Medical Information" (SESSTIM), 13006 Marseille, France; Aix Marseille University, UMR_S912, IRD, 13006 Marseille, France; ORS PACA, Southeastern Health Regional Observatory, 13006 Marseille, France.

Language:

English

Abstract:

BACKGROUND: The effectiveness of methadone as an opioid maintenance treatment (OMT) for opioid dependence has been widely demonstrated. However many patients continue to use other opioids while on methadone treatment. Studies assessing avoidable cases of continued non-prescribed opioid use during methadone treatment are sparse.**METHODS:** At 12 months of treatment (M12), 158 subjects had available data on opioid use, measured using the Opiate Treatment Index. We identified variables associated with non-prescribed opioid use at M12, using a univariate logistic regression and two multivariate models, one incorporating only pre-treatment variables, the second adding the in-treatment variables. We also calculated attributable fractions for risk factors.**RESULTS:** At M12, 32.3% of the patients had used non-prescribed opioids during the previous month. A good patient-physician relationship was the most influential factor associated with not using non-prescribed opioids after one year. Living with a heroin user after one year of treatment, using cocaine during treatment and hazardous alcohol consumption at enrolment were all associated with an increased risk of non-prescribed opioid use at M12. Analysis of attributable fractions indicated that living with a heroin user at M12 accounted for 21% of patients reporting non-prescribed opioid use at M12, while the lack of a good relationship with the physician accounted for 26%.**CONCLUSIONS:** The attributable risk approach suggests that continued non-prescribed opioid use by a considerable proportion of individuals could potentially be reduced by improving patient-physician relationships, enhancing care for co-dependent patients and encouraging patients to modify their social network. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication:

Ireland

CAS Registry Number:

UC6VBE7V1Z (Methadone)

Publication Type:

Journal Article; Multicenter Study; Randomized Controlled Trial

Subject Headings:

Adult
 Female
 Follow-Up Studies
 Humans
 Male
 "*Methadone/ad [Administration and Dosage]"
 "*Opioid-Related Disorders/di [Diagnosis]"
 "*Opioid-Related Disorders/dt [Drug Therapy]"
 "Opioid-Related Disorders/ep [Epidemiology]"
 Predictive Value of Tests
 Questionnaires
 Risk Factors
 *Self Report
 Time Factors
 Treatment Outcome

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

16. Item response theory analyses of DSM-IV and DSM-5 stimulant use disorder criteria in an American Indian community sample.

Citation: Drug & Alcohol Dependence, February 2014, vol./is. 135/(29-36), 0376-8716;1879-0046 (2014 Feb 1)

Author(s): Gilder DA; Gizer IR; Lau P; Ehlers CL

Institution: Department of Molecular and Cellular Neurosciences The Scripps Research Institute, 10550 North Torrey Pines Road, La Jolla, CA 92037, USA.; Department of Psychological Sciences, University of Missouri, Columbia, MO 65211, USA.; Department of Molecular and Cellular Neurosciences The Scripps Research Institute, 10550 North Torrey Pines Road, La Jolla, CA 92037, USA.; Department of Molecular and Cellular Neurosciences The Scripps Research Institute, 10550 North Torrey Pines Road, La Jolla, CA 92037, USA; Department of Molecular and Experimental Medicine, The Scripps Research Institute, 10550 North Torrey Pines Road, La Jolla, CA 92037, USA. Electronic address: cindye@scripps.edu.

Language: English

Abstract: BACKGROUND: Native Americans experience some of the highest rates of DSM-IV stimulant dependence (SD) of all U.S. ethnic groups. This report compares DSM-IV and DSM-5 stimulant use disorder (SUD) diagnostic criteria in an American Indian community sample. METHODS: Demographic information, stimulant (methamphetamine or cocaine) use, and lifetime DSM-IV and DSM-5 diagnoses were assessed in 858 adult American Indians. Item Response Theory (IRT) analyses were used to assess SUD criteria in both DSM-IV and DSM-5 criteria sets along an underlying latent trait severity continuum and the effect of demographic variables on differential item functioning (DIF) in those criteria. RESULTS: The overall rate of DSM-IV SD was 33%, of DSM-IV SUD was 38%, and of DSM-5 SUD was 36% with no gender differences. All SUD symptoms in both the DSM-IV and DSM-5 datasets functioned on the moderate portion of the underlying severity continuum. "Craving" discriminated better than any other criterion at its level of severity in indicating the presence or absence of SUD. There was little DIF in groups defined by gender or any other demographic variable in either the DSM-IV or DSM-5 datasets. CONCLUSIONS: These findings indicate that in this American Indian sample, diagnostic criteria for DSM-IV and DSM-5 SUD function similarly in terms of severity and DIF and that the abolition of the DSM-IV distinction between stimulant abuse and dependence in DSM-5 is warranted. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Central Nervous System Stimulants); 44RAL3456C (Methamphetamine)

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
[Aged 80 and over](#)
["*Amphetamine-Related Disorders/di \[Diagnosis\]"](#)
["*Amphetamine-Related Disorders/eh \[Ethnology\]"](#)
["Amphetamine-Related Disorders/px \[Psychology\]"](#)
["Central Nervous System Stimulants/ae \[Adverse Effects\]"](#)
["*Cocaine-Related Disorders/di \[Diagnosis\]"](#)
["*Cocaine-Related Disorders/eh \[Ethnology\]"](#)
["Cocaine-Related Disorders/px \[Psychology\]"](#)
[*Diagnostic and Statistical Manual of Mental Disorders](#)
[Female](#)
[Humans](#)
["*Indians North American/eh \[Ethnology\]"](#)

["Indians North American/px \[Psychology\]"](#)[Male](#)["Methamphetamine/ae \[Adverse Effects\]"](#)[Middle Aged](#)[Residence Characteristics](#)[Young Adult](#)**Source:** MEDLINE**Full Text:** Available from *Elsevier* in *Drug and Alcohol Dependence***17. SMYD2-dependent HSP90 methylation promotes cancer cell proliferation by regulating the chaperone complex formation.****Citation:** Cancer Letters, August 2014, vol./is. 351/1(126-33), 0304-3835;1872-7980 (2014 Aug 28)**Author(s):** Hamamoto R; Toyokawa G; Nakakido M; Ueda K; Nakamura Y**Institution:** Section of Hematology/Oncology, Department of Medicine, The University of Chicago, 5841 S. Maryland Ave., MC2115 Chicago, IL 60637, United States; Laboratory of Molecular Medicine, Human Genome Center, Institute of Medical Science, The University of Tokyo, 4-6-1 Shirokanedai, Minato-ku, Tokyo 108-8639, Japan. Electronic address: rhamamoto@medicine.bsd.uchicago.edu.; Laboratory of Molecular Medicine, Human Genome Center, Institute of Medical Science, The University of Tokyo, 4-6-1 Shirokanedai, Minato-ku, Tokyo 108-8639, Japan.; Section of Hematology/Oncology, Department of Medicine, The University of Chicago, 5841 S. Maryland Ave., MC2115 Chicago, IL 60637, United States.; Laboratory for Biomarker Development, Center for Genomic Medicine, RIKEN, 4-6-1 Shirokanedai, Minato-ku, Tokyo 108-8639, Japan.; Section of Hematology/Oncology, Department of Medicine, The University of Chicago, 5841 S. Maryland Ave., MC2115 Chicago, IL 60637, United States.**Language:** English**Abstract:** Heat shock protein 90 (HSP90) is a highly conserved molecular chaperone that facilitates the maturation of a wide range of proteins, and it has been recognized as a crucial facilitator of oncogene addiction and cancer cell survival. Although HSP90 function is regulated by a variety of post-translational modifications, the physiological significance of methylation has not fully been elucidated. Here we demonstrate that HSP90AB1 is methylated by the histone methyltransferase SMYD2 and that it plays a critical role in human carcinogenesis. HSP90AB1 and SMYD2 can interact through the C-terminal region of HSP90AB1 and the SET domain of SMYD2. Both in vitro and in vivo methyltransferase assays revealed that SMYD2 could methylate HSP90AB1 and mass spectrometry analysis indicated lysines 531 and 574 of HSP90AB1 to be methylated. These methylation sites were shown to be important for the dimerization and chaperone complex formation of HSP90AB1. Furthermore, methylated HSP90AB1 accelerated the proliferation of cancer cells. Our study reveals a novel mechanism for human carcinogenesis via methylation of HSP90AB1 by SMYD2, and additional functional studies may assist in developing novel strategies for cancer therapy. Copyright 2014 Elsevier Ireland Ltd. All rights reserved.**Country of Publication:** Ireland**CAS Registry Number:** 0 (HSP90 Heat-Shock Proteins); 0 (HSP90AB1 protein, human); EC 2-1-1-43 (Histone-Lysine N-Methyltransferase); EC 2-1-1-43 (SMYD2 protein, human)**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't**Subject Headings:** [Amino Acid Sequence](#)
[*Cell Proliferation](#)
["Cell Transformation Neoplastic/me \[Metabolism\]"](#)
[HEK293 Cells](#)
["HSP90 Heat-Shock Proteins/ch \[Chemistry\]"](#)
["*HSP90 Heat-Shock Proteins/me \[Metabolism\]"](#)
[HeLa Cells](#)
["Histone-Lysine N-Methyltransferase/ch \[Chemistry\]"](#)

