

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. Smoking and its treatment in addiction services: clients' and staff behaviour and attitudes.

- Citation:** BMC Health Services Research, 2014, vol./is. 14/(304), 1472-6963;1472-6963 (2014)
- Author(s):** Cookson C; Strang J; Ratschen E; Sutherland G; Finch E; McNeill A
- Institution:** McNeill,Ann. National Addiction Centre, Institute of Psychiatry, King's College London, Addiction Sciences Building, 4, Windsor Walk, Denmark Hill, London SE5 8AF, UK. ann.mcneill@kcl.ac.uk.
- Language:** English
- Abstract:** BACKGROUND: High smoking prevalence has been observed among those misusing other substances. This study aimed to establish smoking behaviours and attitudes towards nicotine dependence treatment among clients and staff in substance abuse treatment settings.METHODS: Cross-sectional questionnaire survey of staff and clients in a convenience sample of seven community and residential addiction services in, or with links to, Europe's largest provider of mental health care, the South London and Maudsley NHS Foundation Trust. Survey items assessed smoking behaviour, motivation to quit, receipt of and attitudes towards nicotine dependence treatment.RESULTS: Eighty five percent (n = 163) and 97% (n = 145) response rates of clients and staff were achieved. A high smoking prevalence was observed in clients (88%) and staff (45%); of current smokers, nearly all clients were daily smokers, while 42% of staff were occasional smokers. Despite 79% of clients who smoked expressing a desire to quit and 46% interested in receiving advice, only 15% had been offered support to stop smoking during their current treatment episode with 56% reported never having been offered support. Staff rated smoking treatment significantly less important than treatment of other substances (p < 0.001), and only 29% of staff thought it should be addressed early in a client's primary addiction treatment, compared with 48% of clients.CONCLUSIONS: A large unmet clinical need is evident with a widespread failure to deliver smoking cessation interventions to an extraordinarily high prevalence population of smokers in addiction services. This is despite the majority of smokers reporting motivation to quit. Staff smoking and attitudes may be a contributory factor in these findings.
- Country of Publication:** England
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adult](#)
[*Attitude of Health Personnel](#)
[*Attitude to Health](#)
[Cross-Sectional Studies](#)
[Female](#)
[Humans](#)
["London/ep \[Epidemiology\]"](#)
[Male](#)
[Middle Aged](#)
[Motivation](#)
[Prevalence](#)
[Questionnaires](#)
["Smoking/ep \[Epidemiology\]"](#)
["*Smoking/th \[Therapy\]"](#)
["*Smoking Cessation/px \[Psychology\]"](#)
[*Substance Abuse Treatment Centers](#)
["Tobacco Use Disorder/pc \[Prevention and Control\]"](#)
["Tobacco Use Disorder/px \[Psychology\]"](#)
[Treatment Outcome](#)
- Source:** MEDLINE
- Full Text:** Available from *ProQuest* in [BMC Health Services Research](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
Available from *National Library of Medicine* in [BMC Health Services Research](#)

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

2. [Psychiatry, forensic psychiatry and society]. [Hungarian] Pszichiatria, forenzikus pszichiatria es tarsadalom.

Original Title: Pszichiatria, forenzikus pszichiatria es tarsadalom.

Citation: Pszichiatria Hungarica, 2014, vol./is. 29/1(75-89), 0237-7896;0237-7896 (2014)

Author(s): Kalapos MP

Institution: Kalapos,Miklos Peter. Elmeleti Biologiai Kutatocsoport, Budapest es Jozsefvarosi Egeszsegugyi Szolgalat, VIII. TAMASZ Gondozo, Budapest, Hungary, E-mail: MPKalapos@freemail.hu.

Language: Hungarian

Country of Publication: Hungary

CAS Registry Number: 0 (Psychotropic Drugs)

Publication Type: Historical Article; Journal Article

Subject Headings: [Alcoholic Intoxication](#)
["Christianity/hi \[History\]"](#)
[*Christianity](#)
[Coercion](#)
["*Commitment of Mentally Ill/lj \[Legislation and Jurisprudence\]"](#)
[Concept Formation](#)
["Crime/hi \[History\]"](#)
["Crime/lj \[Legislation and Jurisprudence\]"](#)
["Crime/px \[Psychology\]"](#)
[*Crime](#)
["*Criminal Law/hi \[History\]"](#)
["Deinstitutionalization/hi \[History\]"](#)
["Deinstitutionalization/lj \[Legislation and Jurisprudence\]"](#)
[Female](#)
["Forensic Psychiatry/hi \[History\]"](#)
["Forensic Psychiatry/lj \[Legislation and Jurisprudence\]"](#)
["Forensic Psychiatry/mt \[Methods\]"](#)
["Forensic Psychiatry/td \[Trends\]"](#)
[*Forensic Psychiatry](#)
[France](#)
[Germany](#)
[Great Britain](#)
[History 15th Century](#)
[History 16th Century](#)
[History 17th Century](#)
[History 18th Century](#)
[History 19th Century](#)
[History 20th Century](#)
[History Ancient](#)
[History Medieval](#)
["*Hospitals Psychiatric/hi \[History\]"](#)
["Hospitals Psychiatric/sn \[Statistics and Numerical Data\]"](#)
[Humans](#)
[Hungary](#)
[Male](#)
["Mental Disorders/dt \[Drug Therapy\]"](#)
["Mental Disorders/hi \[History\]"](#)
["Mental Disorders/px \[Psychology\]"](#)
["Mentally Ill Persons/hi \[History\]"](#)
["*Mentally Ill Persons/lj \[Legislation and Jurisprudence\]"](#)

"Mentally Ill Persons/px [Psychology]"
 "*Prisons/hi [History]"
 "Prisons/sn [Statistics and Numerical Data]"
 "Psychiatry/hi [History]"
 "Psychiatry/lj [Legislation and Jurisprudence]"
 "Psychiatry/mt [Methods]"
 "Psychiatry/td [Trends]"
 "Psychotropic Drugs/ad [Administration and Dosage]"
 Residence Characteristics
 *Social Marginalization
 Social Responsibility
 *Social Stigma
 *Social Values
 United States

Source: MEDLINE

3. Central cyanosis on a psychiatric unit treated at the Salford Royal Hospital.

Citation: Thorax, December 2014, vol./is. 69/12(1157-8), 0040-6376;1468-3296 (2014 Dec)

Author(s): Green D; Barry P; Green HD

Institution: Green, Darren. Faculty of Medical and Human Sciences, University of Manchester, Manchester, UK.; Barry, Peter. North West Lung Centre, University Hospital of South Manchester, Manchester, UK.; Green, Heather D. North West Lung Centre, University Hospital of South Manchester, Manchester, UK.

Language: English

Abstract: We describe a case of acquired methaemoglobinaemia due to frequent use of the 'legal high' known as 'Pink Panthers'. This contains 5,6-Methylenedioxy-2-aminoindane and 2-Aminoindane, both amphetamine analogues with the potential to cause methaemoglobinaemia. Furthermore, the most common 'cutting agent' for legal highs in the UK is benzocaine, also known to cause methaemoglobinaemia. Given the increasing prevalence of legal highs, particularly those containing added benzocaine, such presentations may become more common. Furthermore, in one case series, benzocaine gel used for toothache was the second most common reason for hospitalisation due to acquired methaemoglobinaemia after dapsone use. Indeed, the Federal Drug Agency has issued as public warning as to the risk of these products. We therefore think that clinicians and the public should be made more aware of the risk associated with such agents. Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>.

