

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. Barriers to medical provider support for prescription naloxone as overdose antidote for lay responders.

Citation:	Substance Use & Misuse, May 2013, vol./is. 48/7(558-67), 1082-6084;1532-2491 (2013 May)
Author(s):	Green TC; Bowman SE; Zaller ND; Ray M; Case P; Heimer R
Language:	English
Abstract:	Poisonings are the leading cause of adult injury death in the United States. Over 12 weeks in 2011, 143 key informant interviews were conducted using a structured interview guide in three study sites in New England. This analysis focuses on the 24 interviews with emergency department providers, substance use treatment providers, pain specialists, and generalist/family medicine practitioners. Using an iterative coding process, we analyzed statements regarding support and concern about naloxone prescription for pain patients and drug users. The study's implications and limitations are discussed and future research suggested. The Centers for Disease Control and Prevention funded this study.
Country of Publication:	England
CAS Registry Number:	0 (Analgesics, Opioid); 0 (Narcotic Antagonists); 36B82AMQ7N (Naloxone)
Publication Type:	Journal Article; Research Support, U.S. Gov't, P.H.S.
Subject Headings:	"*Analgesics Opioid/po [Poisoning]" *Attitude of Health Personnel "*Drug Overdose/dt [Drug Therapy]" Drug Prescriptions Humans "*Naloxone/tu [Therapeutic Use]" "*Narcotic Antagonists/tu [Therapeutic Use]" New England
Source:	MEDLINE

2. The delivery of smoking cessation interventions to primary care patients with mental health problems.

Citation:	Addiction, August 2013, vol./is. 108/8(1487-94), 0965-2140;1360-0443 (2013 Aug)
Author(s):	Szatkowski L; McNeill A
Language:	English
Abstract:	AIMS: To quantify the extent to which smokers with indicators of poor mental health receive smoking cessation support in primary care consultations compared with those without.DESIGN: Cross-sectional study within a database of electronic primary care medical records.SETTING: A total of 495 general practices in the United Kingdom contributing data to The Health Improvement Network (THIN) database.PARTICIPANTS: A total of 2493085 patients aged 16+ registered with a THIN practice for the year from 1 July 2009 to 30 June 2010.MEASUREMENTS: The proportion of patients with a diagnostic Read code or British National Formulary (BNF) drug code indicating a mental health diagnosis or psychoactive medication prescription, respectively, who smoke and who have cessation advice or a smoking cessation medication prescription recorded during consultations within the 1-year study period.FINDINGS: Of 32154 smokers, 50.6% [95% confidence interval (CI): 50.0-51.2] with a mental health diagnosis and 49.3% (95% CI: 49.0-49.7) of 96285 smokers prescribed a psychoactive medication had a record of cessation advice, higher than the prevalence of advice recording in smokers without these indicators (33.4%, 95% CI: 33.3-33.6). Similarly, smoking cessation medication prescribing was higher: 11.2% (95% CI: 10.8-11.6) of smokers with a mental health diagnosis and 11.0% (95% CI: 10.8-11.2) of smokers prescribed psychoactive medication received a prescription, compared with 6.73% of smokers without these indicators (95% CI: 6.65-6.81). Smoking cessation support was offered in a lower proportion of consultations for smokers with indicators of poor mental health than for those without. Advice was recorded in 7.9% of consultations with smokers with a mental health diagnosis, 8.2% of consultations with smokers prescribed psychoactive medication and 12.3% of consultations with smokers without

these indicators; comparable figures for prescribing of cessation medication were 2.9%, 3.2% and 4.4%, respectively. CONCLUSIONS: Approximately half of smokers with indicators of poor mental health receive advice to quit during primary care consultations in the United Kingdom, and one in 10 receive a cessation medication. Interventions are lower per consultation for smokers with mental health indicators compared with smokers without mental health indicators. 2013 Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: Adolescent
Adult
Aged
Cross-Sectional Studies
"*Delivery of Health Care/sn [Statistics and Numerical Data]"
Female
"*General Practice/sn [Statistics and Numerical Data]"
"Great Britain/ep [Epidemiology]"
Humans
Male
"*Mental Disorders/co [Complications]"
"Mental Disorders/ep [Epidemiology]"
Middle Aged
"Patient Education as Topic/sn [Statistics and Numerical Data]"
Prevalence
"Smoking/ep [Epidemiology]"
"Smoking/pc [Prevention and Control]"
"Smoking/px [Psychology]"
"Smoking Cessation/px [Psychology]"
"*Smoking Cessation/sn [Statistics and Numerical Data]"
Young Adult

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

3. Law: case studies. Never again.

Citation: Health Service Journal, June 2013, vol./is. 123/6354(suppl 8-9), 0952-2271;0952-2271 (2013 Jun 7)

Author(s): anonymous

Language: English

Country of Publication: England

CAS Registry Number: 7617G6D29C (Morphine)

Publication Type: Journal Article

Subject Headings: "*After-Hours Care/st [Standards]"
Communication
*Contract Services
"*Drug Overdose/mo [Mortality]"
England
Humans
"*Malpractice/lj [Legislation and Jurisprudence]"
*Medication Errors
"*Morphine/ad [Administration and Dosage]"
Primary Health Care
*Process Assessment (Health Care)
"*State Medicine/og [Organization and Administration]"

Source: MEDLINE

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

4. Deaths from tramadol and legal highs reach new highs in England and Wales.

Citation: BMJ, 2013, vol./is. 347/(f5336), 0959-535X;1756-1833 (2013)

Author(s): Hawkes N

Language: English

Country of Publication: England

CAS Registry Number: 0 (Analgesics, Opioid); 39J1LGJ30J (Tramadol)

Publication Type: News

Subject Headings: [Adult](#)
["*Analgesics Opioid/po \[Poisoning\]"](#)
[England](#)
[Female](#)
[Humans](#)
[Male](#)
["Mortality/td \[Trends\]"](#)
["*Opioid-Related Disorders/mo \[Mortality\]"](#)
[Prescription Drug Misuse](#)
["Suicide/td \[Trends\]"](#)
["*Tramadol/po \[Poisoning\]"](#)
[Wales](#)
[Young Adult](#)

Source: MEDLINE

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

5. Harms and benefits associated with psychoactive drugs: findings of an international survey of active drug users.

Citation: Journal of Psychopharmacology, June 2013, vol./is. 27/6(497-506), 0269-8811;1461-7285 (2013 Jun)

Author(s): Morgan CJ; Noronha LA; Muetzelfeldt M; Fielding A; Curran HV

Language: English

Abstract: There have been several recent efforts in the UK and the Netherlands to describe the harms of psychoactive substances based on ratings of either experts or drug users. This study aimed to assess the perceived benefits as well as harms of widely used recreational drugs, both licit and illicit, in an international sample of drug users. The survey was hosted at <https://www.internationaldrugsurvey.org/> and was available in three languages. Residents reported their experience of 15 commonly used drugs or drug classes; regular users then rated their harms and benefits. In all, 5791 individuals from over 40 countries completed the survey, although the majority were from English speaking countries. Rankings of drugs differed across 10 categories of perceived benefits. Skunk and herbal cannabis were ranked consistently beneficial, whilst alcohol and tobacco fell below many classified drugs. There was no correlation at all between users' harm ranking of drugs and their classification in schedules of the USA or ABC system in the UK. Prescription analgesics, alcohol and tobacco were ranked within the top 10 most harmful drugs. These findings suggest that neither the UK nor US classification systems act to inform users of the harms of psychoactive substances. It is hoped the results might inform health professionals and educators of what are considered to be both the harms and benefits of psychoactive substances to young people.

Country of Publication: United States
CAS Registry Number: 0 (Psychotropic Drugs); 0 (Street Drugs)
Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Subject Headings: Adolescent
 Adult
 Aged
 Aged 80 and over
 "Alcohol-Related Disorders/ep [Epidemiology]"
 "*Alcohol-Related Disorders/px [Psychology]"
 Data Collection
 Female
 Humans
 Internet
 Male
 Middle Aged
 "*Psychotropic Drugs/ad [Administration and Dosage]"
 "Psychotropic Drugs/ae [Adverse Effects]"
 "Psychotropic Drugs/cl [Classification]"
 "Smoking/ep [Epidemiology]"
 "*Smoking/px [Psychology]"
 "Street Drugs/ae [Adverse Effects]"
 "Street Drugs/pd [Pharmacology]"
 "Substance-Related Disorders/ep [Epidemiology]"
 "*Substance-Related Disorders/px [Psychology]"
 Young Adult

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

6. The role of household transmission in an outbreak of viral gastroenteritis in a primary school in Liverpool, England.

Citation: Public Health, September 2013, vol./is. 127/9(882-4), 0033-3506;1476-5616 (2013 Sep)
Author(s): Conrad D; Dee K; Keenan A; Vivancos R
Language: English
Country of Publication: Netherlands
Publication Type: Journal Article
Subject Headings: "Caliciviridae Infections/ep [Epidemiology]"
 "*Caliciviridae Infections/tm [Transmission]"
 Child
 Child Preschool
 *Contact Tracing
 "Disease Outbreaks/pc [Prevention and Control]"
 *Disease Outbreaks
 "England/ep [Epidemiology]"
 Family Characteristics
 Family Health
 Foodborne Diseases
 "Gastroenteritis/ep [Epidemiology]"
 "*Gastroenteritis/vi [Virology]"
 Humans
 Multivariate Analysis
 Norovirus
 Risk Factors
 "Schools/og [Organization and Administration]"
 *Schools

Source: MEDLINE
Full Text: Available from *Elsevier* in [Public Health](#)

7. Indoor carbon monoxide: a case study in England for detection and interventions to reduce population exposure.

Citation: Journal Of Environmental & Public Health, 2013, vol./is. 2013/(735952), 1687-9805;1687-9813 (2013)
Author(s): McCann LJ; Close R; Staines L; Weaver M; Cutter G; Leonardi GS
Language: English
Abstract: BACKGROUND: Potential exposure to carbon monoxide (CO) in private homes is largely unquantified. AIM: To estimate prevalence of potential exposure to CO in residential dwellings and describe associated interventions in an inner-city community. METHODS: A housing association in London, Hackney Homes, began fitting CO alarms in the 22,831 local authority homes it is responsible for in January 2010. A gas engineer investigated each alarm activation and recorded the information on a standard form. We undertook a cross-sectional study of all 22,831 homes, using data from these forms. Descriptive analysis was performed, including incidence, monthly variation, cause of alarm activation, and actions taken. RESULTS: Between November 2011 and April 2012, 106 incidents were reported. Of these, 34.6% identified an issue with a gas appliance, and 10.6% identified misuse of cooking methods as the cause of activation. Relevant interventions were put in place, including disconnection of the gas appliance and education around cooking methods. DISCUSSION: Little is known about the burden of CO poisoning in residential dwellings. This study provides important information on the path to quantifying population exposure to CO as well as establishing a possible approach to access this key information and realistic interventions to reduce potential exposure.