"*Histone-Lysine N-Methyltransferase/ph [Physiology]"
 Humans
 Methylation
 Molecular Sequence Data
 Protein Binding
 Protein Interaction Domains and Motifs
 Protein Multimerization
 *Protein Processing Post-Translational

Source: MEDLINE

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

18. Ketamine should be upgraded from class C to class B drug, committee says.

Citation: BMJ, 2013, vol./is. 347/(f7439), 0959-535X;1756-1833 (2013)

Author(s): Limb M

Institution: London.

Language: English

Country of Publication: England

CAS Registry Number: 0 (Analgesics); 0 (Street Drugs); 690G0D6V8H (Ketamine)

Publication Type: News

Subject Headings: "*Analgesics/ae [Adverse Effects]"
 *Drug and Narcotic Control
 Great Britain
 Humans
 "*Ketamine/ae [Adverse Effects]"
 "*Street Drugs/ae [Adverse Effects]"
 "*Substance-Related Disorders/pc [Prevention and Control]"

Source: MEDLINE

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

19. Forensic investigation of K2, Spice, and "bath salt" commercial preparations: a three-year study of new designer drug products containing synthetic cannabinoid, stimulant, and hallucinogenic compounds.

Citation: Forensic Science International, December 2013, vol./is. 233/1-3(416-22), 0379-0738;1872-6283 (2013 Dec 10)

Author(s): Seely KA; Patton AL; Moran CL; Womack ML; Prather PL; Fantegrossi WE; Radomska-Pandya A; Endres GW; Channell KB; Smith NH; McCain KR; James LP; Moran JH

Institution: Arkansas Department of Health, Public Health Laboratory, Little Rock, AR 72205, United States.

Language: English

Abstract: New designer drugs such as K2, Spice, and "bath salts" present a formidable challenge for law enforcement and public health officials. The following report summarizes a three-year study of 1320 law enforcement cases involving over 3000 products described as vegetable material, powders, capsules, tablets, blotter paper, or drug paraphernalia. All items were seized in Arkansas from January 2010 through December 2012 and submitted to the Arkansas State Crime Laboratory for analysis. The geographical distribution of these seizures co-localized in areas with higher population, colleges, and universities. Validated forensic testing procedures confirmed the presence of 26 synthetic cannabinoids, 12 designer stimulants, and 5 hallucinogenic-like drugs regulated by the Synthetic Drug Prevention Act of 2012 and other state statutes. Analysis of paraphernalia suggests that these drugs are commonly used concomitantly with other drugs of abuse including marijuana, MDMA, and methamphetamine. Exact designer drug compositions

were unpredictable and often formulated with multiple agents, but overall, the synthetic cannabinoids were significantly more prevalent than all the other designer drugs detected. The synthetic cannabinoids JWH-018, AM2201, JWH-122, JWH-210, and XLR11 were most commonly detected in green vegetable material and powder products. The designer stimulants methylenedioxypropylvalerone (MDPV), 3,4-methylenedioxy-N-methylcathinone (methylone), and alpha-methylamino-valerophenone (pentedrone) were commonly detected in tablets, capsules, and powders. Hallucinogenic drugs were rarely detected, but generally found on blotter paper products. Emerging designer drug products remain a significant problem and continued surveillance is needed to protect public health. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 ((4-methyl-1-naphthyl)-(1-pentylindol-3-yl)methanone); 0 (1-(5-fluoropentyl)-3-(1-naphthoyl)indole); 0 (1-pentyl-3-(1-naphthoyl)indole); 0 (3,4-methylenedioxypropylvalerone); 0 (4-ethyl-naphthalen-1-yl-(1-pentylindol-3-yl)methanone); 0 (Benzodioxoles); 0 (Cannabinoids); 0 (Capsules); 0 (Central Nervous System Stimulants); 0 (Designer Drugs); 0 (Hallucinogens); 0 (Indoles); 0 (Methylamines); 0 (Naphthalenes); 0 (Pentanones); 0 (Powders); 0 (Pyrrolidines); 0 (Tablets); 0 (pentedrone); 44RAL3456C (Methamphetamine); 7J8897W37S (Dronabinol); L4I4B1R01F (methylone)

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

Subject Headings: "Benzodioxoles/ch [Chemistry]"
 "Cannabinoids/ch [Chemistry]"
 Capsules
 "Central Nervous System Stimulants/ch [Chemistry]"
 "*Designer Drugs/ch [Chemistry]"
 "Dronabinol/ch [Chemistry]"
 "Hallucinogens/ch [Chemistry]"
 Humans
 "Indoles/ch [Chemistry]"
 "Methamphetamine/aa [Analog and Derivatives]"
 "Methamphetamine/ch [Chemistry]"
 "Methylamines/ch [Chemistry]"
 Molecular Structure
 "Naphthalenes/ch [Chemistry]"
 Paper
 "Pentanones/ch [Chemistry]"
 Powders
 "Pyrrolidines/ch [Chemistry]"
 Substance-Related Disorders
 Tablets

Source: MEDLINE

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

20. Deaths from recreational use of propofol in Korea.

Citation: Forensic Science International, December 2013, vol./is. 233/1-3(333-7), 0379-0738;1872-6283 (2013 Dec 10)

Author(s): Han E; Jung S; Baeck S; Lee S; Chung H

Institution: College of Pharmacy, Duksung Women's University, 33, Samyangro 144-gil, Dobonggu, Seoul 132-714, Republic of Korea.