Country of Publication: England

CAS Registry Number: 0 (Indans); 0 (Street Drugs); 0DMJ6G3XBF (5,6-methylenedioxy-2-aminoindane); 2975-41-9 (2-aminoindan); 94-09-7 (Benzocaine)

Publication Type: Case Reports; Journal Article

Subject Headings: "Benzocaine/ae [Adverse Effects]"
 "*Cyanosis/ci [Chemically Induced]"
 Humans
 "*Indans/ae [Adverse Effects]"
 "*Methemoglobinemia/ci [Chemically Induced]"
 "Methemoglobinemia/di [Diagnosis]"
 Schizophrenic Psychology
 "Street Drugs/ae [Adverse Effects]"
 "*Substance-Related Disorders/co [Complications]"
 "Substance-Related Disorders/di [Diagnosis]"

Source: MEDLINE

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

4. Screening for alcohol use disorders in a genitourinary medicine and contraception clinic: a service evaluation.

Citation: International Journal of STD & AIDS, October 2014, vol./is. 25/11(812-6), 0956-4624;1758-1052 (2014 Oct)

Author(s): Thorley NL; Kumar V; Nightingale P; Radcliffe K

Institution: Thorley,Nicola L. University Hospitals Birmingham NHS Foundation Trust, Queen Elizabeth Hospital, Queen Elizabeth Medical Centre, Birmingham, UK
nicolathorley@icloud.com.; Kumar,Vinod. University Hospitals Birmingham NHS Foundation Trust, Queen Elizabeth Hospital, Queen Elizabeth Medical Centre, Birmingham, UK.; Nightingale,Peter. University Hospitals Birmingham NHS Foundation Trust, Queen Elizabeth Hospital, Queen Elizabeth Medical Centre, Birmingham, UK.; Radcliffe,Keith. University Hospitals Birmingham NHS Foundation Trust, Queen Elizabeth Hospital, Queen Elizabeth Medical Centre, Birmingham, UK.

Language: English

Abstract: Summary National Institute for Health and Clinical Excellence guidance advises that all patients routinely undergo alcohol screening. Our service evaluation in a sexual health clinic assessed the acceptability of alcohol screening, the prevalence of hazardous drinking and the uptake of referral to a specialist alcohol service. Three services were evaluated: a genitourinary medicine service, a contraception service and an integrated sexual health service. AUDIT was used to screen 276 patients; those scoring >8 were classified as hazardous drinkers. Screening uptake was 58% overall, 58% for the contraception service, 71% for the genitourinary medicine service and 100% for the integrated sexual health service. Overall, 28% had AUDIT scores >8. Hazardous drinking rates were higher in the genitourinary medicine (32%) and integrated sexual health services (52%) compared to the contraception service (21%); 7% of hazardous drinkers accepted referral. High rates of hazardous drinking were identified within all three groups, but uptake of referral was low. Alternative strategies to specialist alcohol service referral are discussed. Copyright The Author(s) 2014 Reprints and permissions: sagepub.co.uk/journalsPermissions.nav.

Country of Publication: England

Publication Type: Evaluation Studies; Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
["*Alcohol-Related Disorders/di \[Diagnosis\]"](#)
["Ambulatory Care Facilities/sn \[Statistics and Numerical Data\]"](#)
[Contraception](#)
[Female](#)
[Great Britain](#)
[Health Care Surveys](#)
[Health Services Research](#)
[Humans](#)
[Logistic Models](#)
[Male](#)
["*Mass Screening/mt \[Methods\]"](#)
[Middle Aged](#)
["Patient Acceptance of Health Care/sn \[Statistics and Numerical Data\]"](#)
[Questionnaires](#)
[Reproductive Health](#)
[Risk-Taking](#)
["Sexual Behavior/sn \[Statistics and Numerical Data\]"](#)
["*Sexually Transmitted Diseases/di \[Diagnosis\]"](#)
["Sexually Transmitted Diseases/tm \[Transmission\]"](#)
[Socioeconomic Factors](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Highwire Press* in *International Journal of STD and AIDS: Clinical practice in sexual health*

5. Abstracts of the Papers Presented at the Health Services Research & Pharmacy Practice Conference, 3-4 April 2014, University of Aberdeen, Aberdeen, UK.

Citation: International Journal of Pharmacy Practice, April 2014, vol./is. 22 Suppl 1/(2-53), 0961-7671;2042-7174 (2014 Apr)

Author(s): anonymous

Language: English

Country of Publication: England

Publication Type: Congresses

Subject Headings: ["*Pharmaceutical Services/td \[Trends\]"](#)
[Pharmacists](#)
[Professional Role](#)
["*Public Health/td \[Trends\]"](#)
["Substance-Related Disorders/pc \[Prevention and Control\]"](#)

Source: MEDLINE

Full Text: Available from *Wiley* in *International Journal of Pharmacy Practice*

6. Do importance of religious faith and healthy lifestyle modify the relationships between depressive symptoms and four indicators of alcohol consumption? A survey of students across seven universities in England, Wales, and Northern Ireland.

Citation: Substance Use & Misuse, February 2014, vol./is. 49/3(211-20), 1082-6084;1532-2491 (2014 Feb)

Author(s): El Ansari W; Sebens R; Stock C

Institution: El Ansari, Walid. 1Faculty of Applied Sciences, University of Gloucestershire, Gloucester, United Kingdom.

Language: English

Abstract: We examined the associations between depressive symptoms and four indicators of alcohol consumption (high frequency of drinking, frequency of heavy episodic drinking, problem drinking, and possible alcohol dependence). We also explored whether personal importance of religious faith as well as healthy lifestyle had any modifying roles in these relationships. During 2007-2008, 3,220 students at seven UK universities completed a questionnaire containing questions on CAGE, frequency alcohol use, heavy episodic drinking, modified Beck-Depression Inventory, physical activity and sleep, and importance of religious faith. Multivariate logistic regressions were performed separately for four alcohol consumption indicators, stratified by gender. Controlling for demographic variables, depressive symptoms were positively associated with problem drinking and possible alcohol dependence for both genders. Religiosity was negatively associated with frequency of drinking and heavy episodic drinking among both genders, while healthy lifestyle was not associated with any of the four measures of alcohol consumption among both genders. No evidence suggested that either religiosity or healthy lifestyle modified the relationships between depressive symptoms and any of the four measures of alcohol consumption. This study shows a link between hazardous drinking and mental ill health and suggests religiosity as a protective factor for high alcohol consumption. Promotion of students' mental and spiritual health could have a preventive role in hazardous drinking at universities.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
["*Alcohol Drinking/px \[Psychology\]"](#)
["Alcoholism/di \[Diagnosis\]"](#)

"Alcoholism/px [Psychology]"
 "*Depression/px [Psychology]"
 England
 Female
 Health
 Health Surveys
 Humans
 *Life Style
 Male
 Northern Ireland
 *Religion
 *Religion and Psychology
 "*Students/px [Psychology]"
 Universities
 Wales
 Young Adult

Source: MEDLINE

Full Text: Available from *Informa Healthcare* in *Substance Use and Misuse*

7. Recovery-oriented policy and care systems in the UK and USA.

Citation: Drug & Alcohol Review, January 2014, vol./is. 33/1(13-8), 0959-5236;1465-3362 (2014 Jan)

Author(s): Humphreys K; Lembke A

Institution: Humphreys,Keith. Center for Innovation to Implementation, Veterans Affairs Palo Alto Health Care System, Menlo Park, USA; Department of Psychiatry and Behavioural Sciences, Stanford University, Stanford, USA. knh@stanford.edu.

Language: English

Abstract: The concept of recovery has been an influence on addicted individuals for many decades. But only in the past 15 years has the concept had a purchase in the world of public policy. In the USA, federal and state officials have promulgated policies intended to foster 'recovery-oriented systems of care' and have ratified recovery-supportive laws and regulations. Though of more recent vintage and therefore less developed, recovery policy initiatives are also being implemented in the UK. The present paper describes recovery-oriented policy in both countries and highlights key evaluations of the recovery-oriented interventions. Copyright 2013 Australasian Professional Society on Alcohol and other Drugs.