Country of Publication: United States
CAS Registry Number: 0 (Air Pollutants); 7U1EE4V452 (Carbon Monoxide)
Publication Type: Journal Article
Subject Headings:

"*Air Pollutants/an [Analysis]"
 "*Air Pollution Indoor/an [Analysis]"
 "*Carbon Monoxide/an [Analysis]"
 "*Carbon Monoxide Poisoning/ep [Epidemiology]"
 "Carbon Monoxide Poisoning/et [Etiology]"
 Cross-Sectional Studies
 *Environmental Exposure
 Environmental Monitoring
 Housing
 Humans
 Incidence
 "London/ep [Epidemiology]"
 Prevalence
 Risk Factors

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

8. Clare Gerada: best move was "getting into drugs".

Citation: BMJ, 2013, vol./is. 347/(f6192), 0959-535X;1756-1833 (2013)
Author(s): Gerada C
Language: English

Country of Publication: England
Publication Type: Interview
Subject Headings: [England](#)
["*General Practitioners/px \[Psychology\]"](#)
[Humans](#)
["*Substance-Related Disorders/th \[Therapy\]"](#)
Source: MEDLINE
Full Text: Available from *Highwire Press* in *BMJ*
Available from *BMJ* in *Newcomb Library & Information Service*

9. Taurine attenuates bilirubin-induced neurotoxicity in the auditory system in neonatal guinea pigs.

Citation: International Journal of Pediatric Otorhinolaryngology, May 2013, vol./is. 77/5(647-54), 0165-5876;1872-8464 (2013 May)
Author(s): Ye HB; Wang J; Zhang WT; Shi HB; Yin SK
Language: English
Abstract: OBJECTIVES: Previous work showed that taurine protects neurons against unconjugated bilirubin (UCB)-induced neurotoxicity by maintaining intracellular calcium homeostasis, membrane integrity, and mitochondrial function, thereby preventing apoptosis from occurring, in primary neuron cultures. In this study, we investigated whether taurine could protect the auditory system against the neurotoxicity associated with hyperbilirubinemia in an in vivo model.METHODS: Hyperbilirubinemia was established in neonatal guinea pigs by intraperitoneal injection of UCB. Hearing function was observed in electrocochleograms (ECoChGs) and auditory brainstem responses (ABRs) recorded before and 1, 8, 24, and 72 h after UCB injection. For morphological evaluations, animals were sacrificed at 8h post-injection, and the afferent terminals beneath the inner hair cells (IHCs), spiral ganglion neurons (SGNs), and their fibers were examined.RESULTS: It was found that UCB injection significantly increased latencies and inter-wave intervals, and thresholds of ABR and compound action potentials, and caused marked damage to type I SGNs, their axons, and terminals to cochlear IHCs. When baby guinea pigs were pretreated with taurine for 5 consecutive days and then injected with bilirubin, electrophysiological abnormalities and morphological damage were attenuated significantly in both the peripheral and central auditory system.CONCLUSIONS: From these observations, it was concluded that taurine limited bilirubin-induced neural damage in the auditory system. These findings may contribute to the development of taurine as a broad-spectrum agent for preventing and/or treating hearing loss in neonatal jaundice. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland
CAS Registry Number: 1EQV5MLY3D (Taurine); RFM9X3LJ49 (Bilirubin)
Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Subject Headings: [Animals](#)
[Audiometry Evoked Response](#)
["Bilirubin/pd \[Pharmacology\]"](#)
[Evoked Potentials Auditory Brain Stem](#)
[Guinea Pigs](#)
["*Hair Cells Auditory Inner/de \[Drug Effects\]"](#)
[Humans](#)
["*Hyperbilirubinemia/co \[Complications\]"](#)
["Hyperbilirubinemia/dt \[Drug Therapy\]"](#)
[Infant Newborn](#)
["*Neurons/de \[Drug Effects\]"](#)
["*Neurotoxicity Syndromes/dt \[Drug Therapy\]"](#)
["*Taurine/ad \[Administration and Dosage\]"](#)
Source: MEDLINE

Full Text: Available from *Elsevier* in *International Journal of Pediatric Otorhinolaryngology*

10. The psychological origins of the white male patriarchy.

Citation: Journal of Primary Prevention, September 1996, vol./is. 17/1(75-97), 0278-095X;0278-095X (1996 Sep)

Author(s): Albee GW

Language: English

Abstract: A white male patriarchy developed in England as the British empire grew, expanding its colonial exploitation around the world. A rational explanation was required to explain how a small number of men deserved to control this enormous and growing wealth. With Darwin's theory of evolution (survival of the fittest), Galton's studies of genius (rich and successful men were related to each other) and Spencer's insight that natural selection in human societies was Nature's way of getting rid of bad stock and preserving the best, the theory took shape. The theory was imported to America where it flourishes. Psychologists provided evidence to support the ideas of the ruling class: intelligence, mental disorders, crime and the addictions are all due to bad genes and bad brains. The defect model occupies the center of the stage. There is no need to act to remove injustice, sexism, racism, homophobia-the causes of distress are not social, they are internal, personal defects. Drugs will reduce the symptoms while the search goes on for the internal defects.

Country of Publication: Netherlands

Publication Type: Journal Article

Subject Headings:

Source: MEDLINE

11. Liver disease in the UK: a Lancet Commission.

Citation: Lancet, November 2013, vol./is. 382/9904(1537-8), 0140-6736;1474-547X (2013 Nov 9)

Author(s): Williams R; Horton R

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: "Great Britain/ep [Epidemiology]"
 "Hepatitis Viral Human/ep [Epidemiology]"
 "Hepatitis Viral Human/mo [Mortality]"
 "Hepatitis Viral Human/th [Therapy]"
 Humans
 "Liver Diseases/ep [Epidemiology]"
 "*Liver Diseases/mo [Mortality]"
 "Liver Diseases/th [Therapy]"
 "Liver Diseases Alcoholic/ep [Epidemiology]"
 "Liver Diseases Alcoholic/mo [Mortality]"
 "Liver Diseases Alcoholic/th [Therapy]"
 Quality of Life

Source: MEDLINE

Full Text: Available from *Elsevier* in *Lancet, The*
 Available from *Lancet* in *Newcomb Library & Information Service*
 Available from *Elsevier ScienceDirect Journals* in *Lancet, The*
 Available from *The Lancet* in *Lancet, The*

12. Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010.

Citation: Lancet, November 2013, vol./is. 382/9904(1564-74), 0140-6736;1474-547X (2013 Nov 9)

Author(s): Degenhardt L; Whiteford HA; Ferrari AJ; Baxter AJ; Charlson FJ; Hall WD; Freedman G; Burstein R; Johns N; Engell RE; Flaxman A; Murray CJ; Vos T

Language: English

Abstract: BACKGROUND: No systematic attempts have been made to estimate the global and regional prevalence of amphetamine, cannabis, cocaine, and opioid dependence, and quantify their burden. We aimed to assess the prevalence and burden of drug dependence, as measured in years of life lived with disability (YLDs), years of life lost (YLLs), and disability-adjusted life years (DALYs).METHODS: We conducted systematic reviews of the epidemiology of drug dependence, and analysed results with Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010) Bayesian meta-regression technique (DisMod-MR) to estimate population-level prevalence of dependence and use. GBD 2010 calculated new disability weights by use of representative community surveys and an internet-based survey. We combined estimates of dependence with disability weights to calculate prevalent YLDs, YLLs, and DALYs, and estimated YLDs, YLLs, and DALYs attributable to drug use as a risk factor for other health outcomes.FINDINGS: Illicit drug dependence directly accounted for 20.0 million DALYs (95% UI 15.3-25.4 million) in 2010, accounting for 0.8% (0.6-1.0) of global all-cause DALYs. Worldwide, more people were dependent on opioids and amphetamines than other drugs. Opioid dependence was the largest contributor to the direct burden of DALYs (9.2 million, 95% UI 7.1-11.4). The proportion of all-cause DALYs attributed to drug dependence was 20 times higher in some regions than others, with an increased proportion of burden in countries with the highest incomes. Injecting drug use as a risk factor for HIV accounted for 2.1 million DALYs (95% UI 1.1-3.6 million) and as a risk factor for hepatitis C accounted for 502,000 DALYs (286,000-891,000). Suicide as a risk of amphetamine dependence accounted for 854,000 DALYs (291,000-1,791,000), as a risk of opioid dependence for 671,000 DALYs (329,000-1,730,000), and as a risk of cocaine dependence for 324,000 DALYs (109,000-682,000). Countries with the highest rate of burden (>650 DALYs per 100,000 population) included the USA, UK, Russia, and Australia.INTERPRETATION: Illicit drug use is an important contributor to the global burden of disease. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale.FUNDING: Australian National Health and Medical Research Council, Australian Government Department of Health and Ageing, Bill & Melinda Gates Foundation. Copyright 2013 Elsevier Ltd. All rights reserved.

Country of Publication: England

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

Subject Headings: [Adolescent](#)
[Adult](#)
[Age Factors](#)
[Aged](#)
[Aged 80 and over](#)
[Child](#)
[Child Preschool](#)
[*Cost of Illness](#)
["Disabled Persons/sn \[Statistics and Numerical Data\]"](#)
[Female](#)
[Humans](#)
[Infant](#)
[Life Expectancy](#)
[Male](#)
[Middle Aged](#)
[Sex Factors](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)

World Health
Young Adult

Source: MEDLINE

Full Text: Available from *Elsevier* in *Lancet, The*
Available from *Lancet* in *Newcomb Library & Information Service*
Available from *Elsevier ScienceDirect Journals* in *Lancet, The*
Available from *The Lancet* in *Lancet, The*

13. Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010.

Citation: Lancet, November 2013, vol./is. 382/9904(1575-86), 0140-6736;1474-547X (2013 Nov 9)

Author(s): Whiteford HA; Degenhardt L; Rehm J; Baxter AJ; Ferrari AJ; Erskine HE; Charlson FJ; Norman RE; Flaxman AD; Johns N; Burstein R; Murray CJ; Vos T

Language: English

Abstract: BACKGROUND: We used data from the Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010) to estimate the burden of disease attributable to mental and substance use disorders in terms of disability-adjusted life years (DALYs), years of life lost to premature mortality (YLLs), and years lived with disability (YLDs). METHODS: For each of the 20 mental and substance use disorders included in GBD 2010, we systematically reviewed epidemiological data and used a Bayesian meta-regression tool, DisMod-MR, to model prevalence by age, sex, country, region, and year. We obtained disability weights from representative community surveys and an internet-based survey to calculate YLDs. We calculated premature mortality as YLLs from cause of death estimates for 1980-2010 for 20 age groups, both sexes, and 187 countries. We derived DALYs from the sum of YLDs and YLLs. We adjusted burden estimates for comorbidity and present them with 95% uncertainty intervals. FINDINGS: In 2010, mental and substance use disorders accounted for 183.9 million DALYs (95% UI 153.5 million-216.7 million), or 7.4% (6.2-8.6) of all DALYs worldwide. Such disorders accounted for 8.6 million YLLs (6.5 million-12.1 million; 0.5% [0.4-0.7] of all YLLs) and 175.3 million YLDs (144.5 million-207.8 million; 22.9% [18.6-27.2] of all YLDs). Mental and substance use disorders were the leading cause of YLDs worldwide. Depressive disorders accounted for 40.5% (31.7-49.2) of DALYs caused by mental and substance use disorders, with anxiety disorders accounting for 14.6% (11.2-18.4), illicit drug use disorders for 10.9% (8.9-13.2), alcohol use disorders for 9.6% (7.7-11.8), schizophrenia for 7.4% (5.0-9.8), bipolar disorder for 7.0% (4.4-10.3), pervasive developmental disorders for 4.2% (3.2-5.3), childhood behavioural disorders for 3.4% (2.2-4.7), and eating disorders for 1.2% (0.9-1.5). DALYs varied by age and sex, with the highest proportion of total DALYs occurring in people aged 10-29 years. The burden of mental and substance use disorders increased by 37.6% between 1990 and 2010, which for most disorders was driven by population growth and ageing. INTERPRETATION: Despite the apparently small contribution of YLLs--with deaths in people with mental disorders coded to the physical cause of death and suicide coded to the category of injuries under self-harm--our findings show the striking and growing challenge that these disorders pose for health systems in developed and developing regions. In view of the magnitude of their contribution, improvement in population health is only possible if countries make the prevention and treatment of mental and substance use disorders a public health priority. FUNDING: Queensland Department of Health, National Health and Medical Research Council of Australia, National Drug and Alcohol Research Centre-University of New South Wales, Bill & Melinda Gates Foundation, University of Toronto, Technische Universitat, Ontario Ministry of Health and Long Term Care, and the US National Institute of Alcohol Abuse and Alcoholism. Copyright 2013 Elsevier Ltd. All rights reserved.