Language: English

Abstract: Propofol, a short-acting and sedative-hypnotic agent, induces and maintains anesthesia. Since it is known to produce mild euphoria and hallucinations, the recreational use of propofol has been a big issue in Korea. Furthermore, many deaths have occurred due to its abuse and misuse. In order to study the prevalence of abuse and deaths due to propofol, all autopsy cases conducted between 2005 and 2010 at the NFS (National Forensic Service, Korea) were monitored by checking its concentrations in the blood. Propofol was detected in 131 cases (0.88%) out of 14,673 autopsied cases within 6 years. Propofol alone was detected in 49 of 131 fatal cases, while the combination of drugs was detected with propofol in the remaining 82 cases. The concentrations of propofol from autopsied cases ranged from 0.05 to 8.83 mg/L (mean 1.66; median 0.9) and from 0.08 to 8.65 mg/L (mean 1.71; median 1.05) in the heart (n=31) and the femoral blood (n=32), respectively. The investigation of the ratio of heart to femoral blood and the difference between the concentrations in heart and femoral blood (n=15) from the same body revealed the ratio from 0.45 to 3.66 (mean 1.53; median 1.40). The autopsy resulted in accidental death after self-administration in 16 autopsied cases among 131 autopsied cases. In 16 cases, their ages ranged from 17 to 56 and 75% of them were in their 20's and 30's and 75% were female. Half of them were medical personnel including 19% of doctors and 38% of nurses. The combination of drugs was detected in 6 cases. Fluoxetine was detected in three and vecuronium was detected in two along with propofol. The cause of death in 14 cases was drug intoxication, while that in 2 cases was hanging. Due to its prevalence, Korea has become the first country that regulates propofol as a psychotropic substance. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland
CAS Registry Number: 0 (Hypnotics and Sedatives); YI7VU623SF (Propofol)

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

Subject Headings: [Adolescent](#)
[Adult](#)
["Drug Overdose/mo \[Mortality\]"](#)
[Female](#)
[Forensic Toxicology](#)
[Gas Chromatography-Mass Spectrometry](#)
[Humans](#)
["*Hypnotics and Sedatives/bl \[Blood\]"](#)
["Hypnotics and Sedatives/po \[Poisoning\]"](#)
[Male](#)
[Middle Aged](#)
["Nurses/sn \[Statistics and Numerical Data\]"](#)
["Physicians/sn \[Statistics and Numerical Data\]"](#)
["*Propofol/bl \[Blood\]"](#)
["Propofol/po \[Poisoning\]"](#)
["Republic of Korea/ep \[Epidemiology\]"](#)
["Substance-Related Disorders/bl \[Blood\]"](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in [Forensic Science International](#)
 Available from *ProQuest* in [Forensic Science International](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

21. Estimating daily and diurnal variations of illicit drug use in Hong Kong: a pilot study of using wastewater analysis in an Asian metropolitan city.

Citation: Forensic Science International, December 2013, vol./is. 233/1-3(126-32), 0379-0738;1872-6283 (2013 Dec 10)

Author(s): Lai FY; Bruno R; Leung HW; Thai PK; Ort C; Carter S; Thompson K; Lam PK; Mueller JF

Institution: The University of Queensland, The National Research Centre for Environmental Toxicology (Entox), 39 Kessels Road, Coopers Plains, QLD 4108, Australia. Electronic address: foon.lai@uqconnect.edu.au.

Language: English

Abstract: The measurement of illicit drug metabolites in raw wastewater is increasingly being adopted as an approach to objectively monitor population-level drug use, and is an effective complement to traditional epidemiological methods. As such, it has been widely applied in western countries. In this study, we utilised this approach to assess drug use patterns over nine days during April 2011 in Hong Kong. Raw wastewater samples were collected from the largest wastewater treatment plant serving a community of approximately 3.5 million people and analysed for excreted drug residues including cocaine, ketamine, methamphetamine, 3,4-methylenedioxymethamphetamine (MDMA) and key metabolites using liquid chromatography coupled with tandem mass spectrometry. The overall drug use pattern determined by wastewater analysis was consistent with that have seen amongst people coming into contact with services in relation to substance use; among our target drugs, ketamine (estimated consumption: 1400-1600 mg/day/1000 people) was the predominant drug followed by methamphetamine (180-200 mg/day/1000 people), cocaine (160-180 mg/day/1000 people) and MDMA (not detected). The levels of these drugs were relatively steady throughout the monitoring period. Analysing samples at higher temporal resolution provided data on diurnal variations of drug residue loads. Elevated ratios of cocaine to benzoylecgonine were identified unexpectedly in three samples during the evening and night, providing evidence for potential dumping events of cocaine. This study provides the first application of wastewater analysis to quantitatively evaluate daily drug use in an Asian metropolitan community. Our data reinforces the benefit of wastewater monitoring to health and law enforcement authorities for strategic planning and evaluation of drug intervention strategies. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Narcotics); 0 (Waste Water); 35211-10-0 (norketamine); 44RAL3456C (Methamphetamine); 5353I8I6YS (benzoylecgonine); 690G0D6V8H (Ketamine); 15Y540LHVR (Cocaine); KE1SEN21RM (N-Methyl-3,4-methylenedioxyamphetamine)

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

Subject Headings: [Chromatography Liquid](#)
["Cocaine/aa \[Analog and Derivatives\]"](#)
["Cocaine/an \[Analysis\]"](#)
["Hong Kong/ep \[Epidemiology\]"](#)
[Humans](#)
["Ketamine/aa \[Analog and Derivatives\]"](#)
["Ketamine/an \[Analysis\]"](#)
["Methamphetamine/an \[Analysis\]"](#)
["N-Methyl-3 4-methylenedioxyamphetamine/an \[Analysis\]"](#)
["*Narcotics/an \[Analysis\]"](#)
[Pilot Projects](#)
["*Substance Abuse Detection/mt \[Methods\]"](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)
[Tandem Mass Spectrometry](#)
[Time Factors](#)
[Urban Population](#)
["*Waste Water/ch \[Chemistry\]"](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in [Forensic Science International](#)
Available from *ProQuest* in [Forensic Science International](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

22. Escalation of methamphetamine-related crime and fatalities in the Dresden region, Germany, between 2005 and 2011.

- Citation:** Forensic Science International, December 2013, vol./is. 233/1-3(51-4), 0379-0738;1872-6283 (2013 Dec 10)
- Author(s):** Pietsch J; Paulick T; Schulz K; Flossel U; Engel A; Schmitter S; Schmidt U
- Institution:** Institute of Legal Medicine, Technical University Dresden, Fetscherstr. 74, D-01307 Dresden, Germany. Electronic address: Joerg.Pietsch@tu-dresden.de.
- Language:** English
- Abstract:** Methamphetamine (MA), a central nervous system stimulating recreational drug, is a worldwide problem related to crime as well as forensic and health aspects. The data, exemplarily presented in this study for the Dresden region, Saxony, Germany, demonstrate the escalation of MA-related crime and fatalities between 2005 and 2011. Easy availability and an attractive price of MA in the Czech Republic are responsible for both the increase of the occurrence of MA in relation to the entire drug crime as well as the increase of the occurrence of MA-positive cases of driving under influence (DUI). Higher percentage of very pure MA on the Saxon drug market since 2010 seems to be the reason for the fatalities directly caused by MA in 2010 and 2011. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- CAS Registry Number:** 0 (Central Nervous System Stimulants); 0 (Street Drugs); 44RAL3456C (Methamphetamine)
- Publication Type:** Journal Article
- Subject Headings:** [Adult](#)
["Amphetamine-Related Disorders/bl \[Blood\]"](#)
["*Amphetamine-Related Disorders/ep \[Epidemiology\]"](#)
["Automobile Driving/lj \[Legislation and Jurisprudence\]"](#)
["*Central Nervous System Stimulants/bl \[Blood\]"](#)
["Central Nervous System Stimulants/po \[Poisoning\]"](#)
["Crime/sn \[Statistics and Numerical Data\]"](#)
["*Crime/td \[Trends\]"](#)
[Female](#)
[Forensic Toxicology](#)
[Gas Chromatography-Mass Spectrometry](#)
["Germany/ep \[Epidemiology\]"](#)
[Humans](#)
[Male](#)
["*Methamphetamine/bl \[Blood\]"](#)
["Methamphetamine/po \[Poisoning\]"](#)
["*Street Drugs/bl \[Blood\]"](#)
["Street Drugs/po \[Poisoning\]"](#)
[Substance Abuse Detection](#)
[Young Adult](#)
- Source:** MEDLINE
- Full Text:** Available from *Elsevier* in [Forensic Science International](#)
Available from *ProQuest* in [Forensic Science International](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

23. Cardiac asystole following cannabis (marijuana) usage--additional mechanism for sudden death?.

- Citation:** Forensic Science International, December 2013, vol./is. 233/1-3(e3-5), 0379-0738;1872-6283 (2013 Dec 10)
- Author(s):** Menahem S

Institution: Monash University, Melbourne, Australia. Electronic address: samuel.menahem@monash.edu.

