

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. The health needs of young people in prison

Citation:	British Medical Bulletin, December 2014, vol./is. 112/1(17-25), 0007-1420;1471-8391 (01 Dec 2014)
Author(s):	Lennox C.
Institution:	(Lennox) Institute of Brain, Behaviour and Mental Health, Centre for Mental Health and Risk, University of Manchester, Manchester, United Kingdom
Language:	English
Abstract:	<p>Introduction There has been an unprecedented reduction in the number of young people in prison; however, questions remain about the appropriateness and effectiveness of custody, given the high prevalence of health needs, self-inflicted deaths while in custody and high reoffending rates. Sources of data Articles relating to the health needs of young people, aged 10-17 years in prison in England and Wales were sourced through PubMed and ISI Web of Knowledge, plus additional key reports were included if deemed relevant. Areas of agreement Young people in prison have much higher rates of multiple and complex health problems compared with young people in the general population. However, many of their health-care needs are unrecognized and unmet. Areas of uncertainty/research need There is an urgent need for up-to-date and robust prevalence data of all health needs across the age ranges in England and Wales. Research has neglected physical health and neurodevelopmental disorders and the quality of research for females and Black and Minority Ethnic group's requires improvement. There is a dearth of high-quality evaluations of health interventions with robust and sensitive short- and long-term outcome measures.</p>
Country of Publication:	United Kingdom
Publisher:	Oxford University Press
Publication Type:	Journal: Review
Subject Headings:	<ul style="list-style-type: none"> adolescent adult alcohol abuse anxiety disorder child criminal justice depression developmental disorder drug dependence ethnic group female health care *health care need health services research human major clinical study male *mental disease mental health neurologic disease neurosis offender personality disorder posttraumatic stress disorder prevalence priority journal *prison prisoner psychosis review

[school child](#)
[substance abuse](#)
[suicide attempt](#)
[United Kingdom](#)
[young adult](#)

Source: EMBASE

Full Text: Available from *Oxford University Press* in [British Medical Bulletin](#)

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

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

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

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

Language: English

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

Country of Publication: United States

Publisher: Lippincott Williams and Wilkins

Publication Type: Journal: Review

Subject Headings:
[*addiction](#)
[Brazil](#)
[*capacity building](#)
[China](#)
[funding](#)
[health program](#)
[health services research](#)
[human](#)
[Iceland](#)
[international cooperation](#)
[Malaysia](#)
[medical education](#)

*medical research
 priority journal
 review
 Russian Federation
 Saudi Arabia
 substance abuse
 Tanzania
 Ukraine
 United Arab Emirates
 Viet Nam

Source: EMBASE

3. Electronic cigarettes: Reasons to be cautious

Citation: Thorax, April 2015, vol./is. 70/4(307-308), 0040-6376;1468-3296 (01 Apr 2015)
Author(s): Furber A.
Institution: (Furber) Department of Public Health, Wakefield Council, Wakefield One, PO Box 700, Wakefield WF1 2EB, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group
Publication Type: Journal: Editorial
Subject Headings: advertizing
 asthma
 comparative effectiveness
 cost effectiveness analysis
 editorial
 *government regulation
 health hazard
 human
 licensing
 national health service
 nicotine replacement therapy
 prescription
 prevalence
 priority journal
 risk benefit analysis
 risk reduction
 *smoking regulation
 "tobacco dependence/th [Therapy]"
 tobacco industry
 United Kingdom
 *electronic cigarette

Source: EMBASE

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

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

Citation: Psychology of Addictive Behaviors, 2014, vol./is. 28/4(1144-1152), 0893-164X;1939-1501 (2014)
Author(s): Hitchman S.C.; Fong G.T.; Zanna M.P.; Thrasher J.F.; Laux F.L.
Institution: (Hitchman) Department of Psychology, University of Waterloo, Waterloo, ON, Canada; (Fong, Zanna) Department of Psychology, School of Public Health and Health Systems, University of Waterloo, Canada; (Fong) Ontario Institute for Cancer Research, Toronto,

ON, Canada; (Thrasher) Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, United States; (Laux) Department of Economics, Northeastern State University, United States; (Hitchman) Department of Addictions, Institute of Psychiatry, King's College London, 4 Windsor Walk, Denmark Hill, London SE5 8BB, United Kingdom

Language:

English

Abstract:

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

Country of Publication:

United States

Publisher:

Educational Publishing Foundation

Publication Type:

Journal: Article

Subject Headings:

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

Source:

EMBASE

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

Citation:

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

Author(s):

Herbec A.; Brown J.; Tombor I.; Michie S.; West R.

Institution:

(Herbec, Brown, Tombor, West) Cancer Research UK Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, 1-19 Torrington Place, London WC1E 7HB, United Kingdom; (Michie) Department of Clinical, Educational and Health Psychology, University College London, 1-19

Torrington Place, London WC1E 7HB, United Kingdom; (Michie, West) National Centre for Smoking Cessation and Training, 1-6 Yarmouth Place, London W1J 7BU, United Kingdom

Language:

English

Abstract:

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

Country of Publication:

Ireland

Publisher:

Elsevier Ireland Ltd

CAS Registry Number:

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

Publication Type:

Journal: Article

Subject Headings:

adult
 article
 *automation
 controlled study
 data processing
 double blind procedure
 *effect size
 evidence based medicine
 female
 first trimester pregnancy
 human
 *Internet
 major clinical study
 *maternal smoking
 medical information
 online system
 outcome assessment
 pilot study
 pregnant woman
 priority journal
 *program effectiveness
 program efficacy
 randomized controlled trial
 self report
 *smoking cessation program
 social status
 therapy effect
 "*tobacco dependence/th [Therapy]"
 "*tobacco dependence/dt [Drug Therapy]"

treatment duration
 United Kingdom
 amfebutamone
 "nicotine/dt [Drug Therapy]"
 varenicline

Source: EMBASE

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

6. Using Internet Snapshot Surveys to Enhance Our Understanding of the Availability of the Novel Psychoactive Substance 4-Methylaminorex and 4,4'-Dimethylaminorex

Citation: Journal of Medical Toxicology, March 2015, vol./is. 11/1(80-84), 1556-9039;1937-6995 (01 Mar 2015)

Author(s): Nizar H.; Dargan P.I.; Wood D.M.

Institution: (Nizar) Clinical Pharmacology, Charing Cross Hospital, London, United Kingdom; (Nizar, Dargan, Wood) Clinical Toxicology, Guy's and St Thomas' NHS Foundation Trust and King's Health Partners, London, United Kingdom; (Dargan, Wood) King's College London, London, United Kingdom; (Wood) Medical Toxicology Office, 3rd Floor, Block C, South Wing, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH, United Kingdom

Language: English

Abstract: 4,4'-Dimethylaminorex is a stimulant novel psychoactive substance (NPS) first detected in Europe in November 2012. It is a derivative of 4-methylaminorex, a substance controlled under Schedule 1 of the 1971 United Nations Convention on Psychotropic Substances. There is currently no information on the availability or cost of these substances from Internet suppliers. An Internet snapshot study was undertaken in English using established European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) methodology to determine the availability of 4-methylaminorex and 4,4'-dimethylaminorex in April 2014. Twenty Internet sites selling 4-methylaminorex were identified, 18 selling in US dollars and two in GB Pound Sterling. Fourteen (70 %) Internet sites had a minimum purchase amount of >10 g (compared to user doses of 10-25 mg). For the 18 suppliers selling in US\$, 9 quoted a fixed price per gram irrespective of the amount ordered and 11 had a reducing price per gram with increasing purchase quantity (US\$30.8 +/- 34.2/g for 1 g purchase to US\$15.2 +/- 20.3/g for 1 kg purchase). Only one Internet site selling 4,4'-dimethylaminorex was identified, selling in Euros. The minimum purchase quantity was 500 mg. The price per gram reduced from 36.08/g for a 500 mg purchase to 2.20/g for a 100 g purchase. This Internet snapshot demonstrated that there was a greater availability from Internet suppliers of products advertised as 4-methylaminorex than 4,4'-dimethylaminorex, despite the 4-methylaminorex being an internationally controlled substance. Whilst this may reflect misunderstanding by suppliers, it has the potential to put those purchasing at risk of contravening border control and/or local law enforcement legislation. The use of methodology such as Internet snapshot surveys is of increasing interest to clinical/medical toxicologists in their understanding of the supply, availability and cost of novel psychoactive substances.

Country of Publication: United States

Publisher: Springer New York LLC

Publication Type: Journal: Article

Subject Headings: [advertising](#)
[article](#)
[*drug cost](#)
[*drug marketing](#)
[*Internet](#)
[internet snapshot survey](#)
[methodology](#)
[online system](#)
[purchasing](#)

*4 methylaminorex
 *4 4 dimethylaminorex
 *central stimulant agent
 unclassified drug

Source: EMBASE

7. Adherence to prescription opioid monitoring guidelines among residents and attending physicians in the primary care setting

Citation: Pain Medicine (United States), March 2015, vol./is. 16/3(480-487), 1526-2375;1526-4637 (01 Mar 2015)

Author(s): Khalid L.; Liebschutz J.M.; Xuan Z.; Dossabhoy S.; Kim Y.; Crooks D.; Shanahan C.; Lange A.; Heymann O.; Lasser K.E.

Institution: (Khalid, Liebschutz, Dossabhoy, Kim, Crooks, Shanahan, Lange, Heymann, Lasser) Section of General Internal Medicine, Boston Medical Center, School of Medicine, Boston University, Boston, MA, United States; (Xuan, Lasser) Department of Community Health Sciences, School of Public Health, Boston University, Boston, MA, United States

Language: English

Abstract: Objective: The aim of this study was to compare adherence to opioid prescribing guidelines and potential opioid misuse in patients of resident vs attending physicians. Design: Retrospective cross-sectional study. Setting: Large primary care practice at a safety net hospital in New England. Subjects: Patients 18-89 years old, with at least one visit to the primary care clinic within the past year and were prescribed long-term opioid treatment for chronic noncancer pain. Methods: Data were abstracted from the electronic medical record by a trained data analyst through a clinical data warehouse. The primary outcomes were adherence to any one of two American Pain Society Guidelines: 1) documentation of at least one opioid agreement (contract) ever and 2) any urine drug testing in the past year, and evidence of potential prescription misuse defined as >2 early refills. We employed logistic regression analysis to assess whether patients' physician status predicts guideline adherence and/or potential opioid misuse. Results: Similar proportions of resident and attending patients had a controlled substance agreement (45.1% of resident patients vs 42.4% of attending patient, P=0.47) or urine drug testing (58.6% of resident patients vs 63.6% of attending patients, P=0.16). Resident patients were more likely to have two or more early refills in the past year relative to attending patients (42.8% vs 32.5%; P=0.004). In the adjusted regression analysis, resident patients were more likely to receive early refills (odds ratio 1.82, 95% confidence interval 1.26-2.62) than attending patients. Conclusions: With some variability, residents and attending physicians were only partly compliant with national guidelines. Residents were more likely to manage patients with a higher likelihood of opioid misuse.

Country of Publication: United States

Publisher: Blackwell Publishing Inc.

CAS Registry Number: 76-57-3 (codeine); 1639-60-7 (dextropropoxyphene); 469-62-5 (dextropropoxyphene); 437-38-7 (fentanyl); 466-99-9 (hydromorphone); 71-68-1 (hydromorphone); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 23095-84-3 (morphine sulfate); 35764-55-7 (morphine sulfate); 64-31-3 (morphine sulfate); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 124-90-3 (oxycodone); 76-42-6 (oxycodone); 28097-96-3 (pethidine); 50-13-5 (pethidine); 57-42-1 (pethidine)

Publication Type: Journal: Article

Subject Headings: adult
 aged
 analgesia
 article
 "chronic noncancer pain/dt [Drug Therapy]"
 "chronic pain/dt [Drug Therapy]"
 cross sectional study

drug misuse
 drug screening
 *drug surveillance program
 female
 human
 major clinical study
 male
 medical documentation
 medical society
 *patient compliance
 practice guideline
 prescription
 *primary medical care
 resident
 retrospective study
 urinalysis
 "codeine/dt [Drug Therapy]"
 "dextropropoxyphene/dt [Drug Therapy]"
 "fentanyl/po [Oral Drug Administration]"
 "fentanyl/dt [Drug Therapy]"
 "fentanyl/td [Transdermal Drug Administration]"
 "hydromorphone/dt [Drug Therapy]"
 "methadone/dt [Drug Therapy]"
 "morphine sulfate/dt [Drug Therapy]"
 "*opiate/dt [Drug Therapy]"
 "*opiate/po [Oral Drug Administration]"
 "oxycodone/dt [Drug Therapy]"
 "pethidine/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Wiley* in *Pain Medicine*

8. General hospital-treated self-poisoning in England and Australia: Comparison of presentation rates, clinical characteristics and aftercare based on sentinel unit data

Citation: Journal of Psychosomatic Research, April 2015, vol./is. 78/4(356-362), 0022-3999;1879-1360 (01 Apr 2015)

Author(s): Hiles S.; Bergen H.; Hawton K.; Lewin T.; Whyte I.; Carter G.

