

Search Results

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Search History

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

1. Molecular epidemiology of newly acquired hepatitis C infections in England 2008-2011: genotype, phylogeny and mutation analysis

- Citation:** Journal of clinical virology : the official publication of the Pan American Society for Clinical Virology, March 2015, vol./is. 64/(6-11), 1873-5967 (01 Mar 2015)
- Author(s):** May S.; Ngui S.L.; Collins S.; Lattimore S.; Ramsay M.; Tedder R.S.; Ijaz S.
- Institution:** (May) Blood Borne Virus Unit, Microbiology Service - Colindale, Public Health England, 61 Colindale Avenue, London NW9 5EQ, UK; (Ngui) Blood Borne Virus Unit, Microbiology Service - Colindale, Public Health England, 61 Colindale Avenue, London NW9 5EQ, UK; (Collins) Immunisation, Hepatitis and Blood Safety Department, Centre for Infectious Disease Surveillance and Control, Public Health England, 61 Colindale Avenue, London NW9 5EQ, UK; (Lattimore) Immunisation, Hepatitis and Blood Safety Department, Centre for Infectious Disease Surveillance and Control, Public Health England, 61 Colindale Avenue, London NW9 5EQ, UK; (Ramsay) Immunisation, Hepatitis and Blood Safety Department, Centre for Infectious Disease Surveillance and Control, Public Health England, 61 Colindale Avenue, London NW9 5EQ, UK; (Tedder) Blood Borne Virus Unit, Microbiology Service - Colindale, Public Health England, 61 Colindale Avenue, London NW9 5EQ, UK; Division of Infection and Immunity, University College London, Gower Street, London WC1E 6BT, UK; Transfusion Microbiology, NHS Blood and Transplant, Colindale Avenue, London, NW9 5BG, UK; (Ijaz) Blood Borne Virus Unit, Microbiology Service - Colindale, Public Health England, 61 Colindale Avenue, London NW9 5EQ, UK. Electronic address:
- Language:** English
- Abstract:** BACKGROUND: Analysis of laboratory testing data collected through the Sentinel Surveillance programme has provided a method for identifying individuals who have recently acquired their hepatitis C virus (HCV) infection. Access to samples from these individuals provided a rare opportunity to undertake molecular characterization studies.OBJECTIVES: To describe the epidemiology and genetic diversity of hepatitis C in recent seroconverter infections and to predict how this will impact on HCV treatment and control.STUDY DESIGN: One hundred and forty seven samples were available from individuals, identified to have recently acquired their HCV infection. Genotype determination with additional phylogenetic analysis was carried out on NS5B sequences. Analysis across the NS3 region investigated the presence of antiviral resistance mutations. Where possible, molecular data was linked to demographic and risk/behavioural factor information.RESULTS: The majority of new infections occurred in males with a mean age of 37 years. The most commonly observed genotypes were 1a (49%) and 3a (42%) and injecting drug use (58%) was the most common risk factor. Genotype distribution differed between persons who inject drugs and those with other risk factors suggesting two possible epidemics. Phylogenetic analysis indicated possible transmission networks within specific risk groups. Amino acid changes associated with antiviral resistance were noted in the NS3 region in some samples.CONCLUSIONS: Continued surveillance of linked molecular, virological, demographic and epidemiological information on recently acquired infections will contribute to understanding the on-going HCV epidemic in England.
- Country of Publication:** Netherlands
- Publication Type:** Journal: Article
- Subject Headings:** [addiction](#)
[adolescent](#)
[adult](#)
[aged](#)
[antiviral resistance](#)
[complication](#)
[epidemiological monitoring](#)
[female](#)
[genetic variability](#)
[genetics](#)

genotype
 Hepacivirus
 "hepatitis C/ep [Epidemiology]"
 human
 male
 middle aged
 molecular epidemiology
 *mutation
 nucleotide sequence
 phylogeny
 risk factor
 time
 United Kingdom
 very elderly
 *virology
 young adult
 virus DNA

Source: EMBASE

Full Text: Available from *Elsevier* in *Journal of Clinical Virology*

2. Mortality and cause of death in a cohort of people who had ever injected drugs in Glasgow: 1982-2012

Citation: Drug and alcohol dependence, February 2015, vol./is. 147/(215-221), 1879-0046 (01 Feb 2015)

Author(s): Nambiar D.; Weir A.; Aspinall E.J.; Stoove M.; Hutchinson S.; Dietze P.; Waugh L.; Goldberg D.J.

Institution: (Nambiar) Centre for Population Health, Burnet Institute, Melbourne, Australia; Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia. Electronic address: dhanya@burnet.edu.au; (Weir) School of Health and Life Sciences, Glasgow Caledonian University, Scotland, UK; Health Protection Scotland, Glasgow, UK; (Aspinall) School of Health and Life Sciences, Glasgow Caledonian University, Scotland, UK; Health Protection Scotland, Glasgow, UK; (Stoove) Centre for Population Health, Burnet Institute, Melbourne, Australia; Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia; (Hutchinson) School of Health and Life Sciences, Glasgow Caledonian University, Scotland, UK; Health Protection Scotland, Glasgow, UK; (Dietze) Centre for Population Health, Burnet Institute, Melbourne, Australia; Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia; (Waugh) Information Services Division, Glasgow, UK; (Goldberg) School of Health and Life Sciences, Glasgow Caledonian University, Scotland, UK; Health Protection Scotland, Glasgow, UK

Language: English

Abstract: BACKGROUND: To describe all-cause and cause-specific mortality in a cohort of people who had ever injected drugs (PWID) with a low prevalence of HIV over 20-30 years. METHODS: Using a retrospective study design, identifying data from a cohort of PWID recruited between 1982 and 1993 through in-patient drug treatment services were linked to National Records for Scotland deaths data using probabilistic record linkage. We report all-cause and cause-specific mortality rates; standardized mortality ratios (SMR) across time, gender and age were estimated. RESULTS: Among 456 PWID, 139 (30.5%) died over 9024 person-years (PY) of follow-up. Mortality within the cohort was almost nine times higher than the general population, and remained elevated across all age groups. The greatest excess mortality rate was in the youngest age group, who were 15-24 years of age (SMR 31.6, 95% CI 21.2-47.1). Drug-related deaths declined over time and mortality was significantly higher among HIV positive participants. Although SMRs declined with follow-up, the SMR of the oldest age group (45-60) was 4.5 (95% CI 3.0-6.9). There were no significant differences in all-cause mortality rates between participants who were 25 years and older at cohort entry compared to younger participants. CONCLUSION: Mortality rates remained higher than the general population across all age groups. Screening services that identify a history of injecting drug use may

be an opportunity to address risk factors faced by an ageing population of PWID and potentially have implications for future health care planning.