Country of Publication: Australia

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

Subject Headings: "Delivery of Health Care/hi [History]"
 "Delivery of Health Care/lj [Legislation and Jurisprudence]"
 *Delivery of Health Care
 Great Britain
 "Health Policy/hi [History]"
 "Health Policy/lj [Legislation and Jurisprudence]"
 *Health Policy
 History 20th Century
 History 21st Century
 Humans
 "*Substance-Related Disorders/rh [Rehabilitation]"
 United States

Source: MEDLINE

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

8. Regaining control: the patient experience of supervised compared with unsupervised consumption in opiate substitution treatment.

Citation:	Drug & Alcohol Review, January 2014, vol./is. 33/1(64-70), 0959-5236;1465-3362 (2014 Jan)
Author(s):	Notley C; Holland R; Maskrey V; Nagar J; Kouimtsidis C
Institution:	Notley,Caitlin. Norwich Medical School, University of East Anglia, Norwich, UK.
Language:	English
Abstract:	<p>INTRODUCTION AND AIMS: Supervised consumption of opiate substitution treatment is standard practice in the UK yet little is known about the patient experience of this treatment modality. This study aimed to assess the patient experience of receiving supervised compared with unsupervised consumption of methadone or buprenorphine.DESIGN AND METHODS: A qualitative study utilising a grounded theory approach to analysis. Participants (29) were theoretically sampled from 293 opioid-dependent patients entering a randomised controlled trial of opiate substitution treatment across four urban and community drug treatment services in England. Multidisciplinary staff were recruited for interviews and focus groups (55).RESULTS: Supervised consumption was accepted by patients, despite causing practical limitations and raising issues of privacy and stigma. Patients recognised that establishing a daily routine away from illicit drugs was useful early in treatment. However, having flexibility to move away from supervision was important. Unsupervised patients reported that they ultimately preferred this treatment approach and appreciated the trust and sense of reward that unsupervised treatment bought. Clinicians expressed confidence in supervised prescribing and reduced risk for their patients, but also concern that a minority of individuals may remain inappropriately supervised for lengthy time periods.DISCUSSION AND CONCLUSIONS: This study provides an important patient perspective and is the first in-depth qualitative investigation directly comparing supervision with unsupervised treatment to consider both patient and professional perspectives. Overall, our qualitative findings suggest that flexibly timed discontinuation of supervision may have positive benefits. Copyright 2013 Australasian Professional Society on Alcohol and other Drugs.</p>
Country of Publication:	Australia
CAS Registry Number:	40D3SCR4GZ (Buprenorphine); UC6VBE7V1Z (Methadone)
Publication Type:	Comparative Study; Journal Article; Multicenter Study; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Subject Headings:	<p>Attitude of Health Personnel "Buprenorphine/ad [Administration and Dosage]" "Buprenorphine/tu [Therapeutic Use]" "*Directly Observed Therapy/mt [Methods]" "*Directly Observed Therapy/px [Psychology]" Female Focus Groups Humans Interviews as Topic Male "Methadone/ad [Administration and Dosage]" "Methadone/tu [Therapeutic Use]" "*Opiate Substitution Treatment/mt [Methods]" "*Opiate Substitution Treatment/px [Psychology]" "*Opioid-Related Disorders/dt [Drug Therapy]" "*Opioid-Related Disorders/px [Psychology]" Patient Satisfaction Self Administration</p>
Source:	MEDLINE
Full Text:	Available from <i>Wiley</i> in <i>Drug and Alcohol Review</i>

9. Paracetamol toxicity: what would be the implications of a change in Australian treatment guidelines?.

Citation: Emergency Medicine Australasia, April 2014, vol./is. 26/2(183-7), 1742-6723;1742-6723 (2014 Apr)

Author(s): Wong A; Graudins A; Kerr F; Greene SL

Institution: Wong,Anselm. Victorian Poisons Information Centre, Austin Hospital, Melbourne, Victoria, Australia; Austin Toxicology Service, Austin Hospital, Melbourne, Victoria, Australia.

Language: English

Abstract: OBJECTIVES: The present study aims to study the implications for resource utilisation if Australia adopted recent revised UK treatment guidelines for paracetamol poisoning.METHODS: Retrospective database review of paracetamol toxicity presentations and calls from the Victorian Poisons Information Centre (VPIC) and Austin Hospital, Victoria, Australia, from 1 January 2010 to 31 December 2011. There were 200 presentations at the Austin Hospital, and the VPIC received 4272 calls regarding paracetamol toxicity. An analytical model was designed to estimate the cost of this additional treatment and referral to hospital. The main outcome measures were the potential increase in number of admissions requiring treatment with N-acetylcysteine (NAC), costs involved and increased number of referrals to hospitals by the VPIC.RESULTS: Twenty-five (12.5%, 95% confidence interval 8.4-17.6%, P < 0.01) patients in our study who did not qualify for NAC therapy based upon the current Australasian paracetamol treatment guideline would have received it if the revised UK guideline was followed. Eighteen (72%) of these presented with acute single ingestions of paracetamol. No patients re-presented to our hospital with acute liver injury or required admission to the liver transplant unit.CONCLUSIONS: Alignment of current Australian paracetamol treatment guidelines with those in the UK would result in an increase in ED attendances as directed by Poisons Information Centres and hospital admissions for antidotal treatment. This would be associated with increased health expenditure and inpatient bed utilisation. The present study does not support the clinical need for adoption of UK paracetamol treatment guidelines in Australia.Copyright 2014 Australasian College for Emergency Medicine and Australasian Society for Emergency Medicine.

Country of Publication: Australia

CAS Registry Number: 0 (Analgesics, Non-Narcotic); 0 (Antidotes); 0 (Free Radical Scavengers); 362O9ITL9D (Acetaminophen); WYQ7N0BPYC (Acetylcysteine)

Publication Type: Journal Article

Subject Headings: ["*Acetaminophen/po \[Poisoning\]"](#)
["Acetylcysteine/ec \[Economics\]"](#)
["*Acetylcysteine/tu \[Therapeutic Use\]"](#)
["*Analgesics Non-Narcotic/po \[Poisoning\]"](#)
["Antidotes/ec \[Economics\]"](#)
["*Antidotes/tu \[Therapeutic Use\]"](#)
[Costs and Cost Analysis](#)
["*Drug Overdose/dt \[Drug Therapy\]"](#)
["Drug Overdose/ec \[Economics\]"](#)
["Drug Overdose/et \[Etiology\]"](#)
["Emergency Service Hospital/ec \[Economics\]"](#)
["Emergency Service Hospital/sn \[Statistics and Numerical Data\]"](#)
["Free Radical Scavengers/ec \[Economics\]"](#)
["*Free Radical Scavengers/tu \[Therapeutic Use\]"](#)
[Health Care Costs](#)
["Hospitalization/sn \[Statistics and Numerical Data\]"](#)
[Humans](#)
[*Practice Guidelines as Topic](#)
[Retrospective Studies](#)
[Victoria](#)

Source: MEDLINE

Full Text: Available from *Wiley* in *Emergency Medicine Australasia*

10. An analysis of the recording inpatients in Irish hospitals of tobacco use among.

Citation: Irish Medical Journal, October 2014, vol./is. 107/9(275-8), 0332-3102;0332-3102 (2014 Oct)

Author(s): Sheridan A; Howell F

Language: English

Abstract: Smoking is the largest avoidable cause of premature mortality in the world. Hospital admission is an opportunity to identify and help smokers quit. This study aimed to determine the level of recording of tobacco use (current and past) in Irish hospitals. Information on inpatient discharges with a tobacco use diagnosis was extracted from HIPE. In 2011, a quarter (n=84, 679) of discharges had a recording of tobacco use, which were more common among males (29% (n=50,161) male v. 20% (n=30,162) female), among medical patients (29% (n=54,375) medical v. 20% (n=30,162) other) and was highest among those aged 55-59 years (30.6%; n=7,885). SLAN 2007 reported that 48% of adults had smoked at some point in their lives. This study would suggest an under-reporting of tobacco use among hospital inpatients. Efforts should be made to record smoking status at hospital admission, and to improve the quality of the HIPE coding of tobacco use.