Institution: (Hiles, Lewin, Carter) Centre for Translational Neuroscience and Mental Health, University of Newcastle, Australia; (Bergen, Hawton) Centre for Suicide Research, University Department of Psychiatry, University of Oxford, Warneford Hospital, Headington, Oxford, United Kingdom; (Whyte) Dept. of Clinical Toxicology and Pharmacology (Hunter Area Toxicology Service - HATS), Calvary Mater Newcastle, Australia; (Whyte) Discipline of Clinical Pharmacology, School of Medicine and Public Health, Faculty of Health, University of Newcastle, Australia

Language: English

Abstract: Objective: Hospital-treated deliberate self-poisoning (DSP) is common and the existing national monitoring systems are often deficient. Clinical Practice Guidelines (UK and Australia) recommend universal psychosocial assessment within the general hospital as standard care. We compared presentation rates, patient characteristics, psychosocial assessment and aftercare in UK and Australia. Methods: We used a cross sectional design, for a ten year study of all DSP presentations identified through sentinel units in Oxford, UK (n. = 3042) and Newcastle, Australia (n. = 3492). Results: Oxford had higher presentation rates for females (standardised rate ratio 2.4: CI 99% 1.9, 3.2) and males (SRR 2.5: CI 99% 1.7, 3.5). Female to male ratio was 1.6:1, 70% presented after-hours, 95% were admitted to a general hospital and co-ingestion of alcohol occurred in a substantial minority (Oxford 24%, Newcastle 32%). Paracetamol, minor tranquilisers and antidepressants were the commonest drug groups ingested, although the overall pattern differed. Psychosocial assessment rates were high (Oxford 80%, Newcastle 93%).

Discharge referral for psychiatric inpatient admission (Oxford 8%, Newcastle 28%), discharge to home (Oxford 80%, Newcastle 70%) and absconding (Oxford 11%, Newcastle 2%) differed between the two units. Conclusions: Oxford has higher age-standardised rates of DSP than Newcastle, although many other characteristics of patients are similar. Services can provide a high level of assessment as recommended in clinical guidelines. There is some variation in after-care. Sentinel service monitoring routine care of DSP patients can provide valuable comparisons between countries.

Country of Publication: United States
Publisher: Elsevier Inc.
CAS Registry Number: 103-90-2 (paracetamol)
Publication Type: Journal: Article
Subject Headings: [adolescent](#)
[adult](#)
[alcohol consumption](#)
[article](#)
[Australia](#)
[child](#)
[comparative study](#)
[cross sectional study](#)
[drug misuse](#)
[female](#)
[*general hospital](#)
[hospital admission](#)
[hospital patient](#)
[hospital service](#)
[human](#)
[major clinical study](#)
[male](#)
[patient monitoring](#)
[patient referral](#)
[practice guideline](#)
[psychiatric treatment](#)
["*self poisoning/ep \[Epidemiology\]"](#)
[United Kingdom](#)
[antidepressant agent](#)
[paracetamol](#)
[tranquilizer](#)

Source: EMBASE

Full Text: Available from *Elsevier Science* in *Journal of Psychosomatic Research*

9. Drug and alcohol addiction: Do psychosocial treatments work?

Citation: Advances in Psychiatric Treatment, March 2015, vol./is. 21/2(132-143), 1355-5146;1472-1481 (01 Mar 2015)

Author(s): Luty J.

Institution: (Luty) Borders Health, United Kingdom; (Luty) Maudsley Hospital, London, United Kingdom; (Luty) South Essex Partnership University NHS Foundation Trust, United Kingdom; (Luty) Borders Addiction Service, Range, Tweed Road, Galashiels TD1 3EB, United Kingdom

Language: English

Abstract: Methodological issues such as social desirability bias, subjective outcome measures, therapist enthusiasm and fidelity to the intervention remain a major problem in assessing the effectiveness of psychosocial treatments for substance misuse. Alcoholics Anonymous and other 12-step programmes are still widely used, although it is difficult to formally assess their effectiveness. Motivational interviewing is perhaps the most commonly used professional psychosocial treatment for substance misuse, but brief interventions based on

this technique report a disappointing effect size (~0.2). Contingency management is perhaps the most effective reported modality, although it remains politically controversial. Cognitive-behavioural therapy and community reinforcement have been widely studied, but the results are often disappointing (effect sizes seldom exceed 0.5, despite very large trials). Residential rehabilitation remains an established treatment, but patient selection prevents formal cost-effectiveness studies.

Country of Publication: United Kingdom

Publisher: Royal College of Psychiatrists (17 Belgrave Square, London SW1X 8PG, United Kingdom. E-mail: dtomkins@rcpsych.ac.uk)

CAS Registry Number: 77337-73-6 (acamprosate); 64-17-5 (alcohol); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 97-77-8 (disulfiram); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone); 54-11-5 (nicotine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: alcohol abstinence
alcohol abuse
alcohol consumption
alcoholics anonymous
"*alcoholism/th [Therapy]"
article
behavioral couples therapy
cannabis addiction
clinical assessment
cocaine dependence
Cochrane Library
cognitive therapy
community care
control strategy
coping behavior
coping skill training
cost effectiveness analysis
diet therapy
"*drug dependence/th [Therapy]"
drug dependence treatment
drug detoxification
drug misuse
effect size
evidence based medicine
exercise
human
intervention study
lifestyle modification
marital therapy
meta analysis
methadone treatment
methamphetamine dependence
motivational interviewing
multicenter study (topic)
opiate addiction
patient selection
politics
*psychosocial care

psychosocial rehabilitation
 psychotherapy
 randomized controlled trial (topic)
 rehabilitation care
 reinforcement
 reward
 self help
 skill
 substance abuse
 systematic review
 tobacco dependence
 treatment duration
 United Kingdom
 world health organization
 acamprosate
 *alcohol
 amphetamine
 antidepressant agent
 benzodiazepine derivative
 cannabis
 cocaine
 disulfiram
 illicit drug
 methadone
 methamphetamine
 naltrexone
 narcotic agent
 nicotine
 opiate
 placebo

Source: EMBASE

10. An unusual case of osteomyelitis in a young man with Type 1 diabetes

Citation: Diabetic Medicine, March 2015, vol./is. 32/(119-120), 0742-3071 (March 2015)

Author(s): Bajwa H.A.; Fusi-Rubiano W.; Gill G.; Dhillon S.; Buch H.N.; Viswanath A.

Institution: (Bajwa, Fusi-Rubiano, Gill, Buch, Viswanath) Diabetes Centre, New Cross Hospital, Wolverhampton, United Kingdom; (Dhillon) Orthopaedics Department, New Cross Hospital, Wolverhampton, United Kingdom

Language: English

Abstract: A 39-year-old male with a 15 year history of Type 1 diabetes complained of right shoulder pain. His glycaemic control was suboptimal on insulin pump therapy. He had significant retinopathy, left-sided Charcot foot and an infected ulcer on the right fifth toe. MRI showed no evidence of osteomyelitis and ulcer swab had grown *Staphylococcus aureus* for which he was on appropriate antibiotics. The shoulder was tender with restriction of movements raising a suspicion of septic arthritis. Initial MRI revealed joint effusion and possible sub-deltoid bursitis. He had shoulder washout and the joint aspirate was sterile. He completed the course of antibiotics for the foot infection. He was readmitted 6 weeks later with worsening shoulder pain and elevated inflammatory markers. Ultrasound of the shoulder revealed sub-deltoid collection which was surgically drained. Repeat MRI showed osteomyelitis of the proximal right humerus with septic arthritis of the shoulder joint. Bone biopsy confirmed osteomyelitis and *Klebsiella pneumoniae* was isolated from enriched broth cultures. He is responding well to high dose meropenem with improvement in inflammatory markers. Osteomyelitis of non-axial skeleton caused by *K. pneumoniae* is rare, preceded usually by a pulmonary or urinary tract infection. It is more commonly reported in patients with diabetes, alcoholism or intravenous drug use. Acute haematogenous osteomyelitis of the long bones is relatively uncommon in adults. *K. pneumoniae* is an important nosocomial pathogen that can cause

hospital acquired infections. This case highlights the importance of considering *K. pneumoniae* as a possible causative agent for osteomyelitis in patients with diabetes.

Conference Information: Diabetes UK Professional Conference 2015 London United Kingdom. Conference Start: 20150311 Conference End: 20150313

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: [*osteomyelitis](#)
[*male](#)
[*human](#)
[*insulin dependent diabetes mellitus](#)
[*diabetes mellitus](#)
[*United Kingdom](#)
[Klebsiella pneumoniae](#)
[shoulder](#)
[shoulder pain](#)
[bacterial arthritis](#)
[patient](#)
[ulcer](#)
[nuclear magnetic resonance imaging](#)
[aspiration](#)
[bursitis](#)
[long bone](#)
[hospital infection](#)
[infection](#)
[retinopathy](#)
[drug use](#)
[joint effusion](#)
[alcoholism](#)
[therapy](#)
[insulin pump](#)
[urinary tract infection](#)
[skeleton](#)
[drug megadose](#)
[bone biopsy](#)
[Staphylococcus aureus](#)
[hematogenous osteomyelitis](#)
[humerus](#)
[adult](#)
[pathogenesis](#)
[ultrasound](#)
[toe](#)
[antibiotic agent](#)
[marker](#)
[meropenem](#)

Source: EMBASE

Full Text: Available from *Wiley* in *Diabetic Medicine*

11. Considerations on the role of buprenorphine in recovery from heroin addiction from a UK perspective

Citation: Journal of Psychopharmacology, January 2015, vol./is. 29/1(43-49), 0269-8811;1461-7285 (January 2015)

Author(s): Nutt D.J.

Institution: (Nutt) Centre for Neuropsychopharmacology, Faculty of Medicine, Imperial College London, London W12 0NN, United Kingdom

Language: English

Abstract: The United Kingdom Drug Strategy emphasises recovery as a key focus in the treatment of drug dependence. A framework for recovery is defined in the Recovery-Orientated Drug Treatment report, written by an expert working group, and comprises four key phases: engagement and stabilisation, including the establishment of treatment goals; preparation for change, involving engagement in psychosocial and pharmacological interventions; active change, including detoxification and medical withdrawal; and completion, including interventions that strengthen community integration. A body of evidence supports the benefits of buprenorphine, a partial agonist at mu opioid receptors, in supporting individualised recovery based on this framework, specifically in relation to the potential for rapid stabilisation, flexibility to transition to other treatment options or achieve abstinence, effective blocking of on-top use of illicit drugs, the treatment of comorbidities through the minimisation of drug-drug interactions, and a good safety profile. In addition, the newer abuse-deterrent formulation of buprenorphine combined with the opioid antagonist naloxone is likely to strengthen recovery-orientated systems of care due to its potential to reduce misuse and diversion. Progress through the recovery journey and the ability to sustain recovery will depend on individual needs and goals and on the amount of recovery capital that individuals have developed.

Country of Publication: United Kingdom

Publisher: SAGE Publications Ltd

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 55096-26-9 (nalmefene); 357-08-4 (naloxone); 465-65-6 (naloxone); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone)

Publication Type: Journal: Article

Subject Headings: article
behavior change
clinical handover
community integration
comorbidity
drug dependence treatment
drug detoxification
drug dose titration
drug mechanism
drug misuse
drug safety
goal attainment
health care planning
"*heroin dependence/rh [Rehabilitation]"
"*heroin dependence/dt [Drug Therapy]"
human
patient compliance
patient participation
rehabilitation care
social interaction
United Kingdom
"*buprenorphine/pd [Pharmacology]"
"*buprenorphine/cb [Drug Combination]"
"*buprenorphine/dt [Drug Therapy]"
"methadone/pd [Pharmacology]"
"methadone/dt [Drug Therapy]"
"nalmefene/pd [Pharmacology]"
"nalmefene/dt [Drug Therapy]"
"naloxone/pd [Pharmacology]"
"naloxone/cb [Drug Combination]"
"naloxone/dt [Drug Therapy]"
"naltrexone/pd [Pharmacology]"
"naltrexone/dt [Drug Therapy]"

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

12. An exploratory qualitative study seeking participant views evaluating group Cognitive Behavioral Therapy preparation for alcohol detoxification

Citation: Journal of Substance Use, February 2015, vol./is. 20/1(61-68), 1465-9891;1475-9942 (01 Feb 2015)

Author(s): Croxford A.; Notley C.J.; Maskrey V.; Holland R.; Kouimtsidis C.