Country of Publication: Ireland

Publication Type: Journal: Article

Subject Headings: adolescent
adult
age
cause of death
cohort analysis
epidemiology
female
heroin dependence
human
male
mortality
prevalence
retrospective study
risk factor
sex difference
substance abuse
United Kingdom
young adult

Source: EMBASE

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

3. Also Z drugs are abused [German] Auch Z-Substanzen werden missbraucht

Original Title: Auch Z-Substanzen werden missbraucht

Citation: MMW Fortschritte der Medizin, July 2015, vol./is. 157/13(38), 1438-3276 (23 Jul 2015)

Author(s): Lieb K.

Institution: (Lieb) ,

Language: German

Country of Publication: Germany

CAS Registry Number: 82626-48-0 (zolpidem); 43200-80-2 (zopiclone)

Publication Type: Journal: Note

Subject Headings: adolescent
adult
cross sectional study
drug misuse
female
health survey
human
male
middle aged
questionnaire
*statistics and numerical data
United Kingdom
young adult
*azabicyclo derivative
*benzodiazepine derivative
*hypnotic sedative agent
*piperazine derivative
*pyridine derivative
zolpidem
zopiclone

Source: EMBASE

4. Effect of financial incentives on delivery of alcohol screening and brief intervention (ASBI) in primary care: longitudinal study

Citation: Journal of public health (Oxford, England), September 2014, vol./is. 36/3(450-459), 1741-3850 (01 Sep 2014)

Author(s): Hamilton F.L.; Lavery A.A.; Gluvajic D.; Huckvale K.; Car J.; Majeed A.; Millett C.

Institution: (Hamilton) Department of Primary Care and Public Health, School of Public Health, Imperial College London, London W6 8RP, UK; (Lavery) Department of Primary Care and Public Health, School of Public Health, Imperial College London, London W6 8RP, UK; (Gluvajic) Department of Otorhinolaryngology and Cervicofacial Surgery, University Medical Centre, Ljubljana, Slovenia; (Huckvale) Department of Primary Care and Public Health, School of Public Health, Imperial College London, London W6 8RP, UK; (Car) Department of Primary Care and Public Health, School of Public Health, Imperial College London, London W6 8RP, UK; (Majeed) Department of Primary Care and Public Health, School of Public Health, Imperial College London, London W6 8RP, UK; (Millett) Department of Primary Care and Public Health, School of Public Health, Imperial College London, London W6 8RP, UK

Language: English

Abstract: INTRODUCTION: Alcohol screening and brief intervention (ASBI) is effective but underprovided in primary care. Financial incentives may help address this. This study assesses the impact of a local pay-for-performance programme on delivery of ASBI in UK primary care. METHODS: Longitudinal study using data from 30 general practices in north-west London from 2008 to 2011 with logistic regression to examine disparities in ASBI delivery. RESULTS: Of 211 834 registered patients, 45 040 were targeted by the incentive (cardiovascular conditions or high risk; mental health conditions), of whom 65.7% were screened (up from a baseline of 4.8%, $P < 0.001$), compared with 14.7% of non-targeted patients ($P < 0.001$). Screening rates were lower after adjustment in younger patients, White patients, less deprived areas and in patients with mental health conditions ($P < 0.05$). Of those screened, 11.5% were positive and 88.6% received BI. Men and White patients were significantly more likely to screen positive. Women and younger patients were less likely to receive BI. 30.1% of patients re-screened were now negative. However, patients with mental health conditions were less likely to re-screen negative than those with cardiovascular conditions. CONCLUSION: Financial incentives appear to be effective in increasing delivery of ASBI in primary care and may reduce hazardous and harmful drinking in some patients. The findings support universal rather than targeted screening.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: [adolescent](#)
[adult](#)
[age](#)
[aged](#)
["alcoholism/di \[Diagnosis\]"](#)
["alcoholism/th \[Therapy\]"](#)
[female](#)
[human](#)
[longitudinal study](#)
[male](#)
[middle aged](#)
[organization and management](#)
[primary health care](#)
[*procedures](#)
[reimbursement](#)
[United Kingdom](#)
[young adult](#)

Source: EMBASE
Full Text: Available from *Oxford University Press* in *Journal of Public Health*
 Available from *Highwire Press* in *Journal of Public Health*

5. Alcohol misuse among university staff: a cross-sectional study

Citation: PloS one, 2014, vol./is. 9/7(e98134), 1932-6203 (2014)

Author(s): Awoliyi S.; Ball D.; Parkinson N.; Preedy V.R.

Institution: (Awoliyi) Department of Primary Care and Public Health Sciences, King's College London, London, United Kingdom; Department of Nutrition and Dietetics, King's College London, London, United Kingdom; (Ball) Institute of Psychiatry, King's College London, London, United Kingdom; (Parkinson) Department of Primary Care and Public Health Sciences, King's College London, London, United Kingdom; (Preedy) Diabetes and Nutritional Sciences Division, King's College London, London, United Kingdom

Language: English

Abstract: OBJECTIVES: To examine the prevalence of hazardous drinking among staff in a UK university and its association with key socio-demographic features. DESIGN: A cross-sectional study. SETTING: A university in the UK. PARTICIPANTS: All employees on the university employee database were eligible to participate. Those who completed and returned the questionnaire were included in the sample. Respondents were 131 university employees. PRIMARY AND SECONDARY OUTCOME MEASURES: An AUDIT cut-off score of >8 was used as a measure of hazardous drinking. AUDIT total score as well as a score of >1 in each of the three conceptual domains of alcohol consumption (questions 1-3), dependence symptoms (questions 4-6) and alcohol-related problems (questions 7-10) were used as indicators of levels of drinking and alcohol-related consequences. Secondary outcomes were employees' demographics. RESULTS: Over one third (35%) of respondents were classified as hazardous drinkers. Twenty three per cent reported having blackouts after drinking and 14% had injuries or had injured someone. The odds of being a hazardous drinker for an employee in central departments (Human Resources, Registry etc) is only one third of that of an employee in science and health-related departments (OR = 0.35, 95% CI = 0.14 to 0.91). The proportion of hazardous drinkers was higher in males compared to females (43% and 30% respectively), part-time compared to full-time (46% and 34% respectively), and academic compared to non-academic employees (39% and 32% respectively), although these were not statistically significant (p>0.05). Furthermore, age, religion and ethnic origin were not found to be significantly associated with hazardous drinking, although total scores were significantly lower for ethnic minorities compared to white employees (p = 0.019). CONCLUSIONS: In this study, hazardous drinking was highly prevalent among university employees. However, overt recruiting of staff to address sensitive issues such as alcohol misuse is problematic.