Country of Publication: Ireland

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Aged](#)
[Attitude of Health Personnel](#)
[Evaluation Studies as Topic](#)
[Female](#)
[Health Care Surveys](#)
[Humans](#)
["Ireland/ep \[Epidemiology\]"](#)
[Male](#)
[Middle Aged](#)
["*Patient Admission/st \[Standards\]"](#)
["*Patient Discharge Summaries/sn \[Statistics and Numerical Data\]"](#)
[Quality Improvement](#)
["Smoking/ep \[Epidemiology\]"](#)
["Smoking/pc \[Prevention and Control\]"](#)
[*Smoking](#)
["*Smoking Cessation/mt \[Methods\]"](#)
["Tobacco Use Disorder/di \[Diagnosis\]"](#)
["Tobacco Use Disorder/ep \[Epidemiology\]"](#)
["Tobacco Use Disorder/px \[Psychology\]"](#)
["Tobacco Use Disorder/th \[Therapy\]"](#)
[*Tobacco Use Disorder](#)

Source: MEDLINE

11. A contact-based intervention for people recently discharged from inpatient psychiatric care: a pilot study.

Citation: Archives of Suicide Research, 2014, vol./is. 18/2(131-43), 1381-1118;1543-6136 (2014)

Author(s): Bennewith O; Evans J; Donovan J; Paramasivan S; Owen-Smith A; Hollingworth W; Davies R; O'Connor S; Hawton K; Kapur N; Gunnell D

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

Language: English

Abstract: People recently discharged from inpatient psychiatric care are at high risk of suicide and self-harm, with 6% of all suicides in England occurring in the 3 months after discharge. There is some evidence from a randomized trial carried out in the United States in the 1960s-70s that supportive letters sent by psychiatrists to high-risk patients in the period following hospital discharge resulted in a reduction in suicide. The aim of the current pilot study was to assess the feasibility of conducting a similar trial, but in a broader group of psychiatric discharges, in the context of present day UK clinical practice. The intervention was piloted on 3 psychiatric inpatient wards in southwest England. On 2 wards a series of 8 letters were sent to patients over the 12 months after discharge and 6 letters were sent from the third ward over a 6 month period. A total of 102 patients discharged from the wards received at least 1 letter, but only 45 (44.1%) received the full series of letters. The main reasons for drop-out were patient opt-out (n = 24) or readmission (n = 26). In the context of a policy of intensive follow-up post-discharge, qualitative interviews with service users showed that most already felt adequately supported and the intervention added little to this. Those interviewed felt that it was possible that the intervention might benefit people new to or with little follow-up from mental health services but that fewer letters should be mailed.

Country of Publication: England

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

Subject Headings: [Adolescent](#)
[Adult](#)
["*Aftercare/mt \[Methods\]"](#)
[Aged](#)
[Correspondence as Topic](#)
[England](#)
[Feasibility Studies](#)
[Female](#)
[*Hospitalization](#)
[Humans](#)
[Male](#)
["*Mental Disorders/th \[Therapy\]"](#)
[Middle Aged](#)
["Mood Disorders/th \[Therapy\]"](#)
[Patient Discharge](#)
["Personality Disorders/th \[Therapy\]"](#)
[Pilot Projects](#)
["Schizophrenia/th \[Therapy\]"](#)
["Substance-Related Disorders/th \[Therapy\]"](#)
["*Suicide/pc \[Prevention and Control\]"](#)
[Young Adult](#)

Source: MEDLINE

12. A quantitative exploration of attitudes out of line with the prevailing norms toward alcohol, tobacco, and cannabis use among European students.

Citation: Substance Use & Misuse, June 2014, vol./is. 49/7(877-90), 1082-6084;1532-2491 (2014 Jun)

Author(s): Beck F; Legleye S; Chomynova P; Miller P

Institution: Beck,Francois. 1National Institute for Prevention and Health Education, INPES, St Denis, France, and CESAMES, Centre de recherche Psychotropes, Sante mentale, Societe (CNRS UMR 8136, INSERM U611, Universite Rene Descartes Paris V).

Language: English

Abstract: The study examines groups of 15-16-year-old students whose attitudes toward drug use are out of line with the prevailing norms. It analyzes data from eight countries from the 2003 European School Survey on Alcohol and Other Drugs (ESPAD): Bulgaria, the Czech Republic, Hungary, France, Malta, Slovenia, Sweden, and the United Kingdom. In those countries, 22,900 15-16-year-old pupils answered the ESPAD questionnaire. Groups

of subjects whose responses are far removed from the modal value are sought and studied. The aim is to explore "rare answers" compared to what is perceived by the majority of students. In order to explore what can lead a pupil to an atypical perception of risk, a cluster analysis, based on the risk perceptions of alcohol, tobacco, and cannabis use, was run to isolate the groups in which pupils tend to answer differently. Six clusters were established classifying students into those who failed to respond, deny the risks, do not know about the risks, see any drug use as great risk, see regular use as great risk, and who see a moderate risk for most frequencies of use. The nonresponders, risk deniers, and those ignorant of the risks are infrequent making up, in all, only 16.9% of the total sample. Gender, country, alcohol use, cannabis use, tobacco use, and friends' consumption were used to describe both the individual risk perceptions and the clusters based on them. Both global context (country) and "micro" context (frequencies of drug use, peers lifestyle, and parental permissiveness) appear to play a major role in the risk perception of drug use.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Adolescent
 "*Adolescent Behavior/px [Psychology]"
 "*Alcohol Drinking/px [Psychology]"
 *Attitude to Health
 "*Binge Drinking/px [Psychology]"
 Cluster Analysis
 Europe
 Female
 Humans
 Male
 "*Marijuana Smoking/px [Psychology]"
 Peer Group
 Sex Factors
 "*Smoking/px [Psychology]"
 *Social Norms
 "*Students/px [Psychology]"
 "*Substance-Related Disorders/px [Psychology]"
 "*Tobacco Use/px [Psychology]"

Source: MEDLINE

Full Text: Available from *Informa Healthcare* in [Substance Use and Misuse](#)

13. An 'alcohol contract' has no significant effect on return to drinking after liver transplantation for alcoholic liver disease.

Citation: Transplant International, May 2014, vol./is. 27/5(475-81), 0934-0874;1432-2277 (2014 May)

Author(s): Masson S; Marrow B; Kendrick S; Elsharkawy AM; Latimer S; Hudson M

Institution: Masson,Steven. Liver Transplant Unit, Freeman Hospital, Newcastle Upon Tyne, UK; Institute of Cellular Medicine, Newcastle University Medical School, Newcastle upon Tyne, UK.

Language: English

Abstract: Return to drinking after liver transplantation for alcoholic liver disease (ALD) remains a source of unease with varying reported rates of return to drinking and impact this has on graft function. In 2005, the UK Transplant liver advisory group recommended an 'alcohol contract' in which ALD patients listed for transplantation confirmed in writing their commitment to abstinence. We aimed to measure the rates and consequences of return to drinking alcohol in a UK transplant programme and assess the effect of the 'alcohol contract'. Consecutive patients transplanted for ALD during 1996-2011 were included. Every patient listed after Feb 2007 signed up to the 'alcohol contract'. We compared rates and pattern of return to drinking and survival before and after the introduction of the contract. Overall, 52 (37%) patients returned to drinking alcohol; 37 (39%) before and 15

(34%) after the contract. There was no significant difference in the rate of return or pattern of drinking. Median survival was 176 months (145-207 95% CI). There was no significant difference in survival, mortality rates, or in the causes of death in either group. We report high rates of return to drinking alcohol in a UK liver transplant programme. Despite this, the impact on patient and graft survival is low. There is no evidence that an 'alcohol contract' has had any effect on alcohol consumption. Copyright 2014 Steunstichting ESOT.