Country of Publication: England

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

Subject Headings: Adolescent
 Adult
 Age Factors
 Aged
 Aged 80 and over
 Child
 Child Preschool
 *Cost of Illness
 "Disabled Persons/sn [Statistics and Numerical Data]"
 Female
 Humans
 Infant
 Life Expectancy
 Male
 "*Mental Disorders/ep [Epidemiology]"
 Middle Aged
 Sex Factors
 "*Substance-Related Disorders/ep [Epidemiology]"
 World Health
 Young Adult

Source: MEDLINE

Full Text: Available from *Elsevier* in *Lancet, The*
 Available from *Lancet* in *Newcomb Library & Information Service*
 Available from *Elsevier ScienceDirect Journals* in *Lancet, The*
 Available from *The Lancet* in *Lancet, The*

14. Pre-exposure vaccination against rabies: are we being left in the lurch?.

Citation: Veterinary Record, October 2013, vol./is. 173/14(348-9), 0042-4900;2042-7670 (2013 Oct 12)

Author(s): Dawson J

Language: English

Country of Publication: England

CAS Registry Number: 0 (Immunoglobulins); 0 (Rabies Vaccines)

Publication Type: Journal Article

Subject Headings: Animals
 Bites and Stings
 Chiroptera
 Great Britain
 Humans
 "Immunoglobulins/ad [Administration and Dosage]"
 *Legislation Veterinary
 Post-Exposure Prophylaxis
 "Rabies/im [Immunology]"
 "*Rabies/pc [Prevention and Control]"
 "*Rabies Vaccines/ad [Administration and Dosage]"
 State Medicine
 "*Vaccination/mt [Methods]"

Source: MEDLINE

15. [SURPS French version validation in a Quebec adolescent population]. [French] Validation de la traduction française de la SURPS pour une population d'adolescents québécois.

Original Title: Validation de la traduction française de la SURPS pour une population d'adolescents québécois.

Citation: Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie, September 2013, vol./is. 58/9(538-45), 0706-7437;0706-7437 (2013 Sep)

Author(s): Castonguay-Jolin L; Perrier-Menard E; Castellanos-Ryan N; Parent S; Vitaro F; Tremblay RE; Garel P; Seguin JR; Conrod PJ

Language: French

Abstract: OBJECTIVE: The Substance Use Risk Profile Scale (SURPS) has been developed to screen personality risk factors for substance abuse. This scale assesses 4 high-risk personality traits using a 23-item, self-report questionnaire. SURPS helps guiding targeted approaches to prevention of substance abuse and misuse. It has been validated in the United Kingdom, English Canada, Sri Lanka, and China. This study aims to validate this scale in a sample of French-speaking adolescents from Quebec as well as its sensitivity in a clinical sample of adolescents.METHOD: Two hundred two 15-year-old youths from a community sample completed a French version of SURPS as well as other measures of personality and substance use. This study reports the internal consistency and concurrent validity of the scale, as well as a factor analysis of items. Further, 40 youths (mean age 15.7 years) from a clinical population completed SURPS and their scores were compared with those of the community sample.RESULTS: SURPS French translation has good internal consistency and demonstrated a 4-factor structure very similar to the original scale. The 4 subscales show good concurrent validity, and 3 of the subscales were found to correlate with measures of substance use. Finally, 95% of the clinical sample was identified at high risk for substance misuse according to SURPS cut-off scores.CONCLUSION: SURPS French translation seems to be a valid and sensitive scale that can be used in a French-speaking adolescent population from Quebec.Abstract available from the publisher.

Country of Publication: Canada

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

Subject Headings: Adolescent
 "Adolescent Behavior/de [Drug Effects]"
 "Adolescent Behavior/px [Psychology]"
 *Adolescent Behavior
 Female
 France
 Humans
 Male
 "*Personality Assessment/st [Standards]"
 Psychological Techniques
 "Quebec/ep [Epidemiology]"
 "*Questionnaires/st [Standards]"
 Reproducibility of Results
 "Risk Assessment/mt [Methods]"
 "Risk Assessment/st [Standards]"
 *Risk Assessment
 Risk-Taking
 "Self Report/st [Standards]"
 "Substance-Related Disorders/di [Diagnosis]"
 "Substance-Related Disorders/ep [Epidemiology]"
 "Substance-Related Disorders/px [Psychology]"
 *Substance-Related Disorders
 *Translating

Source: MEDLINE

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

16. Arsenic induces the expressions of angiogenesis-related factors through PI3K and MAPK pathways in SV-HUC-1 human uroepithelial cells.

Citation: Toxicology Letters, October 2013, vol./is. 222/3(303-11), 0378-4274;1879-3169 (2013 Oct 9)

Author(s): Wang F; Liu S; Xi S; Yan L; Wang H; Song Y; Sun G

Language: English

Abstract: Arsenic, a well-established human carcinogen, can cause various types of cancers, including bladder cancer. Angiogenesis is a key event for tumor initiation. In this study, several important angiogenesis related factors, including cyclooxygenase-2 (COX-2), vascular endothelial growth factor (VEGF) and hypoxia-inducible factor-1alpha (HIF-1alpha), were up-regulated and PI3K/AKT and MAPK signal pathways were activated in human uroepithelial cell line (SV-HUC-1) treated with NaAsO₂ (0, 1, 2, 4, 8 or 10μM) for 24h. Arsenite-induced HIF-1alpha, VEGF and COX-2 expressions were decreased by PI3K inhibitors. Blockage of the ERK1/2, p38 and JNK down-regulated the VEGF level, while ERK1/2 and p38 inhibitors were more effective than JNK in attenuating arsenite-induced COX-2 expression. HIF-1alpha expression was only decreased by ERK1/2 inhibitor. It was found that superoxide (O₂⁻) generation was involved in arsenite-induced the activation of MAPK and PI3K pathways, which led to the HIF-1alpha, COX-2 and VEGF overexpressions. In conclusion, arsenite-induced COX-2, VEGF and HIF-1alpha expressions, mediated partially by reactive oxygen species (ROS), were regulated by MAPK and PI3K/AKT signaling pathways in human uroepithelial cells. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Netherlands

CAS Registry Number: 0 (Arsenites); 0 (HIF1A protein, human); 0 (Hypoxia-Inducible Factor 1, alpha Subunit); 0 (VEGFA protein, human); 0 (Vascular Endothelial Growth Factor A); EC 1-14-99-1 (Cyclooxygenase 2); EC 1-14-99-1 (PTGS2 protein, human); EC 2-7-1 (Phosphatidylinositol 3-Kinases); N5509X556J (arsenite)

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

Subject Headings: ["*Arsenic Poisoning/me \[Metabolism\]"](#)
["Arsenic Poisoning/pp \[Physiopathology\]"](#)
["*Arsenites/to \[Toxicity\]"](#)
 Blotting Western
 Cell Line
["Cyclooxygenase 2/bi \[Biosynthesis\]"](#)
 Enzyme-Linked Immunosorbent Assay
 Humans
["Hypoxia-Inducible Factor 1 alpha Subunit/bi \[Biosynthesis\]"](#)
["*MAP Kinase Signaling System/de \[Drug Effects\]"](#)
["MAP Kinase Signaling System/ph \[Physiology\]"](#)
["*Neovascularization Pathologic/ci \[Chemically Induced\]"](#)
["Neovascularization Pathologic/me \[Metabolism\]"](#)
["Neovascularization Pathologic/pp \[Physiopathology\]"](#)
["*Phosphatidylinositol 3-Kinases/de \[Drug Effects\]"](#)
["Phosphatidylinositol 3-Kinases/me \[Metabolism\]"](#)
["Phosphatidylinositol 3-Kinases/ph \[Physiology\]"](#)
 Polymerase Chain Reaction
["*Signal Transduction/de \[Drug Effects\]"](#)
["Signal Transduction/ph \[Physiology\]"](#)
["*Urothelium/de \[Drug Effects\]"](#)
["Urothelium/me \[Metabolism\]"](#)
["Urothelium/pp \[Physiopathology\]"](#)
["Vascular Endothelial Growth Factor A/bi \[Biosynthesis\]"](#)

Source: MEDLINE

17. Comparisons of polydrug use at national and inner city levels in England: associations with demographic and socioeconomic factors.

Citation: Annals of Epidemiology, October 2013, vol./is. 23/10(636-45), 1047-2797;1873-2585 (2013 Oct)

Author(s): Carter JL; Strang J; Frissa S; Hayes RD; SELCoH Study Team; Hatch SL; Hotopf M

Language: English

Abstract: PURPOSE: This study compares polydrug use in national and inner city samples to (1) examine patterns of use underlying different prevalence rates and (2) identify how inner city polydrug use needs targeting in ways not suggested by national research. METHODS: Latent class analyses on indicators of illicit drug use in the last year, hazardous alcohol use, and cigarette smoking were compared between the inner city 2008-2010 South East London Community Health study (n= 1698) and the nationally representative 2007 Adult Psychiatric Morbidity Survey in England (n= 7403). Multinomial logistic regressions then examined latent class solutions with demographic and socioeconomic factors. RESULTS: Both samples revealed three notably similar classes of polydrug users: a "high-drug" group using multiple substances; a "moderate-drug" group using cannabis, alcohol, and cigarettes; and a "low-drug" group reporting minimal alcohol and cigarette use. However, South East London Community Health reported lower risks of polydrug use for ethnic minorities but not for more educated participants. CONCLUSIONS: Despite higher polydrug use prevalence in the inner city, latent classes of polydrug users were similar between samples. Some demographic and socioeconomic factors differed between the samples, suggesting the need for inner city services to use both local and national data for policy planning. Copyright 2013 Elsevier Inc. All rights reserved.