Country of Publication: United States

Publication Type: Journal: Article

Subject Headings: [adult](#)
[aged](#)
["alcoholism/ep \[Epidemiology\]"](#)
[cross sectional study](#)
[demography](#)
[ethnic group](#)
[female](#)
[human](#)
[male](#)
[middle aged](#)
[Odds Ratio](#)
[prevalence](#)
[questionnaire](#)
[sex difference](#)
[*statistics and numerical data](#)

[United Kingdom
university](#)

Source: EMBASE

Full Text: Available from *National Library of Medicine* in [PLoS ONE](#)
Available from *National Library of Medicine* in [PLoS ONE](#)
Available from *Allen Press* in [PLoS One](#)
Available from *ProQuest* in [PLoS One](#)

6. Reproducibility and differential item functioning of the alcohol dependence syndrome construct across four alcohol treatment studies: An integrative data analysis

Citation: Drug and Alcohol Dependence, January 2016, vol./is. 158/(86-93), 0376-8716;1879-0046 (01 Jan 2016)

Author(s): Witkiewitz K.; Hallgren K.A.; O'Sickey A.J.; Roos C.R.; Maisto S.A.

Institution: (Witkiewitz, O'Sickey, Roos) University of New Mexico, Department of Psychology and Center on Alcoholism, Substance Abuse, and Addictions, MSC 03-2220, 1 University of New Mexico, Albuquerque, NM 87131, United States; (Hallgren) University of Washington, Center for the Study of Health and Risk Behaviors, 1100 NE 45th Street, Suite 300, Office 346, Seattle, WA 98105, United States; (Maisto) Department of Psychology, Syracuse University, 430 Huntington Hall, Syracuse, NY 13244, United States

Language: English

Abstract: Background: The validity of the alcohol dependence syndrome has been supported. The question of whether different measures of the construct are comparable across studies and patient subgroups has not been examined. This study examined the alcohol dependence construct across four diverse large-scale treatment samples using integrative data analysis (IDA). Method: We utilized existing data (n = 4393) from the COMBINE Study, Project MATCH, the Relapse Replication and Extension Project (RREP), and the United Kingdom Alcohol Treatment Trial (UKATT). We focused on four measures of alcohol dependence: the Alcohol Dependence Scale (COMBINE and RREP), Alcohol Use Inventory (MATCH), the Leeds Dependence Questionnaire (UKATT), and the Diagnostic and Statistical Manual of Mental Disorders (COMBINE and MATCH). Moderated nonlinear factor analysis was used to create a measure of alcohol dependence severity that was moderated by study membership, gender, age, and marital status. Results: A commensurate measure of alcohol dependence severity was successfully created using 20 items available in four studies. We identified differential item functioning by study membership, age, gender, and/or marital status for 12 of the 20 items, indicating specific patient subgroups who responded differently to items based on their underlying dependence severity. Conclusions: Alcohol dependence severity is a single unidimensional construct that is comparable across studies. The use of IDA provided a strong test of the validity of the alcohol dependence syndrome and clues as to how some items used to measure dependence severity may be more or less central to the construct for some patients.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [adult](#)
[alcohol consumption](#)
[alcohol dependence scale](#)
[Alcohol Use Inventory](#)
[*alcoholism](#)
[article](#)
[concurrent validity](#)
[controlled study](#)
[data analysis](#)
[Diagnostic and Statistical Manual of Mental Disorders](#)

disease assessment
disease severity
female
human
integrative data analysis
Leeds Dependence Questionnaire
major clinical study
male
marriage
priority journal
process development
reproducibility
sex difference

Source: EMBASE

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

7. Alcohol purchasing by ill heavy drinkers; cheap alcohol is no single commodity

Citation: Public Health, December 2015, vol./is. 129/12(1571-1578), 0033-3506;1476-5616 (01 Dec 2015)

Author(s): Gill J.; Chick J.; Black H.; Rees C.; O'May F.; Rush R.; McPake B.A.

Institution: (Gill, Chick, Black) School of Nursing and Midwifery, Napier University, Edinburgh EH11 4BN, United Kingdom; (Rees, O'May, Rush, McPake) School of Health Sciences, Queen Margaret University, Edinburgh, Scotland EH21 6UU, United Kingdom

Language: English

Abstract: Objectives: Potential strategies to address alcohol misuse remain contentious. We aim to characterise the drink purchases of one population group: heavy drinkers in contact with Scottish health services. We contrast our findings with national sales data and explore the impact of socio-economic status on purchasing behaviour. Study design: Cross-sectional study comparing alcohol purchasing and consumption by heavy drinkers in Edinburgh and Glasgow during 2012. Methods: 639 patients with serious health problems linked to alcohol (recruited within NHS hospital clinics (in- and out-patient settings) 345 in Glasgow, 294 in Edinburgh) responded to a questionnaire documenting demographic data and last week's or a 'typical' weekly consumption (type, brand, volume, price, place of purchase). Scottish Index of Multiple Deprivation quintile was derived as proxy of sociodemographic status. Results: Median consumption was 184.8 (IQR = 162.2) UK units/week paying a mean of 39.7 pence per alcohol unit (0.397). Off-sales accounted for 95% of purchases with 85% of those <50 pence (0.5 UK) per alcohol unit. Corresponding figures for the Scottish population are 69% and 60%. The most popular low-priced drinks were white cider, beer and vodka with the most common off-sales outlet being the corner shop, despite supermarkets offering cheaper options. Consumption levels of the cheapest drink (white cider) were similar across all quintiles apart from the least deprived. Conclusions: Heavy drinkers from all quintiles purchase the majority of their drinks from off-sale settings seeking the cheapest drinks, often favouring local suppliers. While beer was popular, recent legislation impacting on the sale of multibuys may prevent the heaviest drinkers benefiting from the lower beer prices available in supermarkets. Nonetheless, drinkers were able to offset higher unit prices with cheaper drink types and maintain high levels of consumption. Whilst price is key, heavy drinkers are influenced by other factors and adapt their purchasing as necessary.