Country of Publication: England
Publication Type: Journal Article
Subject Headings: "Alcohol Drinking/ep [Epidemiology]"
 *Alcohol Drinking
 Female
 Follow-Up Studies
 Humans
 "Liver/pa [Pathology]"
 "Liver Diseases Alcoholic/px [Psychology]"
 "*Liver Diseases Alcoholic/su [Surgery]"
 "Liver Transplantation/mo [Mortality]"
 *Liver Transplantation
 Male
 Middle Aged
Source: MEDLINE
Full Text: Available from Wiley in *Transplant International*

14. Does training in motivational interviewing for community pharmacists improve outcomes for methadone patients? A cluster randomised controlled trial.

Citation: International Journal of Pharmacy Practice, February 2014, vol./is. 22/1(4-12), 0961-7671;2042-7174 (2014 Feb)

Author(s): Jaffray M; Matheson C; Bond CM; Lee AJ; McLernon DJ; Johnstone A; Skea L; Davidson B

Institution: Jaffray, Mariesha. Division of Applied Medicine (Psychiatry), University of Aberdeen, Aberdeen, UK.

Language: English

Abstract: OBJECTIVES: Feasibility of pharmacist delivered motivational interviewing (MI) to methadone patients has been demonstrated, but its efficacy is untested. This study aimed to determine whether pharmacists trained in MI techniques can improve methadone outcomes. METHODS: A cluster randomised controlled trial by pharmacy, with community pharmacies across Scotland providing supervised methadone to >10 daily patients, aged >18 years, started on methadone <24 months. Pharmacies were randomised to intervention or control. Intervention pharmacists received MI training and a resource pack. Control pharmacists continued with normal practice. Primary outcome was illicit heroin use. Secondary outcomes were treatment retention, substance use, injecting behaviour, psychological/physical health, treatment satisfaction and patient feedback. Data were collected via structured interviews at baseline and 6 months. KEY FINDINGS: Seventy-six pharmacies recruited 542 patients (295 intervention, 247 control), mean age 32 years; 64% male; 91% unemployed; mean treatment length 9 months. No significant difference in outcomes between groups for illicit heroin use (32.4% cf. 31.4%), although within-groups use reduced ($P < 0.001$); treatment retention was higher in the intervention group but not significantly (88% cf. 81%; $P = 0.34$); no significant difference between groups in treatment satisfaction, although this improved significantly in intervention ($P < 0.05$). More intervention than control patients said pharmacists had 'spoken more,' which approached statistical significance ($P = 0.06$), and more intervention patients found this useful ($P < 0.05$). CONCLUSIONS: Limited intervention delivery may have reduced study power. The intervention did not significantly reduce heroin use, but there are indications of positive benefits from increased communication and treatment satisfaction. Copyright 2013 Royal Pharmaceutical Society.

Country of Publication: England
CAS Registry Number: UC6VBE7V1Z (Methadone)
Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Subject Headings: Adult
 Combined Modality Therapy
 *Community Pharmacy Services
 *Education Pharmacy
 Female
 "*Heroin Dependence/dt [Drug Therapy]"
 "*Heroin Dependence/th [Therapy]"
 Humans
 Male
 "*Methadone/tu [Therapeutic Use]"
 *Motivational Interviewing
 Opiate Substitution Treatment
 Patient Compliance
 Patient Satisfaction
 Young Adult

Source: MEDLINE
Full Text: Available from *Wiley* in *International Journal of Pharmacy Practice*

15. Doing it by numbers: a simple approach to reducing the harms of alcohol.

Citation: Journal of Psychopharmacology, January 2014, vol./is. 28/1(3-7), 0269-8811;1461-7285 (2014 Jan)
Author(s): Nutt DJ; Rehm J
Institution: Nutt,David J. 1Imperial College London, London, UK.
Language: English
Abstract: Alcohol use is one of the top five causes of disease and disability in almost all countries in Europe, and in the eastern part of Europe it is the number one cause. In the UK, alcohol is now the leading cause of death in men between the ages of 16-54 years, accounting for over 20% of the total. Europeans above 15 years of age in the EU on average consume alcohol at a level which is twice as high as the world average. Alcohol should therefore be a public health priority, but it is not. This paper puts forward a new approach to reduce alcohol use and harms that would have major public health and social impacts. Our approach comprises individual behaviour and policy elements. It is based on the assumption that heavy drinking is key. It is simple, so it would be easy to introduce, and because it lacks stigmatising issues such as the diagnosis of addiction and dependence, it should not be contentious.

Country of Publication: United States
Publication Type: Journal Article
Subject Headings: "*Alcohol Drinking/pc [Prevention and Control]"
 "Alcohol-Related Disorders/ep [Epidemiology]"
 "Alcohol-Related Disorders/mo [Mortality]"
 "*Alcohol-Related Disorders/pc [Prevention and Control]"
 "Europe/ep [Epidemiology]"
 *Harm Reduction
 *Health Policy
 Humans
 "*Primary Prevention/mt [Methods]"

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

16. Dimethyltryptamine (DMT): prevalence, user characteristics and abuse liability in a large global sample.

- Citation:** Journal of Psychopharmacology, January 2014, vol./is. 28/1(49-54), 0269-8811;1461-7285 (2014 Jan)
- Author(s):** Winstock AR; Kaar S; Borschmann R
- Institution:** Winstock,Adam R. 1Addiction CAG, South London and Maudsley NHS Trust, Southwark CDAT, London, UK.
- Language:** English
- Abstract:** This paper presents original research on prevalence, user characteristics and effect profile of N,N-dimethyltryptamine (DMT), a potent hallucinogenic which acts primarily through the serotonergic system. Data were obtained from the Global Drug Survey (an anonymous online survey of people, many of whom have used drugs) conducted between November and December 2012 with 22,289 responses. Lifetime prevalence of DMT use was 8.9% (n=1980) and past year prevalence use was 5.0% (n=1123). We explored the effect profile of DMT in 472 participants who identified DMT as the last new drug they had tried for the first time and compared it with ratings provided by other respondents on psilocybin (magic mushrooms), LSD and ketamine. DMT was most often smoked and offered a strong, intense, short-lived psychedelic high with relatively few negative effects or "come down". It had a larger proportion of new users compared with the other substances (24%), suggesting its popularity may increase. Overall, DMT seems to have a very desirable effect profile indicating a high abuse liability that maybe offset by a low urge to use more.
- Country of Publication:** United States
- CAS Registry Number:** 0 (Hallucinogens); 2RV7212BP0 (Psilocybine); 690G0D6V8H (Ketamine); 8NA5SWF92O (Lysergic Acid Diethylamide); WUB601BHAA (N,N-Dimethyltryptamine)
- Publication Type:** Journal Article
- Subject Headings:** [Adult](#)
["Australia/ep \[Epidemiology\]"](#)
["Behavior Addictive/px \[Psychology\]"](#)
["*Drug Users/px \[Psychology\]"](#)
["Drug Users/sn \[Statistics and Numerical Data\]"](#)
["Europe/ep \[Epidemiology\]"](#)
["Great Britain/ep \[Epidemiology\]"](#)
["*Hallucinogens/ae \[Adverse Effects\]"](#)
[Humans](#)
["Ketamine/ae \[Adverse Effects\]"](#)
["Lysergic Acid Diethylamide/ae \[Adverse Effects\]"](#)
[Male](#)
["*N N-Dimethyltryptamine/ae \[Adverse Effects\]"](#)
[Prevalence](#)
["Psilocybine/ae \[Adverse Effects\]"](#)
["*Substance-Related Disorders/ep \[Epidemiology\]"](#)
["United States/ep \[Epidemiology\]"](#)
[Young Adult](#)
- Source:** MEDLINE
- Full Text:** Available from *Highwire Press* in *Journal of Psychopharmacology*

17. Goal setting within family care planning: families with complex needs.

- Citation:** Medical Journal of Australia, August 2013, vol./is. 199/3 Suppl(S37-9), 0025-729X;1326-5377 (2013 Aug 5)
- Author(s):** Maybery DJ; Goodyear MJ; Reupert AE; Harkness MK
- Institution:** Maybery,Darryl J. Department of Rural and Indigenous Health, Monash University, Moe, VIC, Australia. marillyn.harkness@monash.edu.; Goodyear,Melinda J. Department of

Rural and Indigenous Health, Monash University, Moe, VIC, Australia.; Reupert, Andrea E. Faculty of Education, Monash University, Melbourne, VIC, Australia.; Harkness, Marillyn K. Department of Rural and Indigenous Health, Monash University, Moe, VIC, Australia.