Country of Publication: United States

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

Subject Headings: [Adult](#)
[*Alcoholism/ep \[Epidemiology\]](#)
["Alcoholism/px \[Psychology\]"](#)
[*Demography](#)
["England/ep \[Epidemiology\]"](#)
[Female](#)
[Health Surveys](#)
[Humans](#)
[Logistic Models](#)
[Male](#)
[Middle Aged](#)
[Prevalence](#)
[Residence Characteristics](#)
[*Smoking/ep \[Epidemiology\]](#)
["Smoking/px \[Psychology\]"](#)
[*Socioeconomic Factors](#)
[*Substance-Related Disorders/ep \[Epidemiology\]"](#)
["Substance-Related Disorders/px \[Psychology\]"](#)
[Urban Population](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in [Annals of Epidemiology](#)

18. The spatial and temporal development of binge drinking in England 2001-2009: an observational study.

Citation: Social Science & Medicine, August 2013, vol./is. 91/(162-7), 0277-9536;1873-5347 (2013 Aug)

Author(s): Twigg L; Moon G

Language: English

Abstract: Binge drinking has been linked to escalating costs of hospitalisation and to premature mortality, and implicated in a range of acute and chronic health problems as well as crime, violence and other negative aspects of the wider well-being agenda. Various defined, it can be characterised as brief periods of heavy drinking (across one day or evening) within a longer time-frame of lower consumption or even abstinence (across a week or several weeks). In England the current binge drinking epidemic has become

particularly salient in the past decade and has been seen largely in terms of excessive consumption by younger people, particularly women in urban centres. It has also been linked to the liberalisation of licencing laws and the promotion of 24 h club cultures. This paper presents an observational study of the regional development of binge drinking between 2001 and 2009 as evidenced in the Health Survey for England. We innovate by using two different definitions of binge drinking within a multivariate multilevel modelling framework, with a focus on the random effects attributable to the year of study and region. We control for age, sex, ethnicity, marital status and individual socio-economic status, and confounding by neighbourhood deprivation and urbanisation. The paper identifies pronounced regional geographies that persist in the face of controls and vary little over time, and strong spatio-temporal gender differences which reflect the definition of binge drinking. Copyright 2013 Elsevier Ltd. All rights reserved.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Aged](#)
["*Binge Drinking/ep \[Epidemiology\]"](#)
["*Binge Drinking/px \[Psychology\]"](#)
["England/ep \[Epidemiology\]"](#)
[Female](#)
[Geography Medical](#)
[Health Surveys](#)
[Humans](#)
[Logistic Models](#)
[Male](#)
[Middle Aged](#)
[Multilevel Analysis](#)
[Multivariate Analysis](#)
[Risk Factors](#)
[Sex Distribution](#)
[Socioeconomic Factors](#)
[Spatio-Temporal Analysis](#)

Source: MEDLINE

19. Plasma morphine and metabolite concentrations are associated with clinical effects of morphine in cancer patients.

Citation: Journal of Pain & Symptom Management, April 2013, vol./is. 45/4(670-80), 0885-3924;1873-6513 (2013 Apr)

Author(s): Gretton SK; Ross JR; Rutter D; Sato H; Droney JM; Welsh KI; Joel S; Riley J

Language: English

Abstract: CONTEXT: Morphine is the opioid of choice for cancer-related pain, but for many patients the benefits of morphine are outweighed by its side effect profile. Morphine is metabolized to morphine-3-glucuronide and morphine-6-glucuronide; however, little is known about the contribution of these metabolites to analgesia and morphine-related side effects. OBJECTIVES: We investigated the association between plasma morphine and metabolite concentrations and the clinical effects of morphine in cancer patients. METHODS: A prospective study was performed in cancer patients taking oral morphine for moderate-to-severe cancer pain. Subjects who responded well to morphine (responders) and subjects who failed to respond to morphine because of lack of analgesia and/or the presence of intolerable side effects (nonresponders/switchers) were recruited. Pain and toxicity scores were recorded and blood samples were analyzed for plasma morphine, morphine-3-glucuronide, and morphine-6-glucuronide concentrations. RESULTS: Results showed that 1) morphine responders have higher plasma morphine and metabolite concentrations compared with nonresponders, 2) lower pain scores are associated with higher plasma morphine and metabolite concentrations, 3) central side effects are associated with a higher metabolite:plasma morphine ratio, and 4)

myoclonus is associated with extremely high concentrations of plasma morphine and metabolites. CONCLUSION: This study has shown that plasma morphine and metabolite concentrations are associated with the clinical effects of morphine therapy. These results are important because they demonstrate the relevance of measuring plasma metabolite concentrations in clinical trials and the potential for metabolite data to deepen our understanding of factors that influence an individual's response to morphine. Copyright 2013 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Country of Publication: United States

CAS Registry Number: 0 (Analgesics, Opioid); 0 (Biological Markers); 7617G6D29C (Morphine)

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

Subject Headings: "Analgesics Opioid/bl [Blood]"
 "Analgesics Opioid/tu [Therapeutic Use]"
 "Biological Markers/bl [Blood]"
 Causality
 Comorbidity
 Female
 "Great Britain/ep [Epidemiology]"
 Humans
 Male
 Middle Aged
 "*Morphine/bl [Blood]"
 "Morphine/tu [Therapeutic Use]"
 "*Neoplasms/bl [Blood]"
 "*Neoplasms/ep [Epidemiology]"
 "Neoplasms/nu [Nursing]"
 "*Opioid-Related Disorders/bl [Blood]"
 "*Opioid-Related Disorders/ep [Epidemiology]"
 "*Pain/bl [Blood]"
 "Pain/ep [Epidemiology]"
 "*Pain/pc [Prevention and Control]"
 "Pain Measurement/de [Drug Effects]"
 "Pain Measurement/sn [Statistics and Numerical Data]"
 Prevalence
 Risk Factors
 Statistics as Topic
 Treatment Outcome

Source: MEDLINE

Full Text: Available from *Elsevier* in *Journal of Pain and Symptom Management*

20. Review of the application of positive psychology to substance use, addiction, and recovery research.

Citation: Psychology of Addictive Behaviors, March 2013, vol./is. 27/1(151-65), 0893-164X;1939-1501 (2013 Mar)

Author(s): Krentzman AR

Language: English

Abstract: Advances in positive psychology have grown exponentially over the past decade. The addictions field has experienced its own growth in a positive direction, embodied by the recovery movement. Despite parallel developments, and great momentum on both sides, there has been little crosspollination. This article introduces positive psychology and the recovery movement, describes the research on positive psychology in the addictions, and discusses future avenues of theory, research, and intervention based on a positive-psychology framework. A systematic review of positive psychology applied to substance use, addiction, and recovery found nine studies which are discussed according to the following themes: theoretical propositions, character strengths and drinking, positive psychology and recovery, positive interventions, and addiction: feeling good and feeling bad. The current scholarship is scant, but diverse, covering a wide range of populations (adults, adolescents, those in and out of treatment), topics (character

strengths, recovery, positive affect), and addictive behaviors (work addiction, cigarette smoking, and alcohol use disorders). There is diversity, too, in country of origin, with work originating in the U.S., U.K., Poland, and Spain. The rigorous application of the lens, tools, and approaches of positive psychology to addiction research generally, and to the aims of the recovery movement specifically, has potential for the development of theory and innovation in prevention and intervention. Further, because the work in positive psychology has primarily focused on microsystems, it may be primed to make contributions to the predominantly macrosystems focus of the recovery movement. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

Country of Publication: United States
Publication Type: Journal Article; Research Support, N.I.H., Extramural; Review
Subject Headings: "Alcohol Drinking/px [Psychology]"
 "Alcohol Drinking/th [Therapy]"
 "Behavior Addictive/px [Psychology]"
 "*Behavior Addictive/th [Therapy]"
 Biomedical Research
 Humans
 "Smoking/px [Psychology]"
 "Smoking/th [Therapy]"
 "Substance-Related Disorders/px [Psychology]"
 "*Substance-Related Disorders/th [Therapy]"
Source: MEDLINE

21. Methadone dosing and prescribed medication use in a prospective cohort of opioid-dependent pregnant women.

Citation: Addiction, April 2013, vol./is. 108/4(762-70), 0965-2140;1360-0443 (2013 Apr)
Author(s): Cleary BJ; Reynolds K; Eogan M; O'Connell MP; Fahey T; Gallagher PJ; Clarke T; White MJ; McDermott C; O'Sullivan A; Carmody D; Gleeson J; Murphy DJ
Language: English
Abstract: AIMS: This study aimed to (i) describe methadone dosing before, during and after pregnancy, (ii) to compare the incidence of neonatal abstinence syndrome (NAS) between those with dose decreases and those with steady or increasing doses and (iii) to describe prescribed medication use among opioid-dependent pregnant women. DESIGN: Prospective cohort study. SETTING: Two Irish tertiary care maternity hospitals. PARTICIPANTS: A total of 117 pregnant women on methadone maintenance treatment (MMT) recruited between July 2009 and July 2010. MEASUREMENTS: Electronic dispensing records from addiction clinics and the Primary Care Reimbursement Service were used to determine methadone doses and dispensed medications in the year preceding and the month following delivery. The Finnegan score was used to determine need for medical treatment of NAS. FINDINGS: Of the 117 participants, sufficient dosing data were available for 89 women treated with MMT throughout pregnancy; 36 (40.4%) had their dose decreased from a mean pre-pregnancy dose of 73.3 mg [standard deviation (SD) 25.5] to a third-trimester dose of 58.0 mg (SD 26.0). The corresponding figures for those with increased doses (n = 31, 34.8%) were 70.7 mg (SD 25.3) and 89.7 mg (SD 21.0), respectively. The incidence of medically treated NAS did not differ between dosage groups. Antidepressants were dispensed for 29 women (25.7%) during pregnancy, with the rate decreasing from pre-pregnancy to postpartum. Benzodiazepines were prescribed for 43 women (38.0%). CONCLUSION: In the Irish health service, opioid-dependent women frequently have their methadone dose decreased during pregnancy but this does not appear to affect the incidence of the neonatal abstinence syndrome in their babies. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.
Country of Publication: England
CAS Registry Number: 0 (Anti-Bacterial Agents); 0 (Antidepressive Agents); 0 (Hypnotics and Sedatives); 0 (Narcotics); 0 (Prescription Drugs); 12794-10-4 (Benzodiazepines); UC6VBE7V1Z (Methadone)

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

Subject Headings: "Anti-Bacterial Agents/tu [Therapeutic Use]"
 "Antidepressive Agents/tu [Therapeutic Use]"
 "Benzodiazepines/tu [Therapeutic Use]"
 Female
 Humans
 "Hypnotics and Sedatives/tu [Therapeutic Use]"
 Ireland
 "*Methadone/ad [Administration and Dosage]"
 "*Narcotics/ad [Administration and Dosage]"
 "*Neonatal Abstinence Syndrome/et [Etiology]"
 "*Opiate Substitution Treatment/mt [Methods]"
 "*Opioid-Related Disorders/rh [Rehabilitation]"
 Pregnancy
 "*Pregnancy Complications/rh [Rehabilitation]"
 Pregnancy Trimester Third
 "Prenatal Care/mt [Methods]"
 "Prescription Drugs/tu [Therapeutic Use]"
 Prospective Studies

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

22. Early life influences on the risk of injecting drug use: case control study based on the Edinburgh Addiction Cohort.

Citation: *Addiction*, April 2013, vol./is. 108/4(743-50), 0965-2140;1360-0443 (2013 Apr)

Author(s): Macleod J; Hickman M; Jones HE; Copeland L; McKenzie J; De Angelis D; Kimber J; Robertson JR