Country of Publication: Netherlands

Publisher: Elsevier

Publication Type: Journal: Article

Subject Headings: adult
alcohol consumption
*alcohol purchasing
alcoholic beverage

*alcoholism
 article
 beer
 comparative study
 controlled study
 cost
 cross sectional study
 economic aspect
 environmental factor
 female
 human
 law
 major clinical study
 male
 off sale
 population statistics
 *purchasing
 Scottish Index of Multiple Deprivation
 sex difference
 United Kingdom
 vodka
 whiskey
 white cider

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

8. Pregabalin abuse amongst opioid substitution treatment patients

Citation: Irish Medical Journal, November 2015, vol./is. 108/10(1-2), 0332-3102;0332-3102 (November 2015)

Author(s): McNamara S.; Stokes S.; Kilduff R.; Shine A.

Institution: (McNamara, Stokes, Kilduff, Shine) HSE National Drug Treatment Centre Laboratory, McCarthy Centre, 30-31 Pearse St, Dublin 2, Ireland

Language: English

Abstract: Pregabalin (Lyrica) is used in treating epilepsy, nerve pain and anxiety. Pregabalin was initially thought to have a low misuse potential however there are emerging reports of Pregabalin being abused. A study was commenced at the National Drug Treatment Centre's (NDTC) Drug Analysis Laboratory to determine the level of usage of Pregabalin within the addiction services population in Ireland. A total of 498 urine samples representing samples from 440 individual opioid substitution patients, initially screened by immunoassay for drugs of abuse, were subjected to further analysis for Pregabalin by Liquid Chromatography/Mass Spectrometry (LC/MS). Of 440 patients tested, 39 tested positive for Pregabalin (9.2%). Only 10 patients from this group were prescribed this drug to our knowledge thus giving an estimated rate of misuse of 7.0%. Other drugs detected in the Pregabalin positive patients were Opiates (31.8%), Cocaine (11.4%), Benzodiazepines (79.5%) and Cannabis (77.8%). Our study confirms that Pregabalin abuse is taking place amongst the addiction services population. We believe that misuse of this prescription drug is a serious emerging issue which should be monitored carefully.

Country of Publication: Ireland

Publisher: Irish Medical Association

CAS Registry Number: 12794-10-4 (benzodiazepine); 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 148553-50-8 (pregabalin)

Publication Type: Journal: Article

Subject Headings: adult
 "anxiety disorder/dt [Drug Therapy]"
 article
 "epilepsy/dt [Drug Therapy]"
 female
 human
 immunoassay
 liquid chromatography
 major clinical study
 male
 mass spectrometry
 *opiate substitution treatment
 "radicular pain/dt [Drug Therapy]"
 *substance abuse
 urinalysis
 benzodiazepine
 buprenorphine
 buprenorphine plus naloxone
 cannabis
 cocaine
 methadone
 opiate
 "*pregabalin/dt [Drug Therapy]"
 prescription drug

Source: EMBASE

9. Short-term effects of using pedometers to increase daily physical activity in smokers

Citation: European Respiratory Journal, September 2011, vol./is. 38/(no pagination), 0903-1936 (01 Sep 2011)

Author(s): Kovelis D.; Zabatiero J.; Furlanetto K.; Mantoani L.; Proenca M.; Pitta F.

Language: English

Abstract: Background: In adults, it is recommended that the minimum of 10000 steps/day should be performed in order to consider an individual as physically active. The pedometer, a small device which counts steps, has been used to monitor and/or motivate physical activity in various populations. Objectives: To study the short-term effects of a protocol involving the use of pedometers or an informative booklet in order to increase daily physical activity in apparently healthy smokers who reach or do not reach the minimum recommendation of 10000 steps/day. Methods: The smokers were randomly divided in two groups: group pedometer (GP; n=23), which wore a pedometer every day during 1 month aiming to achieve 10000 steps/day; and group booklet (GB; n=17), which received a booklet with encouragement to walk as much as possible in everyday life. Each group was subdivided according to their baseline daily physical activity level: physically active (subjects who achieved 10000 steps/day) and physically inactive (those who did not achieve this minimum). Results: Only the physically inactive GP increased significantly its daily physical activity (pre versus post; 7437+/-1678 vs 10290+/-1310 steps/day; p<0.0001), with a concomitant increase in the 6-minute walking test (6MWD) (540 [501-586] vs 566 [525-604]m; p=0.03). In the GP, D post-pre steps/day correlated significantly with baseline number of steps/day (r=-0.63; p=0.01), but not with 6MWD, Fagerstrom Tolerance Questionnaire for nicotine dependence and smoking habits. Conclusions: Physically inactive smokers increase their daily physical activity level by using a simple tool (pedometer), and the improvement is negatively related to the baseline activity level.

Conference Information: European Respiratory Society Annual Congress 2011 Amsterdam Netherlands. Conference Start: 20110924 Conference End: 20110928

Publisher: European Respiratory Society

Publication Type: Journal: Conference Abstract

Subject Headings: *physical activity
*smoking
*European
*society
*pedometer
walking
population
devices
human
smoking habit
questionnaire
tobacco dependence
adult

Source: EMBASE

Full Text: Available from *Highwire Press* in *European Respiratory Journal*

10. Prevalence and predictors of smoking cessation rates in Ireland: A follow-up cross-sectional study

Citation: European Respiratory Journal, September 2011, vol./is. 38/(no pagination), 0903-1936 (01 Sep 2011)

Author(s): Keogan S.; Kabir Z.; Currie L.; Gunning M.; Campbell P.; Clancy L.