Institution: (Croxford) Camden and Islington Mental Health Trust, London, United Kingdom; (Notley, Maskrey, Holland) School of Medicine, Health Policy and Practice, University of East Anglia, Norwich, United Kingdom; (Kouimtsidis) Surrey and Borders Partnership NHS Foundation Trust, IHEAR Pharmacia House, 1 Prince Regent Road, London, TW3 1NE, United Kingdom

Language: English

Abstract: Aims: There is a strong consensus that detoxification from alcohol should be planned. Six sessions of Group Cognitive Behavioral Therapy as structured preparation for detoxification for alcohol dependence have been developed and evaluated. To our knowledge this is the only structured preparation intervention reported in the literature. The aim of this study was to provide a client centered evaluation of this intervention to build upon initial quantitative evidence. Methods: Eleven telephone and two face to face qualitative interviews were conducted in four community alcohol teams in South England. Detailed inductive coding, and coding around CBT concepts, of all transcripts was undertaken. Participants were purposively sampled after completion of the six week group intervention. Results: Key benefits of group attendance from the participant perspective included not feeling "alone", being supported by, and supporting peers. Participants demonstrated self-efficacy and coping strategies for reducing drinking and managing high-risk situations. Some reported pre-group anxiety, or difficult group experiences due to disruptive clients. Conclusions: Although the study has limitations, the intervention appears to be well accepted, and appears to prepare participants for detoxification. These exploratory findings suggest that both generic groups as well as theory specific factors are important. Effectiveness and cost-effectiveness of the intervention need to be further assessed.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

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

Publication Type: Journal: Article

Subject Headings: adult
aged
alcohol abstinence
*alcohol detoxification
**alcoholism/th [Therapy]
article
behavior change
*behavior therapy
change theory
clinical article
*cognitive therapy
*detoxification
drinking behavior
exploratory research
female
human
interview
male
middle aged

qualitative research
 young adult
 "*alcohol/to [Drug Toxicity]"

Source: EMBASE

13. Methadone-maintained patients in primary care have higher rates of chronic disease and multimorbidity, and use health services more intensively than matched controls

Citation: European Journal of General Practice, December 2014, vol./is. 20/4(275-280), 1381-4788;1751-1402 (01 Dec 2014)

Author(s): O'Toole J.; Hambly R.; Cox A.-M.; O'Shea B.; Darker C.

Institution: (O'Toole, Hambly, Cox, O'Shea) TCD/HSE Specialist Training Programme in General Practice, Department of Public Health and Primary Care, Tallaght Hospital, Tallaght, Dublin 24, Ireland; (Darker) Trinity Centre for Health Sciences, Tallaght Hospital, Tallaght, Dublin 24, Ireland

Language: English

Abstract: Background: Methadone maintenance treatment in primary care is cost-effective and improves outcomes for opiate-dependent patients. A more developed understanding of the evolving needs of this important cohort will facilitate further improvements in their integrated care within the community. Objectives: The aim of this study was to compare the burden of chronic disease, multi-morbidity and intensity of health-service use between methadone-maintained patients (MMPs) and matched controls in primary care. Methods: This is a retrospective matched case-control design. Data on chronic disease and health service use was collected in 13 computerized GP surgeries on 414 patients (207 MMPs and 207 controls). Twelve months of records were examined. MMPs were compared with controls matched by gender, age, socio-economic status (SES) and GP surgery. Results: MMPs suffered more chronic disease (OR = 9.1, 95% CI: 5.4-15.1, P < 0.001) and multi-morbidity (OR = 6.6, 95% CI: 4.3-10.2, P < 0.001). They had higher rates of respiratory, psychiatric and infectious disease. MMPs of lower SES had more chronic disease than their peers (OR = 7.2, 95% CI: 2.4-22.0, P < 0.001). MMPs attended the doctor more often with medical problems (OR = 15.4, 95% CI: 8.2-28.7, P < 0.001), with a frequent requirement to have medical issues addressed during methadone-management visits. Their care generated more telephone calls (OR = 4.4, 95% CI: 2.8-6.8, P < 0.001), investigations (OR = 1.8, 95% CI: 1.2-2.7, P = 0.003), referrals (2.6, 95% CI: 1.7-4.0, P < 0.001), emergency department visits (2.1, 95% CI: 1.3-3.6, P = 0.004), outpatient attendances (2.3, 95% CI: 1.51-1.43, P < 0.001) and hospital admissions (3.6, 95% CI: 1.6-8.1, P = 0.001). Conclusion: Correcting for routine methadone care and drug-related illnesses, MMPs had a higher burden of chronic disease and used both primary and secondary health services more intensively than matched controls.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings: "addiction/dt [Drug Therapy]"
 adult
 aged
 alcohol abuse
 ambulatory care
 article
 cardiovascular disease
 "*chronic disease/dm [Disease Management]"
 "*chronic disease/ep [Epidemiology]"
 comorbidity
 controlled study
 emergency ward

endocrine disease
 female
 *health care cost
 health care policy
 *health care utilization
 hospital admission
 human
 infection
 Ireland
 major clinical study
 male
 medical assessment
 mental disease
 *methadone treatment
 nursing assessment
 obesity
 outpatient care
 patient assessment
 *primary health care
 respiratory tract disease
 retrospective study
 secondary health care
 smoking
 substance use
 teleconsultation
 "*methadone/dt [Drug Therapy]"
 "*methadone/pe [Pharmacoeconomics]"

Source: EMBASE

14. Newspaper reports from the Coroners Court in Ireland are used to reveal the potential complexity and need for reform in forensic toxicology and medicine services

Citation: Journal of Forensic and Legal Medicine, May 2015, vol./is. 32/(47-52), 1752-928X;1878-7487 (May 2015)

Author(s): Tormey W.P.

Institution: (Tormey) Biomedical Sciences, University of Ulster, Cromore Road, Coleraine, Northern Ireland, United Kingdom

Language: English

Abstract: Newspapers devote regular space to inquests in the public interest. Accuracy in determining the causes of death is important for public health. Expert opinion features prominently in press reports and is an important channel of public education. How expert are the experts and how complex are apparently simple cases? Toxicology cases involving cannabis and stroke, 'junk food' diet, unexplained sudden death, potential drug interactions, allergy during caesarean section, and ecstasy-type drugs are used to illustrate the complexities. A template for reform is suggested to reform the Coroners Laws in Ireland to recognise the complexity of forensic toxicology and medicine.

Country of Publication: United Kingdom

Publisher: Churchill Livingstone

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 127-08-2 (acetic acid); 127-09-3 (acetic acid); 64-19-7 (acetic acid); 71-50-1 (acetic acid); 64-17-5 (alcohol); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 57-15-8 (chlorbutol); 439-14-5 (diazepam); 60-79-7 (ergometrine); 61337-67-5 (mirtazapine); 50-56-6 (oxytocin); 54577-94-5 (oxytocin); 111974-72-2 (quetiapine); 7647-14-5 (sodium chloride); 846-50-4 (temazepam)

Publication Type: Journal: Article

Subject Headings: adolescent
adult

alcohol consumption
 alcoholism
 allergy
 "anaphylaxis/si [Side Effect]"
 arteritis
 article
 autopsy
 bleeding
 cacao
 cannabis use
 carbonated beverage
 cardiopulmonary insufficiency
 cause of death
 cerebrovascular accident
 cesarean section
 childbirth
 clinical article
 *coroner
 *court
 expert witness
 fast food
 female
 food poisoning
 *forensic medicine
 *forensic toxicology
 heart arrest
 heart infarction
 human
 Ireland
 laparotomy
 law
 lung embolism
 male
 maternal mortality
 organ weight
 pathologist
 *publication
 reference value
 sudden death
 wine
 "3 4 methylenedioxymethamphetamine/to [Drug Toxicity]"
 4' methylmethcathinone
 acetic acid
 alcohol
 "cannabis/to [Drug Toxicity]"
 chlorbutol
 "diazepam/cb [Drug Combination]"
 "diazepam/cr [Drug Concentration]"
 "diazepam/to [Drug Toxicity]"
 "ergometrine/cb [Drug Combination]"
 "ergometrine/to [Drug Toxicity]"
 "mirtazapine/cb [Drug Combination]"
 "mirtazapine/cr [Drug Concentration]"
 "mirtazapine/to [Drug Toxicity]"
 "oxytocin/ae [Adverse Drug Reaction]"
 "oxytocin/cb [Drug Combination]"
 "oxytocin/to [Drug Toxicity]"
 "quetiapine/cb [Drug Combination]"
 "quetiapine/cr [Drug Concentration]"
 "quetiapine/to [Drug Toxicity]"

sodium chloride
 "temazepam/cb [Drug Combination]"
 "temazepam/cr [Drug Concentration]"
 "temazepam/to [Drug Toxicity]"

Source: EMBASE

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

15. Practice note: The irish drug treatment court

Citation: Alcoholism Treatment Quarterly, January 2015, vol./is. 33/1(82-92), 0734-7324;1544-4538 (02 Jan 2015)

Author(s): Loughran H.; Hohman M.; Carolan F.; Bloomfield D.

Institution: (Loughran) School of Applied Social Science, Hanna Sheehy Skeffington Building, University College Dublin, Belfield, Dublin 4, Ireland; (Hohman) San Diego State University, School of Social Work, San Diego, CA, United States; (Carolan) Parnell Adult Learning Center, Dublin, Ireland; (Bloomfield) Irish Probation Service, Dublin, Ireland

Language: English

Abstract: Although international countries seek to adopt the American drug court model, each country brings its own culture, philosophy of treatment, and drug use context that affects how each court is implemented. This article reviews the history and context of the Irish Drug Treatment Court. Differences from the American model are considered, such as an emphasis on harm reduction, provision of services predominantly to heroin users, the use of an adult education program as the main intervention, and a varying view of therapeutic jurisprudence. Process and outcome evaluation findings are presented, along with a final discussion related to drug court practice.

Country of Publication: United States

Publisher: Routledge

CAS Registry Number: 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings: [abstinence](#)
[addiction](#)
[adult education](#)
[article](#)
[cannabis use](#)
[*court](#)
[crime](#)
[criminal justice](#)
[drug dependence treatment](#)
[*drug treatment court](#)
[government](#)
[harm reduction](#)
[heroin dependence](#)
[human](#)
[Ireland](#)
[jurisprudence](#)
[methadone treatment](#)
[motivational interviewing](#)
[nurse](#)
[physical abuse](#)
[police](#)
[poverty](#)
[problem solving](#)
[psychological well being](#)
[reinforcement](#)
[sexual abuse](#)

social exclusion
social welfare
unemployment
vocational education
methadone

Source: EMBASE

16. Attitudes and training needs of new England HIV care and addiction treatment providers: Opportunities for better integration of HIV and alcohol treatment services

Citation: Addictive Disorders and their Treatment, March 2015, vol./is. 14/1(16-28), 1531-5754 (06 Mar 2015)

Author(s): Montague B.T.; Kahler C.W.; Colby S.M.; McHugh R.K.; Squires D.; Fitzgerald B.; Operario D.; Gallagher D.; Monti P.M.; Mayer K.H.

Institution: (Montague, McHugh) Division of Infectious Diseases, Miriam Hospital, Warren Alpert School of Medicine at Brown University, 164 Summit Ave, Providence, RI 02906, United States; (Kahler, Colby, Squires, Operario, Monti) Center for Alcohol and Addiction Studies, Brown University School of Public Health, Providence, RI, United States; (Fitzgerald, Gallagher) University of Massachusetts Medical School, Worcester, United States; (Mayer) Harvard Medical School, Boston, MA, United States

Language: English

Abstract: Objectives: Unhealthy alcohol use is common among HIV-infected patients and contributes to comorbidities, cognitive decline, unprotected sex, and poor medication adherence. Studies consistently show missed opportunities to address unhealthy alcohol use as part of care. Although treatment of other drug use has been integrated into HIV care in some settings, more information is needed regarding provider attitudes regarding the need for integration of alcohol treatment and HIV care. Materials and Methods: We surveyed 119 HIV and 159 addiction providers regarding the following domains: existing knowledge, desire for new knowledge (with subdomains relative advantage, compatibility, and complexity of integrating knowledge), and individual and program development needs. Scale scores for each domain were correlated with demographics to identify factors associated with training need. Results: Both HIV and addiction providers reported agreement with statements of existing knowledge and the need for additional skills. The priority attributed to training, however, was low for both groups. Knowledge and perceived prevalence of HIV and unhealthy alcohol use increased with years of experience. Perceived prevalence correlated with compatibility but not the relative advantage of training. Conclusions: Though addressing alcohol use and HIV was acknowledged to be important, the priority of this was low, particularly early career providers. These providers may be important targets for training focusing on motivating coordination of care and skills related to assessment and counseling. ©

Country of Publication: United States

Publisher: Lippincott Williams and Wilkins

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

Publication Type: Journal: Article

Subject Headings: *alcoholism
article
female
*health personnel attitude
health program
health survey
human
*Human immunodeficiency virus infection
Human immunodeficiency virus prevalence
knowledge
male
patient care

priority journal
 *staff training
 United States
 alcohol

Source: EMBASE

17. Contraceptive use and pregnancy outcomes among opioid drug-using women: A retrospective cohort study

Citation: PLoS ONE, March 2015, vol./is. 10/3, 1932-6203 (04 Mar 2015)

Author(s): Cornford C.S.; Close H.J.; Bray R.; Beere D.; Mason J.M.