Language: English

Abstract: AIMS: To investigate childhood influences on onset of injection drug use. DESIGN: Matched case-control study. SETTING: Edinburgh, Scotland. PARTICIPANTS: A total of 432 individuals presenting at a community health facility with injection drug use and 432 age- and sex-matched non-injecting controls recruited through the same facility. MEASUREMENTS: Main exposures considered were family structure and experience of public care, carer substance use, physical and sexual victimization and conduct problems, all measured at personal interview. The outcome was history of adult injection drug use recorded in medical records corroborated at personal interview. FINDINGS: Compared to two-parent families all other family structures were associated with increased risk of injection drug use, the greatest increased risk being associated with public care. Violence, criminality and financial problems in the family were also associated with increased risk, as were all types of carer substance use. The greatest increased risk was associated with markers of early conduct problems, particularly school exclusion and childhood contact with the criminal justice system. In multivariable analyses the strongest risk factors for later injecting were always having lived with a relative or family friend (not always a parent) and in care/adopted/foster home at any point [odds ratio (OR) = 2.66, 95% confidence interval (CI): 1.02-6.92 and OR = 2.17, 95% CI: 0.91-5.17, respectively], experienced violence from parent or carer (OR = 2.06, 95% CI: 1.26, 3.38) and early evidence of conduct problems [ever excluded from school (OR = 2.73, 95% CI: 1.68, 4.45); childhood criminality (ever arrested by police pre-adult OR = 3.05, 95% CI: 1.90, 4.89, ever been in borstal/young offenders/list D school OR = 4.70, 95% CI: 2.02, 10.94)]. After adjustment for family structure and conduct problems, sexual victimization was associated weakly with injecting onset (OR = 1.29, 95% CI: 0.76-2.19). More than 70% of injection drug use onset appeared attributable to the risk factors identified. CONCLUSIONS: Injection drug use in adults is associated strongly with prior childhood adversity, in particular not living with both

parents and early conduct problems. Prevention initiatives should also consider these risk factors. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: England
Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Subject Headings: [Adult](#)
[Age of Onset](#)
["Caregivers/px \[Psychology\]"](#)
[Case-Control Studies](#)
[Child](#)
[Cohort Studies](#)
["Conduct Disorder/co \[Complications\]"](#)
[Family Characteristics](#)
[Female](#)
[Humans](#)
[*Life Change Events](#)
[Male](#)
[Risk Factors](#)
[Scotland](#)
["*Substance Abuse Intravenous/px \[Psychology\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

23. Graphic imagery is not sufficient for increased attention to cigarette warnings: the role of text captions.

Citation: Addiction, April 2013, vol./is. 108/4(820-5), 0965-2140;1360-0443 (2013 Apr)
Author(s): Brown KG; Reidy JG; Weighall AR; Arden MA
Language: English
Abstract:

AIMS: The present study aims to assess the extent to which attention to UK cigarette warnings is attributable to the graphic nature of the content. DESIGN: A visual dot probe task was utilised, with the warnings serving as critical stimuli that were manipulated for the presence of graphic versus neutral image content, and the accompanying text caption. This mixed design yielded image content (graphic versus neutrally-matched images) and presence (versus absence) of text caption as within subjects variables and smoking status as a between-participants variable. SETTING: The experiment took place within the laboratories of a UK university. PARTICIPANTS: Eighty-six psychology undergraduates (51% smokers, 69% female), predominantly of Caucasian ethnicity took part. MEASUREMENTS: Reaction times towards probes replacing graphic images relative to probes replacing neutral images were utilised to create an index of attentional bias. FINDINGS: Bias scores ($M = 10.20 \pm 2.56$) highlighted that the graphic image content of the warnings elicited attentional biases (relative to neutral images) for smokers. This only occurred in the presence of an accompanying text caption [$t(43) = 3.950, P < 0.001$] as opposed to when no caption was present [$t(43) = 0.029, P = 0.977$]. Non-smokers showed no biases in both instances. CONCLUSIONS: Graphic imagery on cigarette packets increases attentional capture, but only when accompanied by a text message about health risks. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: England
Publication Type: Journal Article
Subject Headings: [*Attention](#)
[Female](#)
["*Health Promotion/mt \[Methods\]"](#)
[Humans](#)
[Male](#)

*Product Labeling
 "*Smoking/px [Psychology]"
 "*Smoking Cessation/mt [Methods]"
 *Tobacco Products
 Young Adult

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

24. ESCAPE: a randomised controlled trial of computer-tailored smoking cessation advice in primary care.

Citation: *Addiction*, April 2013, vol./is. 108/4(811-9), 0965-2140;1360-0443 (2013 Apr)

Author(s): Gilbert HM; Leurent B; Sutton S; Alexis-Garsee C; Morris RW; Nazareth I

Language: English

Abstract: AIMS: To evaluate the effectiveness of tailored cessation advice reports, including levels of reading ability, compared with a generic self-help booklet. DESIGN: Participants were randomised to receive standard non-tailored information or to receive standard information plus a cessation advice report and a progress report, both tailored to individual characteristics. SETTING: One hundred and twenty-three general practices located throughout the UK. PARTICIPANTS: Questionnaires were mailed to 58 660 current cigarette smokers aged 18-65 years, identified from general practitioner records. Of the 6911 (11.8%) who completed the questionnaire, provided consent and were enrolled into the study, 6697 (11.4%) were included in the analysis. MEASUREMENTS: Follow-up was by postal questionnaire sent six months after randomisation, or by telephone interview for participants failing to return the questionnaire. The primary outcome was self-reported prolonged abstinence for at least three months at the six-month follow-up. FINDINGS: Quit rates on the primary outcome were not significantly different (3.2% versus 2.7%) (OR = 1.20, 95% CI [0.94, 1.54], P = 0.15). A significantly higher proportion of intervention group participants made a quit attempt during the follow-up period (32.3% versus 29.6%; OR = 1.13, 95% CI [1.01, 1.26], P = 0.026). CONCLUSION: ESCAPE, a brief tailored smoking cessation intervention delivered by post and designed to reach a wide population of smokers, appears to increase the rate at which smokers try to stop, but if there is an effect on prolonged abstinence it is small. 2012 The Authors, *Addiction* 2012 Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: Adolescent
 Adult
 Aged
 "Counseling/mt [Methods]"
 Female
 General Practice
 Humans
 Male
 Middle Aged
 "*Patient Education as Topic/mt [Methods]"
 Questionnaires
 "Self Care/mt [Methods]"
 "*Smoking Cessation/mt [Methods]"
 "*Therapy Computer-Assisted/mt [Methods]"
 Treatment Outcome
 Young Adult

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

25. The impact of training and delivering alcohol brief intervention on the knowledge and attitudes of community pharmacists: a before and after study.

Citation: Drug & Alcohol Review, March 2013, vol./is. 32/2(147-56), 0959-5236;1465-3362 (2013 Mar)

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

Language: English

Abstract: INTRODUCTION AND AIMS: Alcohol misuse is the third leading cause of ill health in the UK. Alcohol brief intervention can identify risky drinkers and motivate individuals to take action. Community pharmacists have been identified as having a role in providing brief interventions. This study aimed to evaluate: pharmacists' attitudes towards hazardous/harmful drinkers and knowledge before training and after delivering brief intervention; and their experience of training. DESIGN AND METHODS: Pharmacists' attitudes to alcohol problems were assessed using Short Alcohol and Alcohol Problems Perception Questions before training and after brief intervention delivery. Alcohol misuse knowledge was assessed by questionnaire prior to and immediately after training, and after the delivery period. Following brief intervention delivery, pharmacists' experience of training was obtained using a questionnaire and focus groups. Qualitative thematic analysis identified experiences of brief intervention training. Quantitative data were analysed using spss. RESULTS: One hundred and thirty-nine alcohol interventions were delivered by 19 pharmacists over five months (recruiters). Ten pharmacists completed no interventions (non-recruiters). Both groups improved their alcohol knowledge between baseline and immediately following training; and their knowledge decreased between the end of training and following service delivery. Pharmacists who were initially more motivated recruited more participants and increased their work satisfaction. DISCUSSION AND CONCLUSIONS: This confirmed findings of previous studies that pharmacists unfamiliar with brief intervention could be trained to deliver this service. Pharmacists with positive attitude towards drinkers delivered a greater number of alcohol interventions and experienced increased work satisfaction than those pharmacists with less positive attitudes. 2012 Australasian Professional Society on Alcohol and other Drugs.

Country of Publication: Australia

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

Subject Headings: [Adult](#)
["Alcohol Drinking/pc \[Prevention and Control\]"](#)
["Alcoholism/di \[Diagnosis\]"](#)
["*Alcoholism/pc \[Prevention and Control\]"](#)
[Attitude of Health Personnel](#)
["Community Pharmacy Services/st \[Standards\]"](#)
[*Community Pharmacy Services](#)
["*Early Medical Intervention/mt \[Methods\]"](#)
["Early Medical Intervention/st \[Standards\]"](#)
[Female](#)
[*Health Knowledge Attitudes Practice](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
["Pharmacists/st \[Standards\]"](#)
[*Pharmacists](#)
[*Professional Role](#)

Source: MEDLINE

Full Text: Available from *Wiley* in *Drug and Alcohol Review*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

26. Early life socio-economic position and later alcohol use: birth cohort study.

- Citation:** Addiction, March 2013, vol./is. 108/3(516-25), 0965-2140;1360-0443 (2013 Mar)
- Author(s):** Melotti R; Lewis G; Hickman M; Heron J; Araya R; Macleod J
- Language:** English
- Abstract:** AIMS: To investigate associations between socio-economic position in early life and later alcohol use and problem use among male and female adolescents.DESIGN: Birth cohort study.SETTING: South West England.PARTICIPANTS: A total of 2711 girls and 2379 boys with one or more measures of alcohol use or problem use at age 15 years.MEASUREMENTS: Exposure measures were highest parental social class, maternal education and household disposable income (all maternal self-report before school-age); outcome measures were heavy typical drinking, frequent drinking, regular binge drinking, alcohol-related psychosocial problems and alcohol-related behavioural problems.FINDINGS: Alcohol use and related problems were relatively common amongst adolescent girls and boys. Boys were slightly more likely to report frequent drinking and girls were slightly more likely to drink heavily and to experience alcohol-related psychosocial problems. Higher maternal education appeared protective in relation to alcohol-related problems, particularly among boys. Higher household income was associated with greater risk of alcohol use and problem use, most apparently among girls.CONCLUSIONS: Children from higher-income households in England appear to be at greater risk of some types of adolescent alcohol problems, and these risks appear different in girls compared to boys. Childhood social advantage may not generally be associated with healthier behaviour in adolescence. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.
- Country of Publication:** England
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adolescent](#)
[Age of Onset](#)
["*Alcohol Drinking/ep \[Epidemiology\]"](#)
["*Alcohol-Related Disorders/ep \[Epidemiology\]"](#)
["Binge Drinking/ep \[Epidemiology\]"](#)
["*Developmental Disabilities/ep \[Epidemiology\]"](#)
["Developmental Disabilities/px \[Psychology\]"](#)
[Educational Status](#)
["England/ep \[Epidemiology\]"](#)
[Female](#)
[Humans](#)
[Income](#)
[Longitudinal Studies](#)
[Male](#)
["Mothers/sn \[Statistics and Numerical Data\]"](#)
[Regression Analysis](#)
[Sex Distribution](#)
[*Social Class](#)
- Source:** MEDLINE
- Full Text:** Available from *Wiley* in [Addiction](#); Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

27. Smoking and absence from work: systematic review and meta-analysis of occupational studies.

- Citation:** Addiction, February 2013, vol./is. 108/2(307-19), 0965-2140;1360-0443 (2013 Feb)
- Author(s):** Weng SF; Ali S; Leonardi-Bee J
- Language:** English

Abstract: AIMS: This study aimed to assess the association between smoking and absenteeism in working adults. METHODS: A systematic review and meta-analysis was performed by electronic database searches in MEDLINE, EMBASE, CAB Abstracts, PubMed, Science Direct and National Health Service Economic Evaluation Database (February 2012). Longitudinal, prospective cohorts or retrospective cohorts were included in the review. Summary effect estimates were calculated using random-effects meta-analysis. Heterogeneity was assessed by I(2) and publication bias was investigated. RESULTS: A total of 29 longitudinal or cohort studies were included. Compared with non-smokers, current smokers had a 33% increase in risk of absenteeism [95% confidence interval (CI): 1.25-1.41; I(2) =62.7%; 17 studies]. Current smokers were absent for an average of 2.74 more days per year compared with non-smokers (95% CI: 1.54-3.95; I(2) =89.6%; 13 studies). Compared with never smokers, ex-smokers had a 14% increase in risk of absenteeism (95% CI: 1.08-1.21; I(2) =62.4%; eight studies); however, no increase in duration of absence could be detected. Current smokers also had a 19% increase in risk of absenteeism compared with ex-smokers (95% CI: 1.09-1.32, P<0.01, eight studies). There was no evidence of publication bias. The total cost of absenteeism due to smoking in the United Kingdom was estimated to be 1.4 billion in 2011. CONCLUSIONS: Quitting smoking appears to reduce absenteeism and result in substantial cost-savings for employers. 2012 The Authors, *Addiction* 2012 Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: [*Absenteeism](#)
[Adult](#)
[Cost-Benefit Analysis](#)
["Employment/ec \[Economics\]"](#)
["Employment/sn \[Statistics and Numerical Data\]"](#)
[Female](#)
["Great Britain/ep \[Epidemiology\]"](#)
[Humans](#)
[Male](#)
[Risk Factors](#)
["Smoking/ec \[Economics\]"](#)
["*Smoking/ep \[Epidemiology\]"](#)

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

28. Health-care reform provides an opportunity for evidence-based alcohol treatment in the USA: the National Institute for Health and Clinical Excellence (NICE) guideline as a model.