Language: English

Abstract: Background: We reported that intensive smoking cessation (SC) services are available in Ireland but lack uniformity or consistency countrywide [1]. Here we estimated successful quit rates at 4-weeks and again at 3-months follow-up relative to baseline after setting up a quit date, and identified significant predictors of quitting at 4-weeks follow-up relative to baseline smoking status. Methods: A convenience sample of 1,490 patients was recruited while attending SC service throughout Ireland. An electronic database was created. Intention-to-treat analyses were performed employing stepwise multivariable logistic regression modelling to identify significant predictors from several covariates for which complete data were available. Smoking status was self-reported. Carbon monoxide (CO) monitoring was done but was patchy. Results: 37% had quit smoking at 4-weeks after setting up a quit date ($p < 0.001$) and a lower proportion (22.4%) quit smoking at 3-months follow-up ($p < 0.001$). Only occupation [professionals had 58% increased success rates relative to semi/unskilled] and client sources [outpatients were least likely to succeed] were significant predictors ($p < 0.05$) of SC rates at 4-weeks follow-up. Conclusions: This pilot study demonstrated that SC services if availed of could result in quitting when followed-up both at 4-weeks and at 3-months, despite attrition. A cost-effective comprehensive tobacco dependence treatment program can accelerate further declines in smoking rates.

Conference Information: European Respiratory Society Annual Congress 2011 Amsterdam Netherlands. Conference Start: 20110924 Conference End: 20110928

Publisher: European Respiratory Society

Publication Type: Journal: Conference Abstract

Subject Headings: *prevalence
*smoking cessation
*Ireland
*follow up
*cross-sectional study
*European
*society
smoking
human
logistic regression analysis
intention to treat analysis
data base

tobacco dependence
 pilot study
 occupation
 patient
 monitoring
 outpatient
 model
 convenience sample
 carbon monoxide

Source: EMBASE

Full Text: Available from *Highwire Press* in *European Respiratory Journal*

11. Should psychiatric hospitals completely ban smoking?

Citation: BMJ (Online), November 2015, vol./is. 351/(no pagination), 0959-8146;1756-1833 (04 Nov 2015)

Author(s): Arnott D.; Wessely S.; Fitzpatrick M.

Institution: (Arnott, Fitzpatrick) Action on Smoking and Health (ASH), London, United Kingdom;
 (Wessely) Royal College of Psychiatrists, London, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

Subject Headings: [article](#)
[boredom](#)
[cannabis use](#)
[clinical feature](#)
[electronic cigarette](#)
[frustration](#)
[health care policy](#)
[human](#)
[human rights](#)
[life expectancy](#)
[mental disease](#)
[mental health](#)
[mental health service](#)
[*mental hospital](#)
[patient care](#)
[physical inactivity](#)
[prevalence](#)
[priority journal](#)
[sleep pattern](#)
[smoking](#)
[*smoking ban](#)
[smoking cessation program](#)
[tobacco dependence](#)
[United Kingdom](#)
[violence](#)

Source: EMBASE

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

12. Adapting the personality-targeted Preventure program to prevent substance use and associated harms among high-risk Australian adolescents

Citation: Early Intervention in Psychiatry, 2015, vol./is. 9/4(308-315), 1751-7885;1751-7893 (2015)

Author(s): Barrett E.L.; Newton N.C.; Teesson M.; Slade T.; Conrod P.J.

Institution: (Barrett, Newton, Teesson, Slade) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, Australia; (Conrod) Department of Psychiatry, Universite de Montreal, Montreal, Canada

Language: English

Abstract: Aim: Substance use among adolescents is of significant concern and the need for preventive interventions is clear. Although universal prevention programs have shown to reduce substance use among Australian adolescents, no effective selective program has been developed for high-risk youth in Australia. Preventure is a personality-targeted intervention that has shown to be effective in the UK and Canada and is yet to be trialled in Australia. Before doing so, it is necessary to ensure the content is relevant for the Australian setting. This study reports data collected to update and adapt the UK-based Preventure program for use in Australia. Methods: Eight focus groups were conducted with 69 students from three secondary schools in Sydney, Australia. Students who screened high risk for early-onset substance misuse were invited to participate in focus groups specific to their personality profile and provide feedback. Written feedback was also obtained from 12 teachers and health professionals. Results: Students, teachers and experts recommended specific changes to the content, language, scenarios and graphics of the Preventure manuals. The majority of teachers and experts believed that the educational content of the program was appropriate for students and that it would be effective in reducing substance use in this population. Conclusions: The information obtained in the current study was used to update the Preventure program for use with Australian adolescents. It is expected that this modified Preventure program will demonstrate similar effects in reducing alcohol and drug use among high-risk youth in Australia, as it did in the UK and Canada.

Country of Publication: Australia

Publisher: Blackwell Publishing

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

Publication Type: Journal: Article

Subject Headings: [*adaptation](#)
[addiction](#)
[adolescent](#)
[amnesia](#)
[article](#)
[Australian](#)
[clinical article](#)
[controlled study](#)
[coping behavior](#)
[diseases](#)
[education](#)
[feedback system](#)
[female](#)
[hangover](#)
[headache](#)
[health hazard](#)
[health practitioner](#)
[*health program](#)
[high risk patient](#)
[high school](#)
[human](#)
[image analysis](#)
[language](#)
[male](#)
[medical information](#)

[medical practice](#)
[medical research](#)
[motivation](#)
[nausea](#)
[onset age](#)
[personality](#)
[*Prevention program](#)
[priority journal](#)
[qualitative research](#)
[quantitative analysis](#)
[skill](#)
[student](#)
[*substance abuse](#)
[teacher](#)
[*United Kingdom](#)
[alcohol](#)

Source: EMBASE

Full Text: Available from *Wiley* in *Early Intervention in Psychiatry*

13. Cigarettes per day and ethnicity in London

Citation: European Respiratory Journal, September 2015, vol./is. 46/(no pagination) (01 Sep 2015)

Author(s): Gilkes A.; Schofield P.; Ashworth M.; Hull S.; Durbaba S.; White P.