Language: English

Abstract: A 21 year old university student previously operated during infancy for an unobstructed total anomalous pulmonary venous drainage with an excellent result, was noted on a routine follow up 24 h Holter monitor to have multiple pauses related to cardiac asystole, the longest lasting 5.8 s and temporally related to marijuana inhalation. A repeat Holter was normal following a two week cessation of marijuana usage and again when carried out 3 months later. The documented periods of asystole may be a precursor of sudden death seen in addicts even without evidence of ischaemic heart disease. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Case Reports; Journal Article

Subject Headings: [Death Sudden](#)
[*Electrocardiography Ambulatory](#)
["*Heart Arrest/et \[Etiology\]"](#)
["Heart Septal Defects Atrial/su \[Surgery\]"](#)
[Humans](#)
[Male](#)
["*Marijuana Smoking/ae \[Adverse Effects\]"](#)
["Pulmonary Veins/ab \[Abnormalities\]"](#)
["Pulmonary Veins/su \[Surgery\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in [Forensic Science International](#)
Available from *ProQuest* in [Forensic Science International](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

24. Cannabis use and first-episode psychosis: relationship with manic and psychotic symptoms, and with age at presentation.

Citation: Psychological Medicine, February 2014, vol./is. 44/3(499-506), 0033-2917;1469-8978 (2014 Feb)

Author(s): Stone JM; Fisher HL; Major B; Chisholm B; Woolley J; Lawrence J; Rahaman N; Joyce J; Hinton M; Johnson S; Young AH; MiData Consortium

Institution: Imperial College London, London, UK.; Institute of Psychiatry, King's College London, London, UK.; EQUIP, East London NHS Foundation Trust, London, UK.; Wandsworth Early Intervention Service, South West London and St George's Mental Health NHS Trust, London, UK.; Wandsworth Early Intervention Service, South West London and St George's Mental Health NHS Trust, London, UK.; Southwark Early Intervention Service, South London and Maudsley NHS Foundation Trust, London, UK.; Westminster and Kensington & Chelsea Early Intervention Service, London, UK.; Lewisham Early Intervention Service, London, UK.; University College London, London, UK.; University College London, London, UK.; Imperial College London, London, UK.

Language: English

Abstract: BACKGROUND: Cannabis use has been reported to be associated with an earlier onset of symptoms in patients with first-episode psychosis, and a worse outcome in those who continue to take cannabis. In general, studies have concentrated on symptoms of psychosis rather than mania. In this study, using a longitudinal design in a large naturalistic cohort of patients with first-episode psychosis, we investigated the relationship between cannabis use, age of presentation to services, daily functioning, and positive, negative and manic symptoms.METHOD: Clinical data on 502 patients with first-episode psychosis were collected using the MiData audit database from seven London-based Early Intervention in psychosis teams. Individuals were assessed at two

time points--at entry to the service and after 1 year. On each occasion, the Positive and Negative Syndrome Scale, Young Mania Rating Scale and Global Assessment of Functioning Scale disability subscale were rated. At both time points, the use of cannabis and other drugs of abuse in the 6 months preceding each assessment was recorded. RESULTS: Level of cannabis use was associated with a younger age at presentation, and manic symptoms and conceptual disorganization, but not with delusions, hallucinations, negative symptoms or daily functioning. Cannabis users who reduced or stopped their use following contact with services had the greatest improvement in symptoms at 1 year compared with continued users and non-users. Continued users remained more symptomatic than non-users at follow-up. CONCLUSIONS: Effective interventions for reducing cannabis use may yield significant health benefits for patients with first-episode psychosis.

Country of Publication: England

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

Subject Headings: [Age Factors](#)
[Age of Onset](#)
["Alcohol Drinking/ep \[Epidemiology\]"](#)
["Alcohol Drinking/px \[Psychology\]"](#)
[Analysis of Variance](#)
["*Bipolar Disorder/ep \[Epidemiology\]"](#)
["Bipolar Disorder/px \[Psychology\]"](#)
["Bipolar Disorder/th \[Therapy\]"](#)
["Early Medical Intervention/sn \[Statistics and Numerical Data\]"](#)
[Female](#)
[Humans](#)
[Linear Models](#)
[London](#)
[Longitudinal Studies](#)
[Male](#)
["*Marijuana Abuse/ep \[Epidemiology\]"](#)
["Marijuana Abuse/px \[Psychology\]"](#)
["*Patient Acceptance of Health Care/sn \[Statistics and Numerical Data\]"](#)
["Psychiatric Status Rating Scales/sn \[Statistics and Numerical Data\]"](#)
["*Psychotic Disorders/ep \[Epidemiology\]"](#)
["Psychotic Disorders/px \[Psychology\]"](#)
["Psychotic Disorders/th \[Therapy\]"](#)
["Schizophrenia/ep \[Epidemiology\]"](#)
["Schizophrenia/th \[Therapy\]"](#)
[Sex Distribution](#)
["Smoking/ep \[Epidemiology\]"](#)
["Smoking/px \[Psychology\]"](#)
[Social Adjustment](#)
[Time Factors](#)
[Young Adult](#)

Source: MEDLINE

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

25. Correlates of adult binge drinking: evidence from a British cohort.

Citation: PLoS ONE [Electronic Resource], 2013, vol./is. 8/11(e78838), 1932-6203;1932-6203 (2013)

Author(s): Cheng H; Furnham A

Institution: Department of Psychology, University College London, London, United Kingdom.

Language: English

Abstract: OBJECTIVE: To investigate whether parental social class and cognitive ability in childhood, as well as social and psychological factors, particularly personality traits, are independently associated with binge drinking in 50 year old adults assessed in a longitudinal birth cohort study. METHOD: 17,415 babies born in Great Britain in 1958 and followed up at 11, 33, and 50 years of age. Their binge drinking alcohol abuse at aged 50 was the outcome measure. RESULTS: 6,478 participants with data on parental social class, childhood cognitive ability, educational qualifications at age 33, personality traits, psychological distress, occupational levels, and alcohol consumption (all measured at age 50) were included in the study. Using logistic regression analyses, results showed that parental social class, childhood intelligence, educational qualifications, occupational levels, personality traits (Extraversion and Disagreeableness), as well as psychological distress, were all significantly and independently associated with adult excessive alcohol use. Men tended to binge drink more than women (22% in men and 9.8% in women). CONCLUSION: Both social and psychological factors influence adult excessive alcohol consumption. Personality traits play a more important role than previously understood. There appears to be a distinction between the frequency and dose level of alcohol consumption.