Institution: (Cornford) Fulcrum Medical Practice, Acklam Road, Middlesbrough, United Kingdom; (Close, Mason) School of Medicine, Pharmacy and Health, Wolfson Research Institute, Durham University, Stockton -on-Tees, United Kingdom; (Bray) Clinical Blood Sciences, Jenner Wing, St Georges Hospital, Blackshaw Road, Tooting, London, United Kingdom; (Beere) Northern Region Gender Dysphoria Service, Benfield House, Walkergate Park Benfield Road, Newcastle upon Tyne, United Kingdom

Language: English

Abstract: Objective: The contraceptive needs of illicit opioid users differ from non-drug users but are poorly understood. The aim of this study was to describe contraceptive use and pregnancy outcomes in opioid-using women, and to examine their association with a range of risk factors. Method: This retrospective cohort study used UK general practice records, Treatment Outcomes Profile and National Drug Treatment Monitoring System data, and a nested data validation exercise. A cohort of 376 women aged 20-61 years were in active treatment for opioid addiction in October 2010 at two specialised primary care practices in North-East England. Outcomes were age-adjusted prevalence estimates for contraceptive use and pregnancy outcomes in users of illicit opioids. The association between lifestyle-related risk factors and contraception was explored. Results: Drug-using women made lower use of planned (non-condom) contraception (24% vs 50%, $p < 0.001$), had more frequent pregnancy terminations (0.46 vs. 0.025, $p = 0.004$) and higher annual incidence of chlamydia (1.1% vs. 0.33%, $p < 0.001$), when compared with age-matched population data. Specifically, there was low use of oral contraceptives (4% vs. 25%, $p < 0.001$), IUCD (1% vs. 6%, $p < 0.001$), and sterilisation (7% vs. 6%, $p = 0.053$), but higher rates of injectable contraceptives (6% vs. 3%, $p = 0.003$). A total of 64% of children aged < 16 years born to this group did not live with their mother. No individual risk factor (such as sex-working) significantly explained the lower use or type of noncondom contraception. Conclusions: This is the first study to describe planned contraceptive use among drug-users, as well as the association with a range of risk factors and pregnancy outcomes. The low uptake of planned contraception, set against high rates of terminations and sexually transmitted disease demonstrates the urgent clinical need to improve contraceptive services, informed by qualitative work to explore the values and beliefs influencing low contraceptive uptake

Country of Publication: United States

Publisher: Public Library of Science

Publication Type: Journal: Article

Subject Headings: adult
 article
 Chlamydia
 cohort analysis
 contraception
 *contraceptive behavior
 controlled study
 data analysis
 female
 female sterilization
 health service
 human
 incidence

[intrauterine contraceptive device](#)
[lifestyle](#)
[major clinical study](#)
[*opiate addiction](#)
[*pregnancy outcome](#)
[pregnancy termination](#)
[primary medical care](#)
[retrospective study](#)
[risk factor](#)
[sexually transmitted disease](#)
[injectable contraceptive agent](#)
[oral contraceptive agent](#)

Source: EMBASE

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

18. Do benzodiazepines still deserve a major role in the treatment of psychiatric disorders? A critical reappraisal

Citation: European Psychiatry, 2013, vol./is. 28/1(7-20), 0924-9338;1778-3585 (2013)

Author(s): Dell'osso B.; Lader M.

Institution: (Dell'osso) Department of Neurological Sciences, University of Milan, Fondazione IRCCS Ca Granda, Ospedale Maggiore Policlinico, Via F. Sforza 35, Milano 20122, Italy; (Lader) Institute of Psychiatry, King's College London, London, United Kingdom

Language: English

Abstract: Discovered in the late 1950s by Leo Sternbach, the first benzodiazepine (BZD) chlordiazepoxide was followed by several congeners, which rapidly constituted one of the largest and most widely prescribed classes of psychotropic compounds. After 50 years, BZDs are still routinely utilized not only in psychiatry but, more generally, in the whole of medicine. Despite their high therapeutic index which makes BZDs safer than other compounds like barbiturates, as well as their rapidity of onset, psychiatrists and family physicians are well aware about the controversy that surrounds the wide use - often not adequately based on scientific evidence - of BZDs in many psychiatric disorders. In this overview of international treatment guidelines, systematic reviews and randomized clinical trials, the aim was to provide a critical appraisal of the current use and role of BZDs in psychiatric disorders and their disadvantages, with specific emphasis on anxiety and affective disorders, sleep disorders, alcohol withdrawal, violent and aggressive behaviours in psychoses, and neuroleptic-induced disorders. In addition, specific emphasis has been given to the extent of usage of BZDs and its appropriateness through the assessment of available international surveys. Finally, the entire spectrum of BZD-related adverse effects including psychomotor effects, use in the elderly, paradoxical reactions, tolerance and rebound, teratologic risk, dependence, withdrawal and abuse issues was examined in detail.

Country of Publication: France

Publisher: Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France. E-mail: infos@masson.fr)

Publication Type: Journal: Short Survey

Subject Headings:
[aggression](#)
[aging](#)
["akathisia/dt \[Drug Therapy\]"](#)
["alcohol withdrawal/dt \[Drug Therapy\]"](#)
["anterograde amnesia/si \[Side Effect\]"](#)
[anxiety disorder](#)
["behavior disorder/dt \[Drug Therapy\]"](#)
["cleft palate/si \[Side Effect\]"](#)
[clinical practice](#)

"cognitive defect/si [Side Effect]"
 "delirium/dt [Drug Therapy]"
 "dementia/si [Side Effect]"
 "drowsiness/si [Side Effect]"
 drug abuse
 drug dependence
 drug safety
 drug tolerance
 drug use
 European
 "generalized anxiety disorder/dt [Drug Therapy]"
 health survey
 "hip fracture/si [Side Effect]"
 human
 "hyperactivity/si [Side Effect]"
 "insomnia/dt [Drug Therapy]"
 "learning disorder/si [Side Effect]"
 "memory disorder/si [Side Effect]"
 "*mental disease/dt [Drug Therapy]"
 mood disorder
 "narcolepsy/dt [Drug Therapy]"
 "obsessive compulsive disorder/dt [Drug Therapy]"
 "panic/dt [Drug Therapy]"
 "paradoxical drug reaction/si [Side Effect]"
 "posttraumatic stress disorder/dt [Drug Therapy]"
 practice guideline
 primary medical care
 priority journal
 "psychomotor disorder/si [Side Effect]"
 "psychosis/dt [Drug Therapy]"
 randomized controlled trial (topic)
 rebound
 "schizophrenia/dt [Drug Therapy]"
 short survey
 sleep disorder
 "social phobia/dt [Drug Therapy]"
 systematic review
 "tardive dyskinesia/dt [Drug Therapy]"
 United Kingdom
 violence
 withdrawal syndrome
 "*benzodiazepine derivative/ae [Adverse Drug Reaction]"
 "*benzodiazepine derivative/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Elsevier Science* in *European Psychiatry*

19. Promoting family-focused approaches within adult drug services: The potential of the 'Senses Framework'

Citation: International Journal of Drug Policy, 2014, vol./is. 25/5(888-896), 0955-3959;1873-4758 (2014)

Author(s): Orr L.C.; Elliott L.; Barbour R.S.

Institution: (Orr) School of Nursing and Midwifery, University of Dundee, United Kingdom; (Elliott) School of Nursing, Midwifery and Social Care, Edinburgh Napier University, United Kingdom; (Barbour) Faculty of Health and Social Care, Open University, United Kingdom

Language: English

Abstract: Background: Policies across countries promote family-focused engagement with adult drugs services however this is rarely offered routinely and relationships with carers are

often poor. Research in mental health and older people's services suggests that improving the relationships between carers and service providers is fundamental to enhancing the quality of services. One example is the Senses Framework which assesses the extent to which services are relationship-centred and provides deeper insight into the areas that require further improvement. The aim of this paper is to establish the extent to which relationship-centred care, as defined by the Senses Framework, is expressed in the interactions between carers, services providers and policy makers in adult drug service settings. Methods: A qualitative study, involving 8 focus groups and 32 individual interviews, was undertaken to explore carers', service providers' and policy makers' experiences and understandings of family and carer involvement with drug services in Scotland, United Kingdom. Results: Tensions exist between carers, service providers and policy makers however there are also areas of commonality in which participants shared experiences and understandings of family and carer involvement with services. Our findings go beyond existing research which focuses largely on describing of the poor quality of relationships between carers, service providers and policy makers by providing a deeper theoretical insight into the nature of these relationships. In so doing, by focusing on the senses of belonging, continuity, security, achievement, purpose and significance, we present the possibility of resolving such tensions. Conclusions: We think that implementing relationship-centred approaches to care, such as that in the Senses Framework, would provide a greater sense of therapeutic and strategic direction for those delivering and commissioning adult drug services in many countries.

Country of Publication: Netherlands
Publisher: Elsevier
Publication Type: Journal: Article
Subject Headings: [achievement](#)
[adult](#)
[article](#)
[caregiver](#)
[doctor patient relation](#)
[*drug dependence](#)
[*family centered care](#)
[female](#)
[health care delivery](#)
[health care policy](#)
[health care quality](#)
[health survey](#)
[human](#)
[male](#)
[priority journal](#)
[qualitative research](#)
[*Senses Framework](#)
[United Kingdom](#)

Source: EMBASE
Full Text: Available from *Elsevier Science* in [International Journal of Drug Policy](#)

20. Governance versus government: Drug consumption rooms in Australia and the UK

Citation: International Journal of Drug Policy, 2014, vol./is. 25/5(978-984), 0955-3959;1873-4758 (2014)
Author(s): Zampini G.F.
Institution: (Zampini) University of Kent, Social Policy, United Kingdom
Language: English
Abstract: To evaluate, through a case study, the extent to which elements of governance and elements of government are influential in determining the implementation or non-implementation of a drugs intervention. Methods: Comparative analysis of the case of a drug consumption room in the UK (England) and Australia (New South Wales),

including 16 semi-structured interviews with key stakeholders and analysis of relevant documents according to characteristic features of governance and government (power decentralisation, power centralisation, independent self-organising policy networks, use of evidence, top-down steering/directing, legislation). Results: Characteristic features of both governance and government are found in the data. Elements of governance are more prominent in New South Wales, Australia than in England, UK, where government prevails. Government is seen as the most important actor at play in the making, or absence, of drug consumption rooms. Conclusions: Both governance and government are useful frameworks in conceptualising the policy process. The governance narrative risks overlooking the importance of traditional government structures. In the case of drug consumption rooms in the UK and Australia, a focus on government is shown to have been crucial in determining whether the intervention was implemented.

Country of Publication: Netherlands
Publisher: Elsevier
Publication Type: Journal: Article
Subject Headings: [article](#)
[Australia](#)
[centralization](#)
[comparative study](#)
[conceptual framework](#)
[decentralization](#)
[*drug consumption room](#)
[*drug dependence](#)
[evidence based medicine](#)
[*government regulation](#)
[health care delivery](#)
[*health care facility](#)
[*health care policy](#)
[human](#)
[priority journal](#)
[public health](#)
[safety](#)
[semi structured interview](#)
[United Kingdom](#)

Source: EMBASE

Full Text: Available from *Elsevier Science* in [International Journal of Drug Policy](#)

21. Drug Policy Governance in the UK: Lessons from changes to and debates concerning the classification of cannabis under the 1971 Misuse of Drugs Act

Citation: International Journal of Drug Policy, 2014, vol./is. 25/5(1025-1030), 0955-3959;1873-4758 (2014)

Author(s): Monaghan M.

Institution: (Monaghan) University of Leeds, Sociology and Social Policy, Woodhouse Lane, Leeds LS2 9JT, United Kingdom

Language: English

Abstract: Background: Drugs policy is made in a politically charged atmosphere. This is often not seen to be conducive to the ideals of evidence-based policymaking. In the UK over recent years the efficacy of the 1971 Misuse of Drugs Act (MDA) has been one of the most widely discussed and debated areas of UK drug policy. Since inception, the MDA 1971 has remained relatively stable with very few drugs moving up or down the scale and until recently, and with very few exceptions, there has been little public debate on the nature of the system. This changed in the run up to the cannabis reclassification in 2004 from class B to class C, through the reverse of this decision in 2009 and the fallout between the Government of the time and leading members of the Advisory Council on the Misuse of Drugs. Methods: Based on wide-ranging survey of the literature and secondary analysis of

various official publications and academic commentaries, this paper considers what the cannabis episode can tell us about the current state of UK drug policy governance. Results: Previous research on drug policy governance has suggested that policy goals should be clearly articulated so as to avoid confusion over what constitutes evidence, decision-makers should be 'evidence-imbued' and there should be widespread consultation with, and transparency of, stakeholder engagement. The interpretation here is that recent changes to cannabis legislation reveal that these aspects of good governance were called into question although there were fleeting moments of good practice. Conclusion: The use of evidence in drug policy formulation continues to be bedevilled by political stalemate and reluctance to countenance radical reform. Where evidence does play a role it tends to be at the margins. There are, however, potential lessons to be learned from other policy areas but this requires a more pragmatic attitude on behalf of decision-makers.

Country of Publication: Netherlands
Publisher: Elsevier
CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis)

Publication Type: Journal: Article
Subject Headings: [article](#)
[cannabis use](#)
[decision making](#)
[*drug classification](#)
[*drug legislation](#)
[*drug misuse](#)
[evidence based practice](#)
[government](#)
[health care policy](#)
[human](#)
[law enforcement](#)
[mental disease](#)
[political participation](#)
[political system](#)
[priority journal](#)
[public health problem](#)
[United Kingdom](#)
[violence](#)
[*cannabis](#)

Source: EMBASE

Full Text: Available from *Elsevier Science* in [International Journal of Drug Policy](#)

22. The role of evidence and the expert in contemporary processes of governance: The case of opioid substitution treatment policy in England

Citation: International Journal of Drug Policy, 2014, vol./is. 25/5(964-971), 0955-3959;1873-4758 (2014)

Author(s): Duke K.; Thom B.