Language: English

Abstract: Background: Black people in London are at significantly lower risk of COPD than white people (OR 0.44; 0.39 to 0.51) when age, smoking, sex and deprivation are accounted for, but disease seems no less severe. Genetic factors in the metabolism and addictive potential of nicotine have been considered in these differences. The role of number of cigarettes smoked per day (CPD), not previously investigated, is assessed here. Methods: This retrospective cross-sectional study used routinely-collected primary care data. CPD (most recent value) was compared between ethnic groups using linear regression, adjusting for age, sex and deprivation, to produce adjusted mean CPD. Results: 358,614 patients were included. 67.3% of current smokers (44,146) and 20.3% of ex-smokers (13,700) had CPD recorded. Overall, mean CPD was 9.6 (SD 7.7), and median CPD 10 (IQR 4-15). In the white group (n=33,385), adjusted mean CPD was 10.5 (95% CI 10.4-10.6) and median CPD 10 (IQR 5-15). In the black group (n=9533), adjusted mean CPD was 7.3 (95% CI 7.2-7.5) and median CPD 5 (IQR 3-10). In the Asian group (n=2254), adjusted mean CPD was 7.9 (95% CI 7.6-8.2) and median CPD 6 (IQR 3-10). Adjusted mean CPD was significantly lower in the black (B=-3.2, -3.3 to -3.0) and Asian (B=-2.6, -2.9 to -2.3) groups compared to the white group. Discussion: Black smokers in London smoke significantly fewer cigarettes than white smokers. This finding may explain some of the difference between ethnic groups in the observed prevalences of COPD. Differences in CPD may be due to cultural, social and reporting factors, but these findings may also reflect important differences in the genetic factors that determine the delivery and sensitivity to nicotine and its addictive potential.

Conference Information: European Respiratory Society Annual Congress 2015 Amsterdam Netherlands.
Conference Start: 20150926 Conference End: 20150930

Publisher: European Respiratory Society

Publication Type: Journal: Conference Abstract

Subject Headings:
[*smoking](#)
[*ethnicity](#)
[*United Kingdom](#)
[*European](#)
[*society](#)
[human](#)
[Asian](#)
[heredity](#)

ethnic group
 smoke
 patient
 linear regression analysis
 metabolism
 Black person
 primary medical care
 Caucasian
 prevalence
 cross-sectional study
 risk
 nicotine

Source: EMBASE

Full Text: Available from *Highwire Press* in *European Respiratory Journal*

14. The impact of national-level interventions to improve hygiene on the incidence of irritant contact dermatitis in healthcare workers: Changes in incidence from 1996 to 2012 and interrupted times series analysis

Citation: British Journal of Dermatology, July 2015, vol./is. 173/1(165-171), 0007-0963;1365-2133 (July 2015)

Author(s): Stocks S.J.; McNamee R.; Turner S.; Carder M.; Agius R.M.

Institution: (Stocks, Turner, Carder, Agius) Centre for Occupational and Environmental Health, Centre for Epidemiology, Institute of Population Health, University of Manchester, Manchester M13 9PL, United Kingdom; (Stocks) Centre for Primary Care, NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre, University of Manchester, Manchester M13 9PL, United Kingdom; (McNamee) Centre for Biostatistics, Institute of Population Health, University of Manchester, Manchester M13 9PL, United Kingdom

Language: English

Abstract: Background Reducing healthcare-associated infections (HCAI) has been a priority in the U.K. over recent decades and this has been reflected in interventions focusing on improving hygiene procedures. Objectives To evaluate whether these interventions coincided with an increased incidence of work-related irritant contact dermatitis (ICD) attributed to hand hygiene or/and other hygiene measures in healthcare workers (HCWs). Methods A quasi-experimental (interrupted time series) design was used to compare trends in incidence of ICD in HCWs attributed to hygiene before and after interventions to reduce HCAI with trends in the same periods in control groups (ICD in other workers). Cases of ICD reported to a U.K. surveillance scheme from 1996 to 2012 were analysed. The time periods compared were defined objectively based on the dates of the publication of national evidence-based guidelines, the U.K. Health Act 2006 and the Cleanyourhands campaign. Results The reported incidence of ICD in HCWs attributed to hygiene has increased steadily from 1996 to 2012 [annual incidence rate ratio (95% confidence interval): hand hygiene only 1.10 (1.07-1.12); all hygiene 1.05 (1.03-1.07)], whereas the incidence in other workers is declining. An increase in incidence of ICD in HCWs attributed to hand hygiene was observed at the beginning of the Cleanyourhands campaign. Conclusions The increasing incidence of ICD in HCWs combined with the popularity of interventions to reduce HCAI warrants increased efforts towards identifying products and implementing practices posing the least risk of ICD. What's already known about this topic? Addressing healthcare-associated infections (HCAI) through improved hygiene has been a priority for the National Health Service since 2000. Irritant contact dermatitis (ICD) frequently occurs in healthcare workers (HCWs) as a result of hand hygiene measures or wet work. What does this study add? ICD in U.K. HCWs attributed to hand and/or other hygiene has substantially increased since 1996, consistent with interventions to reduce HCAI including the Cleanyourhands campaign.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Article

Subject Headings: alcoholism
 article
 controlled study
 evidence based practice
 *hand washing
 *health care personnel
 *health impact assessment
 human
 *incidence
 *irritant dermatitis
 normal human
 primary prevention
 priority journal
 skin care

Source: EMBASE

Full Text: Available from *Wiley* in *British Journal of Dermatology*

15. Tackling prescription drug abuse

Citation: Pharmaceutical Journal, June 2015, vol./is. 294/7866(624-626), 0031-6873 (13 Jun 2015)

Author(s): Owens B.

Institution: (Owens) NBCanada

Language: English

Country of Publication: United Kingdom

Publisher: Pharmaceutical Press

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Article

Subject Headings: article
 drug dependence
 drug industry
 drug intoxication
 *drug misuse
 drug surveillance program
 human
 opiate substitution treatment
 pharmacy
 prescription
 prevalence
 United Kingdom
 United States
 diamorphine
 opiate
 *prescription drug
 tramadol

Source: EMBASE

16. A cost-effectiveness analysis of opioid substitution therapy upon release in reducing mortality among prisoners with a history of opioid dependence

Citation: Pharmacoepidemiology and Drug Safety, September 2015, vol./is. 24/(481-482), 1053-8569 (September 2015)

Author(s): Gisev N.; Shanahan M.; Weatherburn D.J.; Mattick R.P.; Larney S.; Burns L.; Degenhardt L.