Country of Publication: United States
Publication Type: Journal Article
Subject Headings: ["*Binge Drinking/ep \[Epidemiology\]"](#)
["Binge Drinking/px \[Psychology\]"](#)
[Cohort Studies](#)
[Educational Status](#)
[Female](#)
["Great Britain/ep \[Epidemiology\]"](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[Odds Ratio](#)
[Sex Distribution](#)
[Social Class](#)
[Statistics Nonparametric](#)

Source: MEDLINE

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

26. Impulsivity and drinking motives predict problem behaviours relating to alcohol use in university students.

Citation: Addictive Behaviors, January 2014, vol./is. 39/1(289-96), 0306-4603;1873-6327 (2014 Jan)
Author(s): Jones KA; Chryssanthakis A; Groom MJ
Institution: Division of Psychiatry, Institute of Mental Health, University of Nottingham Innovation Park, Triumph Road, Nottingham NG7 2TU, UK. Electronic address: Katy.Jones@Nottingham.ac.uk.
Language: English

Abstract: AIMS: This study used a four-factor model of impulsivity to investigate inter-relationships between alcohol consumption, impulsivity, motives for drinking and the tendency to engage in alcohol-related problem behaviours. METHODS: 400 University students aged 18-25 completed an online survey consisting of the following measures: Urgency, Premeditation, Perseverance and Sensation Seeking Scale (UPPS) to measure impulsivity; Student Alcohol Questionnaire to assess drinking quantity, frequency and rates of problem behaviours; Drinking Motives Questionnaire to assess motives for drinking. RESULTS: The majority of the sample (94.5%) drank alcohol at least monthly. Path analysis revealed direct effects of urgency, sensation seeking and premeditation, as well as the quantity of alcohol consumed, on the tendency to engage in

risky behaviours with negative consequences. The effect of urgency was mediated by drinking for coping motives and by a combined effect of drinking for social motives and consumption of wine or spirits. Conversely the effect of sensation seeking was mediated by the quantity of alcohol consumed, irrespective of drink type, and the effect of premeditation was mediated by the consumption of wine and spirits, in combination with enhancement motives. CONCLUSIONS: Sensation seeking, urgency and lack of premeditation are related to different motives for drinking and also demonstrate dissociable relationships with the consumption of specific types of alcohol (beer, wine and spirits) and the tendency to engage in risky behaviours associated with alcohol consumption. Screening for high levels of urgency and for severe drinking consequences may be useful predictors of alcohol-related problems in UK University students aged 18 to 25 years. 2013.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adaptation Psychological](#)
[Adolescent](#)
[Adult](#)
["*Alcohol Drinking/px \[Psychology\]"](#)
["*Alcohol-Related Disorders/px \[Psychology\]"](#)
[Female](#)
[Humans](#)
["*Impulsive Behavior/px \[Psychology\]"](#)
[Male](#)
[*Motivation](#)
[*Personality](#)
[Questionnaires](#)
[Social Behavior](#)
["*Students/px \[Psychology\]"](#)
[*Universities](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in [Addictive Behaviors](#)

27. Alcohol brief intervention in community pharmacies: a feasibility study of outcomes and customer experiences.

Citation: International Journal of Clinical Pharmacy, December 2013, vol./is. 35/6(1178-87), 2210-7711 (2013 Dec)

Author(s): Khan NS; Norman IJ; Dhital R; McCrone P; Milligan P; Whittlesea CM

Institution: King's Health Partners, Pharmaceutical Science Clinical Academic Group, Institute of Pharmaceutical Science, King's College London, Franklin-Wilkins Building, 150 Stamford Street, London, SE1 9NH, UK.

Language: English

Abstract: BACKGROUND: Studies indicate that community pharmacy-based alcohol brief intervention (BI) is feasible. However, few studies report significant reductions in post-BI alcohol consumption and customer experience. Cost-effectiveness has not been previously examined. OBJECTIVES: This 5 month study adopted a single group pre- and post-experimental design to: (1) assess uptake of the community pharmacy alcohol BI service; (2) establish post-BI changes in alcohol consumption for hazardous drinkers; (3) report the acceptability of the service to customers who received it; and (4) undertake a preliminary economic evaluation of the service through establishing whether pharmacy-based alcohol BI affected health and social care costs, including lost employment costs, and whether it was cost-effective. SETTING: 26 community pharmacies in south London, UK. METHOD: Trained pharmacists used the AUDIT-C and a retrospective 7-day Drinking Diary to identify risky drinkers and inform feedback and advice. Harmful drinkers were referred to their general practitioner and/or specialist alcohol services. A confidential service feedback questionnaire was completed by alcohol BI recipients. Baseline and 3-month follow-up telephone interviews were conducted with

hazardous and low risk drinkers to assess post-BI alcohol use change and service cost-effectiveness. MAIN OUTCOME MEASURES: AUDIT-C, 7-day alcohol unit consumption, drinking days, cost utilisation data. RESULTS: Of the 663 eligible customers offered alcohol BI, 141 (21 %) took up the service. Three-quarters of customers were identified as risky drinkers. Follow-up interviews were conducted with 61 hazardous/low risk drinkers (response rate = 58 %). Hazardous drinkers were found to significantly reduce their 7-day alcohol unit consumption and drinking days, but not AUDIT-C scores. The majority of harmful drinkers (91 %, n = 10) who were contactable post-BI had accessed further alcohol related services. Customer feedback was generally positive. Over 75 % of customers would recommend the service to others. The cost of delivering the service was estimated to be 134. The difference in service costs pre-BI and post-BI was not statistically significant and remained non-significant when calculated on 500 customers receiving the intervention. CONCLUSION: Community pharmacy-based alcohol BI is a low cost service that may not have immediate beneficial impact on health and social service use, but can be effective in reducing drinking in hazardous drinkers.

Country of Publication: Netherlands

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

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
["Alcohol Drinking/ep \[Epidemiology\]"](#)
["Alcohol Drinking/pc \[Prevention and Control\]"](#)
["Alcohol-Related Disorders/di \[Diagnosis\]"](#)
["Alcohol-Related Disorders/ec \[Economics\]"](#)
["Community Pharmacy Services/ec \[Economics\]"](#)
["Community Pharmacy Services/og \[Organization and Administration\]"](#)
[Cost-Benefit Analysis](#)
[Feasibility Studies](#)
[Female](#)
[Follow-Up Studies](#)
[Humans](#)
[London](#)
[Male](#)
["Mass Screening/mt \[Methods\]"](#)
[Middle Aged](#)
[Patient Acceptance of Health Care](#)
["Pharmacists/ec \[Economics\]"](#)
["Pharmacists/og \[Organization and Administration\]"](#)
[Questionnaires](#)
[Referral and Consultation](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Springer NHS Pilot 2014 (NESLi2)* in *International Journal of Clinical Pharmacy*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
 Available from *Springer NHS Pilot 2014 (NESLi2)* in *International Journal of Clinical Pharmacy*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

28. Substance misuse teaching in undergraduate medical education.

Citation: BMC Medical Education, 2014, vol./is. 14/(34), 1472-6920;1472-6920 (2014)

Author(s): Carroll J; Goodair C; Chaytor A; Notley C; Ghodse H; Kopelman P

Institution: Psychology Department, University of Chester, Critchley Building, Parkgate Road, Chester, UK. j.carroll@chester.ac.uk.