Citation: *Addiction*, February 2013, vol./is. 108/2(231-2), 0965-2140;1360-0443 (2013 Feb)

Author(s): McCrady BS

Language: English

Country of Publication: England

Publication Type: Editorial

Subject Headings: ["*Alcohol-Related Disorders/th \[Therapy\]"](#)
[Evidence-Based Medicine](#)
[Great Britain](#)
[*Health Care Reform](#)
[Humans](#)
[*Practice Guidelines as Topic](#)
[*State Medicine](#)
[United States](#)

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

29. Conversation with Christine Godfrey.

Citation: *Addiction*, February 2013, vol./is. 108/2(257-64), 0965-2140;1360-0443 (2013 Feb)

Author(s): anonymous

Language: English

Country of Publication: England

Publication Type: Biography; Historical Article; Interview

Subject Headings: [*Attitude of Health Personnel](#)
["*Behavior Addictive/ec \[Economics\]"](#)
["Behavior Addictive/ep \[Epidemiology\]"](#)
[Career Choice](#)
[*Economics](#)
[Great Britain](#)
[History 20th Century](#)
[Humans](#)
[Statistics as Topic](#)
["*Substance-Related Disorders/ec \[Economics\]"](#)
["Substance-Related Disorders/ep \[Epidemiology\]"](#)

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

30. A record-linkage study of drug-related death and suicide after hospital discharge among drug-treatment clients in Scotland, 1996-2006.

Citation: *Addiction*, February 2013, vol./is. 108/2(377-84), 0965-2140;1360-0443 (2013 Feb)

Author(s): Merrall EL; Bird SM; Hutchinson SJ

Language: English

Abstract: AIMS: To investigate the relationship between time after hospital discharge and drug-related death (DRD) and suicide among drug users in Scotland, while controlling for potential confounders. DESIGN: Cohort study. SETTING AND PARTICIPANTS: The 69457 individuals who registered for drug treatment in Scotland during 1 April 1996-31 March 2006. MEASUREMENTS: Time-at-risk was from the date of an individual's first attendance at drug treatment services after 1 April 1996 until the earlier date of death or end-of-study, 31 March 2006, and was categorized according to time since the most recent hospitalization, as during hospitalization, within 28 days, 29-90 days, 91 days to 1 year and >1 year since discharge from most recent hospital stay versus 'never admitted' (reference). FINDINGS: Time-periods soon after discharge were associated with increased risk of DRD. DRD rates per 1000 person-years were: 87 (95% CI: 72-103) during hospitalization, 21 (18-25) within 28 days, 12 (10-15) during 29-90 days and 8.5 (7.5-9.5) during 91 days to 1 year after discharge versus 4.2 (3.7-4.7) when >1 year after most recent hospitalization and 1.9 (1.7-2.1) for those never admitted. Adjusted hazard ratios by time since hospital discharge (versus never admitted) were: 9.6 (95% CI: 8-12) within 28 days, 5.6 (4.6-6.8) during days 29-90, thereafter 4.0 (3.5-4.7) and 2.3 (2.0-2.7) when >1 year. Non-drug-related suicides were less frequent than DRDs (269 versus 1383) but a similar risk pattern was observed. CONCLUSIONS: In people receiving treatment for drug dependence, discharge from a period of hospitalization marks the start of a period of heightened vulnerability to drug-related death. 2012 The Authors, *Addiction* 2012 Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: [Adult](#)
[Cause of Death](#)
[Data Collection](#)
["*Drug Overdose/mo \[Mortality\]"](#)
[Female](#)
[Humans](#)
[Male](#)
["*Patient Discharge/sn \[Statistics and Numerical Data\]"](#)
[Risk Factors](#)
["Scotland/ep \[Epidemiology\]"](#)
["*Substance Abuse Treatment Centers/sn \[Statistics and Numerical Data\]"](#)
["*Substance-Related Disorders/mo \[Mortality\]"](#)
["Substance-Related Disorders/rh \[Rehabilitation\]"](#)
["*Suicide/sn \[Statistics and Numerical Data\]"](#)
[Time Factors](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Wiley* in [Addiction](#); Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

31. Twenty-five years of volatile substance abuse mortality: a national mortality surveillance programme.

Citation: *Addiction*, February 2013, vol./is. 108/2(385-93), 0965-2140;1360-0443 (2013 Feb)

Author(s): Butland BK; Field-Smith ME; Ramsey JD; Anderson HR

Language: English

Abstract: AIMS: To investigate trends in volatile substance abuse (VSA) deaths over 25 years. DESIGN: A national mortality surveillance programme with standardised data collection procedures. SETTING: The UK and islands. PARTICIPANTS/MEASUREMENTS: All VSA deaths, 1983-2007. FINDINGS: In the five quinquennia from 1983 to 2007 the numbers of VSA deaths were 499, 609, 378, 349 and 258 respectively. There were gradual increases in the mean age at death in males and females and in the number of VSA deaths in women. Coincident with the 1992 Department of Health Advertising Campaign, VSA deaths in boys and girls (<18 years of age) fell by an estimated 56% (95% CI: 36%-70%) and 64% (20%-84%), respectively, from the underlying trend, but there was no evidence of any similar step change in either group following the 1999 Legislation prohibiting sales of cigarette lighter refills containing butane to those under the age of 18 years. Between 1983-1987 and 2003-2007, the ratio of aerosol to gas fuel deaths fell by an estimated 80% (57% to 91%) in adults, while the ratio of glue to gas fuel deaths fell by an estimated 95% (89% to 97%) in adults and an estimated 87% (-1% to 98%) in children. CONCLUSIONS: Between 1983 and 2007, in the United Kingdom, the numbers of deaths associated with volatile substance abuse peaked in the early 1990s and fell to their lowest level in the mid-2000s. The age at death increased in both males and females. There was a fall in the proportion of volatile substance abuse deaths involving glues and a rise, particularly in adults, in the proportion involving gas fuels. 2012 The Authors, *Addiction* 2012 Society for the Study of *Addiction*.

Country of Publication: England

CAS Registry Number: 0 (Adhesives); 0 (Aerosols); 0 (Butanes); 0 (Solvents); 6LV4FOR43R (butane)

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

Subject Headings: ["Adhesives/ae \[Adverse Effects\]"](#)
[Adolescent](#)
[Adult](#)
["Aerosols/ae \[Adverse Effects\]"](#)
[Age Factors](#)

Algorithms
 "Butanes/ae [Adverse Effects]"
 Child
 Databases Factual
 Female
 "Great Britain/ep [Epidemiology]"
 Humans
 "*Inhalant Abuse/mo [Mortality]"
 Male
 Population Surveillance
 Sex Factors
 "Solvents/ae [Adverse Effects]"
 Young Adult

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

32. Visual attention to health warnings on plain tobacco packaging in adolescent smokers and non-smokers.

Citation: *Addiction*, February 2013, vol./is. 108/2(413-9), 0965-2140;1360-0443 (2013 Feb)

Author(s): Maynard OM; Munafo MR; Leonards U

Language: English

Abstract: AIMS: Previous research with adults indicates that plain packaging increases visual attention to health warnings in adult non-smokers and weekly smokers, but not daily smokers. The present research extends this study to adolescents aged 14-19 years. DESIGN: Mixed-model experimental design, with smoking status as a between-subjects factor and pack type (branded or plain pack) and eye gaze location (health warning or branding) as within-subjects factors. SETTING: Three secondary schools in Bristol, UK. PARTICIPANTS: A convenience sample of adolescents comprising never-smokers (n=26), experimenters (n=34), weekly smokers (n=13) and daily smokers (n=14). MEASUREMENTS: Number of eye movements to health warnings and branding on plain and branded packs. FINDINGS: Analysis of variance, irrespective of smoking status revealed more eye movements to health warnings than branding on plain packs, but an equal number of eye movements to both regions on branded packs (P=0.033). This was observed among experimenters (P<0.001) and weekly smokers (P=0.047), but not among never-smokers or daily smokers. CONCLUSION: Among experimenters and weekly smokers, plain packaging increases visual attention to health warnings and away from branding. Daily smokers, even relatively early in their smoking careers, seem to avoid the health warnings on cigarette packs. Adolescent never-smokers attend the health warnings preferentially on both types of packs, a finding which may reflect their decision not to smoke. 2012 The Authors, *Addiction* 2012 Society for the Study of Addiction.

Country of Publication: England

CAS Registry Number: 7U1EE4V452 (Carbon Monoxide)

Publication Type: Journal Article; Multicenter Study

Subject Headings: Adolescent
 "*Attention/ph [Physiology]"
 Attitude to Health
 "Carbon Monoxide/an [Analysis]"
 "*Eye Movements/ph [Physiology]"
 Female
 Great Britain
 Humans
 Male
 *Product Labeling
 "*Product Packaging/mt [Methods]"

Self Report
 "Smoking/pc [Prevention and Control]"
 "*Smoking/px [Psychology]"
 Young Adult

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

33. Children at risk of medicinal and non-medicinal poisoning: a population-based case-control study in general practice.