Institution: (Duke) Drug and Alcohol Research Centre, School of Law, Middlesex University, The Burroughs, London NW4 4BT, United Kingdom; (Thom) Drug and Alcohol Research Centre, School of Health and Education, Middlesex University, The Burroughs, London NW4 4BT, United Kingdom

Language: English

Abstract: This paper is based on research examining stakeholder involvement in substitution treatment policy which was undertaken as part of the EU funded FP7 ALICE-RAP (Addictions and Lifestyles in Contemporary Europe - Reframing Addictions Project). In England, the research coincided with a policy shift towards a recovery orientated drug treatment framework and a heated debate surrounding the role of substitute prescribing. The study aimed to explore the various influences on the development of the new

'recovery' policy from the perspectives of the key stakeholders involved. Methods: The paper is based on documentary analyses and key informant interviews with a range of stakeholders, including representatives of user organisations, treatment providers, civil servants, and members of expert committees. Results: Drawing on the theoretical insights offered by Backstrand's 'civic science' framework, the changing role of evidence and the position of experts in the processes of drugs policy governance are explored. 'Evidence' was used to problematise the issue of substitution treatment and employed to legitimise, justify and construct arguments around the possible directions of policy and practice. Conflicting beliefs about drug treatment and about motivation for policy change emerge in the argumentation, illustrating tensions in the governance of drug treatment and the power differentials separating different groups of stakeholders. Their role in the production of evidence also illustrates issues of power regarding the definition and development of 'usable knowledge'. There were various attempts at greater representation of different forms of evidence and participation by a wider group of stakeholders in the debates surrounding substitution treatment. However, key national and international experts and the appointment of specialist committees continued to play dominant roles in building consensus and translating scientific evidence into policy discourse. Conclusion: Substitution treatment policy has witnessed a challenge to the dominance of 'scientific evidence' within policy decision making, but in the absence of alternative evidence with an acceptable credibility and legitimacy base, traditional notions of what constitutes evidence based policy persist and there is a continuing lack of recognition of 'civic science'.

Country of Publication: Netherlands

Publisher: Elsevier

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

Publication Type: Journal: Article

Subject Headings: [article](#)
[clinical practice](#)
[drug efficacy](#)
[drug legislation](#)
[drug program](#)
[European Union](#)
[*evidence based medicine](#)
[government](#)
[*health care policy](#)
["heroin dependence/th \[Therapy\]"](#)
[human](#)
[medical expert](#)
["*opiate addiction/th \[Therapy\]"](#)
[*opiate substitution treatment](#)
[political participation](#)
[priority journal](#)
[program development](#)
[psychosocial care](#)
[United Kingdom](#)
[diamorphine](#)
[methadone](#)

Source: EMBASE

Full Text: Available from *Elsevier Science* in [International Journal of Drug Policy](#)

23. Clear rhetoric and blurred reality: The development of a recovery focus in UK drug treatment policy and practice

Citation: International Journal of Drug Policy, 2014, vol./is. 25/5(957-963), 0955-3959;1873-4758 (2014)

Author(s): McKeganey N.

Institution: (McKeganey) Centre for Drug Misuse Research, 19 Keith Street, Glasgow, Scotland G116QQ, United Kingdom

Language: English

Abstract: This paper looks at the transformation of UK drug treatment policy in the priority that is now being given to recovery. The paper explores the factors that helped shape that transformation and notes that in the main the influences were external to those directly involved in delivering drug treatment (research, politicians, media, think tanks) and that whilst the combined influence of these elements succeeded in reframing policy, it has left the realm of drug treatment service delivery unclear in a number of key areas including: determining how long drug users should remain in treatment; avoiding relapse; relations between professional drug workers and peer supporters; and meeting the diverse needs of drug users including those who are not seeking to become drug free. The paper concludes by considering what kind of initiatives and mechanisms may be needed to ensure a closer alignment between policy and practice within the drug treatment sphere.

Country of Publication: Netherlands

Publisher: Elsevier

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

Publication Type: Journal: Note

Subject Headings: abstinence
clinical practice
*convalescence
*drug dependence treatment
drug misuse
*drug program
drug research
government
health care need
*health care policy
"heroin dependence/dt [Drug Therapy]"
human
mass medium
medical ethics
methadone treatment
mortality
note
"opiate addiction/dt [Drug Therapy]"
opiate substitution treatment
peer group
political participation
practice guideline
priority journal
program development
relapse
treatment duration
treatment outcome
United Kingdom
diamorphine
"methadone/dt [Drug Therapy]"

Source: EMBASE

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

24. Drug consumption rooms and the role of politics and governance in policy processes

Citation: International Journal of Drug Policy, 2014, vol./is. 25/5(972-977), 0955-3959;1873-4758 (2014)

Author(s): Houborg E.; Frank V.A.

Institution: (Houborg, Frank) Center for Alcohol and Drug Research, School of Business and Social Science, Aarhus University, Denmark

Language: English

Abstract: Background: In 2012 after more than 20 years of discussion Denmark introduced drug consumption facilities as part of its drug policy. This article investigates the processes that led to this new policy and its implementation in Copenhagen. The aim of the article is to analyze if the new policy and its implementation can be understood in terms of a shift from 'government' to 'governance' in drug policy. On this basis the aim is also to discuss the possibilities and limitations of 'governance' as an analytical perspective for understanding policy change in the field of drug policy. Methods: Through the use of Kingdon's theory about policy change as following alignments of problem streams, policy streams and politics streams and deployment of Callon's concepts of 'framing' and 'overflowing' the article presents an analysis of recorded communication from the public debate and national and local policy processes. Results: Politics and the authority of government played a key role in the policy change that led to the introduction of drug consumption facilities in Denmark. It was only after a change of government and a change of legislation that a new policy came about. Drug consumption facilities did exist on a small scale before this through acts of civil disobedience committed by civil society stakeholders. Conclusion: The space for governance seems to be limited in a drug policy that is prohibitive, at least when it touches upon issues that concern law enforcement and the sovereign power of the state.

Country of Publication: Netherlands

Publisher: Elsevier

CAS Registry Number: 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings: [article](#)
[civil disobedience](#)
[decision making](#)
[*drug consumption room](#)
[*drug legislation](#)
[drug program](#)
[drug use](#)
[government regulation](#)
[harm reduction](#)
[*health care facility](#)
[health care policy](#)
[human](#)
[integrated health care system](#)
[*law enforcement](#)
[medical research](#)
[methadone treatment](#)
["opiate addiction/dt \[Drug Therapy\]"](#)
[*political participation](#)
[political system](#)
[priority journal](#)
[social aspect](#)
[social welfare](#)
[United Kingdom](#)
["methadone/iv \[Intravenous Drug Administration\]"](#)
["methadone/dt \[Drug Therapy\]"](#)

Source: EMBASE

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

25. Abstracts from the 2014 Annual Meeting of the College on Problems of Drug Dependence

- Citation:** Drug and Alcohol Dependence, January 2015, vol./is. 146/, 0376-8716 (01 Jan 2015)
- Language:** English
- Abstract:** The proceedings contain 749 papers. The topics discussed include: national record linkage study of mortality for a large cohort of opioid users ascertained by drug treatment or criminal justice sources in England, 2005-2009; the impact of a housing first randomized controlled trial on substance use problems among homeless individuals with mental illness; trends in use of health care and HIV prevention services for persons who inject drugs in San Francisco: results from national HIV behavioral surveillance 2005-2012; neighbourhood crime and adolescent cannabis use in Canadian adolescents; post-exposure prophylaxis use and recurrent exposure to HIV among men who have sex with men who use crystal methamphetamine; blunted striatal responses to favorite-food cues in smokers; an assessment of MDPV-induced place preference in adult Sprague-Dawley rats; loss of self-control over drinking and the relationship of alexithymia to quality of life in alcohol-dependent patients; and mobile phone and text messaging in a public sector, office-based buprenorphine program.
- Conference Information:** 2014 Annual Meeting of the College on Problems of Drug Dependence San Juan Puerto Rico. Conference Start: 20140614 Conference End: 20140619
- Publisher:** Elsevier Ireland Ltd
- Publication Type:** Journal: Conference Review
- Subject Headings:** [*drug dependence](#)
[*college](#)
[human](#)
[randomized controlled trial \(topic\)](#)
[adolescent](#)
[Human immunodeficiency virus](#)
[United Kingdom](#)
[United States](#)
[crime](#)
[housing](#)
[prevention](#)
[criminal justice](#)
[drug therapy](#)
[substance use](#)
[smoking](#)
[mental disease](#)
[health care](#)
[alexithymia](#)
[male](#)
[patient](#)
[organization and management](#)
[cannabis use](#)
[Canadian](#)
[randomized controlled trial](#)
[crystal](#)
[men who have sex with men](#)
[food](#)
[exposure](#)
[place preference](#)
[adult](#)
[Sprague Dawley rat](#)
[self control](#)
[drinking](#)
[post exposure prophylaxis](#)
[quality of life](#)
[alcoholism](#)

mobile phone
text messaging
mortality
opiate
buprenorphine
methamphetamine

Source: EMBASE

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

26. The differential role of executive dysfunction on HIV risk behaviors among African-American drug users

Citation: Drug and Alcohol Dependence, January 2015, vol./is. 146/(e266), 0376-8716 (01 Jan 2015)

Author(s): Diggins A.; Dunne E.M.; Mancha B.E.; Trenz R.; Ritter K.; Latimer W.W.

Institution: (Diggins, Dunne, Mancha, Trenz, Latimer) Clinical and Health Psychology, University of Florida, Gainesville, FL, United States; (Ritter) University of Tennessee, Knoxville, TN, United States

Language: English

Abstract: Aims: The present study sought to test whether African American male and female drug users differed in rates of executive dysfunction and the degree to which executive dysfunction is associated with elevated HIV risk behavior. Methods: A series of secondary data analyses were conducted on data from African American drug users (N= 453; M age = 38.24, SD = 9.1) enrolled in the NEURO Epidemiologic Study of HIV in Baltimore, MD. Participants were recruited through street outreach and administered a standardized HIV Risk Behavior Interview and a neuropsychological battery. Results: On the Wisconsin Card Sorting Test (WCST), females showed a greater rate of impairment in total errors (Adjusted Odds Ratio [AOR] = 1.65, 95% Confidence Interval [CI]: 1.04-2.63, p = .034) and preservative errors (AOR = 1.56, 95% CI: .99-2.45, p = .05) when compared to males. They also exhibited a significantly higher rate of dysfunction on Tower of London (TOL) total move score (AOR = 1.96, 95% CI: 1.27-3.04, p = .003), execution time (AOR = 2.24, 95% CI: 1.45-3.48, p = <.001) and total time (AOR = 2.13, 95% CI: 1.37-3.3, p = .001). In addition, women with impairments on WCST preservative errors were significantly more likely to engage in sex trade for money compared to those with intact WCST preservative error scores (AOR = 1.95, 95% CI: 1.03-3.68, p = .041). Impairment on TOL execution time was a significant predictor of infrequent condom use among women (AOR = 3.42, 95% CI: 1.37-8.54, p = .008). Conversely, executive impairment on WCST or TOL did not predict increased HIV risk behaviors among men. Conclusions: Our findings indicate that African American female drug users are more likely than African American males to exhibit frontal-executive deficits. Additionally, these deficits are significant risk factors for HIV-risk behavior among females. Thus, HIV prevention efforts should consider gender-specific interventions that focus on cognitive executive skills training.

Conference Information: 2014 Annual Meeting of the College on Problems of Drug Dependence San Juan Puerto Rico. Conference Start: 20140614 Conference End: 20140619

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *manager
*human
*risk
*drug use
*college
*drug dependence
*African American
*Human immunodeficiency virus
female
male

prevention
 Wisconsin Card Sorting Test
 condom use
 interview
 United States
 money
 United Kingdom
 epidemiology
 risk factor
 gender
 skill
 confidence interval
 data analysis
 preservative

Source: EMBASE

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

27. The impact of opioid substitution therapy on mortality post-release from prison

Citation: Drug and Alcohol Dependence, January 2015, vol./is. 146/(e260), 0376-8716 (01 Jan 2015)

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

Institution: (Degenhardt, Larney, Kimber, Gisev, Farrell, Mattick, Burns) National Drug and Alcohol Research Centre, University of NSW, Sydney, NSW, Australia; (Degenhardt) School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia; (Larney) Alpert Medical School, Brown University, Providence, RI, United States; (Dobbins) Sydney School of Public Health, University of Sydney, Sydney, NSW, Australia; (Weatherburn) New South Wales Bureau of Crime Statistics and Research (BOCSAR), Sydney, NSW, Australia; (Gibson) University of Western Sydney, Sydney, NSW, Australia; (Butler) Kirby Institute, University of New South Wales, Sydney, NSW, Australia

Language: English

Abstract: Aims: Mortality following release from prison is high-risk for mortality. We examined the impact of opioid substitution therapy (OST) for opioid dependence during and after incarceration, upon mortality post-release. Methods: A cohort included all opioid dependent people who entered OST in New South Wales, Australia, 1985-2010, released from prison at least once, 2000-2012 (N= 16,453). We linked data on OST history, court appearances, prison episodes, and deaths. N= 60,161 eligible prison releases occurred. Demographics, criminographic and treatment histories were examined; crude mortality rates (CMRs) calculated according to retention in OST; and Cox regressions run to examine the association between OST exposure (a time dependent variable) and mortality in the post release period. Results: Individuals were observed for 100,978 person-years post-release; 1050 deaths occurred. Most received OST sometime while incarcerated (76.5%); individuals were receiving OST in 40% of releases. Lowest post-release mortality was among those continuously retained in OST post-release, highest among those with no OST. Multivariable models showed OST exposure in the 4 weeks post-release reduced hazard of death by 75% (adjusted hazard ratio 0.25; 95%CI: 0.15, 0.52); OST receipt in prison had a short-term protective effect that decayed quickly across time. Conclusions: OST in prison and post-release reduces mortality risk in the immediate post-release period. OST in prison should be scaled up, and post-release OST maximised.