Language: English

Abstract: BACKGROUND: Over 12,000 hospital admissions in the UK result from substance misuse, therefore issues surrounding this need to be addressed early on in a doctor's training to facilitate their interaction with this client group. Currently, undergraduate medical education includes teaching substance misuse issues, yet how this is formally integrated into the curriculum remains unclear. METHODS: Semi-structured interviews with 17 key members of staff responsible for the whole or part of the undergraduate medical curriculum were conducted to identify the methods used to teach substance misuse. Using a previously devised toolkit, 19 curriculum co-ordinators then mapped the actual teaching sessions that addressed substance misuse learning objectives. RESULTS: Substance misuse teaching was delivered primarily in psychiatry modules but learning objectives were also found in other areas such as primary care placements and problem-based learning. On average, 53 teaching sessions per medical school focused on bio-psycho-social models of addiction whereas only 23 sessions per medical school focused on professionalism, fitness to practice and students' own health in relation to substance misuse. Many sessions addressed specific learning objectives relating to the clinical features of substance dependence whereas few focused on iatrogenic addiction. CONCLUSIONS: Substance misuse teaching is now inter-disciplinary and the frequent focus on clinical, psychological and social effects of substance misuse emphasises the bio-psycho-social approach underlying clinical practice. Some areas however are not frequently taught in the formal curriculum and these need to be addressed in future changes to medical education.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [*Curriculum](#)
[*Education Medical Undergraduate](#)
[Great Britain](#)
[Humans](#)
[Interviews as Topic](#)
[Schools Medical](#)
[*Substance-Related Disorders](#)

Source: MEDLINE

Full Text: Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Medical Education*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Medical Education*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
Available from *BioMedCentral* in *BMC Medical Education*
Available from *National Library of Medicine* in *BMC Medical Education*
Available from *ProQuest* in *BMC Medical Education*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

29. Work and the journey to recovery: exploring the implications of welfare reform for methadone maintenance clients.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e81-6), 0955-3959;1873-4758 (2013 Nov)

Author(s): Monaghan M; Wincup E

Institution: School of Sociology and Social Policy, University of Leeds, LS2 9JT, UK. Electronic address: m.p.monaghan@leeds.ac.uk.; School of Law, University of Leeds, Liberty Building, Leeds LS2 9JT, UK. Electronic address: e.l.wincup@leeds.ac.uk.

Language: English

Abstract: BACKGROUND: An emphasis on welfare reform has been a shared concern of recent UK governments, with the project of transforming the provision of welfare gathering pace over the past six years. Replicating active labour market policies pursued across the

globe, successive governments have used welfare-to-work programmes as mechanisms to address worklessness. Since 2008, problem drug users (PDUs) have been added to a list of groups for whom intervention is deemed necessary to encourage, enable, and sometimes coerce them into paid employment. This approach is underpinned by three beliefs relating to paid work: it sustains recovery, has a transformative potential and should be the primary duty of the responsible citizen. Using policy developments in the UK as a case study, the article explores the implications for methadone maintenance clients of connecting drug policy (premised on the belief that work is central to recovery) with welfare policy (which at present is preoccupied with reducing worklessness).METHODS: A critical analysis of policy documents, including drug strategies, Green and White papers and welfare reform legislation, alongside a review of relevant academic literature.RESULTS: The 'work first' approach which underpins current labour market activation policies in the UK and elsewhere is insufficiently flexible to accommodate the diverse needs of PDUs in recovery, and is particularly problematic when combined with a 'social deficit' model which concentrates on individual rather than structural barriers to employability. The use of payment-by-results mechanisms to provide employment services, coupled with the use of sanctions for those who do not engage, is likely to be particularly problematic for methadone maintenance clients.CONCLUSION: Welfare reform in the UK is likely to undermine the recovery of methadone maintenance clients. Further research is urgently needed to explore its impact on this sub-group of PDUs, alongside comparative studies to determine best practice in integrating drug and welfare policies. Copyright 2013 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

CAS Registry Number: 0 (Analgesics, Opioid); UC6VBE7V1Z (Methadone)

Publication Type: Journal Article; Review

Subject Headings: "Analgesics Opioid/ae [Adverse Effects]"
 "*Analgesics Opioid/tu [Therapeutic Use]"
 "Community Health Services/lj [Legislation and Jurisprudence]"
 "*Drug Users/lj [Legislation and Jurisprudence]"
 "Drug Users/px [Psychology]"
 "Drug and Narcotic Control/lj [Legislation and Jurisprudence]"
 "*Employment/lj [Legislation and Jurisprudence]"
 *Government Regulation
 Great Britain
 Harm Reduction
 "*Health Care Reform/lj [Legislation and Jurisprudence]"
 "*Health Policy/lj [Legislation and Jurisprudence]"
 "Health Services Accessibility/lj [Legislation and Jurisprudence]"
 "*Heroin Dependence/dt [Drug Therapy]"
 "Heroin Dependence/px [Psychology]"
 Humans
 "Methadone/ae [Adverse Effects]"
 "*Methadone/tu [Therapeutic Use]"
 *Opiate Substitution Treatment
 Policy Making
 "*Social Welfare/lj [Legislation and Jurisprudence]"
 "State Medicine/lj [Legislation and Jurisprudence]"
 "Substance Abuse Treatment Centers/lj [Legislation and Jurisprudence]"
 Time Factors
 Treatment Outcome

Source: MEDLINE

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

30. Shouting through bullet-proof glass: some reflections on pharmacotherapy provision in one Australian clinic.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e14-7), 0955-3959;1873-4758 (2013 Nov)

Author(s): Crawford S

Language: English

Abstract: The Opioid Substitution Treatment Program in New South Wales and Australia has a serious impact on the day to day lives of many people. The program and those consumers who rely upon it are seen with ambivalence by many in the wider community, and many consumers are discriminated against. It seems, to those of us who are engaged in it, that the system itself is confusing and sometimes arbitrary, and that a range of priorities other than clinical need dominate our experience of treatment. These pressures can manifest for us consumers as a punitive and unresponsive treatment experience that, rather than assisting us to live our lives, actually places barriers in our way and ties us up in knots that will take a long time to unravel. Copyright 2013 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

CAS Registry Number: 0 (Analgesics, Opioid); UC6VBE7V1Z (Methadone)

Publication Type: Journal Article; Personal Narratives

Subject Headings: ["*Analgesics Opioid/tu \[Therapeutic Use\]"](#)
["Drug Users/lj \[Legislation and Jurisprudence\]"](#)
["*Drug Users/px \[Psychology\]"](#)
 Drug and Narcotic Control
 Health Knowledge Attitudes Practice
 Health Policy
 Health Services Accessibility
 Humans
["*Methadone/tu \[Therapeutic Use\]"](#)
 New South Wales
 *Opiate Substitution Treatment
["Opioid-Related Disorders/di \[Diagnosis\]"](#)
["*Opioid-Related Disorders/dt \[Drug Therapy\]"](#)
["Opioid-Related Disorders/px \[Psychology\]"](#)
 Patient Satisfaction
 Policy Making
 Prejudice
 Public Opinion
 Stereotyping
["Substance Abuse Treatment Centers/lj \[Legislation and Jurisprudence\]"](#)
 *Substance Abuse Treatment Centers
 Treatment Outcome

Source: MEDLINE

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

31. Response to Chandler et al., Substance, structure and stigma: parents in the UK accounting for opioid substitution therapy during the antenatal and postnatal periods.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e87-8), 0955-3959;1873-4758 (2013 Nov)

Author(s): Valentine K; Treloar C

Institution: Social Policy Research Centre, The University of New South Wales, Australia. Electronic address: k.valentine@unsw.edu.au.; Centre for Social Research in Health, The University of New South Wales, Australia.

Language: English

Country of Publication: Netherlands

CAS Registry Number: 0 (Analgesics, Opioid); UC6VBE7V1Z (Methadone)

Publication Type: Comment; Journal Article

Subject Headings: ["*Analgesics Opioid/tu \[Therapeutic Use\]"](#)

"*Drug Users/px [Psychology]"
 Female
 Humans
 Male
 "*Methadone/tu [Therapeutic Use]"
 *Opiate Substitution Treatment
 "*Opioid-Related Disorders/dt [Drug Therapy]"
 "*Parents/px [Psychology]"
 "*Postnatal Care/mt [Methods]"
 Pregnancy
 "*Prenatal Care/mt [Methods]"
 *Stereotyping

Source: MEDLINE

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

32. Substance, structure and stigma: parents in the UK accounting for opioid substitution therapy during the antenatal and postnatal periods.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e35-42), 0955-3959;1873-4758 (2013 Nov)

Author(s): Chandler A; Whittaker A; Cunningham-Burley S; Williams N; McGorm K; Mathews G

Institution: University of Edinburgh, Centre for Research on Families and Relationships, 23 Buccleuch Place, Edinburgh EH8 9LN, UK. Electronic address: a.chandler@ed.ac.uk.; Substance Misuse Directorate, NHS Lothian, 22 Spittal Street, Edinburgh EH3 9DU, UK.; University of Edinburgh, Centre for Research on Families and Relationships, 23 Buccleuch Place, Edinburgh EH8 9LN, UK.; NHS Lothian, Waverley Gate, Waterloo Place, Edinburgh EH1 3EG, UK.; Australian Primary Health Care Research Institute, Level 1, Ian Potter House, Acton ACT 2601, Australia.; Edinburgh Napier University, Room 2.B.46 Sighthill Court, Sighthill Campus, Edinburgh EH11 4BN, UK.