Citation: British Journal of General Practice, December 2012, vol./is. 62/605(e827-33), 0960-1643;1478-5242 (2012 Dec)

Author(s): Tyrrell EG; Orton E; Tata LJ; Kendrick D

Language: English

Abstract: BACKGROUND: Preschool children have a high risk of poisoning. While medicines prescribed by primary care are potential poisoning agents, the risk factors for poisoning from medication are not well described. AIM: To identify risk factors for medicinal and non-medicinal poisoning in preschool children. DESIGN AND SETTING: Population-based nested case-control study using The Health Improvement Network primary care database 1988-2004. METHOD: Conditional logistic regression was used to identify child, maternal, and social risk factors for medicinal (1316 cases) and non-medicinal poisoning (503 cases), using 17 709 controls matched on general practice. RESULTS: Poisoning by medicines was independently associated with deprivation (test for trend $P < 0.001$), maternal age ($P < 0.001$), birth order ($P < 0.001$), maternal alcohol misuse (odds ratio [OR] = 5.44, 95% confidence interval [CI] = 1.99 to 14.91), and perinatal depression (OR = 1.54, 95% CI = 1.26 to 1.88). Living in a household with two or more adults lowered the odds of injury compared to single-parent households (OR = 0.85, 95% CI = 0.74 to 0.96) and the odds varied by age, being highest in 2 year olds (OR = 9.61, 95% CI = 7.73 to 11.95). Non-medicinal poisoning was associated with deprivation ($P = 0.001$), maternal age ($P < 0.001$), and birth order ($P < 0.001$). The odds were raised in 1 year olds (OR = 5.44, 95% CI = 4.07 to 7.26) and 2 year olds (OR = 5.07, 95% CI = 3.73 to 6.90) compared to those aged < 1 year. CONCLUSION: Primary care data can be used to target interventions to children at risk of poisoning. This is pertinent when prescribing for children/family members, as prescribed medications may become poisoning agents. Prompt identification of maternal depression and alcohol misuse, and delivery of poisoning-prevention interventions at this stage may help prevent poisonings.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: "Alcoholism/ep [Epidemiology]"
 Birth Order
 Case-Control Studies
 Child Preschool
 "Depressive Disorder/ep [Epidemiology]"
 "Family Practice/sn [Statistics and Numerical Data]"
 "Great Britain/ep [Epidemiology]"
 Humans
 Infant
 Infant Newborn
 Maternal Age
 "Mothers/sn [Statistics and Numerical Data]"
 "*Poisoning/ep [Epidemiology]"
 Risk Factors
 "Smoking/ep [Epidemiology]"
 Socioeconomic Factors

Source: MEDLINE
Full Text: Available from *National Library of Medicine* in *British Journal of General Practice, The*

34. Implementation of routine biochemical validation and an 'opt out' referral pathway for smoking cessation in pregnancy.

Citation: Addiction, December 2012, vol./is. 107 Suppl 2/(53-60), 0965-2140;1360-0443 (2012 Dec)

Author(s): Bauld L; Hackshaw L; Ferguson J; Coleman T; Taylor G; Salway R

Language: English

Abstract: AIMS: To introduce an 'opt out' referral pathway for smoking cessation in pregnancy and to compare different methods for identifying pregnant smokers in maternity care. DESIGN: Pilot study that analysed routine data from maternity and smoking cessation services with biochemical validation of smoking status. SETTING: Dudley and South Birmingham, England. PARTICIPANTS: A total of 3712 women who entered the referral pathway-1498 in Dudley and 2214 in South Birmingham. MEASUREMENTS: Routine monitoring data on smoking at maternity booking, referral to smoking cessation services, number of women who set quit dates set and short-term (4-week) self-report smoking status. Comparison of self-report, carbon monoxide (CO)-validated and urinary cotinine-validated smoking status for a subsample (n = 1492) of women at maternity booking. FINDINGS: In Dudley 27% of women who entered the opt out referral pathway were identified as smokers following CO testing. Of those referred to the smoking cessation services, 19% reported stopping smoking at 4-week follow-up. In South Birmingham 17% were smokers at booking, with 5% of those referred recorded as non-smokers at 4 weeks. The number of women quitting did not increase during the study when compared with the previous year, despite higher referral rates in both areas. An optimum cut-off CO measurement of 4 parts per million (p.p.m.) was identified for sensitivity and specificity. CONCLUSION: The introduction of an opt out referral pathway between maternity and stop smoking services resulted in more women being referred for support to quit but not higher numbers of quitters, suggesting that automatic referral may include women who are not motivated to stop and who may not engage with services. Routine carbon monoxide monitoring introduced as part of a referral pathway should involve a cut-off of 4 p.p.m. to identify smoking in pregnancy. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: England

CAS Registry Number: 7U1EE4V452 (Carbon Monoxide); K5161X06LL (Cotinine)

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

Subject Headings: [Adult](#)
["Carbon Monoxide/an \[Analysis\]"](#)
["Cotinine/ur \[Urine\]"](#)
[England](#)
[Female](#)
[Humans](#)
["*Patient Acceptance of Health Care/sn \[Statistics and Numerical Data\]"](#)
[Pilot Projects](#)
[Pregnancy](#)
["*Pregnancy Complications/pc \[Prevention and Control\]"](#)
["*Prenatal Care/mt \[Methods\]"](#)
["Prenatal Care/og \[Organization and Administration\]"](#)
[ROC Curve](#)
["Referral and Consultation/og \[Organization and Administration\]"](#)
["*Referral and Consultation/sn \[Statistics and Numerical Data\]"](#)
[Self Report](#)
["Smoking/me \[Metabolism\]"](#)
["*Smoking/pc \[Prevention and Control\]"](#)
["*Smoking Cessation/sn \[Statistics and Numerical Data\]"](#)
[Treatment Outcome](#)

Source: MEDLINE

Full Text: Available from *EBSCOhost* in *Addiction*
Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

35. Smokeless tobacco cessation in South Asian communities: a multi-centre prospective cohort study.

Citation: *Addiction*, December 2012, vol./is. 107 Suppl 2/(45-52), 0965-2140;1360-0443 (2012 Dec)

Author(s): Croucher R; Shanbhag S; Dahiya M; Kassim S; Csikar J; Ross L

Language: English

Abstract: AIM: To evaluate smokeless tobacco cessation in communities of South Asian origin.DESIGN: Multi-centre prospective cohort study.SETTING: Three tobacco cessation services offering specialist smokeless tobacco cessation outreach clinic support to South Asians (Bangladeshi, Indian and Pakistani) resident in England.PARTICIPANTS: A total of 239 South Asian participants seeking to stop smokeless tobacco use between November 2010 and December 2011.MEASUREMENTS: Socio-demographics, tobacco use and dependence, self-reported abstinence at 4 weeks and satisfaction measures.FINDINGS: Participants' mean age was 45 [standard deviation (SD) = 13] years, were predominantly female (76%), of Bangladeshi origin (74%), either home carers (53%) or not working (29%). Sixty-three per cent were recruited from community locations, 21% through a clinical contact and 16% through friends and family. Mean daily number of smokeless tobacco intakes was 10 (SD = 7) and the mean dependence score was 4.5 (SD = 1.9). Sixty-three per cent of participants achieved continuous abstinence 4 weeks after quitting. Using nicotine replacement therapy (NRT) versus not using it [OR = 3.47, 95% confidence interval (CI): 1.25, 9.62] and below median (<= 8) daily smokeless tobacco intakes (OR = 1.91, 95% CI: 1.07, 3.40) predicted successful abstinence.CONCLUSION: South Asian smokeless tobacco users resident in England accessing services to help them stop appear to have short-term success rates comparable with smokers attending stop-smoking services, with higher success rates being reported by those using nicotine replacement therapy. 2012 The Authors, *Addiction* 2012 Society for the Study of Addiction.

Country of Publication: England

CAS Registry Number: 0 (Nicotinic Agonists); 54-11-5 (Nicotine)

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

Subject Headings: [Adult](#)
["Ambulatory Care/mt \[Methods\]"](#)
[Asian Continental Ancestry Group](#)
["Bangladesh/eh \[Ethnology\]"](#)
[Behavior Therapy](#)
["England/ep \[Epidemiology\]"](#)
[Female](#)
[Humans](#)
[Logistic Models](#)
[Male](#)
[Middle Aged](#)
["Nicotine/tu \[Therapeutic Use\]"](#)
["Nicotinic Agonists/tu \[Therapeutic Use\]"](#)
["*Outcome and Process Assessment \(Health Care\)/sn \[Statistics and Numerical Data\]"](#)
[Patient Satisfaction](#)
[Prospective Studies](#)
["Substance Withdrawal Syndrome/ep \[Epidemiology\]"](#)
["*Tobacco Use Cessation/mt \[Methods\]"](#)
[Tobacco Use Cessation Products](#)
["Tobacco Use Disorder/dt \[Drug Therapy\]"](#)
["Tobacco Use Disorder/eh \[Ethnology\]"](#)

"*Tobacco Use Disorder/pc [Prevention and Control]"
 "*Tobacco Smokeless/ae [Adverse Effects]"

Source: MEDLINE

Full Text: Available from *EBSCOhost* in *Addiction*
 Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type
 "Homerton" into box entitled "Institution Name" at lower right of the screen and select
 "Homerton Hospital"

36. Using text messaging to prevent relapse to smoking: intervention development, practicability and client reactions.

Citation: *Addiction*, December 2012, vol./is. 107 Suppl 2/(39-44), 0965-2140;1360-0443 (2012 Dec)

Author(s): Snuggs S; McRobbie H; Myers K; Schmocker F; Goddard J; Hajek P

Language: English

Abstract: AIMS: The NHS Stop Smoking Service (NHS-SSS) helps approximately half its clients to quit for 4 weeks. However, most initially successful quitters relapse within 6 months. Short message service (SMS) texting has been shown to facilitate stopping smoking. We describe the development, implementation and subsequent evaluation, in terms of practicability and client response, of an SMS text-based relapse prevention intervention (RPI) delivered within routine community and specialist National Health Service (NHS) Stop Smoking Service (SSS) provision in four Primary Care Trusts. DESIGN: Text messages aimed at motivation to remain abstinent, preventing careless lapses and continuing the full course of medicine for smoking cessation were developed and sent weekly to clients' mobile phones for 12 weeks and fortnightly for 6 months. They were asked to respond to some of the texts and contact the NHS SSS if they lapsed. They were also offered free nicotine mini lozenges to be sent via the mail on three occasions. SETTING: NHS SSS. PARTICIPANTS: 202 clients who had been abstinent for 4 weeks. MEASUREMENTS: Feasibility of introducing RPI into routine care; response to interactive messages and requests for the medication; rating of the helpfulness of RPI; self-reported and carbon monoxide (CO)-validated smoking status for up to 26 weeks. FINDINGS: A text-based RPI was easy to implement within the NHS SSS provided by specialist advisers, but enrollment of clients from services provided by a network of pharmacists was difficult because client contact details were often lacking. Where records of the number of people invited to RPI were available, 94% of eligible participants enrolled. The RPI was well received by both SSS clients and staff, with 70% (n = 63) of clients who completed follow-up considering the intervention helpful. Eighty-five per cent (n = 172) of clients responded to at least one of the nine interactive text messages. Sixty-four clients (32% of the total, 47% of those we managed to contact) reported continuous abstinence at 6 months. Eighteen (9%) clients who relapsed to smoking used the RPI to re-engage with the NHS SSS and 10 (5%) successfully re-established abstinence. CONCLUSIONS: In smokers attending National Health Service Stop Smoking Services who are abstinent 4 weeks after their quit date, a relapse prevention intervention based on SMS text messaging was well received, and can be implemented economically and rapidly. A controlled trial is needed to establish whether it has a significant impact on relapse. 2012 The Authors, *Addiction* 2012 Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: [Feasibility Studies](#)
[Great Britain](#)
[Humans](#)
[Motivation](#)
[*Patient Acceptance of Health Care](#)
[Pilot Projects](#)
["Recurrence/pc \[Prevention and Control\]"](#)
[Self Report](#)
["*Smoking/pc \[Prevention and Control\]"](#)

"*Smoking Cessation/mt [Methods]"
 State Medicine
 *Text Messaging
 Treatment Outcome

Source: MEDLINE

Full Text: Available from *EBSCOhost* in *Addiction*
 Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type
 "Homerton" into box entitled "Institution Name" at lower right of the screen and select
 "Homerton Hospital"

37. Barriers and facilitators to a criminal justice tobacco control coordinator: an innovative approach to supporting smoking cessation among offenders.