Conference Information: 2014 Annual Meeting of the College on Problems of Drug Dependence San Juan Puerto Rico. Conference Start: 20140614 Conference End: 20140619

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *opiate substitution treatment

*mortality
 *prison
 *college
 *drug dependence
 death
 exposure
 human
 Australia
 hazard ratio
 hazard
 dependent variable
 proportional hazards model
 model
 opiate addiction
 risk
 opiate

Source: EMBASE

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

28. Opioid substitution therapy in New South Wales 2001-2012: Comparison between buprenorphine and methadone

Citation: Drug and Alcohol Dependence, January 2015, vol./is. 146/(e234-e235), 0376-8716 (01 Jan 2015)

Author(s): Burns L.; Gisev N.; Degenhardt L.; Larney S.

Institution: (Burns, Gisev, Degenhardt, Larney) NDARC, UNSW, Sydney, NSW, Australia

Language: English

Abstract: Aims: The aims of this study were to: compare the characteristics of first-time entrants into methadone and buprenorphine treatment; track treatment discontinuation and re-entry with methadone and buprenorphine; and, examine the factors associated with an individual's risk of leaving their first OST treatment episode. Methods: This is a retrospective data linkage study. All episodes of opioid substitution treatment recorded in New South Wales Australia (1985-2010) were linked to custody episodes (2000-2012) and mortality information. Analysis was undertaken on 32,033 individuals receiving OST between 1st August 2001 and 31st December 2010. Results: A total of 15,600 individuals commenced their first OST treatment episode between 1st August 2001 and 31st December 2010. Of these, 46% (n = 7183) commenced buprenorphine and 54% (n = 8417) methadone. Approximately half of all individuals (56%) who commenced buprenorphine spent less than 3 months on treatment, compared to 30% who had commenced methadone. Furthermore, those on methadone had the highest rate of retention in treatment at 12 months (44%) compared to buprenorphine (25%). Receiving buprenorphine in the community was associated with the greatest risk of leaving a first treatment episode (adjusted hazards ratio 1.57, 95% confidence interval 1.51-1.64). Conclusions: Consistent with the results of the RCTs of treatment, individuals commencing methadone are retained longer in treatment than those commencing buprenorphine, independent of the setting in which treatment is received.

Conference Information: 2014 Annual Meeting of the College on Problems of Drug Dependence San Juan Puerto Rico. Conference Start: 20140614 Conference End: 20140619

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *opiate substitution treatment
 *Australia
 *college
 *drug dependence
 risk
 confidence interval
 hazard

community
mortality
custodial care
*buprenorphine
*methadone
ion

Source: EMBASE

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

29. Impaired executive function, drug and sex risk, and HIV infection in African-American men

Citation: Drug and Alcohol Dependence, January 2015, vol./is. 146/(e169), 0376-8716 (01 Jan 2015)

Author(s): Latimer W.W.; Khan M.R.; Scheidell J.D.; Dunne E.M.

Institution: (Latimer, Dunne) Clinical and Health Psychology, University of Florida, Gainesville, FL, United States; (Khan, Scheidell) Epidemiology, University of Florida, Gainesville, FL, United States

Language: English

Abstract: Aims: To determine if impaired planning, an executive function measured by the Tower of London (TOL) neuropsychological assessment, contributes to drug and sex risk, and, in turn, HIV infection in a population of African American men. Methods: Using data collected during the baseline visit of the Neuro-HIV Intervention Study (N= 244), we estimated adjusted prevalence ratios (APRs) and 95% confidence intervals (CIs) for associations between impaired planning and problem solving ability, defined as having a TOL standardized total excess moves score below the 10th percentile, and outcomes including risky injection practices (ever having shared needles, cookers, cotton, or rinse water and ever having back loaded), binge drinking, sexual risk behaviors (casual sex, buying sex), and biologically-confirmed HIV infection. Results: Approximately 18% were HIV-infected. In analyses adjusting for age and education, impairment on TOL was significantly associated with HIV infection (APR: 1.81, 95% CI: 1.09, 3.01) and with potential mediating behavioral factors including needle sharing (APR: 1.69, 95% CI: 1.03-2.73), binge drinking (APR: 2.03, 95% CI: 1.13, 3.24), and buying sex (APR: 2.50, 95% CI: 1.66, 3.78). However, when adjusting for these hypothesized causal intermediates, the APR between TOL and HIV strengthened (APR: 2.01, 95% CI: 1.21, 3.33), suggesting other factors mediate the association between impaired planning and problem solving and HIV infection. Conclusions: Impaired planning and problem solving ability is associated with HIV infection among African American men, suggesting that interventions designed to improve these executive functions may reduce HIV infection in this population. However, to best plan interventions to address improved planning to reduce behavioral risk that drive HIV, additional research is needed to identify the behavioral determinants of HIV infection that are most strongly influenced by impaired executive function.

Conference Information: 2014 Annual Meeting of the College on Problems of Drug Dependence San Juan Puerto Rico. Conference Start: 20140614 Conference End: 20140619

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *executive function
*Human immunodeficiency virus infection
*African American
*risk
*human
*college
*drug dependence
*male
*Human immunodeficiency virus
planning

[problem solving](#)
[population](#)
[binge drinking](#)
[prevalence](#)
[casual sex](#)
[intervention study](#)
[cotton](#)
[needle](#)
[injection](#)
[confidence interval](#)
[education](#)
[drug abuse](#)
[United Kingdom](#)
[water](#)

Source: EMBASE

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

30. International rates of SUD and ADHD symptoms among prison inmates: Individual data and pooled effects

Citation: Drug and Alcohol Dependence, January 2015, vol./is. 146/(e125), 0376-8716 (01 Jan 2015)

Author(s): Gonzalez R.; Alicea A.; Ginsberg Y.; Gudjonsson G.; Konstenius M.; Levin F.R.; Velez M.; Young S.; Albizu C.

Institution: (Gonzalez, Alicea, Velez, Albizu) University of Puerto Rico, San Juan, United States; (Ginsberg, Konstenius) Karolinska Institute, Solna, Sweden; (Gudjonsson) Kings College, London, United Kingdom; (Levin) Columbia University, New York, NY, United States; (Young) Imperial College, London, United Kingdom

Language: English

Abstract: Aims: Prison inmates have increased rates of psychiatric disorders and comorbidity. SUDs are considerably high among adults with ADHD, and both disorders often coexist in incarcerated populations. Most studies on ADHD/SUD in prison have been conducted on Europeans. A question remains on whether rates differ internationally and across diverse ethnic groups. This study aims to contrast the prevalence of SUD and IDU associated with ADHD symptoms across international prison inmates' samples. We also tested whether ADHD symptom domains are differentially associated with SUD. Methods: The CIDI-SUD module and the WURS, a measure of retrospective ADHD symptoms, were completed by 1,330 male inmates: 72% Latino (PR), 15% British (UK) and 13% Nordic (Sweden and Iceland). Scores for 3 symptom domains (cognitive, internalizing and externalizing) were derived through CFA. Logistic regression models tested associations between total ADHD scores, and scores for each symptom domain with lifetime alcohol and drug dependence. We conducted meta-analysis on independent sample's results to test the overall effect size of the association. Results: Nordic, British and Latino alcohol dependence (AD) rates were 54.5%, 16.8% and 28.4%, respectively, and 79.0%, 47.5% and 50.5% for drug dependence (DD). All ADHD symptom domains were significantly associated with DD on all samples, whereas for AD there was no association among Nordic offenders. We found a significant pooled effect for lifetime IDU, but only for the internalized ADHD symptoms domain. Conclusions: Associations between ADHD symptoms and SUD seem consistent across samples, with a few exceptions. However, rates of SUD differ substantially. We address how different international approaches to criminal justice policies for drug offenses may affect rates and outcomes, and discuss implications of our findings for treatment of SUD within the criminal justice system.

Conference Information: 2014 Annual Meeting of the College on Problems of Drug Dependence San Juan Puerto Rico. Conference Start: 20140614 Conference End: 20140619

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *human
 *prison
 *college
 *drug dependence
 *attention deficit disorder
 criminal justice
 Hispanic
 lifespan
 adult
 ethnic group
 logistic regression analysis
 prevalence
 comorbidity
 mental disease
 European
 Iceland
 effect size
 model
 population
 Sweden
 meta analysis
 male
 alcoholism
 offender
 policy
 diseases
 alcohol

Source: EMBASE

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

31. Modulation of behavioral effects of polydrug (cocaine/heroin) mixtures by alpha-2 agonists

Citation: Drug and Alcohol Dependence, January 2015, vol./is. 146/(e105), 0376-8716 (01 Jan 2015)

Author(s): Spealman R.D.; Bergman J.

Institution: (Spealman) Behavioral Biology-NERPRC, Harvard Medical School, Southborough, MA, United States; (Bergman) Preclinical Pharmacology, McLean Hospital-Harvard Medical School, Belmont, MA, United States

Language: English

Abstract: Aims: Noradrenergic alpha-2 agonists have been reported to attenuate opioid withdrawal and proposed as possible anti-relapse medications for cocaine and heroin addiction. We investigated the ability of selected alpha-2 agonists to attenuate behavioral effects of cocaine/heroin mixtures that are associated with addiction liability. Methods: First, dose-response curves were determined for i.m. clonidine, lofexidine, guanfacine, and brimonidine (UK 14304) in squirrel monkeys using quantitative observational procedures. Next, the modulation of discriminative-stimulus and reinforcing effects of cocaine/heroin mixtures by selected doses of alpha-2 agonists was examined in separate groups of subjects Results: All drugs produced dose-related sedative-like effects characterized by an increase in species-typical sleep/rest posture and decreases in locomotor activity and environmentally directed behaviors. Impaired balance and muscle relaxation were noted occasionally at the highest doses. Based on their ED₅₀ values, the order of potency was: brimonidine (0.1 mg/kg) > lofexidine (0.3 mg/kg) = clonidine (0.3 mg/kg) > guanfacine (1.8 mg/kg). In drug discrimination studies, the discriminative stimulus effects of a cocaine-heroin mixture were not significantly altered by doses of brimonidine, guanfacine or clonidine below those that produced sedative effects and decreased operant responding to < 50% of control values. Ongoing self-administration 'choice' studies suggest that daily treatment with clonidine (0.1 or 0.18 mg/kg) leads to a diminution of its

sedating effects but continues to produce a > 50% decrease in the intake of cocaine/heroin mixtures without consistent modulation of their reinforcing strength. Conclusions: These data indicate that doses of alpha-2 agonists with behavioral side-effects that diminish over repeated treatment may be useful for in the management of polydrug (cocaine/heroin) addiction.

Conference Information: 2014 Annual Meeting of the College on Problems of Drug Dependence San Juan Puerto Rico. Conference Start: 20140614 Conference End: 20140619

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *agonist
*college
*drug dependence
*modulation
human
addiction
discriminative stimulus
side effect
drug self administration
drug discrimination
relapse
muscle relaxation
balance impairment
locomotion
species
dose response
body posture
procedures
squirrel monkey
heroin dependence
drug therapy
brimonidine
clonidine
guanfacine
sedative agent
cocaine
lofexidine
diamorphine
opiate

Source: EMBASE

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

32. Specialist clinicians' practice and views regarding methadone/buprenorphine supervision and contingency management: A national survey

Citation: Journal of Substance Use, February 2015, vol./is. 20/1(6-10), 1465-9891;1475-9942 (01 Feb 2015)

Author(s): Fingleton N.A.; Matheson C.I.; Holland R.C.