Language: English

Abstract: BACKGROUND: Parenting and pregnancy in the context of drug use is a contentious topic, high on the policy agenda. Providing effective support to parents who are opioid dependent, through early intervention, access to drug treatment and parenting skills training, is a priority. However, little is known about opioid dependent parents' experiences and understanding of parenting support during the antenatal and postnatal periods. This paper focuses on the position and impact of opioid substitution therapy (OST) in the accounts of parents who were expecting, or who had recently had, a baby in the UK. METHODS: Semi-structured qualitative interviews were held with a purposive sample of 19 opioid dependent service users (14 female, 5 male). Longitudinal data was collected across the antenatal and postnatal (up to 1 year) periods, with participants interviewed up to three times. Forty-five interviews were analysed thematically, using a constant comparison method, underpinned by a sociologically informed narrative approach. RESULTS: Participants' accounts of drug treatment were clearly oriented towards demonstrating that they were doing 'the best thing' for their baby. For some, OST was framed as a route to what was seen as a 'normal' family life; for others, OST was a barrier to such normality. Challenges related to: the physiological effects of opioid dependence; structural constraints associated with treatment regimes; and the impact of negative societal views about drug-using parents. CONCLUSION: Parents' accounts of OST can be seen as a response to socio-cultural ideals of a 'good', drug-free parent. Reflecting the liminal position parents engaged in OST found themselves in, their narratives entailed reconciling their status as a 'drug-using parent' with a view of an 'ideal parent' who was abstinent. Copyright 2013 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

CAS Registry Number: 0 (Analgesics, Opioid); UC6VBE7V1Z (Methadone)

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

Subject Headings: Adult

"*Analgesics Opioid/tu [Therapeutic Use]"
 "*Drug Users/px [Psychology]"
 Family Relations
 Female
 Humans
 Interviews as Topic
 Longitudinal Studies
 Male
 "*Methadone/tu [Therapeutic Use]"
 *Opiate Substitution Treatment
 "Opioid-Related Disorders/di [Diagnosis]"
 "*Opioid-Related Disorders/dt [Drug Therapy]"
 "Opioid-Related Disorders/px [Psychology]"
 "Parenting/px [Psychology]"
 "*Parents/px [Psychology]"
 "*Postnatal Care/mt [Methods]"
 Pregnancy
 Prejudice
 "*Prenatal Care/mt [Methods]"
 Public Opinion
 Qualitative Research
 Scotland
 *Stereotyping
 Treatment Outcome
 Young Adult

Source: MEDLINE

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

33. Methadone diversion as a protective strategy: the harm reduction potential of 'generous constraints'.

Citation: International Journal of Drug Policy, November 2013, vol./is. 24/6(e43-50), 0955-3959;1873-4758 (2013 Nov)

Author(s): Harris M; Rhodes T

Institution: Centre for Research on Drugs and Health Behaviour, London School of Hygiene and Tropical Medicine, 15-17 Tavistock Place, London WC1H9SH, United Kingdom. Electronic address: magdalena.harris@lshtm.ac.uk.; Centre for Research on Drugs and Health Behaviour, London School of Hygiene and Tropical Medicine, 15-17 Tavistock Place, London WC1H9SH, United Kingdom.

Language: English

Abstract: Methadone maintenance treatment is evidenced as a successful harm reduction initiative in regard to the prevention of blood borne viruses and other injecting related harms. This is attributable to reductions in heroin use and injecting equipment sharing incidents, yet the means by which these are achieved are rarely elaborated. Methadone diversion is predominantly presented in a negative light; associated with overdose and other harms. In our qualitative London-based study with 37 people who inject drugs, 35 on substitution therapies, we found that methadone self regulation and diversion played a prominent role in helping participants to manage their drug use, prevent withdrawal, cement social relationships, and inadvertently protect against hepatitis C transmission. The ability of participants to enact these 'indigenous harm reduction strategies' was constrained to various degrees by their treatment dosing protocols. In this article we explore the strategies participants enacted with methadone, the role of 'generous constraints' in this enactment and the associated production and reduction of risk. In order to reengage people who inject drugs with harm reduction interventions, it is necessary for initiatives to take stock of the indigenous strategies that individuals are already utilising and - in the case of methadone self regulation - support them by the implementation of more generous constraints. Copyright 2012 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

CAS Registry Number: 0 (Analgesics, Opioid); UC6VBE7V1Z (Methadone)

Publication Type: Journal Article

Subject Headings: Administration Oral
 "*Analgesics Opioid/ad [Administration and Dosage]"
 "Analgesics Opioid/ae [Adverse Effects]"
 Attitude of Health Personnel
 Drug Administration Schedule
 "*Drug Users/px [Psychology]"
 *Harm Reduction
 Health Behavior
 Health Knowledge Attitudes Practice
 "Hepatitis C/pc [Prevention and Control]"
 "Hepatitis C/tm [Transmission]"
 "Hepatitis C/vi [Virology]"
 "Heroin Dependence/di [Diagnosis]"
 "*Heroin Dependence/dt [Drug Therapy]"
 "Heroin Dependence/px [Psychology]"
 Humans
 London
 "*Methadone/ad [Administration and Dosage]"
 "Methadone/ae [Adverse Effects]"
 "Opiate Substitution Treatment/ae [Adverse Effects]"
 *Opiate Substitution Treatment
 Physician-Patient Relations
 *Prescription Drug Diversion
 Qualitative Research
 Social Control Informal
 "Substance Abuse Intravenous/di [Diagnosis]"
 "*Substance Abuse Intravenous/dt [Drug Therapy]"
 "Substance Abuse Intravenous/px [Psychology]"
 Treatment Outcome

Source: MEDLINE

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

34. Oral health behaviours amongst homeless people attending rehabilitation services in Ireland.

Citation: Journal of the Irish Dental Association, June 2014, vol./is. 60/3(144-9), 0021-1133;0021-1133 (2014 Jun-Jul)

Author(s): Van Hout MC; Hearne E

Language: English

Abstract: STATEMENT OF THE PROBLEM: Research on oral health behaviours and dental care service uptake of drug users and those in recovery remains scant. PURPOSE OF THE STUDY: The research aimed to explore and describe perspectives of drug users on their oral health behaviours, awareness of oral health complications caused by alcohol, cigarette and drug use, dental service uptake and opinions on improved dental service for active and recovering addicts. MATERIALS AND METHODS: Two focus groups with a purposeful sample of participants (n = 15) were conducted in two treatment and rehabilitation settings. The semi-structured guide consisted of open questioning relating to dental access and uptake, oral health, awareness of oral cancers, nutrition and substance consumption on oral health, and opinions around optimum oral health and dental service provision for active drug users and those in recovery. Thematic analysis of narratives was conducted. RESULTS: Participants described barriers to access and uptake, poor levels of preventative dental care, DIY dentistry in the event of dental emergencies, substance use to self-medicate for dental pain, mixed awareness of the effects of sugary products and substance use on oral health and cancers, and emphasised the importance of preventative dental care and dental aesthetics when in recovery. CONCLUSIONS: Findings illustrate a profile of oral health behaviours in Irish drug users, with information useful for private

and public practice, and in the further development of street, community and treatment setting oral health interventions.