Institution: (Gisev, Shanahan, Mattick, Larney, Burns, Degenhardt) National Drug and Alcohol Research Centre, UNSW Australia, Sydney, NSW, Australia; (Weatherburn) New South Wales Bureau of Crime Statistics and Research (BOCSAR), Sydney, NSW, Australia; (Larney) Alpert Medical School, Brown University, Providence, RI, United States; (Degenhardt) School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia

Language: English

Abstract: Background: Although opioid substitution therapy (OST) in the immediate period after prison release has been shown to reduce mortality, the cost-effectiveness has not yet been examined. Objectives: To undertake a cost-effectiveness analysis of the immediate treatment with OST at the time of prison release and prevention of death in the first 6 months post-release. Methods: Population-based, retrospective data linkage study using records of all OST entrants in New South Wales, Australia (1985-2010), court appearances (1993-2011) and prison episodes (2000-2012). The cohort included 16,073 people who were released from prison for the first time between 1 January 2000 and 30 June 2011. At the point of prison release, 7892 people received OST treatment and 8181 did not receive OST treatment. Propensity scores were used to match individuals in the two groups, and mortality and the total costs (treatment, prison, court, penalties and crime) incurred in each group were evaluated at 6 months post-release. Results: During the 6-month observation period, 23 (0.3%) people who were released onto OST died, compared to 58 people (0.7%) who were not released onto OST ($p=0.001$). The incremental cost-effectiveness ratio was \$714, indicating that the group which did not receive OST upon release incurred both higher costs and there were more deaths. Furthermore, the probability that OST post-release is cost-effective per life-year saved is 99.98% at a willingness to pay of \$500. Conclusions: Compared to no treatment on release, OST is cost-effective in reducing mortality among prisoners with a history of opioid dependence in the first six months of prison release.

Conference Information: 31st International Conference on Pharmacoepidemiology and Therapeutic Risk Management Boston, MA United States. Conference Start: 20150822 Conference End: 20150826

Publisher: John Wiley and Sons Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: [*cost effectiveness analysis](#)
[*opiate substitution treatment](#)
[*mortality](#)
[*prisoner](#)
[*human](#)
[*opiate addiction](#)
[*pharmacoepidemiology](#)
[*risk management](#)
[prison](#)
[Australia](#)
[death](#)
[crime](#)
[punishment](#)
[propensity score](#)
[population](#)
[prevention](#)

Source: EMBASE

Full Text: Available from *Wiley* in *Pharmacoepidemiology and Drug Safety*

17. Statin use and risk of primary liver cancer in the UK clinical practice research datalink (CPRD)

Citation: Pharmacoepidemiology and Drug Safety, September 2015, vol./is. 24/(431-432), 1053-8569 (September 2015)

- Author(s):** McGlynn K.A.; Hagberg K.W.; Chen J.; Graubard B.I.; London W.T.; Jick S.S.; Sahasrabudhe V.V.
- Institution:** (McGlynn, Hagberg, Chen, Graubard, Sahasrabudhe) Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD, United States; (Jick) Boston Collaborative Drug Surveillance Program, Boston University School of Public Health, Lexington, MA, United States; (London) Fox Chase Center, Philadelphia, PA, United States; (London) Hepatitis B Foundation, Doylestown, PA, United States
- Language:** English
- Abstract:** Background: Statins (3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitors) are widely prescribed to reduce cholesterol levels. Studies have suggested that statins are associated with reduced risk of liver cancer, but much of the evidence is from regions of the world with high liver cancer incidence rates. Objectives: The objectives of this study were to examine the association between statins and liver cancer and to assess the effects of pre-existing liver disease and diabetes, two strong risk factors for liver cancer. Methods: A nested case-control study was conducted within the United Kingdom's Clinical Practice Research Datalink (CPRD). Persons diagnosed with incident primary liver cancer between 1988 and 2011 were matched to up to four controls on age (same year of birth), sex, general practice, index date (1 year prior to case's diagnosis date), and number of years in the CPRD prior to the index date. We conducted additional analyses, further matching controls to cases on liver disease and, separately, diabetes status, to assess effect modification in persons at elevated risk for liver cancer. Adjusted odds ratios (OR_{adj}) and 95% confidence intervals (95%CI) for associations of statins with liver cancer were estimated using conditional logistic regression adjusted for BMI, smoking, alcohol-related disorders, hepatitis B or C, diabetes, rare metabolic disorders, and use of paracetamol, aspirin, and antidiabetic medications. Results: In total, 1195 persons with primary liver cancer were matched to 4640 controls. Statin use was associated with a significantly reduced risk of liver cancer (OR_{adj}=0.55, 95%CI 0.45-0.69), with a significant dose-response ($p < 0.0001$). This reduction in risk was significant in the presence (OR_{adj}=0.32, 95%CI 0.17-0.57) and absence of liver disease (OR_{adj}=0.65, 95%CI 0.52-0.81) and in the presence (OR_{adj}=0.30, 95%CI 0.21-0.42) and absence of diabetes (OR_{adj} =0.66, 95%CI 0.51-0.85). Conclusions: In this study, statin use was associated with a significantly reduced risk of liver cancer. Risk was particularly reduced among persons with liver disease and persons with diabetes, suggesting that statin use may be especially beneficial in persons at highest risk of liver cancer.
- Conference Information:** 31st International Conference on Pharmacoepidemiology and Therapeutic Risk Management Boston, MA United States. Conference Start: 20150822 Conference End: 20150826
- Publisher:** John Wiley and Sons Ltd
- Publication Type:** Journal: Conference Abstract
- Subject Headings:** [*risk](#)
[*liver cancer](#)
[*United Kingdom](#)
[*clinical practice](#)
[*pharmacoepidemiology](#)
[*risk management](#)
[human](#)
[diabetes mellitus](#)
[liver disease](#)
[case control study](#)
[metabolic disorder](#)
[hepatitis B](#)
[risk factor](#)
[incidence](#)
[alcoholism](#)
[smoking](#)
[logistic regression analysis](#)
[cancer incidence](#)

[confidence interval](#)
[diagnosis](#)
[drug therapy](#)
[general practice](#)
[dose response](#)
[*statin \(protein\)](#)
[hydroxymethylglutaryl coenzyme A reductase inhibitor](#)
[paracetamol](#)
[acetylsalicylic acid](#)
[antidiabetic agent](#)
[cholesterol](#)
[hydroxymethylglutaryl coenzyme A reductase](#)

Source: EMBASE

Full Text: Available from *Wiley* in *Pharmacoepidemiology and Drug Safety*

18. Neonatal drug withdrawal syndrome: Cross-country comparison of recorded hospital admissions in England, USA, Western Australia and Ontario, Canada

Citation: Pharmacoepidemiology and Drug Safety, September 2015, vol./is. 24/(265), 1053-8569 (September 2015)