Institution: (Fingleton, Matheson) Research Assistant, Academic Primary Care, University of Aberdeen, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD, United Kingdom; (Holland) Norwich Medical School, University of East Anglia, Norwich Research Park, Norwich, Norfolk, United Kingdom

Language: English

Abstract: Aims and methods: The aim of the study was to determine the current models of supervised consumption of methadone/buprenorphine practised, and to establish the extent to which contingency management is used, and in what forms. A postal questionnaire was sent to all lead specialist clinicians in the field of substance misuse in

England in 2010 (n=194). Results: The response rate was 66% (n=129). Clinicians generally supervised patients for a period of 3 months, although considerable flexibility was used depending on individual circumstances. The majority of patients consumed their methadone/buprenorphine on pharmacy premises 6d per week. Supervised consumption arrangements were believed by respondents to cause a minority of patients to drop out of treatment and prevent a minority from starting treatment. Contingency management is widely used throughout England, with the most common forms relating to changes in supervision or dispensing arrangements. Conclusion: There is marked heterogeneity in clinicians' practice of supervised consumption, suggesting uncertainty regarding the optimal approach. Further research, such as an RCT, is required.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: [article](#)
[*clinical supervision](#)
[*contingency management](#)
[cross sectional study](#)
[drug misuse](#)
[drug overdose](#)
["*heroin dependence/dt \[Drug Therapy\]"](#)
[human](#)
[*maintenance therapy](#)
[major clinical study](#)
[mental health](#)
[*methadone treatment](#)
["opiate addiction/dt \[Drug Therapy\]"](#)
[patient care](#)
[patient compliance](#)
[patient education](#)
[pharmacy](#)
[questionnaire](#)
[training](#)
[United Kingdom](#)
[urinalysis](#)
["*buprenorphine/dt \[Drug Therapy\]"](#)
[*diamorphine](#)
[hepatitis B vaccine](#)
[illicit drug](#)
["*methadone/dt \[Drug Therapy\]"](#)
[opiate](#)

Source: EMBASE

33. Dementia in rural South Africa: A pressing need for epidemiological studies

Citation: South African Medical Journal, 2015, vol./is. 105/3(189-190), 0256-9574 (2015)

Author(s): de Jager C.A.; Joska J.A.; Hoffman M.; Borochowitz K.E.; Combrinck M.I.

Institution: (de Jager) Divisions of Geriatric Medicine and Neurology, Department of Medicine, University of Cape Town, South Africa; (Joska) Division of Neuropsychiatry, Department of Psychiatry and Mental Health, University of Cape Town, South Africa; (Hoffman) School of Public Health and Family Medicine, University of Cape Town, South Africa; (Borochowitz) Dementia SA, Cape Town, South Africa; (Combrinck) Divisions of Geriatric Medicine and Neurology, Department of Medicine, University of Cape Town, South Africa

Language: English

Abstract: Dementia is one of the biggest challenges to society today, with an increasing prevalence as the global population ages. The 2013 worldwide estimate was 44 million persons with dementia, with predictions that about 70% of new cases will occur in low- and middle-income countries (LMICs). With negligible published prevalence data for South Africa, little is known about the impact of dementia, especially in poorer communities. Successful community dementia prevalence screening has been conducted in ten LMICs worldwide, using a one-step diagnostic procedure developed in the UK by the 10/66 group. The prevalence of dementia needs to be established locally across various communities. Awareness, education, training and skilled resources for diagnosis and care are minimal. Only once prevalence data and an assessment of care needs are available will it be possible to propose improving health services for the growing aged population, especially those with dementia in poorer rural communities.

Country of Publication: South Africa

Publisher: South African Medical Association

Publication Type: Journal: Editorial

Subject Headings: [alcoholism](#)
[Alzheimer disease](#)
[caregiver](#)
["*dementia/ep \[Epidemiology\]"](#)
[diabetes mellitus](#)
[drug cost](#)
[DSM-IV](#)
[editorial](#)
[education](#)
[health care organization](#)
[health practitioner](#)
[health service](#)
[health survey](#)
[heart disease](#)
[highly active antiretroviral therapy](#)
[HIV associated dementia](#)
[human](#)
[Human immunodeficiency virus infection](#)
[nerve degeneration](#)
[obesity](#)
[prevalence](#)
[risk factor](#)
[senescence](#)
[South Africa](#)
[training](#)
[traumatic brain injury](#)

Source: EMBASE

34. The potential of brief interventions and medication in reducing alcohol consumption in alcohol dependent individuals [German] *Können Alkoholabhängige ihre Trinkmengen durch eine Kombination von Medikamenten und Kurzinterventionen dauerhaft reduzieren?*

Original Title: Können Alkoholabhängige ihre Trinkmengen durch eine Kombination von Medikamenten und Kurzinterventionen dauerhaft reduzieren?

Citation: Sucht, 2015, vol./is. 61/1(29-36), 0939-5911 (2015)

Author(s): Mann K.

Institution: (Mann) Zentralinstitut für Seelische Gesundheit, Mannheim Medizinische Fakultät Mannheim der Universität Heidelberg J 5, Baden-Württemberg, Mannheim 68159, Germany

Language: German

Abstract: Background: The traditional methods of treatment of alcoholism in Germany are successful but reach only about 10% of the alcohol-dependent patients. One reason seems to lie in the treatment goal of obtaining total abstinence, a rather high threshold especially for treatment-naïve patients in the early phases of their addiction. Aims: This article reviews the evidence for a reduction of alcohol consumption as a new treatment paradigm that could represent a strategy of harm-reduction in alcoholism. Results: Two large psychotherapy trials in the United States (Project MATCH) and in the UK (UKATT) showed that alcohol reduction can be achieved and maintained in patients carrying a dependence diagnosis. Medications such as the opioid modulator Nalmefene have been tested and in some 2400 patients proved to provide a stable reduction even in the control group with placebo plus brief intervention. This effect was significantly stronger in the patients randomized to Nalmefene plus brief intervention. On this basis the European Medicines Agency approved Nalmefene for the treatment of alcohol-dependent patients, and it was introduced into the German market in 2014. Conclusions: With this new option available general practitioners can become more engaged in the treatment of alcoholism, especially in patients in the early phases of dependence.

Country of Publication: Germany

Publisher: Hogrefe Publishing

CAS Registry Number: 55096-26-9 (nalmefene)

Publication Type: Journal: Article

Subject Headings: [alcohol abstinence](#)
[*alcohol consumption](#)
["*alcoholism/dt \[Drug Therapy\]"](#)
[article](#)
[European Medicines Agency](#)
[general practitioner](#)
[harm reduction](#)
[human](#)
["nalmefene/dt \[Drug Therapy\]"](#)
[placebo](#)

Source: EMBASE

35. The impact of health behaviours on incident cardiovascular disease in Europeans and South Asians - A prospective analysis in the UK SABRE study

Citation: PLoS ONE, March 2015, vol./is. 10/3, 1932-6203 (02 Mar 2015)

Author(s): Eriksen A.; Tillin T.; Connor L.O.; Brage S.; Hughes A.; Mayet J.; McKeigue P.; Whincup P.; Chaturvedi N.; Forouhi N.G.

Institution: (Eriksen, Connor, Brage, Chaturvedi, Forouhi) Medical Research Council Epidemiology Unit, University of Cambridge School of Clinical Medicine, Cambridge Biomedical Campus, Cambridge, United Kingdom; (Tillin, Hughes) University College London Institute of Cardiovascular Science, University College London, London, United Kingdom; (Mayet) International Centre for Circulatory Health, St Mary's Hospital, Imperial College London, Paddington, London, United Kingdom; (McKeigue) Centre for Population Health Sciences, University of Edinburgh Medical School, Edinburgh, United Kingdom; (Whincup) Population Health Research Centre, St George's, University of London, London, United Kingdom

Language: English

Abstract: Background: There is consistent evidence on the impact of health behaviours on risk of cardiovascular disease (CVD) in European populations. As South Asians in the UK have an excess risk of CVD and coronary heart disease (CHD) compared to Europeans, we investigated whether a similar association between combined health behaviours and risk of CVD and CHD among this high-risk group exists, and estimated the population impact. Methods and Findings: In a prospective cohort of 1090 Europeans and 1006 South Asians (40-69 y) without prevalent CVD at baseline (1988-1990), followed up for 21 years to 2011, there were 601 incident CVD events [Europeans n = 255; South Asians n = 346] of

which 520 were CHD events [n = 207 and 313 respectively]. Participants scored between 0 to 4 points for a composite score including four baseline healthy behaviours (non-smoker, moderate alcohol intake, physically active, frequent fruit/vegetable intake). Adjusted hazard ratios (95% confidence intervals) for incident CHD in Europeans who had three, two, one, and zero compared to four health behaviours were 1.33 (0.78-2.29), 1.96 (1.15-3.33), 1.36 (0.74-2.48) and 2.45 (1.18-5.10), respectively, p-trend = 0.025. In South Asians, corresponding HRs were 2.88 (1.33-6.24), 2.28 (1.06-4.91), 3.36 (1.53-7.39) and 3.48 (1.38-8.81), p-trend = 0.022. The results were similar for incident CVD; Europeans HR 2.12 (1.14-3.94), p-trend = 0.014; South Asians HR 2.73 (1.20-6.21), p-trend = 0.018. The population attributable fraction in Europeans was 43% for CHD and 28% for CVD. In South Asians it was 63% and 51% respectively. Conclusions: Lack of adherence to four combined health behaviours was associated with 2 to 3-fold increased risk of incident CVD in Europeans and South Asians. A substantial population impact in the South Asian group indicates important potential for disease prevention in this high-risk group by adherence to healthy behaviours.

Country of Publication: United States

Publisher: Public Library of Science

Publication Type: Journal: Article

Subject Headings: [adult](#)
[aged](#)
[alcoholism](#)
[article](#)
["*cardiovascular disease/ep \[Epidemiology\]"](#)
[cholesterol blood level](#)
[cohort analysis](#)
[controlled study](#)
[diastolic blood pressure](#)
[employment](#)
[energy expenditure](#)
[ethnicity](#)
[*European](#)
[female](#)
[food intake](#)
[hazard assessment](#)
[*health behavior](#)
[*health impact assessment](#)
[high risk population](#)
[human](#)
[hypertension](#)
[lifestyle](#)
[major clinical study](#)
[male](#)
[morbidity](#)
[mortality](#)
[physical activity](#)
[population research](#)
[prospective study](#)
[questionnaire](#)
[race difference](#)
[sex difference](#)
[smoking](#)
[social class](#)
[*South Asian](#)
[systolic blood pressure](#)
[United Kingdom](#)

Source: EMBASE

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

Available from *National Library of Medicine* in *PLoS ONE*

36. Violence, self-harm and drug or alcohol misuse in adolescents admitted to hospitals in England for injury: A retrospective cohort study

- Citation:** BMJ Open, 2015, vol./is. 5/2, 2044-6055 (2015)
- Author(s):** Herbert A.; Gilbert R.; Gonzalez-Izquierdo A.; Li L.
- Institution:** (Herbert, Gilbert, Gonzalez-Izquierdo, Li) Population, Policy and Practice Programme, University College London Institute of Child Health, London, United Kingdom
- Language:** English
- Abstract:** Objectives: Of adolescents in the general population in England, we aimed to determine (1) the proportion that has an emergency admission to hospital for injury related to adversity (violence, self-harm or drug or alcohol misuse) and (2) the risk of recurrent emergency admissions for injury in adolescents admitted with adversity-related injury compared with those admitted with accident-related injury only. Design: We used longitudinally linked administrative hospital data (Hospital Episode Statistics) to identify participants aged 10 -19 years with emergency admissions for injury (including day cases lasting more than 4 h) in England in 1998-2011. We used the Office for National Statistics mid-year estimates for population denominators. Results: Approximately 4.3% (n=141 248) of adolescents in the general population (n=3 254 046) had one or more emergency admissions for adversityrelated injury (girls 4.6%, boys 4.1%), accounting for 50% of all emergency admissions for injury in girls and 29.1% in boys. Admissions for self-harm or drug or alcohol misuse commonly occurred in the same girls and boys. Recurrent emergency admissions for injury were more common in adolescents with adversity-related injury (girls 17.3%, boys 16.5%) than in those with accident-related injury only (girls 4.7%, boys 7.4%), particularly for adolescents with adversityrelated injury related to multiple types of adversity (girls 21.1%, boys 24.2%). Conclusions: Hospital-based interventions should be developed to reduce the risk of future injury in adolescents admitted for adversity-related injury.
- Country of Publication:** United Kingdom
- Publisher:** BMJ Publishing Group
- Publication Type:** Journal: Article
- Subject Headings:** [*accidental injury](#)
[adolescent](#)
[adult](#)
[*alcohol abuse](#)
[article](#)
[*automutilation](#)
[cohort analysis](#)
[*drug misuse](#)
[emergency care](#)
[female](#)
[hospital readmission](#)
[human](#)
[major clinical study](#)
[male](#)
[retrospective study](#)
[United Kingdom](#)
[*violence](#)
- Source:** EMBASE
- Full Text:** Available from *Highwire Press* in *BMJ Open*

37. Tuberculosis rates still high in the UK

- Citation:** The Lancet, 2014, vol./is. 384/9950(1238), 0140-6736;1474-547X (2014)
- Language:** English

Country of Publication: United Kingdom
Publisher: Lancet Publishing Group
CAS Registry Number: 64-17-5 (alcohol)
Publication Type: Journal: Editorial
Subject Headings:

alcohol abuse
 drug misuse
 editorial
 educational status
 homelessness
 human
 incidence
 *latent tuberculosis
 priority journal
 prison
 risk factor
 *tuberculosis control
 unemployment
 *United Kingdom
 urban area
 alcohol

Source: EMBASE

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

38. The prevalence and management of poor sleep quality in a secondary care mental health population

Citation: Journal of Clinical Sleep Medicine, 2015, vol./is. 11/2(111-116), 1550-9389;1550-9397 (2015)

Author(s): O'Sullivan M.; Rahim M.; Hall C.