Citation: *Addiction*, December 2012, vol./is. 107 Suppl 2/(26-38), 0965-2140;1360-0443 (2012 Dec)

Author(s): Eadie D; MacAskill S; McKell J; Baybutt M

Language: English

Abstract: AIMS: To examine the barriers and facilitators to effective operation of a regional tobacco control coordinator working within and across criminal justice and public health, whose goal was to raise tobacco control awareness and support the development of smoking cessation treatment for offenders. DESIGN: A reflexive, mixed-methods case study approach using in-depth interviews, project reports and observation of advisory board meetings. SETTING: The coordinator worked with prisons, probation and police custody, where there are high levels of social disadvantage and smoking. PARTICIPANTS: Interviews (n = 34) at different stages of project with the coordinator, project advisers and local stakeholders from criminal justice and public health. MEASUREMENTS: Analysis of facilitators and barriers and the coordinator role from different perspectives. FINDINGS: Readiness to develop cessation services was a critical predictor of different criminal justice settings' engagement with the coordinator role. The coordinator enhanced cessation service delivery in individual prisons where there was a requirement and infrastructure in place to provide such services. In police custody, where there was no central guidance or pre-existing requirements, efforts to establish smoking cessation on the local agenda proved ineffective. In probation settings, the coordinator documented examples of good practice and supported brief intervention training. Variability in willingness to engage limited the project's ability to create joined-up working across criminal justice settings. CONCLUSIONS: In the English criminal justice system, the prison service appears to provide a favourable context for development of smoking cessation support and a means of accessing hard-to-reach groups. Other criminal justice settings, most specifically police custody, appear less responsive to such activity. A coordinator role can improve smoking cessation support in the prison setting, and develop local improvements in tobacco control interventions in other settings such as probation, but as configured here, does not have the capacity to effect change across the criminal justice system. 2012 The Authors, *Addiction* 2012 Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: Female
 "Great Britain/ep [Epidemiology]"
 Health Knowledge Attitudes Practice
 Health Policy
 Health Services Needs and Demand
 Health Status Disparities
 Humans
 *Interinstitutional Relations
 *Law Enforcement
 Male
 Organization and Administration

[Police](#)
["Prisoners/sn \[Statistics and Numerical Data\]"](#)
[Prisons](#)
[Professional Role](#)
[*Program Development](#)
[*Public Health](#)
[Qualitative Research](#)
["Smoking/ep \[Epidemiology\]"](#)
["*Smoking/pc \[Prevention and Control\]"](#)
["*Smoking Cessation/mt \[Methods\]"](#)
[Social Conditions](#)
[Socioeconomic Factors](#)
[Tobacco Use Cessation Products](#)

Source: MEDLINE

Full Text: Available from *EBSCOhost* in [Addiction](#)
 Available from *Wiley* in [Addiction](#); Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

38. Tailored tobacco dependence support for mental health patients: a model for inpatient and community services.

Citation: *Addiction*, December 2012, vol./is. 107 Suppl 2/(18-25), 0965-2140;1360-0443 (2012 Dec)

Author(s): Parker C; McNeill A; Ratschen E

Language: English

Abstract: AIMS: Although smoking prevalence among people with severe mental illness is high, it remains largely unaddressed. This pragmatic pilot project aimed to develop and implement a tailored tobacco dependence service in mental health settings and to assess its impact, as well as barriers and facilitators to implementation. DESIGN: An integrative service model, spanning acute, rehabilitation and community services, including the design of tailored instruments and referral pathways, delivered by two mental health professionals. SETTING AND PARTICIPANTS: Four adult acute and two rehabilitation wards (129 beds), and the community recovery team (2038 cases) of the United Kingdom's largest Mental Health Trust. MEASUREMENTS: Audit of smoking information in patient notes; service uptake; quit attempts; smoking cessation and reduction; qualitative data on implementation barriers/facilitators. FINDINGS: A total of 110 patients attended at least one support session: 53 inpatients (23% of inpatient smokers) and 57 community (of unknown number of community smokers, as recording of smoking status is not mandatory). Thirty-four of these (31%) made a quit attempt; 17 (15%) stopped smoking and 29 (26%) reduced cigarette consumption by up to 50% at the final contact. Barriers to service implementation related to: (i) trust policy, systems and procedures, (ii) staff knowledge and attitudes and (iii) illness-related factors. CONCLUSIONS: Despite the strong anti-smoking climate in the United Kingdom, including a law requiring smoke-free policies in mental health settings, establishing a smoking cessation treatment service for people with mental illness proved difficult, due to complex systemic barriers. However, there is clearly a demand, by patients, for such a service. 2012 The Authors, *Addiction* 2012 Society for the Study of Addiction.

Country of Publication: England

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

Subject Headings: [Adult](#)
[Aged](#)
[England](#)
[Female](#)
[Health Impact Assessment](#)
[Health Knowledge Attitudes Practice](#)
[Health Services Needs and Demand](#)

Humans
 Male
 "*Mental Disorders/co [Complications]"
 "Mental Disorders/px [Psychology]"
 "*Mental Health Services/og [Organization and Administration]"
 Middle Aged
 "*Outcome and Process Assessment (Health Care)/sn [Statistics and Numerical Data]"
 "Patient Acceptance of Health Care/px [Psychology]"
 "Patient Acceptance of Health Care/sn [Statistics and Numerical Data]"
 Pilot Projects
 "Referral and Consultation/sn [Statistics and Numerical Data]"
 Smoke-Free Policy
 "*Smoking/pc [Prevention and Control]"
 "Smoking/px [Psychology]"
 "*Smoking Cessation/mt [Methods]"
 "Smoking Cessation/px [Psychology]"
 "*Tobacco Use Disorder/co [Complications]"
 "Tobacco Use Disorder/px [Psychology]"
 Young Adult

Source: MEDLINE

Full Text: Available from *EBSCOhost* in *Addiction*
 Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

39. Evaluation of a programme to increase referrals to stop-smoking services using Children's Centres and smoke-free families schemes.

Citation: *Addiction*, December 2012, vol./is. 107 Suppl 2/(8-17), 0965-2140;1360-0443 (2012 Dec)

Author(s): McEwen A; Hackshaw L; Jones L; Lavery L; Amos A; Robinson J

Language: English

Abstract: AIMS: To assess the feasibility and effectiveness of a new service using referral liaison advisers to increase the number of referrals of parents/carers at selected Children's Centres to National Health Service (NHS) Stop Smoking Services (SSS) and/or smoke-free families schemes (SFS).DESIGN: This mixed-methods pilot study collected numerical data on indicators of smoking behaviours and carried out face-to-face and telephone interviews.SETTINGS: Thirteen Children's Centres in Liverpool and Nottingham using local providers of smoking cessation services, from September 2010 to April 2011.PARTICIPANTS: Parents and carers registered with, and staff working for, Children's Centres.MEASURES: Number of smokers referred to smoking cessation services and/or smoke-free family schemes and the views of service providers and users on the new service.FINDINGS: In Liverpool, 181 referrals to NHS SSS were made from 331 identified smokers (54.7%); extrapolated to 12 months, this represents a 182% increase in referrals from baseline and a similar extrapolation indicates a 643% increase from baseline of referrals to smoke-free families schemes. There were no reliable baseline data for Nottingham; 31 referrals were made (30.7% of smokers) to SSS and 44 referrals to SFS from 52 contacts (84.6%). The interviews highlighted the need for sustained personal contact with parents/carers to discuss smoking behaviours and concerns and their willingness to be referred to SFS as part of caring for their child.CONCLUSIONS: Routine recording of smoking status and appropriate follow-up by trained staff in Children's Centres can lead to significant numbers of clients attending stop-smoking services, although relatively few stop smoking. 2012 The Authors, *Addiction* 2012 Society for the Study of Addiction.

Country of Publication: England

CAS Registry Number: 0 (Tobacco Smoke Pollution)

Publication Type: Evaluation Studies; Journal Article

Subject Headings: Adult
 *Attitude to Health
 *Child Health Services
 Child Preschool
 England
 Family Health
 Female
 Humans
 Male
 Middle Aged
 "Parents/px [Psychology]"
 Pilot Projects
 Professional-Patient Relations
 Program Evaluation
 Qualitative Research
 "Referral and Consultation/og [Organization and Administration]"
 "*Referral and Consultation/sn [Statistics and Numerical Data]"
 "Referral and Consultation/td [Trends]"
 Smoke-Free Policy
 "*Smoking/pc [Prevention and Control]"
 "Smoking/px [Psychology]"
 "*Smoking Cessation/sn [Statistics and Numerical Data]"
 State Medicine
 "Tobacco Smoke Pollution/ae [Adverse Effects]"
 "Tobacco Smoke Pollution/pc [Prevention and Control]"
 "Urban Population/sn [Statistics and Numerical Data]"
 Young Adult

Source: MEDLINE

Full Text: Available from *EBSCOhost* in *Addiction*
 Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type
 "Homerton" into box entitled "Institution Name" at lower right of the screen and select
 "Homerton Hospital"

40. Developing the evidence base for addressing inequalities and smoking in the United Kingdom.

Citation: *Addiction*, December 2012, vol./is. 107 Suppl 2/(1-7), 0965-2140;1360-0443 (2012 Dec)

Author(s): McNeill A; Amos A; McEwen A; Ferguson J; Croghan E

Language: English

Abstract: AIMS: Smoking is an increasing cause of health inequalities in high-income countries. This supplement describes pilot projects set up in England to develop and test pathways to ensure that disadvantaged groups, where smoking is frequently the norm, are reached, encouraged and supported to stop their tobacco use. Target groups were: smokers attending centres set up for highly deprived parents; smokers with serious and enduring mental illness; pregnant smokers; prisoners/other offenders who smoked; South Asian tobacco chewers; and recent quitters from 'routine and manual' occupational groups. METHODS: Commonalities observed across the six projects are summarized, alongside recommendations for implementation. RESULTS: A significant barrier to implementation was the lack of mandatory identification of tobacco users across primary, secondary and community health-care settings and routine use of expired air carbon monoxide monitoring, particularly for high-risk groups. Appropriate use of financial incentives and national guidance is probably necessary to achieve both this and the adoption of 'joined-up' tobacco dependence treatment pathways for these target groups. Further research is needed on the impact of 'opt out' pathways: while resulting in increased referral rates, success rates were lower. In general, smoking cessation service targets were a barrier to implementation. Flexibility and tailoring of interventions were required and most projects trained those already working in relevant settings, given their greater understanding of target groups. Mandatory training of all frontline health-care staff was deemed desirable. CONCLUSIONS: Implementing the findings of these projects

will require resources, for training, incentivizing health-care workers and further research. However, continuing with the status quo may result in sustained tobacco use health inequalities for the foreseeable future. 2012 The Authors, *Addiction* 2012 Society for the Study of Addiction.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Adult
 Asian Continental Ancestry Group
 *Community Health Services
 *Evidence-Based Medicine
 Female
 "Great Britain/ep [Epidemiology]"
 Health Knowledge Attitudes Practice
 *Health Policy
 *Health Status Disparities
 "Healthcare Disparities/sn [Statistics and Numerical Data]"
 Humans
 Inservice Training
 "National Health Programs/og [Organization and Administration]"
 Pilot Projects
 Pregnancy
 Prisoners
 "Recurrence/pc [Prevention and Control]"
 "Smoking/ep [Epidemiology]"
 "*Smoking/pc [Prevention and Control]"
 "*Smoking Cessation/mt [Methods]"
 Socioeconomic Factors
 State Medicine
 Tobacco Smokeless
 Vulnerable Populations

Source: MEDLINE

Full Text: Available from *EBSCOhost* in *Addiction*
 Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"