Author(s): Davies H.R.; Gilbert R.; Petersen I.; Nazareth I.; Arturo Gonzalez-Izquierdo

Institution: (Davies, Gilbert, Petersen, Nazareth, Arturo Gonzalez-Izquierdo) Primary Care and Population Health, UCL, London, United Kingdom

Language: English

Abstract: Background: Misuse of addictive drugs, particularly opiates, during pregnancy is a multifaceted public health problem. Objectives: We determined trends over time in the birth prevalence of neonatal drug withdrawal syndrome (NWS) in England compared with reported trends for USA, Western Australia and Ontario, Canada and variation in birth prevalence in the English NHS by hospital trusts, maternal age and birth weight. Methods: We conducted a retrospective cohort study using national hospital administrative data for babies admitted to NHS hospitals in England in 1997-2011. Published annual prevalence rates for other countries were confirmed with authors. Annual prevalence of NWS per 1000 live births based on ICD diagnostic codes in hospital admission data was as follows: for English NHS in 2011, the proportion of English NHS hospital trusts outside 3 standard deviations (sd) of mean prevalence and unadjusted odds ratios for associations between maternal age and birth weight with NWS. Results: Mean prevalence rates increased in all four countries but stabilised in England and W. Australia and continued to rise in the USA and Ontario. Most recent birth prevalence is 2.73/1000 live births in England (2011; 1544 cases), 3.5/1000 in W. Australia (2005), 3.6/1000 in the USA (2009) and 5.1/1000 in Ontario (2011). In England in 2011, unadjusted birth prevalence was outside 3 sd of the mean in 22% of hospital trusts (12% above, 10% below). Risk of NWS was marginally increased for mothers aged 30-34 years (unadjusted odds 24.6% of NWS) and for babies weighing 1500-2500 g at birth (unadjusted OR 3.49, 95%CI 3.05-3.98, 19% of NWS). Conclusions: Although NWS is stable in England, rising rates in the USA and Ontario highlight the need for national NWS surveillance and for investigation of the wide variation in recording between NHS trusts. Linkages between administrative data for mother and baby, and including health and social care provision, offer an efficient resource for policy makers to monitor who is affected and how management and outcomes vary for mothers and babies.

Conference Information: 31st International Conference on Pharmacoepidemiology and Therapeutic Risk Management Boston, MA United States. Conference Start: 20150822 Conference End: 20150826

Publisher: John Wiley and Sons Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: [*Canada](#)
[*withdrawal syndrome](#)

*United Kingdom
 *human
 *hospital admission
 *Australia
 *pharmacoepidemiology
 *risk management
 prevalence
 hospital
 baby
 mother
 female
 birth weight
 maternal age
 risk
 live birth
 cohort analysis
 pregnancy
 policy
 social care
 health
 recording
 diagnosis
 public health problem
 opiate

Source: EMBASE

Full Text: Available from *Wiley* in *Pharmacoepidemiology and Drug Safety*

19. The effect of treatment and retention with opioid substitution therapy in reducing crime among opioid-dependent people

Citation: Pharmacoepidemiology and Drug Safety, September 2015, vol./is. 24/(28-29), 1053-8569 (September 2015)

Author(s): Gisev N.; Larney S.; Gibson A.; Kimber J.; Burns L.; Butler T.; Mattick R.; Weatherburn D.; Degenhardt L.

Institution: (Gisev, Larney, Kimber, Burns, Mattick, Degenhardt) National Drug and Alcohol Research Centre, UNSW Australia, Sydney, NSW, Australia; (Larney) Alpert Medical School, Brown University, Providence, RI, United States; (Gibson) Centre for Big Data Research in Health, UNSW Australia, Sydney, NSW, Australia; (Butler) Kirby Institute, UNSW Australia, Sydney, NSW, Australia; (Weatherburn) Bureau of Crime Statistics and Research, Sydney, NSW, Australia; (Degenhardt) School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia

Language: English

Abstract: Background: People with opioid dependence are known to have increased contact with the criminal justice system. Although there is strong evidence for the health and social benefits of opioid substitution therapy (OST), the relationship between OST treatment and crime is less clear. Objectives: The aims of this study were to evaluate the effect of OST on time to first offence and overall crime rates among opioid-dependent people and examine the relationship between retention in OST and crime rates. Methods: We used retrospective data linkage study of 10 744 entrants into OST in New South Wales (2004-2010) to offences, custody episodes and death notifications, up to 31 December 2011. Time-dependent Cox proportional hazards models were used to examine the association between OST exposure and the time to first offence, adjusting for demographic covariates. Crude crime rates (CCRs) in the 4 years prior to treatment entry, and periods in and out of OST were also computed, and the effect of treatment retention was evaluated at 3, 6, 9 and 12 months. Results: In total, 5751 (53.5%) treatment entrants were charged with an offence during the observation period. The unadjusted hazards ratio for the risk of offending for the first time after starting treatment was 0.82 (95%CI 0.78-0.87), and after adjusting for demographic covariates, the hazards ratio was 0.87

(95%CI 0.83-0.92). The CCR per 100 person-years prior to treatment entry was 130.78 (95%CI 129.65- 131.91). The CCR decreased by 32% while individuals were in OST (CCR 88.29, 95%CI 86.96-89.63) and 20% out of OST (CCR 101.67, 95%CI 100.35-102.99). The CCR was further reduced the longer the treatment: 85.72 (95%CI 84.40-87.05) at 3 months, 82.78 (95%CI 81.48-84.10) at 6 months, 79.20 (95% CI 77.91-80.50) at 9 months and 76.50 (95%CI 75.22-77.80) at 12 months. Conclusions: OST treatment was associated with a reduction in the risk of offending for the first time after commencing treatment. Entry into OST was also associated with lower overall crime rates, with the greatest reductions observed among people who were retained longer in treatment.

Conference Information: 31st International Conference on Pharmacoepidemiology and Therapeutic Risk Management Boston, MA United States. Conference Start: 20150822 Conference End: 20150826

Publisher: John Wiley and Sons Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *human
*crime
*opiate substitution treatment
*pharmacoepidemiology
*risk management
risk
criminal justice
hazard
Australia
health
exposure
proportional hazards model
opiate addiction
death
custodial care
*opiate

Source: EMBASE

Full Text: Available from *Wiley* in *Pharmacoepidemiology and Drug Safety*