Language: English

Abstract: OBJECTIVE: To identify the key goals that are established by children and parents from families in which parents have substance use and/or mental health problems, and the level of progress achieved towards goals over 1 year of case management. DESIGN, SETTING AND PARTICIPANTS: Participants from three rural sites of a New South Wales non-government agency completed family care plans between 2008 and 2010. They included 44 parents and 41 children from 37 families where at least one parent had a dual diagnosis or mental illness. Family care plans were analysed to identify the frequency and progress of child and parent goals across 11 domains. MAIN OUTCOME MEASURES: Goals identified by parents and children, and change scores over a 12-month period. RESULTS: Children most frequently set goals to enhance their knowledge of mental illness, schooling, family connectedness and interpersonal skills. Parents most frequently set goals to improve their knowledge of mental health. Children recorded greatest goal achievement: in enhancing their mental health knowledge, community/social connectedness and accommodation needs. Parents recorded most goal progress in understanding developmental milestones of their children. CONCLUSIONS: Goal setting appears to be an important mechanism for assisting families with complex needs. Clinicians need to address the mental health literacy of families where a parent has a substance use problem and/or mental illness.

Country of Publication: Australia

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

Subject Headings: [Adolescent](#)
[Case Management](#)
[Child](#)
[*Child of Impaired Parents](#)
[*Family Health](#)
[Female](#)
[*Goals](#)
[Health Services Research](#)
[Humans](#)
[Male](#)
[Mental Disorders](#)
[Mental Health](#)
[*Parents](#)
[*Patient Care Planning](#)
[Substance-Related Disorders](#)

Source: MEDLINE

18. Contested space in the pharmacy: public attitudes to pharmacy harm reduction services in the West of Scotland.

Citation: Research In Social & Administrative Pharmacy, May 2014, vol./is. 10/3(576-87), 1551-7411;1934-8150 (2014 May-Jun)

Author(s): Gidman W; Coomber R

Institution: Gidman, Wendy. Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde, The John Arbuthnott Building, 27 Taylor Street, Glasgow G4 0NR, UK. Electronic address: wendy.k.gidman@manchester.ac.uk.; Coomber, Ross. Drug and Alcohol Research Unit, School of Social Science and Social Work, Plymouth University, 9 Portland Villas, Plymouth, Devon PL4 8AA, UK.

Language: English

Abstract: BACKGROUND: Internationally, community pharmacies have become increasingly involved in providing harm reduction services and health advice to people who use illicit drugs. OBJECTIVE: This paper considers public opinion of community pharmacy

services. It discusses attitudes to harm reduction services in the context of stigmatization of addiction and people who use drugs. **METHODS:** This exploratory study involved twenty-six purposively sampled members of the public, from the West of Scotland, participating in one of 5 focus groups. The groups were composed to represent known groups of users and non-users of community pharmacy, none of whom were problem drug users. **RESULTS:** Three thematic categories were identified: methadone service users in community pharmacies; attitudes to harm reduction policies; contested space. Harm reduction service expansion has resulted in a high volume of drug users in and around some Scottish pharmacies. Even if harm reduction services are provided discretely users' behavior can differentiate them from other pharmacy users. Drug users' behavior in this setting is commonly perceived to be unacceptable and can deter other consumers from using pharmacy services. The results of this study infer that negative public opinion is highly suggestive of stereotyping and stigmatization of people who use drugs. Participants considered that (1) community pharmacies were unsuitable environments for harm reduction service provision, as they are used by older people and those with children; (2) current drug policy is perceived as ineffective, as abstinence is seldom achieved and methadone was reported to be re-sold; (3) people who use drugs were avoided where possible in community pharmacies. **CONCLUSIONS:** Community pharmacy harm reduction services increasingly bring together the public and drug users. Study participants were reluctant to share pharmacy facilities with drug users. This paper concludes by suggesting mechanisms to minimize stigmatization. Copyright 2014 Elsevier Inc. All rights reserved.

Country of Publication: United States

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

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

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
[Aged 80 and over](#)
["Analgesics Opioid/tu \[Therapeutic Use\]"](#)
[*Attitude to Health](#)
["Community Pharmacy Services/sn \[Statistics and Numerical Data\]"](#)
[*Community Pharmacy Services](#)
[Female](#)
[*Harm Reduction](#)
[Humans](#)
[Male](#)
["Methadone/tu \[Therapeutic Use\]"](#)
[Middle Aged](#)
[Pharmacies](#)
[Public Opinion](#)
[Scotland](#)
[*Social Stigma](#)
[Street Drugs](#)
[*Substance-Related Disorders](#)
[Young Adult](#)

Source: MEDLINE

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

19. Alcohol consumption as a risk factor for sexual assault: a retrospective analysis.

Citation: Journal of Forensic & Legal Medicine, March 2014, vol./is. 23/(55-61), 1752-928X;1878-7487 (2014 Mar)

Author(s): Monk L; Jones A

Institution: Monk,Lily. Lancashire SAFE Centre, Royal Preston Hospital, Sharoe Green Lane, Fulwood, Preston, Lancashire PR2 9HT, UK. Electronic address: lilymonk@doctors.org.uk.; Jones,Alyson. Lancashire SAFE Centre, Royal Preston Hospital, Sharoe Green Lane, Fulwood, Preston, Lancashire PR2 9HT, UK. Electronic address: Alyson.Jones@lthtr.nhs.uk.

Language: English

Abstract: The aim of this study was to establish whether there is a correlation between alcohol consumption and reported sexual assaults among young people in the UK. A retrospective analysis of all cases between 01/05/2011 and 30/04/2012 involving complainants between the ages of 12 and 25 was carried out at the Lancashire SAFE Centre. In total 286 cases were included. Case notes were audited for evidence of alcohol consumption by the complainant in the 24 h prior to their assault. Further information regarding amount of alcohol consumed and any other drugs involved was also collected. In total it was found that 70.6% of complainants had consumed alcohol before being assaulted. This percentage was noted to vary with the complainant's age, ranging from 0% (age 12) to 100% (age 24). Of those who had consumed alcohol, complainants in 76.2% of cases had drunk more than the recommended daily alcohol intake, and almost a third had also taken drugs. There was only one case of suspected covert drug administration, and one forcible drug usage; in all other cases alcohol or drugs were taken voluntarily. Stranger rape (including where the complainant had known the assailant only briefly, such as meeting them the same day) was more common in complainants who had consumed alcohol. In summary, alcohol consumption often precedes sexual assaults among young people in the UK. This study therefore recommends the more widespread use of public awareness campaigns to highlight the risk of rape associated with excessive alcohol consumption. Crown Copyright 2014. Published by Elsevier Ltd. All rights reserved.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[Age Factors](#)
["*Alcohol Drinking/ep \[Epidemiology\]"](#)
["*Alcoholic Intoxication/ep \[Epidemiology\]"](#)
[Child](#)
[Forensic Medicine](#)
[Great Britain](#)
[Humans](#)
["Rape/sn \[Statistics and Numerical Data\]"](#)
[Retrospective Studies](#)
[Risk Factors](#)
["*Sex Offenses/sn \[Statistics and Numerical Data\]"](#)
["Substance-Related Disorders/ep \[Epidemiology\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in *Journal of Forensic and Legal Medicine*

20. Tramadol deaths in Northern Ireland: a review of cases from 1996 to 2012.

Citation: Journal of Forensic & Legal Medicine, March 2014, vol./is. 23/(32-6), 1752-928X;1878-7487 (2014 Mar)

Author(s): Randall C; Crane J

Institution: Randall,C. State Pathologist's Department, Institute of Forensic Medicine, Grosvenor Road, Belfast BT12 6BS, Northern Ireland, UK. Electronic address: charlotte.randall@statepathni.org.uk.; Crane,J. State Pathologist's Department, Institute of Forensic Medicine, Grosvenor Road, Belfast BT12 6BS, Northern Ireland, UK.