Country of Publication: Ireland

CAS Registry Number: 0 (Dietary Carbohydrates)

Publication Type: Journal Article

Subject Headings: Adult
 "Alcoholism/co [Complications]"
 "Alcoholism/rh [Rehabilitation]"
 Attitude to Health
 "*Dental Care/ut [Utilization]"
 "Dental Caries/et [Etiology]"
 "Dietary Carbohydrates/ae [Adverse Effects]"
 "Drug Users/px [Psychology]"
 *Drug Users
 Female
 Focus Groups
 *Health Behavior
 Health Knowledge Attitudes Practice
 Health Services Accessibility
 "Homeless Persons/px [Psychology]"
 *Homeless Persons
 Humans
 Ireland
 Male
 Middle Aged
 "Mouth Diseases/et [Etiology]"
 "Mouth Neoplasms/et [Etiology]"
 Nutritional Physiological Phenomena
 *Oral Health
 Self Medication
 "Smoking/ae [Adverse Effects]"
 "Substance-Related Disorders/co [Complications]"
 "Substance-Related Disorders/rh [Rehabilitation]"
 "Toothache/th [Therapy]"
 Young Adult

Source: MEDLINE

35. "I'm not abusing or anything": patient-physician communication about opioid treatment in chronic pain.

Citation: Patient Education & Counseling, November 2013, vol./is. 93/2(197-202), 0738-3991;1873-5134 (2013 Nov)

Author(s): Matthias MS; Krebs EE; Collins LA; Bergman AA; Coffing J; Bair MJ

Institution: VA HSR&D Center on Implementing Evidence-Based Practice, Roudebush VA Medical Center, Indianapolis, USA; Regenstrief Institute, Inc., Indianapolis, USA; Department of Communication Studies, Indiana University-Purdue University, Indianapolis, USA. Electronic address: mmatthia@iupui.edu.

Language: English

Abstract: OBJECTIVE: To characterize clinical communication about opioids through direct analysis of clinic visits and in-depth interviews with patients.METHODS: This was a pilot study of 30 patients with chronic pain, who were audio-recorded in their primary care visits and interviewed after the visit about their pain care and relationship with their physicians. Emergent thematic analysis guided data interpretation.RESULTS: Uncertainties about opioid treatment for chronic pain, particularly addiction and misuse, play an important role in communicating about pain treatment. Three patterns of responding to uncertainty emerged in conversations between patients and physicians: reassurance, avoiding opioids, and gathering additional information. Results are interpreted within the framework of Problematic Integration theory.CONCLUSION:

Although it is well-established that opioid treatment for chronic pain poses numerous uncertainties, little is known about how patients and their physicians navigate these uncertainties. This study illuminates ways in which patients and physicians face uncertainty communicatively and collaboratively. **PRACTICE IMPLICATIONS:** Acknowledging and confronting the uncertainties inherent in chronic opioid treatment are critical communication skills for patients taking opioids and their physicians. Many of the communication behaviors documented in this study may serve as a model for training patients and physicians to communicate effectively about opioids. Published by Elsevier Ireland Ltd.

Country of Publication: Ireland

CAS Registry Number: 0 (Analgesics, Opioid)

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

Subject Headings: [Adult](#)
[Aged](#)
["*Analgesics Opioid/tu \[Therapeutic Use\]"](#)
["*Chronic Pain/dt \[Drug Therapy\]"](#)
[*Communication](#)
[Female](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
["*Pain Management/mt \[Methods\]"](#)
["Physician's Practice Patterns/sn \[Statistics and Numerical Data\]"](#)
[*Physician-Patient Relations](#)
[Pilot Projects](#)
[Primary Health Care](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in [Patient Education and Counselling](#)

36. Adult antisocial syndrome co-morbid with borderline personality disorder is associated with severe conduct disorder, substance dependence and violent antisociality.

Citation: Personality & Mental Health, 2013, vol./is. 7/1(11-21), 1932-8621;1932-863X (2013)

Author(s): Freestone M; Howard R; Coid JW; Ullrich S

Institution: Barts and The London School of Medicine and Dentistry, Queen Mary University of London, UK; North East London Forensic Personality Disorder Service, UK.

Language: English

Abstract: This study tested the hypothesis that syndromal adult antisocial behaviour (AABS) co-morbid with borderline personality disorder (BPD) is a syndrome that emerges from severe conduct disorder (CD) in childhood and adolescence and is strongly associated, in adulthood, with both violence and substance dependence. In a sample of 8580 community-resident adults screened for the presence of personality disorders, the following predictions arising from this hypothesis were tested: first, that those with AABS co-morbid with BPD would, in comparison with those showing AABS or BPD only, show a high level of antisocial outcomes, including violence; second, that adjusting for co-morbid alcohol dependence would attenuate group differences in many of the antisocial outcomes, and violence in particular; and third, that the AABS/BPD group would show both a high prevalence and a high severity of CD, and that adjusting for co-morbid CD would attenuate any association found between AABS/BPD co-morbidity and violence. Results confirmed these predictions, suggesting that AABS/BPD co-morbidity mediates the relationship between childhood CD and a predisposition to adult violence. The triad of AABS/BPD co-morbidity, alcohol dependence and severe CD is likely associated with the risk of criminal recidivism in offenders with personality disorder following release into the community. Copyright 2012 John Wiley & Sons, Ltd.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Adolescent
Adult
"*Antisocial Personality Disorder/ep [Epidemiology]"
"*Borderline Personality Disorder/ep [Epidemiology]"
Comorbidity
"*Conduct Disorder/ep [Epidemiology]"
"England/ep [Epidemiology]"
Female
Humans
Male
Middle Aged
Risk Factors
"Scotland/ep [Epidemiology]"
"*Substance-Related Disorders/ep [Epidemiology]"
"*Violence/sn [Statistics and Numerical Data]"
"Wales/ep [Epidemiology]"
Young Adult

Source: MEDLINE

Full Text: Available from *Wiley* in *Personality and Mental Health*

37. Alcohol and its relationship to offence variables in a cohort of offenders with intellectual disability.

Citation: Journal of Intellectual & Developmental Disability, December 2013, vol./is. 38/4(325-31), 1366-8250;1469-9532 (2013 Dec)

Author(s): Lindsay WR; Carson D; Holland AJ; Taylor JL; O'Brien G; Wheeler JR; Steptoe L

Institution: Danshell Adult Healthcare , London , UK.

Language: English

Abstract: BACKGROUND: Alcohol use and misuse may be lower in people with intellectual disability (ID) than in the general population but may be related to offending.METHOD: Alcohol-related crime and history of alcohol use was recorded in 477 participants with ID referred to forensic ID services and related to offending.RESULTS: Level of alcohol-related crime and history of alcohol misuse was lower than in some previous studies at 5.9% and 20.8%, respectively. History of alcohol abuse was associated with alcohol-related offences and theft. Higher rates of alcohol problem history were associated with histories of a number of offences, psychiatric disturbance in adulthood, psychiatric disturbance in childhood, and experiences of childhood adversity. Most effect sizes were weak or moderate.CONCLUSIONS: The convergence of childhood adversity, psychiatric problems in childhood and adulthood, and alcohol abuse is consistent with studies that have found these as risk markers for offending.

Country of Publication: England

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

Subject Headings: Adult
"*Alcohol Drinking/px [Psychology]"
"*Alcoholism/px [Psychology]"
Cohort Studies
"*Crime/px [Psychology]"
"Crime/sn [Statistics and Numerical Data]"
Female
Great Britain
Humans
"*Intellectual Disability/px [Psychology]"
Male
Risk Factors

Source: MEDLINE