Institution: (O'Sullivan, Rahim) School of Psychology, University of Surrey, Guildford, Surrey GU2 7XH, United Kingdom; (O'Sullivan, Rahim) Surrey and Borders Partnership, Mental Health NHS Foundation Trust, Surrey, United Kingdom; (Hall) South-West London and St George's Mental Health NHS Trust, London, United Kingdom

Language: English

Abstract: Study Objectives: Poor sleep quality, particularly insomnia, has been identified as a frequent problem among individuals with mental health difficulties. Comorbid sleep difficulties adversely affect quality of life and functioning, and have been associated with the causation and maintenance of a number of psychiatric disorders, as well as increasing the risk of relapse. The study objectives were to ascertain clinician knowledge related to insomnia, investigate sleep quality among service users in a community mental health setting in the UK, and evaluate service provision of evidence-based interventions for sleep difficulties. Methods: A cross-sectional design was used. Nineteen clinicians completed a questionnaire on their clinical practice. Seventy-three service users completed the Pittsburgh Sleep Quality Index and provided self-report data on interventions received and associated satisfaction. Results: Clinical staff demonstrated deficits in knowledge of insomnia symptomatology. Sixty-four percent (95% CI 54% to 74%) of service users were identified as poor sleepers on the PSQI. Sixty-one percent of poor sleepers had not been offered support for sleep difficulties. The most common support received was prescribed psychotropic medication (32%). Cognitive behavioral therapy was the intervention rated as most helpful but was only received by 6%. Conclusions: This study highlights inadequacies in providing evidence-based interventions for sleep difficulties. Key recommendations include training clinicians in

the identification of sleep difficulties and provision of evidencebased interventions, provision of cost-effective transdiagnostic group interventions, and formalizing assessment and treatment pathways for service users with sleep difficulties.

Country of Publication: United States

Publisher: American Academy of Sleep Medicine (2510 N. Frontage Road, Darien IL 60561, United States. E-mail: HKman@aasmnet.org)

Publication Type: Journal: Article

Subject Headings: adult
African Caribbean
alcoholism
article
bipolar disorder
British Asian
Caribbean
Chinese
clinical article
clinical practice
cognitive therapy
*community mental health
controlled study
cross-sectional study
depression
East African
ethnicity
European
female
human
Indian
"*insomnia/th [Therapy]"
"*insomnia/dt [Drug Therapy]"
knowledge
male
mixed anxiety and depression
obsessive compulsive disorder
Pakistani
patient satisfaction
personality disorder
Pittsburgh Sleep Quality Index
*poor sleep quality
*prevalence
psychosis
questionnaire
*secondary health care
self report
sex difference
*sleep quality
sleep time
symptomatology
United Kingdom
"*psychotropic agent/dt [Drug Therapy]"

Source: EMBASE

39. Effect of varenicline on smoking cessation through smoking reduction: A randomized clinical trial

Citation: JAMA - Journal of the American Medical Association, February 2015, vol./is. 313/7(687-694), 0098-7484;1538-3598 (17 Feb 2015)

Author(s): Ebbert J.O.; Hughes J.R.; West R.J.; Rennard S.I.; Russ C.; McRae T.D.; Treadow J.; Yu C.-R.; Dutro M.P.; Park P.W.

Institution: (Ebbert) Mayo Clinic, 200 First St SW, Rochester, MN 55905, United States; (Hughes) Department of Psychiatry, University of Vermont, Burlington, VT, United States; (West) Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, United Kingdom; (Rennard) Division of Pulmonary, Critical Care, Sleep, and Allergy, University of Nebraska, Medical Center, Omaha, United States; (Russ, McRae, Treadow, Yu, Dutro, Park) Pfizer Inc, New York, NY, United States

Language: English

Abstract: Importance: Some cigarette smokers may not be ready to quit immediately but may be willing to reduce cigarette consumption with the goal of quitting. Objective: To determine the efficacy and safety of varenicline for increasing smoking abstinence rates through smoking reduction. Design, Setting, and Participants: Randomized, double-blind, placebo-controlled, multinational clinical trial with a 24-week treatment period and 28-week follow-up conducted between July 2011 and July 2013 at 61 centers in 10 countries. The 1510 participants were cigarette smokers who were not willing or able to quit smoking within the next month but willing to reduce smoking and make a quit attempt within the next 3 months. Participants were recruited through advertising. Interventions: Twenty-four weeks of varenicline titrated to 1mg twice daily or placebo with a reduction target of 50% or more in number of cigarettes smoked by 4 weeks, 75% or more by 8 weeks, and a quit attempt by 12 weeks. Main Outcomes and Measures: Primary efficacy end point was carbon monoxide-confirmed self-reported abstinence during weeks 15 through 24. Secondary outcomes were carbon monoxide-confirmed self-reported abstinence for weeks 21 through 24 and weeks 21 through 52. Results: The varenicline group (n = 760) had significantly higher continuous abstinence rates during weeks 15 through 24 vs the placebo group (n = 750) (32.1% for the varenicline group vs 6.9% for the placebo group; risk difference (RD), 25.2% [95% CI, 21.4%-29.0%]; relative risk (RR), 4.6 [95% CI, 3.5-6.1]). The varenicline group had significantly higher continuous abstinence rates vs the placebo group during weeks 21 through 24 (37.8% for the varenicline group vs 12.5% for the placebo group; RD, 25.2% [95% CI, 21.1%-29.4%]; RR, 3.0 [95% CI, 2.4-3.7]) and weeks 21 through 52 (27.0% for the varenicline group vs 9.9% for the placebo group; RD, 17.1% [95% CI, 13.3%-20.9%]; RR, 2.7 [95% CI, 2.1-3.5]). Serious adverse events occurred in 3.7% of the varenicline group and 2.2% of the placebo group (P = .07). Conclusions and Relevance: Among cigarette smokers not willing or able to quit within the next month but willing to reduce cigarette consumption and make a quit attempt at 3 months, use of varenicline for 24 weeks compared with placebo significantly increased smoking cessation rates at the end of treatment, and also at 1 year. Varenicline offers a treatment option for smokers whose needs are not addressed by clinical guidelines recommending abrupt smoking cessation. Trial Registration: clinicaltrials.gov Identifier: NCT01370356.

Country of Publication: United States

Publisher: American Medical Association

CAS Registry Number: 249296-44-4 (varenicline); 375815-87-5 (varenicline)

Publication Type: Journal: Article

Subject Headings: "abnormal dreaming/si [Side Effect]"
adult
aged
"anxiety disorder/si [Side Effect]"
article
"attention disturbance/si [Side Effect]"
Australia
"backache/si [Side Effect]"
"body weight disorder/si [Side Effect]"
"bronchitis/si [Side Effect]"
Canada
"constipation/si [Side Effect]"
controlled study
"coughing/si [Side Effect]"
Czech Republic

"decreased appetite/si [Side Effect]"
 "depression/si [Side Effect]"
 "diarrhea/si [Side Effect]"
 "dizziness/si [Side Effect]"
 double blind procedure
 drug dose titration
 drug efficacy
 drug safety
 drug withdrawal
 "dyspepsia/si [Side Effect]"
 Egypt
 "fatigue/si [Side Effect]"
 female
 "flatulence/si [Side Effect]"
 follow up
 Germany
 "headache/si [Side Effect]"
 human
 "increased appetite/si [Side Effect]"
 "influenza/si [Side Effect]"
 "insomnia/si [Side Effect]"
 Japan
 major clinical study
 male
 Mexico
 multicenter study
 "nausea/si [Side Effect]"
 patient counseling
 priority journal
 randomized controlled trial
 "restlessness/si [Side Effect]"
 "rhinopharyngitis/si [Side Effect]"
 "sinusitis/si [Side Effect]"
 *smoking cessation
 "somnolence/si [Side Effect]"
 "stomach distension/si [Side Effect]"
 "suicidal behavior/si [Side Effect]"
 "suicidal ideation/si [Side Effect]"
 Taiwan
 "tobacco dependence/dt [Drug Therapy]"
 treatment duration
 United Kingdom
 United States
 "upper abdominal pain/si [Side Effect]"
 "upper respiratory tract infection/si [Side Effect]"
 "vomiting/si [Side Effect]"
 "xerostomia/si [Side Effect]"
 placebo
 "*varenicline/ct [Clinical Trial]"
 "*varenicline/ae [Adverse Drug Reaction]"
 "*varenicline/cm [Drug Comparison]"
 "*varenicline/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *JAMA* in *Newcomb Library & Information Service*

40. Electronic cigarette use and risk perception in a Stop Smoking Service in England

Citation: Lung Cancer, January 2015, vol./is. 87/(S45), 7669-9699 (January 2015)

Author(s): Sherratt F.; Marcus M.; Robinson J.; Newson L.; Field J.

Institution: (Sherratt, Marcus, Field) Molecular and Clinical Cancer Medicine, University of Liverpool, Liverpool, United Kingdom; (Robinson) Sociology, Social Policy and Criminology, University of Liverpool, Liverpool, United Kingdom; (Newson) Natural Sciences and Psychology, Liverpool John Moores University, Liverpool, United Kingdom

Language: English

Abstract: Introduction: Electronic cigarettes (e-cigarettes) have become increasingly popular within recent years but presently, Stop Smoking Services in England do not prescribe e-cigarettes due a lack of regulation. There is ongoing debate among academics and clinicians regarding the efficacy and safety of e-cigarettes as a tool for smoking cessation. The present study not only ascertains e-cigarette usage in Stop Smoking Services but it also examines perceptions of risk surrounding e-cigarettes and explores potential associations with other participant characteristics. Methods: Participants (N = 319) aged 18-60 years old were recruited from a Stop Smoking Service in Liverpool, UK (Roy Castle FagEnds). A cross-sectional survey was completed, which examined demographic characteristics, e-cigarette use alongside risk perception, and also, smoking behaviour, i.e. smoking duration, cigarettes per day, and nicotine dependence. Results: Most participants were female (57.1%), current smokers (53.0%), and current or former e-cigarette users (51.7%). E-cigarette risk perception (how safe participants viewed e-cigarettes compared to regular cigarettes) was associated with cigarettes per day ($p = 0.008$) and e-cigarette status ($p < 0.001$). Those who viewed e-cigarettes as less harmful than regular cigarettes were more likely to smoke fewer cigarettes per day and be a current or former e-cigarette users. The poster will also describe other identified significant associations with e-cigarette status and e-cigarette risk perception. Conclusion: Although e-cigarettes are not currently prescribed within English Stop Smoking Services, the findings suggests that e-cigarette use is widespread in this context and that e-cigarette risk perception is associated with e-cigarette status. The results demonstrate the importance of providing smokers intending to quit with up-to-date, accurate and unbiased e-cigarette information; doing so will enable smokers to make educated decisions regarding their smoking cessation treatment choices. Furthermore, the results may inform Stop Smoking Services provision in future.

Conference Information: 13th Annual British Thoracic Oncology Group Conference, BTOG 2015 Dublin Ireland. Conference Start: 20150128 Conference End: 20150130

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *risk
*smoking cessation
*United Kingdom
*oncology
smoking
human
demography
smoke
tobacco dependence
female
safety
*electronic cigarette

Source: EMBASE

41. Oligo-recurrence on tyrosine kinase inhibitors: Is radiotherapy an option?

Citation: Lung Cancer, January 2015, vol./is. 87/(S28-S29), 7669-9699 (January 2015)

Author(s): Davies R.S.; Bowden C.; Nelmes D.; Butler R.; Lester J.F.

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Language:	English
Abstract:	<p>Introduction: In NSCLC, mutations in the epidermal growth factor receptor (EGFR) result in dependence on downstream pro-survival signalling pathways and a state of oncogene addiction. Inhibition of EGFR-mediated cell signalling by oral tyrosine kinase inhibitors (TKIs) results in durable responses in the majority of patients. Oligometastatic disease is defined as 1-5 lesions, which can be treated with definitive local therapy.</p> <p>Oligo-recurrence is a more recent concept, which defines a better prognostic subgroup: 1-5 metachronous metastases occurring in the context of a controlled primary lesion. In patients with oligo-recurrence, localised therapy to sites of relapse and continuation of the TKI may allow for prolongation of disease control and avoid change in systemic therapy.</p> <p>Methods: From 2010 to present, all patients in SE Wales with EGFR mutation-positive stage IIIB-IV NSCLC treated with an oral TKI were included. Cross-sectional imaging was reviewed in all patients by three Clinical Oncologists to identify those with oligo-recurrent disease potentially suitable for stereotactic body radiotherapy (SBRT) or high dose palliative conformal radiotherapy (CRT). Results: 41 patients were identified: 25 females and 16 males. Median age was 71 (range 47-83). At the time of analysis, 26 patients had progressed on treatment. 5/26 (19.2%) patients fulfilled the definition of oligo-recurrent disease and were suitable for CRT/SBRT: * 1 patient had a solitary new liver metastasis * 1 had a solitary bone metastasis * 2 had a single site of progression in the lung * 1 developed an adrenal metastasis * 21/26 patients progressed at multiple sites and were not suitable for radiotherapy. Conclusion: Our clinical experience would suggest that the majority of EGFR mutation-positive NSCLC patients on an oral TKI relapse at multiple sites. Radiotherapy as a potentially disease modifying treatment would therefore only be suitable for a minority of patients.</p>
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