Language: English

Abstract: In the UK tramadol is a frequently prescribed opioid analgesic which is becoming increasingly popular as a drug of misuse. Its use varies worldwide and in the last decade it has been upgraded to a controlled substance in several countries, due to an increased number of deaths associated with its use. A review of all deaths associated with tramadol in Northern Ireland was performed and this highlighted 127 cases from 1996 to the end of 2012. A 10% increase in deaths due to tramadol was noted. In 2001 tramadol deaths represented 9% of all drug misuse deaths rising to 40% in 2011. The majority of the deaths occurred in males (62%), with a median age of 41 years, living in the Belfast city area (36%). Tramadol fatalities were found in combination with other drugs/medicines (49%), alcohol (36%) or alone (23%). Most of those who died did not reach hospital, with only 2% presenting with multi-organ or acute liver failure. In just over half of the deaths tramadol had not been prescribed by a medical practitioner (53%). Depression, addiction and seizures were recognised risk factors. An increase in awareness of tramadol toxicity is needed amongst the public and doctors. Copyright 2014 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.

Country of Publication: England

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

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
[Aged 80 and over](#)
["*Analgesics Opioid/to \[Toxicity\]"](#)
["Depression/ep \[Epidemiology\]"](#)
["*Drug Overdose/mo \[Mortality\]"](#)
[Female](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
["Northern Ireland/ep \[Epidemiology\]"](#)
["Opioid-Related Disorders/ep \[Epidemiology\]"](#)
["*Opioid-Related Disorders/mo \[Mortality\]"](#)
[Prescription Drug Diversion](#)
["Substance-Related Disorders/ep \[Epidemiology\]"](#)
["Substance-Related Disorders/mo \[Mortality\]"](#)
["*Tramadol/to \[Toxicity\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Elsevier* in *Journal of Forensic and Legal Medicine*

21. Mental and behavioral disorders due to substance abuse and perinatal outcomes: a study based on linked population data in New South Wales, Australia.

Citation: International Journal of Environmental Research & Public Health [Electronic Resource], May 2014, vol./is. 11/5(4991-5005), 1660-4601;1660-4601 (2014 May)

Author(s): Bonello MR; Xu F; Li Z; Burns L; Austin MP; Sullivan EA

Institution: Bonello,Michelle R. Unit of National Perinatal Epidemiological and Statistics, School of Women's and Children's Health, University of New South Wales, Sydney 2031, Australia. michelle.bonello@unsw.edu.au.; Xu,Fenglian. National Drug and Alcohol Research Centre (NDARC), University of New South Wales, Sydney 2031, Australia. f.xu@unsw.edu.au.; Li,Zhuoyang. Unit of National Perinatal Epidemiological and Statistics, School of Women's and Children's Health, University of New South Wales, Sydney 2031, Australia. z.li@unsw.edu.au.; Burns,Lucy. National Drug and Alcohol Research Centre (NDARC), University of New South Wales, Sydney 2031, Australia. l.burns@unsw.edu.au.; Austin,Marie-Paule. Perinatal and Women's Mental Health Research Unit, St. John of God Health Care and School of Psychiatry, University of New South Wales, Sydney 2052, Australia. m.austin@unsw.edu.au.; Sullivan,Elizabeth A. Unit

of National Perinatal Epidemiological and Statistics, School of Women's and Children's Health, University of New South Wales, Sydney 2031, Australia.
e.sullivan@unsw.edu.au.

Language:

English

Abstract:

BACKGROUND: The effects of mental and behavioral disorders (MBD) due to substance use during peri-conception and pregnancy on perinatal outcomes are unclear. The adverse perinatal outcomes of primiparous mothers admitted to hospital with MBD due to substance use before and/or during pregnancy were investigated. **METHOD:** This study linked birth and hospital records in NSW, Australia. Subjects included primiparous mothers admitted to hospital for MBD due to use of alcohol, opioids or cannabinoids during peri-conception and pregnancy. **RESULTS:** There were 304 primiparous mothers admitted to hospital for MBD due to alcohol use (MBDA), 306 for MBD due to opioids use (MBDO) and 497 for MBD due to cannabinoids (MBDC) between the 12 months peri-conception and the end of pregnancy. Primiparous mothers admitted to hospital for MBDA during pregnancy or during both peri-conception and pregnancy were significantly more likely to give birth to a baby of low birthweight (AOR = 4.03, 95%CI: 1.97-8.24 for pregnancy; AOR = 9.21, 95%CI: 3.76-22.57 both periods); preterm birth (AOR = 3.26, 95% CI: 1.52-6.97 for pregnancy; AOR = 4.06, 95%CI: 1.50-11.01 both periods) and admission to SCN or NICU (AOR = 2.42, 95%CI: 1.31-4.49 for pregnancy; AOR = 4.03, 95%CI: 1.72-9.44 both periods). Primiparous mothers admitted to hospital for MBDO, MBDC or a combined diagnosis were almost three times as likely to give birth to preterm babies compared to mothers without hospital admissions for psychiatric or substance use disorders. Babies whose mothers were admitted to hospital with MBDO before and/or during pregnancy were six times more likely to be admitted to SCN or NICU (AOR = 6.29, 95%CI: 4.62-8.57). **CONCLUSION:** Consumption of alcohol, opioids or cannabinoids during peri-conception or pregnancy significantly increased the risk of adverse perinatal outcomes.

Country of Publication:

Switzerland

CAS Registry Number:

0 (Analgesics, Opioid); 0 (Cannabinoids); 0 (Street Drugs); 3K9958V90M (Ethanol)

Publication Type:

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

Subject Headings:

Adult
 "Analgesics Opioid/ae [Adverse Effects]"
 "Cannabinoids/ae [Adverse Effects]"
 "Ethanol/ae [Adverse Effects]"
 Female
 "Hospitalization/sn [Statistics and Numerical Data]"
 Humans
 "Intensive Care Units Neonatal/sn [Statistics and Numerical Data]"
 "*Mental Disorders/ep [Epidemiology]"
 "*Mental Disorders/et [Etiology]"
 Middle Aged
 "New South Wales/ep [Epidemiology]"
 "Nurseries Hospital/sn [Statistics and Numerical Data]"
 Pregnancy
 "Pregnancy Outcome/ep [Epidemiology]"
 Retrospective Studies
 "*Street Drugs/ae [Adverse Effects]"
 "*Substance-Related Disorders/co [Complications]"
 "*Substance-Related Disorders/ep [Epidemiology]"
 Young Adult

Source:

MEDLINE

Full Text:

Available from *National Library of Medicine* in *International Journal of Environmental Research and Public Health*
 Available from *ProQuest* in *International Journal of Environmental Research 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.

22. The safe implementation of a prison-based methadone maintenance programme: 7 year time-series analysis of primary care prescribing data.

Citation:	BMC Family Practice, 2014, vol./is. 15/(64), 1471-2296;1471-2296 (2014)
Author(s):	Wright NM; French C; Allgar V
Institution:	Wright,Nat M J. HMP Leeds Healthcare Department, 2 Gloucester Terrace, Armley, Leeds LS12 2TJ, England. natwright@nhs.net.
Language:	English
Abstract:	<p>BACKGROUND: Internationally there is policy support for the introduction of methadone maintenance programmes into prison settings. Increasingly GPs are encouraged to undertake this work although concerns remain regarding the safety of such programmes. This study sought to evaluate the impact and safety of the introduction of a general practitioner with a special interest (Gpsi) in substance misuse led methadone prescribing service into a UK prison between 2003 and 2010.METHODS: Time series analysis of secondary prescribing data pertaining to opiate maintenance therapies, opiate detoxification therapies and opiate related deaths for the time period 2003 to 2010.RESULTS: Results show that following introduction of a Gpsi in substance misuse there was a statistically significant increase in both methadone maintenance and detoxification treatments. Over time the rate of methadone maintenance prescribing plateaued with a corresponding decrease in the rate of methadone detoxification prescribing. There were no methadone related deaths in prison over the study period.CONCLUSION: The phased introduction of opiate replacement therapies into a busy remand prison did not result in any deaths within the prison for which opiate replacement was identified as the cause. Gpsi led opiate prescribing programmes can be introduced safely into secure environments.</p>
Country of Publication:	England
CAS Registry Number:	0 (Analgesics, Opioid); UC6VBE7V1Z (Methadone)
Publication Type:	Journal Article
Subject Headings:	<p>"Analgesics Opioid/tu [Therapeutic Use]" "*Drug Prescriptions/st [Standards]" "Drug Prescriptions/sn [Statistics and Numerical Data]" "Electronic Prescribing/st [Standards]" Episode of Care "General Practice/st [Standards]" Great Britain "*Health Plan Implementation/st [Standards]" Humans "*Methadone/tu [Therapeutic Use]" "*Opioid-Related Disorders/dt [Drug Therapy]" "Opioid-Related Disorders/mo [Mortality]" "Pharmaceutical Services/st [Standards]" "Prisoners/sn [Statistics and Numerical Data]" *Prisons Time Factors Treatment Outcome</p>
Source:	MEDLINE
Full Text:	<p>Available from <i>National Library of Medicine</i> in <i>BMC Family Practice</i> Available from <i>ProQuest</i> in <i>BMC Family Practice</i>; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions. Available from <i>Springer NHS Pilot 2014 (NESLi2)</i> in <i>BMC Family Practice</i>; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only. Available from <i>BioMedCentral</i> in <i>BMC Family Practice</i></p>

23. Factors affecting duration of gastrostomy tube retention in survivors following treatment for head and neck cancer.

Citation:	Journal of Laryngology & Otology, March 2014, vol./is. 128/3(263-7), 0022-2151;1748-5460 (2014 Mar)
Author(s):	Blanchford H; Hamilton D; Bowe I; Welch S; Kumar R; Moor JW; Welch AR; Paleri V
Institution:	Blanchford,H. Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK.; Hamilton,D. Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK.; Bowe,I. Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK.; Welch,S. Department of Anaesthesia, North Tyneside General Hospital, North Shields, UK.; Kumar,R. Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK.; Moor,J W. Department of Otolaryngology-Head and Neck Surgery, Sunderland Royal Hospital, Sunderland, UK.; Welch,A R. Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK.; Paleri,V. Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK.
Language:	English
Abstract:	BACKGROUND: Many patients treated for head and neck cancer require nutritional support, which is often delivered using a gastrostomy tube. It is difficult to predict which patients will retain their gastrostomy tube in the long term. This study aimed to identify the factors which affect the duration of gastrostomy tube retention.METHOD: In this retrospective study, 151 consecutive patients from one centre were audited. All patients had a mucosal tumour of the head and neck, and underwent gastrostomy tube insertion between 2003 and 2007.RESULTS: There were near-complete data sets for 132 patients. The gastrostomy tube was retained in survivors (n = 66) for a mean of 21.3 months and in non-survivors (n = 66) for 11.9 months. Univariate analysis showed that co-morbidity was the only factor which significantly increased duration of gastrostomy tube retention in survivors (p = 0.041).CONCLUSION: Co-morbidity alone was associated with a significant increase in gastrostomy tube retention. It is suggested that co-morbidity be included as a variable in future relevant research. Co-morbidity should also be considered when counselling patients about their long-term function following cancer treatment. Gastrostomy tube retention is likely to be affected by many factors, with few single variables having importance independently.
Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	Adult Aged Aged 80 and over "Alcoholism/ep [Epidemiology]" "Cardiovascular Diseases/ep [Epidemiology]" "Enteral Nutrition/mt [Methods]" *Enteral Nutrition Female *Gastrostomy "Great Britain/ep [Epidemiology]" "Head and Neck Neoplasms/mo [Mortality]" "Head and Neck Neoplasms/su [Surgery]" "*Head and Neck Neoplasms/th [Therapy]" Humans Intubation Gastrointestinal Male Medical Audit Middle Aged Neoplasm Staging

"Pulmonary Disease Chronic Obstructive/ep [Epidemiology]"
 Retrospective Studies
 Risk Factors
 *Survivors
 Time Factors
 Treatment Outcome

Source: MEDLINE

24. Removal of doctors from practice for professional misconduct in Australia and New Zealand.

Citation: BMJ Quality & Safety, December 2012, vol./is. 21/12(1027-33), 2044-5415;2044-5423 (2012 Dec)

Author(s): Elkin K; Spittal MJ; Elkin D; Studdert DM

Institution: Elkin,Katie. The Melbourne School of Population Health, Melbourne Law School, University of Melbourne, Parkville, Victoria, Australia.

Language: English

Abstract: OBJECTIVE: To examine how disciplinary tribunals assess different forms of misconduct in deciding whether to remove doctors from practice for professional misconduct.DESIGN AND SETTING: Multivariable regression analysis of 485 cases in which tribunals found doctors guilty of professional misconduct. The cases came from four Australian states (New South Wales, Victoria, Queensland and Western Australia) and New Zealand and were decided over a 10-year period (1 January 2000 - 30 September 2009).MAIN OUTCOME MEASURES: Type of misconduct, the tribunal's explanation for why the misconduct occurred, and the disciplinary measure imposed.RESULTS: 43% of the cases resulted in removal of the offending doctor from practice, 37% in restrictions on practice and 19% in non-restrictive sanctions. The odds of removal were very high in cases involving sexual relationships with patients (OR 22.59; 95% CI 10.18 to 50.14) and moderately high in cases involving inappropriate sexual conduct (not in the context of a relationship), commission of criminal offences, and forms of inappropriate conduct unrelated to patients. Cases in which the misconduct was judged to be due to willful wrongdoing (OR 17.14; 95% CI 8.62 to 34.09), incompetence (OR 6.02; 95% CI 2.87 to 12.63) and issues in the doctor's personal life (OR 4.17; 95% CI 2.07 to 8.41) also had higher odds removal from practice.CONCLUSION: Tribunals in Australia and New Zealand tend to remove doctors from practice for behaviours indicative of character flaws and lack of insight, rather than behaviours exhibiting errors in care delivery, poor clinical judgement or lack of knowledge. The generalisability of these findings to regulatory regimes for health practitioners in other countries should be tested.

Country of Publication: England

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

Subject Headings: Adult
 Australia
 "Criminals/sn [Statistics and Numerical Data]"
 *Employee Discipline
 Female
 Humans
 Licensure Medical
 Male
 Malpractice
 Middle Aged
 New Zealand
 "*Physician's Practice Patterns/st [Standards]"
 "*Professional Competence/st [Standards]"
 *Professional Misconduct
 Retrospective Studies
 Sex Offenses

Sexual Harassment
Substance-Related Disorders

Source: MEDLINE

Full Text: Available from *Highwire Press* in *BMJ Quality and Safety*